

Birth of a Crisis

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In a horrible irony, a U.S. policy intended to prevent abortions has resulted in a dearth of family planning counselling, contraceptives and an epidemic of illegal abortions in Kenya

Shelley Page

The Ottawa Citizen

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NAIROBI - Last May, Stephen Mumo Muia, a night watchman, saw three men in a dark blue pickup truck dump something into the Ngong River, a polluted waterway on the outskirts of Nairobi. Mr. Muia said he tried to chase the men, but they slipped into the night.

In their wake, he found black plastic bags stuffed with 15 fetuses, one full-term. Mr. Muia told his employers at the International Christian Centre that he had seen men at the river before, especially during the rainy season. But there had been a drought this spring -- the river was low -- and these bags didn't wash away with the current.

A prominent doctor and two nurses from a local clinic are in jail awaiting trial on charges of murder following a police investigation. But the bags full of fetuses keep appearing. Just last month, another 20 fetuses were found in the Nairobi River, near Mathare Valley, one of the city's largest, densest slums. That same week, two women were spotted dumping a bag into a gutter. Inside were twin fetuses, one of which was fished out by a scrawny dog and dropped at the feet of horrified churchgoers.

Provincial police Chief King'ori Mwangi told reporters, "fetuses are being found in dumps all over the city. Our officers are traumatized. They have to collect two or three abandoned fetuses every day."

Kenya is gripped by an illegal abortion epidemic. While Kenyan church leaders demanding a crackdown on clinics square off against doctors seeking legalized abortion, many here are quietly cursing U.S. President George W. Bush and his anti-abortion policies.

Family planning activists in Kenya, the U.S., Canada and Britain believe that Kenya's increase in illegal abortions is an indirect and unintended consequence of Mr. Bush's "global gag rule," which denies

U.S. aid to international family-planning programs that counsel abortion or advocate for changes in abortion laws.

In a horrible irony, the U.S. policy, which was intended to decrease abortions, has instead resulted in a dearth of family planning counselling and contraception that has, according to activists, resulted in unwanted pregnancies and an increasing number of abortions. Mr. Bush ushered the policy into law on his first full day in office in 2001. Supporters of this act, including anti-abortion organizations such as Concerned Women for America, argued the U.S. does not pay for abortions in the U.S., and shouldn't overseas, either. Nor should family planning organizations counsel on abortion at U.S. taxpayers' expense.

Never mind that since 1973, the U.S. Foreign Assistance Act has prohibited the use of U.S. funds for abortion services. And since 1981, the use of U.S. funds for lobbying on abortion has also been prohibited. No violations have ever been found.

Most of the international family planning organizations that refused to sign the conditions of the 2001 policy did not, in fact, provide abortions, although many have used their own funds to lobby for liberalized abortion laws in the developing world, or counselled women on how to obtain abortion services, or provided post-abortion care. For example, International Planned Parenthood Federation -- the world's largest voluntary organization working in sexual and reproductive health care -- lost \$12 million because of its refusal to agree to the gag rule. In 1999, only eight of IPPF's 156 member associations (Barbados, Hong Kong, India, Korea, Moldova, Mongolia, Thailand and Uganda) carried out abortion-related activities -- mostly counselling and abortion care -- which amounted to .05 per cent of IPPF's total income.

But IPPF and other organizations, believing they are being "gagged" by the Bush administration and their rights to free speech threatened, forfeited millions in funding.

" The rule has absolutely led to more illegal abortions," says Dr. Solomon Orero, a prominent Kenyan gynecologist and reproductive rights activist. "It was like passing a death sentence on women who otherwise would have been saved."

A recent report, titled Access Denied, by Population Action International and the Planned Parenthood Federation of America, investigated the effects of the U.S. policy in Ethiopia, Kenya, Romania

and Zambia and found dozens of family-planning clinics have closed, reducing a broad range of services to women and their families.

Most of these clinics were located among the poorest of the society in slums and rural areas, and the populations depended on them for other heavily subsidized health services like immunization of the children, vitamin A supplements, malaria treatment, and treatment for sexually-transmitted diseases and HIV/AIDS.

