How South Africa is failing women and children

Other African countries must take a different course

Advocates of legalized abortion argue that repealing laws prohibiting or restricting abortion would prevent many women from dying or being harmed as a result of dangerous, illegal abortions. Using this rationale (in large part), South Africa legalized abortion on demand in 1997. Since then, maternal mortality in that country has risen significantly; new data show that the death rate has doubled since 1990. These facts confirm evidence from all around the world that maternal mortality is determined by the quality of maternal health care, independent of the legal status of abortion. Legalized abortion serves only to increase the number of abortions—as it has in South Africa—and this poses a serious risk to pregnant women in African countries that do not have adequate maternal health care.

Maternal mortality in South Africa

The Choice on Termination of Pregnancy Act of 1996 legalized abortion on demand in South Africa. Supporters claimed it was necessary for the health and safety of pregnant women. But the problem of maternal mortality has only increased since abortion's legalization.

The problem of maternal mortality has only become worse since South Africa legalized abortion.

The aim of the United Nations' Millennium Development Goal (MDG) 5 was to decrease the maternal mortality ratio (MMR)[1] by 75 percent from 1990 levels by 2015. South Africa has failed in this effort to an astonishing degree, despite claims by abortion defenders that legalized abortion has reduced abortion-related maternal deaths.[2] According to the 2010 South African Health Review (SAHR),[3] 625 mothers died per 100,000 live births in 2007. This is up from 369 in 2001, and it is double the 1990 rate. The

SAHR explains, “South Africa … is actually in the small group of countries where the MMR has increased since 1990.”

Indeed, “Maternal mortality is higher in South Africa than in most other middle-income countries with similar levels of economic development. … The average global annual reduction in MMR between 1990 and 2005 was less than 1 percent, and the average for sub-Saharan Africa was only 0.1 percent. In South Africa, rather than decreasing, the MMR effectively doubled between 1990 and 2008.”

The SAHR concludes that “South Africa is definitely not on track to achieve MDG 5.” Much of the increase in maternal mortality is attributable to the prevalence of HIV. According to the National Committee on Confidential Enquiries into Maternal Deaths,[4] the top five causes of maternal mortality in South Africa are non-pregnancy-related infections (mainly due to AIDS), hypertension, obstetric hemorrhage, pregnancy-related sepsis and preexisting maternal disease. Although legal, abortion is also a significant cause of maternal death: 194 South African women died from abortion from 2005-2007, which accounts for 4.9 percent of all obstetric causes of maternal death. Only 25.7 percent of these abortion deaths were due to so-called “unsafe abortion.” [5]

Legalizing abortion did not reduce maternal mortality in South Africa, as advocates promised. The example of South Africa confirms a wealth of other evidence[6] that a country’s MMR is determined to a much greater extent by the quality of medical care than by the legal status of abortion. Abortion complications are not a function of the legality of the procedure, but of the overall medical circumstances in which abortion is performed.

The effect of legalization

Although legalizing abortion in South Africa did not reduce maternal deaths, it had one clear consequence: it increased the number of abortions performed.[7] An estimated 1,600 abortions were performed in South Africa in 1996, before the policy of abortion for any reason was instituted; this number jumped to 26,519 in 1997, and nearly reached 90,000 by 2004. In 1996, 1.7 abortions were performed per 1,000 live births; this number skyrocketed to 29.0 in 1997, and rose to 129.7 abortions per 1,000 live births in 2004. In 1996, the percentage of South African pregnancies ending in abortion (excluding miscarriages) was 0.17. This number increased to 2.8 in 1997, and later reached 11.5 percent in 2004. As Stanley Henshaw of the Guttmacher Institute has explained, “In most countries, it is common after abortion is legalized for abortion rates to rise sharply for several years.”[8]

Legalizing abortion in South Africa increased the number of abortions performed.

Abortion continues to be promoted heavily by groups such as Marie Stopes South Africa, which has established 29 abortion clinics across the country and significantly increased its clientele in recent years.[9] The “goal” of Marie Stopes is “the prevention of unwanted births.”[10]

Three reasons against legalizing abortion

African nations with laws restricting or prohibiting abortion should not follow South Africa's lead. There are at least three good reasons against legalizing abortion.

