Advocacy to Bring Down Alarming Rates of Unsafe Abortion

In Asia, unsafe abortion accounts for 12 per cent of all maternal deaths, higher than in any other region of the world with an estimated 38,000 women dying each year from medical complications alone.\(^1\) Half of the world's unsafe abortions (10.5 million) took place in Asia in 2000.\(^2\)

About 14 unsafe abortions occur for every 100 live births in Asia, excluding East Asia where safe abortion is widely accessible.\(^2\) There has been a continuous struggle to maintain the status quo with regard to safe abortion where it is available and to reverse the situation where it is not available, in spite of the relative successes of implementing key recommendations of the ICPD. The present US government's policy on abortion has a disproportionately negative influence, affecting funding availability, making other governments and NGOs nervous about cutbacks in financial resources for their sexual and reproductive health programmes. Time after time, the US government directly and indirectly goes to extraordinary lengths to exert their double-standard point of view on others, as recently witnessed at the ESCAP conference in Bangkok and other UN organised conferences. Abortion is legal in the US, but its government will not fund abortion outside the US.

Countries in Southeast Asia have relatively low rates of unsafe abortion. Not learning from this experience is a missed opportunity for other countries in Asia. In many Southeast Asian countries, such as the Philippines, there are indications of growing religious influence that deters open support of safe abortion, if not exerting outright opposition.

It is clearly stated in the ICPD Programme of Action that abortion should not be promoted as a method for family planning. However, humane treatment and counselling must be given to women who have had recourse to abortion (POA, Para 8.25). Other critical key language from the ICPD POA and Beijing Platform for Action (PFA) that can be used in an advocacy strategy include: "All governments are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortions as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. In all cases, women should have access to quality services for the management of complications arising from abortion" (PFA, para 106). Another key declaration advocates can use in lobbying to improve access to safe abortion is the Millennium Development Goals that cite improved maternal health as one of the targets. This can be interpreted to include access to safe abortion.

Advocacy Strategies

To fulfil the needs of women and expand access, successful advocacy strategies should target all or some of the following issues:

- Broad participation - a concerted advocacy effort that includes working with community women, service providers, the legal profession, activist groups, sympathetic people in government, media, NGOs and private sector;
- Improving abortion laws without jeopardising existing availability, as in Bangladesh where menstrual regulation is relatively accessible;
- Work towards enactment of laws that protect both women and providers;
- Take on legal cases to encourage both service users and providers;
- Advocate for increased, adequate and better use of human and financial resources and logistics/supplies for safe abortion services;
- Campaign for improved policy and practice of government, private sector and NGOs for safe abortion;
- Engage in policy dialogue with key decision makers in government and donor institutions;
• Take into consideration new medical methods of abortion, such as Mifepristone, to expand choices available to women;
• Ensure that the method, timing and message of advocacy is appropriate to the environment and circumstances - inappropriateness can result in much damage;
• Raise the awareness of younger women who do not appreciate the absence of laws and safe services. It must be ensured that the existing positive situation is not eroded (particular reference to Southeast Asia);
• Promote training of service providers to ensure good technical, planning and management skills;
• Undertake ‘quiet’ awareness raising among stakeholders on an on-going basis;
• Campaign for collaborative design, implementation and use of research and documentation for sharing and learning about safe abortion laws, policy, practices and services; and
• Once positive laws are enacted, advocate for supportive funding, policy, practices, services, training, logistics, supplies, research, etc, which are crucial processes for implementation.

Activists have already designed frameworks and manuals to assist NGOs in advocating to improve access to safe abortion in the region. A framework analysing the political, economic, administrative, social, cultural, national and international contexts can assist advocates to devise an effective strategy. Training required to undertake a successful abortion advocacy strategy should include: understanding of advocacy, problem identification, problem analysis, research, policy papers, situation analysis, stakeholder analysis, negotiation and lobbying, audience targeting, communication materials, interventions and organisational capacity. White’s framework consisting of mapping the policy arena, defining major issues and designing policies and implementation strategies can be a useful guide, as it looks at macro and sectoral policies, institutional analysis, human resource development and mobilisation of people.  