Another report, *Breaking the Silence: The Global Gag Rules Impact on Unsafe Abortion*, was issued by the New York-based Center for Reproductive Rights. They conducted more than 100 interviews with organizations that had been "gagged" by the law in four countries -- Ethiopia, Kenya, Peru and Uganda. They found the American policy reduced access to family-planning services, created a climate of censorship, prevented abortion-law reform in developing countries, and infringed on the sovereignty of developing nations. It also found it condemned women to unsafe abortion.

In Kenya, where abortion is illegal, the Family Planning Association of Kenya (FPAK) forfeited all family planning assistance that came directly from the U.S., and also lost support from IPPF. In total, FPAK lost 58 per cent of its budget and closed three clinics serving 19,000 people, mostly women. Other organizations also closed clinics or reduced services.

Maternal death rates -- the number of women who die during pregnancy, usually during delivery or from a botched abortion -- are rising in Kenya. In 1998, the figure was 540 deaths per 100,000 births. Last year, it was 590 deaths. (In Canada, there are six deaths per 100,000 births).

There is also a shortage of condoms in Kenya and other developing countries because the U.S., which is pushing a pro-abstinence agenda called ABC (abstinence, be faithful, and lastly, condom use) stopped sending condoms to organizations that didn't comply with the gag policy. Demographers at a conference in Kenya this summer expressed deep concern that inaccessibility to family planning and contraceptives may increase the population.

For more than 20 years, Kenya had experienced one of the most dramatic declines in total fertility ever recorded, from 8.1 children per woman in 1977 to four in 2002. Last year, the first year that has seen an increase, the number inched up to five. This may seem small, but to demographers, this will have a huge effect on a country with severe

economic problems. Activists says the results of the U.S. policy are emerging in the rivers and slums of Kenya.

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The corrugated steel and mud shack once hummed with activity in the heart of the Mathare Valley, Nairobi's oldest slum and home to 300,000 of the city's poorest people. For 10 years, local women, babies tied to their backs or herding large broods of children, came here for injections of Depo Provera and Norplant or to have IUDs inserted. Condoms were distributed for free. They were treated for malaria and typhoid and TB. Sick children were examined.

This clinic was run by London-based Marie Stopes International, which refused to comply with the U.S. policy. Its Kenyan branch lost \$600,000 U.S. in funding and 40 per cent of its operating budget. It closed two clinics, including this one.

The end of the Mathare Valley clinic leaves the community without health care. Nearby, a ragtag mob of children kick a can across the dirt. Two prostitutes, no more than 13 or 14 years old slouch in a doorway. Young girls shuffle past with babies on their backs.

" We don't really know what happened to the women who used to go there," says Patricia Hindmarsh, of Marie Stopes International in London. "We are speaking about mostly very young women. We know that they don't have the power to negotiate safe sex. We know this has meant more unwanted pregnancies, more abortions. More fetuses turning up."

Ms. Hindmarsh said that Marie Stopes would have had to shut more clinics in Kenya, if the Dutch government hadn't offered to fill the "decency gap" left by the American policy.

The women here lead desperate lives, says Dr. Joseph Ruminjo, a obstetrician who worked in the gynecology ward in a Nairobi hospital. He remembers one woman in her early 20s who aborted four fetuses over a couple of years by sticking a sharp object into her womb.

" I saw her four times in a very short while. She was very lucky she didn't die. They get an infection, it spreads into the bloodstream. They die.

" She didn't want to become pregnant, she just didn't know how to prevent it," says Dr. Ruminjo.

He now works for EngenderHealth, a U.S.-based family planning organization. In the months before the "gag rule" took effect,

EngenderHealth had established a network of family planning services in Kenya, joining with FPAK and Marie Stopes International to support 35 clinics across the country. When both Marie Stopes and FPAK refused to comply with the American requirements, the 35 clinics and hundreds of health workers lost U.S. funding.

Some anti-abortion activists and Kenya church leaders (30 per cent of Kenyans are Catholic) promote abstinence, believing contraception encourages young people to have sex. But Dr. Solomon Orero says women are powerless to say no.

" We have to have compassion for these women, who are often illiterate and ignorant. They have no rights, and are entitled to no opinions," he said. "What then happens is that women will be powerless to do anything to prevent unwanted pregnancy."

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The "gag rule" is also known as the Mexico City policy because it was introduced by ex-president Ronald Reagan in 1984 after a population conference in Mexico City. Nine years later, ex-president Bill Clinton abolished the policy. Mr. Bush brought it back and extended it. U.S. presidential candidate John Kerry said last week he would revoke the policy and return funding to the United Nations Population Fund.