First, justice requires that governments protect the basic rights of every member of the human family. The facts of science demonstrate that the human embryo or fetus is a living organism of the species *Homo sapiens*, like each of us, only at a very early stage in his or her development. Further, it is a basic moral principle—affirmed in the United Nations' Universal Declaration of Human Rights[11]—that all human beings are equal in fundamental dignity and ought to be respected and protected. Therefore, the law should protect unborn human beings just as it protects each of us; a policy that permits killing them for elective reasons is gravely unjust.[12]

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Second, because legalizing abortion increases the number of abortions, it increases the number of unborn human beings who are unjustly killed. The sheer scale of this killing makes abortion the premier human rights issue in almost any country that permits it. Human lives are lost when abortion is allowed.

Third, legalizing abortion in a country lacking adequate maternal health care will lead to more women suffering and dying as a result of dangerous abortions. Jeanne E. Head, R.N., U.N. Representative for the National Right to Life Committee, explains: "Women generally at risk because they lack access to a doctor, hospital, or antibiotics before abortion's legalization will face those same circumstances after legalization. And if legalization triggers a higher demand for abortion, as it has in most countries, more injured women will compete for those scarce medical resources."[13]

A particular danger for women is the use of "medical abortion," which frequently causes serious complications (and sometimes death) even in excellent medical circumstances.[14] The abortion combination drugs mifepristone (RU486) and misoprostol were approved in 2001 for use in South Africa through the early part of pregnancy. Now abortion advocacy groups are pushing misoprostol alone as a less expensive alternative for causing abortions—and they are doing so in sub-Saharan African countries that lack the health care infrastructure to prevent the needless deaths of pregnant women.[15] South African researchers have even tested the use of misoprostol alone for *second* trimester abortions.[16]

Africa can do better

Abortion was promoted in South Africa at the expense of women and children. Rather than reducing maternal deaths, legalizing abortion increases the number of unborn children who die and may also increase the number of women who are hurt or killed. Africa can do better. The solution to the problem of maternal mortality is good medical care for pregnant women—not abortion.

Endnotes

1. The 2010 South African Health Review explains, "The MMR is defined as the number of women dying in a year while pregnant or within 42 days of the termination of pregnancy, from causes related to or aggravated by the pregnancy, per 100,000 live births in the same year."
2. Rachel Jewkes and Helen Rees, "Dramatic decline in abortion mortality due to the Choice on Termination of Pregnancy Act," *South Africa Medical Journal* 95 (2005): 250.
3. Duane Blaauw and Loveday Penn-Kekana, "Maternal Health," *South African Health Review 2010* (Durban: Health Systems Trust, 2010).
4. Cited in Duane Blaauw and Loveday Penn-Kekana.
5. The World Health Organization (WHO) states that unsafe abortion has been defined as an "abortion not provided through approved facilities and/or persons." WHO continues: "What constitutes 'approved facilities and/or persons' will vary according to the legal and medical standards of each country," but at the same time it admits that "the legality or illegality of the services may not be the defining factor of their safety." World Health Organization, *Unsafe Abortion: Global and Regional Estimates of Incidence of and Mortality Due to Unsafe Abortion with a Listing of Available Country Data*, 3rd ed. (Geneva: World Health Organization, 1998).
6. See, for example, Minnesota Citizens Concerned for Life Global Outreach, *Does legalizing abortion protect women's health? Assessing the argument for expanded abortion access around the globe* (Minneapolis: MCCL, 2009). Available at http://www.mccl-go.org.
7. Wm. Robert Johnston, "Historical abortion statistics, South Africa," *Johnston's Archive*, 21 November 2010, <http://www.johnstonsarchive.net/policy/abortion/ab-southafrica.html> (14 December 2010).
8. Stanley Henshaw, Guttmacher Institute (16 June 1994), Press release.
9. "South Africa," *Marie Stopes International*, <http://www.mariestopes.org/Countries_we_work_in/ShowContent.aspx?id=35> (14 December 2010).
10. "Home," *Marie Stopes South Africa*, <http://www.mariestopes.org.za/home.aspx> (14 December 2010).
11. The Declaration states, "Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." It also says, "Everyone has the right to life, liberty and security of person."
12. The United Nations' Declaration of the Rights of the Child advocates legal protection for the unborn. It states, "The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth."
13. Jeanne E. Head and Laura Hussey, "Does Abortion Access Protect Women's Health?" *The World & I*, June 2004, 52-57.
14. See, for example, "RU486: A risky and deadly abortion drug," *Minnesota Citizens Concerned for Life*, <http://www.mccl.org/page.aspx?pid=294> (14 December 2010).
15. Ipas, *Misoprostol and medical abortion in Africa* (Ipas, 2009).
16. Helena von Hertzen, et al., "Comparison of vaginal and sublingual misoprostol for second trimester abortion: randomized controlled equivalence trial," *Human Reproduction* 24 (2009): 106-12.

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