Endnotes
The abortion bill passed in Nepal in September 2002 took many women NGOs by surprise as the general mindset with regards to abortion was still dominated by patriarchal beliefs and values. The bill was part of the overall amendment to the 1962 Civil Code that was successfully lobbied by women groups.

The advocacy focus of activists and women’s groups was overwhelmingly on the issue of equal rights to property inheritance for women, not abortion rights. The Muluki Ain, 2020 (Country Code), the national legal text in Nepal, prohibited abortion, characterising it as an offence against life. A woman accused of abortion faced up to three years in prison. No explicit exception was made to permit abortion even when a pregnancy threatened a woman’s life, although an ambiguous provision excluded punishment when an abortion was performed for the purpose of ‘welfare’. The progressive new bill now allows women to have an abortion in the first 12 weeks, and up to 18 weeks in cases of incest and rape. Doctors can also perform abortion if the mother’s health is in danger, and if there is a risk of foetal abnormality. Furthermore, abortion based on sex selection is now punishable. It must be noted however, that a woman can still face one to five years of imprisonment if she does not fulfill these conditions.

Lesson Learned

Women groups strategically included the abortion provision into the omnibus amendment that addressed the many discriminatory laws that existed against women. The lesson learned is that certain issues need to be addressed strategically, with advocacy efforts targeted to a few key stakeholders, especially lawmakers. Sometimes lobbying and advocating on a larger scale invites strong opposition from conservative forces unwilling to change their position on women’s rights, creating more antagonism than awareness. As it turned out, it was an issue best dealt with ‘quietly’, raising awareness on levels only where it was necessary.

Advocacy Focus

Nevertheless, it is important to appreciate that there were previous advocacy efforts to liberalise the abortion bill that set the stage for this progressive turn of events. In 1993, the chairperson of the Family Planning Association of Nepal and a member of parliament, introduced a draft bill on abortion in Parliament which was rejected because it focused only on abortion. Similarly, the Center for Research on Environment Health and Population Activities (CREHPA) conducted a survey with the objective of gathering evidence on attitudes towards abortion. The Forum for Women, Law and Development (FWLD) organised a national gender conference in early 2002 which helped to secure allies with members of parliament. Service providers, the United Nations Development Programme (UNDP) and local and international NGOs, particularly International Planned Parenthood Federation, Center for Reproductive Rights and IPAS, also actively lobbied parliamentarians, often producing critical reports on the gender bias existing in many Nepalese laws.

In the past, the majority of cases relating to unsafe abortion occurred among women from rural areas who were economically disadvantaged and did not have access to modern health care. Legalisation of abortion does not automatically guarantee access, and abortion services need to be made available across the country. This service may remain out of reach for many in view of the reinstatement of the Global Gag Rule by the Bush Administration, prohibiting local health service providers receiving U.S assistance from offering abortion services, providing counseling and making referrals to suitable providers.

Using the media, the focus for women’s groups now is to raise awareness of the amendment to the 1962 civil code and new provisions for abortion. Awareness needs to be raised on a larger scale to combat the general perception of abortion as a moral, religious, and social crime. Unfortunately, the bill makes no provision for the release of women currently incarcerated for procuring abortions. Ten women have been released since July 2003, due to lobbying and advocacy efforts by local and international groups who assisted in legal representation. The successful implementation of the new legislation will be a major challenge, for without it, women’s lives will remain unchanged.

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Endnotes

Women activists are building up skills in advocacy, enabling them to push forward the agenda of improving access for safe abortion, particularly for poor and marginalised women in the region. Women's reproductive health NGOs across the region, who participated at an ARROW organised workshop entitled, Strengthening Strategic Planning for Advocacy - Improving Abortion Access, in June 2002, are strengthening their advocacy building capacities and thinking more strategically on how they can best serve their constituents in the area of improving access for safe abortion.