" Bush has turned the clock way, way back," says Katherine McDonald, executive director of Action Canada for Population and Development. "It's devastating. It's ridiculous. We know there are more abortions, we know more women are dying. And there has been a chill effect. No one knows what they can or cannot say because they are afraid to lose U.S. funding."

The Bush administration is opposed to the 1994 International Conference on Population and Development Program of Action adopted in Cairo. The U.S. under Mr. Clinton was one of the signatories, along with 178 other nations, who signed the program of action and committed to ensuring reproductive rights and safe motherhood through, among other things, universal provision of family planning. Since Mr. Bush took office, the U.S. has unsuccessfully tried to change the wording in the program of action. U.S. officials complained that phrases such as "reproductive rights" and "reproductive health services" promoted abortion.

Last week, the member nations gathered at the United Nations to celebrate the 10th anniversary of Cairo. Canada rose in the United Nations to "gently coax" the U.S. toward a broader family-planning agenda, focusing on contraception, and away from its pro-abstinence

policies because they are "not enough." Naresh Singh, a director general with the Canadian International Development Agency (CIDA), said that the focus on abstinence alone has to be "examined and challenged."

In an interview, Mr. Singh said Canada is seen as taking a strong position in favour of Cairo. He said they wanted to "nudge" nations to do "what is moral."

In response to complaints by other countries and family-planning activists, USAID, the U.S. international development agency charged with enforcing the American policy, has argued that the policy affects "very few countries" and "does not have a major impact on the provision of family planning services."

Meanwhile, anti-abortion organizations in the U.S. also want Mr. Bush to go further, linking funding to a policy of abstinence.

U.S.-funded HIV/AIDS programs must put 33 per cent of their efforts into abstinence programs, and no more than 20 per cent into contraception or sex education.

For the third straight year, the Bush administration has withheld its \$34-million U.S. annual contribution to the United Nations Population Fund because it provides family planning services, such as contraceptives. The UNFPA estimated the \$34 million in 2004 could have prevented two million unintended pregnancies worldwide, 800,000 abortions, 4,000 maternal deaths and 77,000 infant and child deaths.

Numerous organizations are fighting the policies from within the U.S. A group called 34 Million Friends of UNFPA wants 34 million Americans to each donate \$1 to make up the shortfall. So far, they have raised slightly more than \$2 million.

It has long been hoped other countries, particularly the European Union, would fill the funding gap left by the U.S. policy, says Ms. McDonald, of the ACPD.

"Canada is positioned to take a lead role," she says. She wants Canada to make the fight for international reproductive rights part of its foreign policy agenda. She wants the Canadian International Development Agency to agree to restore funding to more of the family planning clinics that lost their funding. CIDA has already given money to Marie Stopes clinics in Tanzania.

Kenyan opinion leaders, preoccupied with the country's myriad

problems, are starting to take notice. The country's leading newspaper, The Nation, which previously stayed out of the debate, last month wrote an editorial complaining about the "gag rule."

" If the policy's goal was to ensure separation of abortion-related activities from family planning -- in a country where abortion is illegal and causes many health complications and deaths each year -- it has sorely missed its mark."

Dr. Ruminjo says outsiders may not understand why Kenyans need to turn to outsiders to help with their population problems. "HIV is raging through the country. Our economy is in shambles. We have malaria, TB, childhood illness. Of course, we want to take responsibility, but our problems are too huge. This is an absolute disaster for women in the developing world."

Safe No More

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An acute global shortage in contraceptives has experts in Africa predicting a population explosion and a frightening spread of AIDS. The culprits? A U.S. aid policy that promotes abstinence, the indifference of the developed world and corruption at home

Shelley Page, The Ottawa Citizen

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NAIROBI - Consider this: Ten billion condoms were required this year in the developing world -- but only 2.5 billion were available. And in sub-Saharan Africa, a man had access to only three. Other contraceptives are also as rare as gold. In Kenya, not even a drop of the preferred birth control, Depo Provera, is available.

Rural women walk for many hours to distant clinics and dispensaries, only to be turned away because the facilities don't have Norplant or birth control pills.

