

Good week



JCE results out
The Uganda National Examinations Board has reported improved performance in last year's Senior Four examinations.



Maternal health
The Ministry of Health has secured a \$13 billion loan for maternal health to curtail the high rate of women dying from pregnancy-related child birth.



Cricket in Asia
The Cricket for 16-day trips to India aims

Bad week



Rot in police
The Inspector General of Police, Gen Kale Kayihura, told residents of Mubende District that the rot in the Police Force is from the bottom.



Mowzey buried
The remains of singer Mowzey Radio were finally rested at his mother's home in Kagga Nakawuka, Wakiso District on Sunday.



Refugee scam
The Office of the Prime Minister has been hit by a scandal of abuse of refugees' funds, and the UN and other

ment will still have to deal with

will on Saturday June 20, 2019.

pected to retreat to their traditional mandate of preventing and fighting

Mr. Bisira is the executive editor of East African Flagpost.



DENNIS JJUUKO > MATERNAL HEALTH

Abortion adverts have an impact on maternal health

The city is awash with adverts for legal abortion without a clear indication of what is legal and what is not. This may have harmful implications on the life of young girls and women that need this service in an unregulated environment, thereby ruining Uganda's maternal health, and sexual and reproductive health record, together with the gender agenda.

It is important to acknowledge that abortion, whether safe or not, still remains among the most controversial and contentious topics in Uganda's health policy environment. This can be attributed to a combination of factors. Among them is the patriarchal policy environment where men are also at the forefront of deciding on policies that affect women. It is also because of the competing approaches in the policy debates that range from religious and cultural perspectives, to legal approaches, thereby ignoring scientific explorations such as the Uganda Demographic and Health Surveys that are meant to guide policy.

The low contraceptive prevalence rate of 39 per cent (2016 UDHS), limited access to sexuality education, inadequate knowledge

rape, defilement, and sex outside marital relations are factors that Uganda needs to be cognizant of. The number of unwanted pregnancies among teenagers, for instance, has increased as a result and now stands at 25 per cent (2016 UDHS). A significant number of these end in induced abortion, posing a serious public health, human rights and social equity dilemma that affects a number of women, albeit the restrictive legal environment.

The most recent study on the incidence of abortion by the Guttmacher Institute and Makerere University School of Public Health indicates that Uganda has one of the highest rates of unsafe abortion in Eastern Africa. The estimated rate of 54 abortions per 1,000 women of reproductive age is far higher than the average of 39 abortions per 1,000 women for East Africa. Unsafe abortion is one of the leading causes of maternal morbidity and mortality in Uganda, contributing approximately 26 per cent of the estimated 6,000 maternal deaths every year, and an estimated 40 per cent of admissions for emergency obstetric care, according to the 2016 Demographic and Health Survey by Uganda Bureau of Statistics.

Unsafe abortion places a huge

Costly. Unsafe abortion places a huge cost on the public health system; approximately Shs7.5 billion are spent annually to treat complications.

proximately Shs7.5 billion are spent annually to treat complications. Emphasising that unsafe abortion is a public health dilemma that needs urgent attention through policy guidelines is therefore critical to creating a shift in the shrinking legal and policy terrain. Uganda's restrictive abortion laws permit termination only to save the life of a mother. However, conflicting and restrictive interpretations of the abortion provisions under the 1995 Constitution of Uganda, the Penal Code Act and National Reproductive Health Policies have created confusion about the correct legal status of terminating pregnancies. Because the government has not operationalised Article 22(2) of the 1995 Constitution of Uganda as a way of clarifying the parameters for legal abortions, healthcare providers are unable to provide safe and legal services.

A gap in regulations has thus left this lifesaving service to quack service providers, who freely advertise

their degree or level of safety.

Pregnancies are inevitable, unintended pregnancies are common, mostly unwanted, and lead to induced abortion since they are not needed. Therefore; since unintended pregnancies are common, induced abortion equally happens everyday. If a woman decides to have an abortion, she will often go ahead and seek it regardless of the legal consequences. Laws therefore affect health safety since abortion is punishable. Laws affect access since medical practitioners fear to aid safe abortions, which forces women to seek the service from unqualified or unskilled providers who frequently operate in unhygienic and uncouth environments.

Besides carrying out unsafe abortions, the other option to unwanted pregnancies is unwanted births, which is not always favoured compared to induced abortions. In such a legally restrictive terrain, the most available information is that on clandestine abortion, which risks the lives of women and young girls.

Preventing unwanted pregnancies and providing access to safe abortion is therefore a critical step towards reducing the unacceptably high rates of maternal death in Uganda.

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