The 22 participants from eight countries: Bangladesh, India, Indonesia, Malaysia, Nepal, Pakistan, the Philippines and Thailand, largely NGOs, lawyers and government officials who participated at the workshop co-organised and funded by South Africa's Women's Health Project (WHP) under the Johannesburg Initiative (JI), found the workshop with its emphasis on a training manual and framework, very useful for strategic advocacy planning. Four of the NGOs, Pakistan based Shirkat Gah, Likhaan (the Philippines), SAHAYOG (India) and Beyond Beijing Committee (Nepal), returned to their respective countries and organised similar workshops for state and grassroots NGOs, using the JI manual to build advocacy capacity and develop national advocacy strategies.

In Pakistan, advocating publicly to legalise abortion, may result in existing abortion services available to the public coming under scrutiny by the government. Shirkat Gah, recognising the cultural and religious obstacles, is not focusing its energies on changing or drafting new legislature. The NGO prefers to concentrate their advocacy efforts on educating service providers and health professionals. The NGO is now using the JI manual to train other member NGOs of the Pakistan Reproductive Health Network (PRHN) in advocacy and increasing their awareness about the rights and need for comprehensive abortion services.

Riding on the success of women's groups in getting a liberal abortion law passed in South Africa, WHP decided it was important to document the ideas and tactics utilised in the successful campaign, to assist similar efforts by women groups in other countries. The Abortion Advocacy Training Manual primarily draws on the analysis and planning methods used by the JI in assessing 11 country experiences in advocating for abortion access. What makes the JI manual especially innovative is the fact that it is based not just on the South Africa experience but is an outcome of the sharing of abortion advocacy strategies by countries around the world, strengthened further with the sharing of another seven countries in Asia at the ARROW workshop and other regional workshops.

**Aim of Johannesburg Initiative**

The manual is to be used by NGOs, governments or any health policy activist wanting to build capacity and strengthen their advocacy strategies, whether through legal change or by increasing access to quality services. The project also aims to provide an example of southern-initiated activism that builds bridges and facilitates learning between regions and countries of the North and South.

The purpose behind the manual is to help activists identify the factors that are supporting or preventing women's access to safe and legal abortions in their own country, and develop or strengthen strategies to improve abortion access. The JI uses an analytical framework which identifies factors which may be enabling or obstructing, to bring about positive laws and policies to improve abortion access.

It is important for those who want to influence policy to understand what factors impact on both policy content and its implementation. By highlighting the factors that influence or are interlinked to the issue of abortion access, the advocate can take the next step to identify under what circumstances advocacy groups may have the opportunity to influence processes towards change.

**Factors to be Considered**

Factors that any advocate needs to consider include context, the actors or players involved, the political and bureaucratic processes and lastly, strategies (see chart). Contextual factors like political, economic and social, will determine both policy development and the extent to which policy can be implemented. These factors will also determine what sort of strategies activists can use and help determine whether activists will have to work ‘outside’ or ‘inside’ the system. In countries which have more open political processes, activists may be able to establish close relations with sympathetic politicians to try to change the law. Where governments are keen on NGO partnerships, activists may also be able to partner with public health services to build their ability to offer abortion services.

Different actors influence policy making and its implementing processes. It is essential to identify actors and understand their motivations, their power...
base and influence, in order to develop strategies. Sometimes the formal political process is closed to outsiders such as NGOs. Nevertheless, NGOs can still influence political decisions by developing personal relationships with influential politicians. Knowing that values, views, experiences and career concerns of political decision makers will influence their response to any policy proposals, activists should invest time in lobbying politicians. If that is not possible, NGOs can work outside the political system, through protest actions. In the case of abortion, this might mean developing access to abortion services rather than trying to change the law.

The bureaucratic system refers to getting a policy implemented once it has been adopted. It tends to be less accessible for NGOs to influence, as bureaucrats do not often seek consultation with civil society. So in order to be taken seriously by bureaucrats at senior decision-making levels, activists must evaluate ways to influence them. Advocates might want to invest their energies influencing the curriculum or in-service training of service providers. Focus naturally is on changing attitudes.