Countries such as Kenya, struggling to slow their birth rate and stop the spread of HIV, have been devastated by a global contraceptive shortage caused by circumstances, some of them beyond their control: United States policies that promote abstinence over contraception, the indifference of developed nations, corruption and inefficiencies within

their own country, and the rise of HIV/AIDS.

Last month, the United Nations Population Fund (UNFPA) predicted the acute shortage of family planning counselling and contraceptives in developing countries will cause a population explosion.

Already, there are more young people on the planet than any time in history. The latest figures show that half of the world's 6.4 billion people are under 25, while 20 per cent are aged 10 to 19.

" We are facing a disaster," says David Adriance, a Nairobi-based health care worker with EngenderHealth, a U.S.-based organization that provides reproductive health care services for the world's poorest women. "We have the largest cohort of young people that the world has ever known. These kids are hitting reproductive age and we have nothing in place for them. No sex education. No contraception. Few services."

The effects of this contraceptive shortage are already being seen.

For more than 20 years, Kenya had experienced one of the most dramatic declines in total fertility ever recorded, from 8.1 children per woman in 1977 to 4.9 in 2002. Last year, the first year that has seen an increase, the number inched up to five.

It may seem like a small change, but to demographers, it was huge. They fear the small increase may be due to a decline in the availability of contraceptives.

According to preliminary findings of the 2003 Kenya Demographic Health Survey, the use of pills and permanent family planning methods were lower last year than in 1998, when contraceptive use among married people stood at 39 per cent.

" Most of the African countries are out of stock. Kenya, Ethiopia, Zimbabwe. It's widespread. Our clinic network is struggling," complains Patricia Hindmarsh, of Marie Stopes International, a London-based international family planning organization. "There is good information that condoms are rotting in storage and birth-control medicines are out of date."

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Dinah Nabaala, the wife of a former powerful Masai chief, spirits Masai women from their villages in the Masai Mara in southern Kenya to the primitive town of Narok to get contraceptives. The trips are often made in secret because their husbands don't want to use birth control in a society where wealth is measured by the number of wives, children -- it is not uncommon for a Masai woman to have seven or eight children -- and cows a man possesses.

In town, the women have Norplant implanted under their skin, or even better, receive injections, which as Mrs. Nabaala notes leave no trace.

Mrs. Nabaala, a huge, broad-chested woman, commands respect among the uneducated Masai women who are Kenya's poorest citizens. She has helped 60 women in her community receive birth control, half of them secretly. Sometimes, she has to use her own money. And sometimes her clandestine voyages are a bust.

She arrives at the clinic and finds there are no supplies. "We travel for three hours, and nothing," she shrugs. She doesn't understand the chain of supply and demand, all she understands are the consequences: Women who can't prevent pregnancy.

" I try to convince them to say no, I try to convince them to abstain, but that is a pretty hard thing to do."

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The worldwide contraceptive shortage is a dirty secret. Part of the problem is purely political.

U.S. President George W. Bush introduced his "global gag rule" in 2001. It dictated that non-governmental organizations that counsel abortion, refer women for abortion services or that lobby for abortion rights in their own countries be denied U.S. funding, even if the organizations used money not donated by the U.S. to provide these services. U.S.-funded HIV/AIDS programs must allocate 33 per cent of their funding to abstinence programs, and no more than 20 per cent can be allocated into contraception or sex education. Mr. Bush, like many Christian fundamentalists, promotes the ABC campaign: Abstinence, Being Faithful or Condoms.

Family planning organizations, such as International Planned Parenthood and Marie Stopes International, refused to comply with the

"gag rule" and lost millions in funding and closed clinics and reduced services.

A 2003 report by Population Action International and the Planned Parenthood Federation of America, titled Access Denied, found that supplies of contraceptives are drying up in 29 countries. Since 2001, when Mr. Bush enacted the law, 16 countries have lost all U.S.-supplied contraceptives and 13 have severely limited supplies.

In Lesotho, for example, one in four women is infected with HIV/AIDS -- one of the highest rates in southern Africa. From 1998 to 2000, the Lesotho Planned Parenthood Association received 426,000 condoms from USAID, the U.S.'s international development agency. But the organization refused to comply with the restrictions and no longer receives contraceptives.

But it's not just the U.S. that has pulled back on donations. Between 1992 and 1996, donor support averaged 41 per cent of overall estimated requirements for contraception and condoms. In 1999, this fell to less than 25 per cent, the lowest level in five years.

