
ABORTION POLICY

Grounds on which abortion is permitted:

To save the life of the woman	Yes
To preserve physical health	No
To preserve mental health	No
Rape or incest	No
Foetal impairment	No
Economic or social reasons	No
Available on request	No

Additional requirements:

The attending physician must consult with two additional physicians, one of whom must be taken from a list of experts provided by the Court. The physician must attest to the fact that the life of the woman cannot be saved by any means other than the intervention contemplated.

REPRODUCTIVE HEALTH CONTEXT

Government view on fertility level:	Too high
Government intervention concerning fertility level:	To lower
Government policy on contraceptive use:	Direct support provided
Percentage of currently married women using modern contraception (aged 15-49, 1997):	10
Total fertility rate (1995-2000):	5.4
Age-specific fertility rate (per 1,000 women aged 15-19, 1995-2000):	137
Government has expressed particular concern about:	
Morbidity and mortality resulting from induced abortion	Yes
Complications of childbearing and childbirth	Yes
Maternal mortality ratio (per 100,000 live births, 1990):	
National	490
Eastern Africa	1 060
Female life expectancy at birth (1995-2000):	59

Source: Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. For additional sources, see list of references.

BACKGROUND

Abortion in Madagascar is governed by the provisions of the Penal Code, which were largely inherited from the former French colonial Government. Although the Penal Code contains no expressed exceptions to the general prohibition of abortion, under criminal law principles of necessity, an abortion can be performed to save the life of the pregnant woman. In all other circumstances, any person performing or attempting to perform an abortion is subject to one to five years' imprisonment and payment of a fine of 90,000-1,800,000 Malagasy francs (FMG). These penalties are increased to 5-10 years' imprisonment and up to FMG 3.6 million in fine if the person commonly perform abortions. Medical and paramedical personnel are subject, in addition, to suspension from the practice of their profession for a minimum of five years to life. A woman performing her own abortion or consenting to its performance is subject to six months' to two years' imprisonment and payment of a fine of FMG 18,000-360,000.

The French anticontraception law of 1920 is still in force in Madagascar. This law prohibits the importation, manufacture, sale or distribution and advertisement of contraceptives, and makes them available only in pharmacies by prescription for health reasons. However, the Government formulated a population policy in 1990 that focuses on reducing the total fertility rate through family planning and has begun the process of repealing the 1920 law.

Until the 1980s, the Government's attitude with regard to population issues, including family planning, was largely one of non-intervention if not opposition because of the firm belief that the resources of the country were still underexploited. However, a non-governmental organization affiliated with the International Planned Parenthood Federation, *Fianakaviana Sambatra* (FISA, meaning "happy family"), was founded in 1967 and has progressively gained recognition, assisting the Government in a number of population-related activities.

Beginning in the 1980s, the worsening economic situation in Madagascar led to greater attention to population matters. In 1984, the Government appointed a Parliamentary committee for population and development and established the Ministry of Population, Social Affairs, Youth and Sports. FISA began openly to provide family planning services in collaboration with the new Ministry. In 1986, the Population and Development Unit was established within the Ministry of Planning. A national population and development conference was held in 1987, which sparked research into the linkages between population and development, culminating in the national population policy adopted by the Parliament in January 1991. In that document, the reduction of fertility is a major goal, to be achieved by expanding access to family planning information and services through a national family planning programme. The Ministry of Health planned to integrate family planning in 550 health centres by the year 2000.

Wider availability of contraceptives also is being pursued as a means of decreasing maternal and infant mortality and morbidity. A significant proportion of maternal deaths in Madagascar are attributable to induced abortion; an estimated 16 per cent of reported maternal deaths in hospitals are due to complications resulting from abortion, while in rural areas it is estimated that some 40 per cent of maternal mortality is related to complications from abortion. By 1997, the modern contraceptive prevalence rate was estimated at 10 per cent and the total fertility rate (1995-2000) at 5.4 children per woman.

Source: Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. For additional sources, see list of references.