**Processes that Shape Policy and Implementation**

There are three dynamic dimensions of the policy change process that is constantly going on, namely problem identification, solution development and political and bureaucratic decision-making. So separate and distinct advocacy strategies to fit each process have to be devised in order to have a strong overall impact on influencing policy and its implementation.

**Policy Identification:** How a problem becomes recognised as needing policy and action, and how a problem is framed will depend on who is involved in defining it. This is the problem identification process. Activists must ensure that a problem is framed based on the interests of those who are marginalised or discriminated against, so that equity concerns are at the centre of defining the problem, not just efficiency arguments as is often the case to justify policy formulation or prescription.

**Solution Development:** Policy solutions need to reflect the experience and needs of those who are most disadvantaged in society in order to promote a human rights approach to health, and specifically to promote gender equality. Solutions need to be realistic, not offering policies or plans that cannot be implemented. Activists should identify what steps can be taken to overcome obstacles to implementation and ensure these solutions are getting on the political or bureaucratic agenda.

**Political and Bureaucratic Decision-making:** Activists need to map the whole situation in their country context, gathering information on each of these dimensions of the policy change process. This will help them develop realistic goals and clear strategies. Activists can draw out creative strategies to engage with the political and bureaucratic decision-making process to get their issue on to their agenda and win support for their policy recommendations.

The process of policy activism is ongoing, with continuing monitoring of strategies and evaluation of their effectiveness. Identification and implementation of new strategies may be necessary. As the advocacy process proceeds, new problems may arise and new policy options may be required. For example, even if you succeed in getting an abortion law passed, new problems associated with implementation will inevitably crop up or a fundamentalist religious group may challenge the law through the legislature. There is seldom a beginning or an end and a good policy activist is vigilant of new obstacles.

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**Compiled by Rathi Ramanathan,** Programme Officer.

**Reference**

Global

Some 36 experts around the globe attended two Expert Consultations on the impact of health sector reform on sexual and reproductive health, in Cape Town, South Africa. Held over April 21-29, 2003, the consultation was the first public activity held under the Rights and Reform Project and coordinated by South Africa based Women’s Health Project. Six global papers and another 12 papers were presented by the Rights and Reform team on the issues of health financing, methodologies for priority setting, public/private partnerships, decentralisation, integration and accountability. Through a process of review, analyses, identifying gaps and setting of priority issues, the consultations will feed into the second phase of the project. The aims of this research and advocacy initiative are as follows: Strengthening understanding amongst activists and decision-makers on the role of health sector reform in facilitating or undermining efforts to achieve sexual and reproductive health and rights (SRHR) policies and programmes and secondly, identifying and advocating for strategies to maximise positive outcomes with regard to sexual and reproductive health and services. The outputs expected at the end of phase one, would include a book comprising the six integrated papers which will identify key advocacy issues.

Contact: The Rights and Reform, Women’s Health Project. PO Box 1038, Johannesburg 2000, South Africa. Fax: 27 11 489 9922; Email: rightsandreforms@an.apc.org. Website: www.wits.ac.za/whp/rightsandreforms

Philippines

The eight-year struggle by women’s groups culminated with the passing of the Anti-Trafficking in Persons Act of 2003 in May. The groundbreaking law was drafted by The Coalition Against Trafficking in Women (CATW), an international organisation with 30 member groups in the Philippines including survivors of trafficking. Although Bangladesh, Nepal, India, Thailand and Cambodia have passed similar legislation, this new law criminalises perpetrators of trafficking, including buyers, and states unconditionally that consent of the victim is immaterial. CATW has been critical of what it calls ‘military prostitution.’ The organisation conducted a survey which shockingly revealed some 50 trafficked women in Cotabato City being violated by military men. The ongoing war in Mindanao has worsened the trafficking situation in the region and the law now defines trafficking that involves military forces as qualified trafficking, punishable with life imprisonment and a fine of not less than two million pesos. CATW’s proposed draft bill had included the need for education for perpetrators and stipulated that enforcement agencies should include the Department of Interior and Local Government. Unfortunately, these recommendations were not included in the new law.