The United Nations Population Fund (UNFPA) says overall funding for contraceptive programs fell again in 2002, to a low of \$198 million U.S. By 2015, \$1.8 billion U.S. will be needed to fund comprehensive contraception initiatives, says the UNFPA.

UNFPA estimates that every \$1 million U.S. shortfall results in about 360,000 unwanted pregnancies, 150,000 abortions, and the deaths of more than 800 women and 25,000 children under five years of age.

A conference held in Istanbul in 2001 highlighted the growing urgency to close the "condom gap," and four non-governmental organizations formed the Supply Initiative to streamline the funding and procurement of contraceptives.

In Istanbul, developing nations such as Kenya were told that they also had to reduce their reliance on foreign donations of condoms.

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Eastleigh Estates is one of Nairobi's vast slums where migrant workers and refugees from Somalia crowd together in shacks made of corrugated steel, plastic, cardboard and mud. Early in the aftermath of the Bush policy, the Family Planning Association of Kenya, which

provided treatments of sexually transmitted diseases, family planning, pre- and post-natal care for mothers, and infant care, shuttered the clinic, rather than accept Mr. Bush's terms.

A hodge-podge of makeshift clinics continue to operate in the slum.

" We are having to turn away many many women," said Farah Nayed, a volunteer at a small clinic in Eastleigh. Ms. Nayed, who has four teenage children, came from a small village in Somalia five years ago. Her life in Kenya has been marked by extreme poverty and few opportunities. Her clinic has almost no contraceptives. She says they used to treat about 80 women a week. Now, they can help about 10.

She says the clinic was promised more supplies by a government official. That was six months ago.

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Contraceptive supply in Kenya has collapsed. There is corruption at the highest levels of the government, according to a report in the Nation. The newspaper reported this summer that a contract to supply condoms to the country was put out to tender. But when the winning firm was presented to the Ministry of Health, senior officials rejected it, opting for a company that had been last in the tendering process.

Earlier this year, supplies of Norplant, some birth-control pills and female condoms ran out. Now, says Mr. Adriance, of EngenderHealth, "there isn't a single drop of injectables" anywhere in Kenya. "Depo Provera is out of stock.

" There are problems related to corruption in the public sector," he said. "Procurement deals fall through or get tangled up and the people who need the services suffer.

" There is no doubt women are getting pregnant. A woman here cannot refuse sex with her husband." Already, more women than men in Sub-Saharan Africa are HIV positive. Women make up 60 per cent of the HIV cases in Kenya.

Dr. Solomon Orero, an outspoken Kenyan gynecologist, strongly criticized his government. "Forty-one years after independence, Kenya has never budgeted a penny for contraceptives."

He said that the distribution within the country is haphazard and

unreliable.

" We have never had the whole range. It is either only pills or injectables or condoms. Family planning is relegated to the background by both providers, policymakers, administrators and even donors. Worse still, our major providers were severely affected by the global gag rule."

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Last week at the UN, countries marked the 10th anniversary of the International Conference on Population and Development (ICPD) at which a 20-year action plan was adopted to ensure health care, family planning and basic education. Nations participating in that conference, including the U.S., committed to providing about \$18.5 billion per year to meet reproductive health needs by 2005. To date, only half of those promises have been fulfilled and developing nations met only 80 per cent of their targets. Last week, the European Union offered \$75 million U.S. to make up the shortfall caused by the U.S. refusal to fund the UNFPA. It is a one-time only donation.

The Canadian representative, Naresh Singh of CIDA, spoke strongly in favour of the ICPD agenda. He also said the U.S. ABC policy has to be "examined and challenged" because it "does not necessarily meet the urgent need of women to exercise or enjoy their rights nor does it empower them to protect themselves from HIV and other infections."

In an interview, he said Canada will take a lead role in closing the condom gap by using the newly minted Pledge to Africa Act, or Bill C-9, which is Canada's much-heralded plan to provide lower-cost pharmaceutical products to the world's least-developed and developing countries.

While Bill C-9 was struck primarily to help developing nations receive cheap generic versions of AIDS drugs, Mr. Singh said that it could also be used to get family planning drugs or condoms to developing countries.

