ILLEGAL ABORTIONS AMONG YOUNG GIRLS

by Malika Ladjali, Sante Sexuelle et reproductive des jeunes, study carried out for the Independent Commission, April 1994
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One per cent of illegal abortions is estimated to result in the death of the woman. This mortality rate is more than 1,000 times lower when the abortion is done legally and under medical supervision. Five million of the 50 million abortions carried out each year are amongst young girls aged between 15 and 19. Because they are inexperienced, they realise they are pregnant at an advanced stage, frequently after the first three months.

They often consult backstreet abortionists after having tried dangerous drugs, bleach, quinine, detergents or having to tried to stick pointed objects such as knitting needles into their womb. Abortion complications among young girls are often more serious than amongst older women because they are often badly informed about available health service facilities and are afraid of consulting them. In many African countries, as many as 60 per cent of women in hospital due to abortion complications are under 20 years old.

STANDARDIZATION OF ABORTION LAWS DEMANDED IN MEXICO

Source: FEM, feminist monthly, Mexico, Dec 1994; reprinted in Women's Global Network for Reproductive Rights Newsletter no. 49, Jan - Mar 1995.

On September 28, 1994 (Day of Action for the Decriminalization of Abortion in Latin America and the Caribbean), during the ceremony at the Monument to the Mother in Mexico City, Ana Maria Hernandez, of Salud Integral para la Mujer (SIPAM), pointed out that it is necessary to standardize laws specifying the grounds for legal abortion across the different Mexican states. She explained that the Penal Code of Mexico Federal District allows abortion when the pregnancy is due to carelessness of the woman, result of rape, and when the woman's life is at risk. In Yucatan, Puebla, Veracruz, Oaxaca and Colima, it is allowed for malformation of the fetus. In Guerrero, Hidalgo, Jalisco, Tlaxcala and Zacatecas, abortion is allowed when continuation of the pregnancy constitutes a risk to the woman's life.

"The decriminalization of abortion is a public health matter, and a question of democracy and social justice," said Hernandez during the ceremony.

YOUNG, VULNERABLE AND FEMALE

Source: Decade Link No. 16, March 1995.

Young women are the group most susceptible to HIV infection. According to a United Nations Development Programme (UNDP) study on AIDS, 70% of the 3,000 women a day who contract HIV and the 500 women who die daily from AIDS worldwide are between the ages of 15 and 25. The study, which was conducted in three African and two Asian countries found:

- In Thailand, the HIV infection rate is greater among women between the ages of 15 and 25 than among all other women combined.

- In Uganda, there are more than twice as many reported AIDS cases among 15-to-25-year-old women than among men of the same age.

- In Rwanda, more than 25% of women who become pregnant and about 17% of those who engage in intercourse before they are 17 years old will become HIV-positive.

Dr. Michael Merson, Executive Director of the WHO Global Programme on AIDS, has listed three causes for high infection rates in young women.

Women are biologically more vulnerable. As the receptive partner, women have a larger mucosal surface exposed during sexual intercourse; moreover, semen contains a far higher concentration of HIV than vaginal fluid. Women thus run a bigger risk of acquiring HIV infection and other sexually transmitted diseases.

Women are epidemiologically vulnerable. Women tend to marry or have sex with older men, who may have more sexual partners and hence be more likely to have become infected. Women are also epidemiologically vulnerable to HIV transmission through blood. In the developing world women frequently require a blood transfusion during pregnancy or childbirth — for example, because of anaemia or hemorrhage.

Women are socially vulnerable to HIV. Men are expected to be assertive and women passive in their sexual relationship. In some cultures, men expect sex with any woman receiving their economic support. Whenever these traditional norms predominate, the result is sexual subordination, and this creates a highly unfavorable atmosphere for AIDS prevention.

When subordination leads to disaster

Women's sexual subordination is a direct result of their lower status in society, lack of independent income and lack of control over their sexual and economic lives. This dependency only heightens women's vulnerability to HIV infection.

In many societies, girls are married at a very early age. They are also the most frequent victims of incest and rape. Non-consensual, hurried or frequent intercourse can inhibit mucus production and cause genital trauma, increasing the likelihood of infection. Young women's lack of control over the circumstances under which intercourse occurs thus puts them at greater risk of HIV infection. Men often prefer to have sexual relations with younger women, who are assumed to be sexually inactive and thereby "safe" from HIV. These also places these girls at high risk of infection.