Contact: Likhaan, 92 Times St., West Triangle Homes Quezon City 1104 Philippines. Tel: 63-2-9266230; Fax: 63-2-4113151; Email:office@Likhaan.org

Global

Some 32 activists and key supporters of ICPD met for the second ICPD + 10 Roundtable Steering Committee meeting on May 15-16 2003 in London at the International Planned Parenting Federation (IPPF) office. Groups who are members of the on-going committee include IPPF, Family Care International, Population Action International, AMANITARE/RAINBO, Legal Research & Resource Centre for Human, Youth Coalition for ICPD, International Women’s Health Coalition, Catholics for a Free
Country Activities

Choice, UNFPA and ARROW. The purpose behind the ICPD Roundtables held is to develop strategies and move the Cairo vision forward towards more effective implementation of the ICPD, broaden key stakeholders, foster new leadership and activism and improve public education through wide press coverage to mark ICPD’s ten-year anniversary.

Current activities underway include the production of a Global Index Report that will assess ICPD implementation efforts to date. The index will rank country performance which will be presented in the form of a wall chart, fact sheets and briefing cards. Advocacy and communications initiatives will also run parallel to these activities, highlighting the qualitative aspects of ICPD implementation. The communication activities will dovetail and complement work done by other NGOs. Country level dialogues and meetings will feed into regional meetings and a global gathering of key stakeholders at a Roundtable to review ICPD implementation will be held to also assist in identifying future strategies. The ICPD 10th anniversary International Roundtable will be held tentatively on September 20-24 2004 in London. It has been proposed that ARROW organise the regional meeting for South Asia and South East Asia. The next steering committee meeting will be held on September 22-23 2003, again in London.

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Regional - Beijing + 10

Women NGOs and UN country representatives gathered for an informal consultation on July 22, 2003 in Bangkok, to discuss plans for the Asia Pacific NGO Forum for Beijing Platform For Action + 10 (PFA) to be held sometime in July 2004. Organised by Thailand based Asia-Pacific Forum on Women, Law and Development (APWLD), Santitham YMCA Building, 3rd Floor, Rooms 305-308, 11 Soi Mengrairasmi, Sersmuk Road, Chiang Mai 50300, Thailand. Tel: (66) (53) 404613 and 404614; (66) (53) 404615. Website: www.apwld.org

Malaysia

Over 500 people including men and women NGOs and the Minister of Women and Family Development Dato’ Seri Shahrizat Abdul Jalil, gathered for the launching of Citizens Against Rape - Make Public Safe - Towards a Violence-free Community campaign held on July 20 2003. The All Women’s Action Society (AWAM), who have been advocating on the issue of violence against women, planned the campaign to harness public momentum in support of the issue of making public spaces safe. The campaign’s following objectives are: To gain public support and foster community involvement in the fight against rape; to provide the authorities with recommendations for improving the security standards of public spaces and to launch the monitoring body, Citizens Against Rape (CAR); to keep track of the state of violence against women in the country and the commitments currently being made by the various authorities; and to raise awareness on the amendments of the anti-rape legislation. It is envisioned that this public gathering would be the first step in a long-term renewed campaign against rape. Currently, the tasks and immediate goals of CAR will be set on a year to year basis, until the body gains more experience and legitimacy in the eyes of the public. For the upcoming year, CAR will make recommendations to various government agencies through a nation-wide petition which includes the implementation of sex education that incorporates gender equality, courses on personal safety, enforcement of mandatory security measures in public places, campaigns to inform the public of the actions and procedures that should be taken in the event of a violent crime.

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Klugman, Barbara; Budlender, Debbie. 2001. 

This publication results from an international project case study entitled, "Capacity Building for Advocacy on Expanding Abortion Policy and Access: Sharing of National Experiences between Countries from Diverse Regions", an initiative of the Women's Health Project, South Africa. Eleven participating countries documented their research efforts which are published here. The first chapter is an introduction covering the importance of a conceptual framework, which provides a template for activists to analyse the changing social, cultural, political contexts in their respective countries. The chapter then explains how activists can re-evaluate their problem definitions and solutions, followed by a comparative analysis which provides practical tips for strategies and actions for abortion access.