Katherine McDonald, executive director of Action Canada for Population and Development, is encouraging the Canadian government to expand its commitment of supply developing nations with affordable HIV/AIDS drugs to include contraceptives.

" We are in a position to close the gap," she says. "It's the moral and

right thing to do."

The Birth of a Crisis

Tomorrow: Maternal mortality rates are increasing in the world's developing nations. A Canadian doctor has made changing that her personal crusade.

This week: The Canadian Conference on International Health takes place at Ottawa's Crowne Plaza Hotel. See the Canadian Society for International Health website (www.cshi.org) for details. Topics for discussion include maternal mortality, the impact of the U.S. global gag rule, and the worldwide contraceptive shortage.

Ran with fact box "The birth of a crisis", which has been appended to the story.

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Saving Africa's Mothers

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Shelly Page
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The men who brought in the pregnant mother claimed she had gone into labour 12 hours earlier. But Dr. Jean Chamberlain suspected otherwise. She had learned during her time in Africa that 12 hours usually meant two sunsets had passed.

Dr. Chamberlain looked at the woman. Her chart said she was 24, but she looked more like 17. Dr. Chamberlain hoped it would be a routine delivery and continued on her rounds.

A few minutes later, she was called back. The woman was having seizures that could harm the baby. There were no anti-seizure drugs available in the hospital. As they scrambled to prepare the operating room for a caesarean section, the seizures continued.

When the baby's misshapen head emerged, Dr. Chamberlain understood.

In fact, the mother had been in labour for several days. She quickly passed the newborn to the midwife, but there were no cries. The baby, a boy, was dead.

Dr. Chamberlain keened for the young woman. "Not only would she suffer grief, but also the ridicule that is often heaped on African women who experience an unsuccessful pregnancy." But at least her life had been saved. If she'd stayed in her village to deliver, she too, would be dead.

Dr. Chamberlain, of McMaster University, has emerged as one of the world's leading champions of women's reproductive rights.

She is executive director of Save the Mothers, and has founded a masters program in Uganda to train medical professionals across Africa on how to deliver babies safely.

During an interview, she rhymed off statistics that are almost impossible for the western world to fathom. From the time you have had your morning coffee until that same time tomorrow, 1,600 women will have died from complications of pregnancy and childbirth. Ninety per cent lived in sub-Saharan Africa and Asia.

This means an African woman has a lifetime risk of one in 16 of dying from pregnancy-related complications. In the industrialized world, that number is one in 4,000.

" Incredibly, in the 20th century, this stubborn scourge killed more than tuberculosis, suicide, traffic accidents, and AIDS combined. More women died from childbirth complications than the number of men killed in both world wars," she wrote in *Where Have All The Mothers Gone?*, in which she exposes the stories of pregnant women she met while delivering babies in Uganda, Zambia, Zimbabwe, Pakistan, Ecuador and Yemen.

Mothers in the developing world are dying. There are 529,000 unnecessary deaths each year, most of them in developing countries and many of them leaving behind a family of orphans.

Most of the deaths -- about 60 per cent -- are due to severe bleeding during unsafe deliveries, in large part because half of all women give birth without a trained attendant. The other 40 per cent are due to the consequences of unsafe abortion.

Recently, Ahmed Obaid Thoraya, the executive director of the United Nations population fund (UNFPA), spoke of the tragedy of maternal mortality.

" Maternal mortality is a crisis that does not get the attention it deserves. No other health indicator shows such a glaring gap between rich and poor nations," she said.

She said the developed world "knows how to reduce deaths": Expand access to skilled attendance at delivery, emergency obstetric care, and referral and transport services so that women can receive medical care quickly.

More than 80 per cent of developing countries say that available resources do not meet their reproductive health needs, she said, yet donor countries have given only about half the amount that they agreed would be needed to implement the Program of Action -- \$3.1 billion U.S. a year rather than the \$6.1 billion a year by 2005 that was pledged in 2001.

Dr. Chamberlain says, in addition to the many orphans, many of the mothers who survive have a fistula, a torn birth canal that leaves them incontinent: "Women who will be thrown out of their families and villages, like lepers" as a result.

Drugs that treat hemorrhages cost less than a cup of coffee. Infection and high-blood pressure -- other common causes of maternal death -- are also preventable. A majority of African women give birth without skilled attendants, either because they live far from clinics or because they can't afford them.