Setting Priorities

Though women are at the center of the growing HIV epidemic, the national and international response to this major health issues is weak and inadequate. For women, mothers and children, large gaps exist between need — medical psychological and welfare — and services or support to meet those needs. Nor is sufficient effort directed towards policy development. Policies on HIV- infected pregnant women, for example, do not generally take into account reproduction rights. Screening policies are discussed without considering the capacity of the prenatal care system. Economic factors are rarely considered while discussing prostitution. Most importantly, women are rarely involved in the formulation of AIDS policies. As in most other health and social issues, policies of AIDS are "made by men - for men".

PEOPLE WITH HIV/ AIDS HAVE RIGHTS, TOO

Source: TODAY May 11, 1995

The Manila based organization REACHOUT AIDS Education Foundation, an AIDS service organization that advocates non, discrimination against people with HIV/AIDS, recently released it's new poster that focuses on the basic human rights of people living with HIV/AIDS.

The following are the rights reflected in the information, education and communication materials: the right to confidentiality, the right to disclosure, the right to counseling, and the right to social-support services.

The person with HIV/AIDS has the right to the assurance of confidentiality on all information pertinent to their health status and health behavior. It is the person's discretion to disclose their HIV status to whoever, whenever and wherever they please. The individual's wish for privacy should be respected.

Also, a person with HIV/AIDS has the right to be provided with access to correct, accurate and unbiased information which will guide in making informed choices. The individual has the sole right to decide on the alternatives most beneficial in relation to their sexual behavior, health practices and family life. People with HIV/AIDS have the right to avail of basic health-care services. They should not be deprived of their right to social services, insurance services, spiritual guidance and legal aid.

The intent of this communications effort is to enlighten people about the social implications of the disease and at the same time replace irrational fear, existing biases and prejudices with a deeper sense of humanity, compassion and understanding. The Reach Out office in Manila can be contacted at 632- 895-1369.

PREGNANCY RELATED HORMONE USED TO TREAT AIDS PATIENTS

Source: TODAY May 11, 1995.

Hormone produced during pregnancy could become the newest treatment for Kaposi's sarcoma, the most common cancer in AIDS patients, according to a new study.

The report offers scientists a clue as to why men develop the cancer at a much higher rate than women, the study's author's said.

The research, published in the journal Nature, shows that human chorionic gonadotropin (HCG), a hormone present in high levels during the first trimester of pregnancy, destroys Kaposi's sarcoma cells by binding to them.

In the study, newborn and adult mice were injected with Kaposi's sarcoma cells. All of the adult mice and the male newborns later developed tumors. But the four female newborn mice did not, and they remained tumor-free after they became pregnant.

The cancer cells also were injected into mice in early-and late stage pregnancy; those injected in the early stages of pregnancy did not develop tumors, and the late-stage pregnant mice showed smaller tumors that did not spread.

"The hormone was not blocking, but killing Kaposi cells, and it doesn't kill normal counterpart cells. This is without apparent toxicity to the animals," said Dr. Robert Gallo, chief of the National Cancer Institute's Tumor Cell Biology team and a coauthor of the study.

If further studies confirm the new report, the pregnancy hormone may be used to treat Kaposi's sarcoma, according to the government researcher.

Gallo speculated that the reason HIV-infected women have a low rate of Kaposi's sarcoma even if they are not pregnant is because one element of HCG is similar to a hormone released during the menstrual cycle.

Because HCG is not a feminizing hormone, it should not cause problems eventually used to treat men with Kaposi's sarcoma, Gallo said.

Kaposi's sarcoma tumors typically develop as purple blotches on the skin. Although the cancer is common among homosexual men who are infected with the AIDS virus, it rarely develops in uninfected people.

Treatment with HCG would ease the concern about the negative effects of strong cancer medications on patients with already weak immune systems, the Nevada researchers said.

AIDS WOMEN TAKE RISK OF BEARING KIDS

Source: TODAY May 10, 1995

NEW YORK (NYT) - Sandy L. spent years in soul-searching discussions with her husband before they decided, out of love, to have a baby despite the risk. In Brooklyn, Monica Hernandez went through similar heartache, pregnant with a fifth child when so much about her future was uncertain.

These two women, the first a doctoral candidate with a good job, the second a homemaker who relies on welfare, share a