The case studies provide a wealth of ideas of tactics to try and how to take the advocacy effort forward. There is also a common crosscutting lesson emerging: the need to link strategies to a sophisticated analysis of the factors supporting and constraining abortion access.

Source: The Women's Health Project, School of Public Health, University of the Witwatersrand, Johannesburg, 2000 South Africa. Tel: 27 11 489 9917; Fax: 27 11 489 9922; E-mail: womenhp@wn.apc.org; www.sn.apc.org/whp


This manual devised from a series of workshops, has been published primarily to help health workers assess their involvement in dealing with unwanted pregnancies and subsequent consequences. It consists of four main parts. The introduction includes information on what the workshop series is about, how it was developed, who it is targeted at, where to begin and how to get the most from it. There is also a step-by-step guide on planning for the workshops, choosing facilitators and participants, as well as scheduling concerns. The second part, the facilitators' guide, provides information on how to prepare the workshops, introduce the manual to participants, document the sessions, and what to keep in mind, from planning to maintaining effective communication.

The third and largest section consists of the actual programmes developed for each of six workshops. Each workshop programme includes the objective, with some background on the topic, a list of items needed, and a time table. The workshop themes include: societal expectations and its influences on unwanted pregnancies; identification of reasons why women may require abortion services; health workers' perception of clients requesting abortion services; health worker-client interaction, and health worker-colleague interaction; the personal rights of health workers and their professional responsibilities in delivering abortion services; overcoming obstacles at work that affect their relationship with clients requesting abortion services; and the concluding workshop focuses on identifying and planning tasks that need to be implemented to improve the quality of abortion services. The manual concludes with useful and practical tips in conducting the workshops.

Source: The Women's Health Project, School of Public Health, University of the Witwatersrand, Johannesburg, 2000 South Africa. Tel: 27 11 489 9917; Fax: 27 11 489 9922; E-mail: womenhp@wn.apc.org; www.sn.apc.org/whp


This guide was designed to offer directions to activists who want to ensure that the mandate of
ICPD and the UN review meeting, ICPD+5 in 1999, is realised in their countries. The guide has four primary sections: 1) Envisioning how you want to see abortion services change in your country; 2) Finding partners to help you accomplish your goals by establishing working partnerships, and planning as well as developing your work; 3) Spreading awareness of the need for change among a variety of audiences, build support, prepare for opposition, and create and implement a media strategy; and 4) Helping prepare the health system and related sectors to offer safe abortion services by designing the best possible service, preparing health care providers to offer high-quality services, destigmatise and legitimise abortion among health professionals, and building a support base outside the health sector.

The guide raises questions that are relevant in different settings, prompting readers to find the answers that are most appropriate in their local context. It covers the full range of issues that may need to be addressed, so readers should choose activities that best match their skills, interests, and local situation. The annexes provide a large list of resources for abortion advocacy and action; advocacy pitfalls in group dynamics and networking; ten common myths about abortion, including factual answers; as well as model policy statements on abortion and reproductive rights.

**Source:** Ipas, 300 Market Street, Suite 200, Chapel Hill, NC 27516, USA. Email: Ipas@ipas.org. www.ipas.org


This publication was designed as a tool to generate and support concerted efforts to end needless death, injury, and suffering from unsafe abortion. The first section of this paper briefly describes the global context in which abortion takes place.

The following two sections review the agreements made at the international conferences and provisions of human rights instruments that can be used to argue for access to safe abortion services. The main section describes strategies that are being used across a wide range of countries, e.g., ensuring provisions of services to the full extent of existing laws; training health providers to provide humane treatment; examining the legal setting and the possibilities laws can provide for safe abortion; educating providers about administrative regulations and facilitating access to services; advocacy by broad-based coalitions at local and national levels for legal change; public education to gain support for liberal laws and to expand access to safe abortion services; sustaining technical, financial, political and moral support to ensure the viability and effectiveness of services and advocacy strategies.