In Kenya, the exact number of women who die from pregnancy-related causes is unknown. Dr. Solomon Orero, a leading Kenyan expert on maternal mortality, estimates a very high 1,000 deaths for every 100,000 births. A more conservative government survey puts the figure at 590 deaths for every 100,000 births, up from 540 in 1998. With so many women living in rural areas, and so much shame surrounding these deaths, it's difficult to ascertain the real number.

Maternal mortality is increasing in Kenya because the country lacks the necessary health infrastructure and financial resources. At the same time, not everyone has access to, or believes in, contraceptive use. Contraceptive use has stagnated at 1998 levels. A recent study showed that one-quarter of babies were unwanted.

Beatrice Mutali, of International Planned Parenthood (IPPF)Africa, says it is working hard to establish "safe motherhood programs" across the country and help train birth attendants.

They are also trying to curb unwanted pregnancies.

" Africa has the lowest rates of contraceptive use in the world. Thirteen per cent," says Dr. Nememiah Kimathi, also of IPPF. He said that to encourage contraception, particularly condoms, is to change a society where men traditionally don't use them.

Ms. Mutali, director of programs for IPPF Africa, says they are creating programs and "male-only clinics" to involve men in sexual health. They are also establishing youth programs to educate about sexuality.

The country is also in the grips of an illegal abortion epidemic. Abortion is only legal in Kenya if the mother's health is in jeopardy. There are an estimated 300,000 illegal abortions every year and about 5,000 women die annually from botched terminations. Sixty per cent of the women in the country's gynecological wards suffer from the consequences of unsafe abortion.

This May, Dr. John Nyamu and two of his nurses were charged with murder after being linked to the deaths of 15 fetuses dumped in a river in Nairobi. Documents found with the bodies linked them to the crime.

Dr. Orero, who champions women's rights to family planning and safe abortion, said he believes Dr. Nyamu, a friend, was framed in order to discredit the abortion-rights movement that is gaining momentum in Kenya.

" For us, it is the entire medical profession on trial," he said in an interview.

Dr. Orero led a delegation of doctors to speak to the country's attorney general on behalf of Dr. Nyamu, hoping to bring the issues of maternal mortality and unsafe abortions "into the open."

Kenya's abortion law is a vestige of the colonial era. It was established in 1861, when the country was ruled by the British. The British legalized abortion in 1967 although the law remains on the books in Kenya. This is the case in virtually every African country, except South

Africa, which has abortion on demand up to 12 weeks. Numerous studies have shown that countries with the most restrictive abortion laws have the highest maternal mortality rates.

" We are saddled by the laws of our colonial masters," added Dr. Kimathi. "It's made abortion clandestine and illegal. The consequences and magnitude is huge."

Dr. Orero has treated thousands of women during the past two decades who have suffered the consequences of unsafe abortions. One of his first patients was a nursing student who was admitted, near death, with infection. She only admitted the abortion when she knew she was dying because she didn't want to face the shame of her act or to be expelled from nursing school.

Dr. Orero has repaired ripped rectums, bleeding stomachs, and removed rusty wires and coat hangers from the innards of his patients. Others are admitted after swallowing poison or fistfuls of malaria pills.

He works around the edges of the law, saving the lives of women who have already attempted to end their own pregnancy, using a procedure called manual vacuum aspiration (MVA), a simple method of abortion that did not require surgery or electricity. With an MVA kit, doctors can treat incomplete abortions, reducing the risk of infection and eliminating the need for surgery.

In the district hospital in Kisumu, the third largest city in Kenya, there has not been a death from unsafe abortion in three years. Before that, there were several every week.

K-MET, the organization of health care providers and counsellors he co-founded and heads, has created a network to train nurses and doctors to treat unsafe abortions. He travels throughout Africa, teaching doctors how to complete botched abortions.

Dr. Orero also exploits a loophole in Kenya's law, which allows him to legally end a pregnancy if the procedure is aimed at "the preservation of the mother's life" and if it is performed "in good faith and with reasonable care and skill."

Dr. Orero says that he is saving a woman's life if he ends a pregnancy she planned on ending herself with a more dangerous method. But even he admits that this a convoluted way to go about it. "If abortions

were done legally, they would be "done without loss of life or shame.
We could smoke out charlatans and incompetents."