Appendices provide ready reference to the most relevant paragraphs of the international agreements and human rights instruments, like the Programme of Action, ICPD, Cairo, 1994; Platform for Action, FWCW, Beijing, 1995; and selected articles of the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, as well as the Convention on the Elimination of All Forms of Discrimination Against Women.

**Source:** International Women's Health Coalition, 24 East 21st Street, 5th floor, New York, NY 10010. Tel: (212) 979-8500; Fax: (212) 979-9009. www.iwhc.org


This workshop manual can be used by NGOs, governments or any policy activist wanting to strengthen their advocacy strategies. It draws on the analysis and planning methods used by the Johannesburg Initiative in assessing eleven country experiences in advocating for abortion access. The aim of the initiative was to build capacity amongst those engaged in advocacy for improving abortion access, either through legal change or by increasing access to and quality of services.

In the introduction of the manual, the aims of the workshop are briefly explained, followed by notes on preparations for the organisers, as well as notes for facilitators. Nineteen activities are suggested for a three-day workshop. These activities include: developing a group contract, objectives and agenda of the workshop, country experiences, an analytical framework for identifying factors which influence policy and implementation, analysis of data, plan of action, reviewing goals and identifying strategies and tactics, cross-cutting issues, and how to take the process forward.

There are also provisions in the workshop framework for sharing of methodology used for analysis and
planning, drawing on the experience of other countries, as well as including time for the group to do some assessment of their own current context and strategic opportunities it faces in relation to its own goals. The manual then goes into more detailed strategic planning, the development of workplans, identifying resources needed and how to access them.

Source: The Women's Health Project, School of Public Health, University of the Witwatersrand, Johannesburg, 2000 South Africa. Tel: 27 11 489 9917; Fax: 27 11 489 9922; E-mail: womenhp@wn.apc.org; www.sn.apc.org/whp


This thematic issue reflects the changes taking place with regards to abortion in the past ten years. The papers were written by women's health advocates, medical professionals, researchers and others working for safe, legal abortion in their countries. They describe and analyse the history of efforts undertaken to make abortion safe and legal in their countries, as well as the setbacks and opposition they continue to face. These papers advocate safe abortion as a public health goal and legal abortion as a women's right, including marginalised populations such as refugee women.

The collection includes articles such as "Unsafe abortion: worldwide estimates for 2000", "Complications of unsafe abortion: a case study and the need for law reform in Nigeria", "The struggle for abortion law reform in Thailand", "Elective abortion as a primary health service in rural India; experience with manual vacuum aspiration", "The role of village nurses in mediating abortions in rural Tamil Nadu, India", "Induced abortions among adolescent women in rural Maharashtra, India", "Constructing access to legal abortion services in Mexico City", "Should therapeutic abortion be legal in Nicaragua", "Making legal abortion accessible in Brazil", "Abortion in restrictive legal context: the views of obstetrician-gynaecologists in Buenos Aires, Argentina", "Using the right to life to confront unsafe abortion in Africa", "Safe abortion: a right to refugees?", and "Understanding and responding to anti-choice women-centred strategies". There are also five shorter papers on sex-selective abortion, as well as brief information on the latest developments concerning abortion law, policy and service delivery.

Source: Reproductive Health Matters, 444 Highgate Studios, 53/79 Highgate Road, London NW5 1TL, UK. Tel: 44 20-7267; Fax:44-20-7267-2551; Email: RHMjournal@compuserve.com

Other Resources


ARROW's Publications


All prices US$10.00 plus US$3.00 postal charges, unless specified otherwise. Payments accepted in bank draft form.
Unsafe Abortion

Unsafe abortion is the termination of a pregnancy carried out by someone without the skills or training to perform the procedure safely, or in an environment that does not meet minimal medical standards, or both.


Menstrual Regulation

A procedure for evacuation of the uterus by vacuum aspiration within 14 days of delayed menses. Menstrual regulation can only be used for the first trimester.


Advocacy

A strategic, long-term process founded on analysis and goal-setting to bring about change within a system.


Full Abortion Access

Access is described in relation to the law; health services; information, education and communication; health service providers; and the public domain.

1) **Law:** The abortion law should be decriminalized.

2) **Health Service Providers:** Women should have the power to make decisions on termination of pregnancy without negative interventions from gatekeepers.
   - No restriction based on age or parental/spousal consent;
   - No gatekeeping e.g no mandatory counseling, multiple doctor approval, waiting periods;
   - Enough facilities and providers available;
   - Assure confidentiality, privacy;
   - Geographically accessible, free and affordable and
   - Procedures used: appropriate, current and safe.

3) **Information, Education and Communication:** (IEC) Women need to know their rights under the law, how to access services, and what procedures are available.

4) **Health Service Providers:**
   - Teaching and training in abortion provisions should be included in undergraduate and in-service curriculum of doctors and midwives;
   - Gender awareness programmes to help health providers separate their personal feelings from their professional responsibility and
   - Supervision to prevent provision of biased information or bureaucratic obstacles.

5) **Public Domain Attitudes:** Abortion should be destigmatised. Strategies must be developed to counter anti-abortion movements.

Trend Towards Less Legal Restriction To Access Abortion

The legal status of abortion determines the availability of safe, affordable abortion services in a country. This in turn influences rates of maternal mortality and morbidity.

Largely driven by the need to regulate population growth, the majority of Asian countries permit abortion, at least under some circumstances, and have introduced exceptions to the penal code in separate laws and decrees (see table).

A case in point is Bangladesh where abortion is permitted only to save a woman's life. However, high incidence of maternal mortality and morbidity convinced policymakers to have menstrual regulation services widely available for women up to eight weeks of pregnancy.

The Beijing Platform for Action clearly states that “governments in collaboration with non-governmental organisations and employers’ and workers’ organisations and with the support of international institutions [In the light of paragraph 8.25 of the ICPD] consider reviewing laws containing punitive measures against women who have undergone illegal abortion.”

That recommendation has spurred advocacy efforts by women’s health NGOs across Asia to improve access to safe abortions. Abortion laws are now being reviewed in Malaysia and Thailand. In Malaysia, the Malaysian Medical Association (MMA) has proposed new amendments to broaden exceptions to abortion to include rape and incest, where a foetus is severely deformed, pregnancy caused by contraceptive failure and where the mother’s severe mental or physical handicap renders her unable to care for the baby. In Thailand, the Family Planning and Population Division, Ministry of Public Health and Thailand Medical Council have drafted amendments to the abortion law in the country. Another sign of progress, in Indonesia, the Women’s Health Foundation - whose members include women activists, obstetricians-gynaecologists and religious women’s groups - was founded in 2001 to focus on the issue of safe abortion. Members are now working closely with Indonesian Members of Parliament to draft a law on abortion.¹

Women’s ability to obtain abortion services is affected not just by the laws, but how laws are enforced and implemented and the attitude of the medical community towards abortions. Where access to abortion is restricted by law, services are rarely available in public hospitals and medically trained practitioners are less willing to provide the service.

When laws are liberal and information about abortion services is more widely disseminated, physicians are more likely to provide services including contraceptive services, to abortion patients. In countries where abortion is legal, maternal morbidity and mortality rates are generally lower, often because abortions are performed by trained medical professionals. However this is not the case in India, Vietnam, China and Cambodia.

Advocacy focus by women’s groups in the past has been on removing India’s coercive population control policy and banning sex selective abortion. Given the context of limited geographical access to basic health services, the focus of advocacy currently is to improve the quality of existing services by targeting health providers. In Vietnam and Cambodia, women are reverting to abortion as a form of contraception, partly because they are not receiving adequate post-abortion counseling. Advocacy efforts should be focused on prevention of unwanted pregnancy through comprehensive client-oriented reproductive health services.

It is indeed heartening to witness the sustained efforts by activists in the region to liberalise laws. However, ultimately only by engaging the public health system will poor women have better access to abortion services.

By Rathi Ramanathan, Programme Officer.

Endnotes


³ and to save the woman’s life

⁴ and to save the woman’s life, physical health and mental health

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Restrictiveness of Abortion Law in the Region

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