

INTERNATIONAL CAMPAIGN FOR WOMEN'S RIGHT TO SAFE ABORTION

International Safe Abortion Day, 28 September 2018

International Campaign Statement

Normalising Abortion: It's Part of Our Lives

#LetsTalkAbortion

by Marge Berer, International Coordinator

This year's theme invites all of us who have something to say about abortion to look inwards, to become aware of the role of abortion in our own lives and in the lives of people we are close to and know. Those of us who have had an abortion have a personal story to tell. Those of us who have not had an abortion, or not yet, undoubtedly know others who have, even if you aren't aware of it. Perhaps you never asked? Perhaps they have never felt able to tell you, or indeed to tell anyone.

#LetsTalkAbortion

Abortion is often a secret. But it is not an isolated event. It is preceded by a sexual relationship, or by sexual abuse or sexual violence that led to a pregnancy that was unintended and unwanted – or to a pregnancy that was intended and wanted until circumstances changed which led to an abortion. Those circumstances might be the loss of a job or housing, ill health, partner violence and abuse, a partner's death or abandonment, or the discovery of serious fetal anomaly or that the pregnancy is not viable.

Even in the best of conditions, there is a need for abortion. Most unintended pregnancies are because contraception fails or people fail to use it. Many lack information about contraception, or are unable to obtain it, particularly adolescent and young women. Contraceptive failure is always a shock, because people feel they have done what they were supposed to do and the method let them down. But some partners refuse to allow the use of contraception, and many do not allow women to say no to sex even when they know there is a risk of unwanted pregnancy.

The fact of an unexpected pregnancy may signal a lack of communication in a relationship or lack of agreement about having a(nother) child, and may lead to the break-up of the relationship.

All the events that lead to a pregnancy, especially if it is a result of non-consensual or coerced sex, and all the events that happen after the abortion may be the real reason why someone may not want to talk about their abortion. If the abortion itself was illegal and unsafe, it is even more difficult to talk about it to others, especially for girls and women who do not know anyone else who has been in their situation and have no idea how their story will be received.

There is nothing more wanted than a wanted child. But when a girl or woman seeks an abortion, for her it is the only way out, and she says it is a relief when it's over. Women risk their lives in the backstreets if necessary and sometimes they die. Yes, they are that desperate and it's that important. It's only when the abortion has taken place that they can feel they've got their lives back, that they only have to cope with how to resolve all the other issues the pregnancy threw at them. They seek abortion because the reality of having a baby, and the lifetime of responsibility that a baby brings with it, was something they could not fathom or cope with at that point in time. The abortion was absolutely necessary, no matter what else they felt about it. Many believe it is wrong in the abstract, but they also say they know God will forgive them, given their circumstances. Parents who would throw them out of the house;



We are women, not incubators, Brazil: June 2018

education lost forever, and the chance of doing something with their lives lost with it. Yes, more often than not, those are major risks.

It is not uncommon for governments to have reasons for why they want their population to grow, e.g. because there have been so many deaths from AIDS, or because their national fertility rates are below replacement level. History tells us, however, that restricting abortion for such reasons has not motivated women to have more children than they are able and willing to have.

Women have fought for hundreds if not thousands of years for the right to education, the right to work, the rights of citizenship, for financial independence, for the right to have the children they want and the right not to have children if they don't want them – and for the recognition that we have our own lives, as well as being mothers. Women demand and deserve autonomy over our own lives. These battles have been relentless and appear to be never-ending. But whether you like it or not, accept it or not, there has always been abortion, throughout recorded human history.

Hence, as Prof Sabaratnam Arulkumaran, a former President of the Royal College of Obstetricians and Gynaecologists, said recently: *"If you are not in favour of legal abortion, then you are in favour of illegal abortion."* In other words, there is no option of "no abortion".

Normalising abortion: it's part of our lives

One in four pregnancies globally ends in abortion. Hence, we call for normalising abortion as part of our lives. Normalising abortion means recognising that abortion is not an isolated act, but part of a chain of events that are a consequence of having sex, whether willingly or forced upon us against our will. The latter happens to girls and women far more often than anyone is willing to admit, especially to girls, mostly with complete impunity on the men's part. Either way, sperm have a way of getting around. Planned or unplanned, protected or unprotected.

Normalising abortion means, first, taking it out of the criminal law:

- Not punishing anyone for providing (the means for) abortion.
- Not punishing anyone for having an abortion.
- Not punishing anyone for providing information on safe abortion services or self-use of MA pills.
- Not involving the police in investigating or prosecuting anyone for safe abortions.
- Not involving parliament or the courts in deciding whether to allow abortion in law or in individual cases.
- Applying other, existing laws to deal with coercive, dangerous or negligent practices related to unsafe abortions.

Normalising abortion means:

- health services can provide safe abortion as an integral part of sexual and reproductive health care, in most cases at community and primary health care level,
- there is no need for the medical profession, the courts, parents or partners to act as gatekeepers,
- there is no need to debate grounds for abortion in parliaments, because the woman's request is enough.

Normalising abortion makes motherhood a woman's choice.

Not a criminal act

In a recent discussion on how to normalise abortion through abortion law reform, which took place in July 2018 at the Abortion & Reproductive Justice Conference, Rhodes University, Mkhanda, South Africa, members of the Campaign said that realistically speaking, abortion could only be partially legalised in their countries, if at all, right now. However, speaking aspirationally, most thought abortion ought to be fully decriminalised and treated like every other healthcare service, as follows:

- it should be known and understood;
- it should be unrestrictive (or at least openly restrictive);
- it should be a secular law;
- it should give the right to abortion to everyone;
- it should address other aspects of sexual and reproductive health care too;
- abortion should be reimbursed like any other health service;
- it should remove the power of doctors to control who has an abortion and empower women;
- it should not permit conscientious objection;
- abortion should be reimbursed like any other health service;
- services must be up-to-date and of good quality; and
- the law should be enforced and service delivery implemented.

Many participants stressed the importance of implementing the law, whatever it says, and of people, especially women and health professionals, knowing what was in the law and what was and was not permitted under it. The lack of such knowledge was considered a problem across the Africa region, and this is true elsewhere too, preventing implementation even of existing restrictive laws, which do allow some abortions.

Lastly, some argued persuasively that a positive law would be preferable to no law at all – because it would provide protection to both women and abortion service providers – a perspective that needs far more consideration.

A healthcare service...

Normalising abortion also means, as an essential step, to start treating it as a bona fide form of health care, and an essential part of sexual and reproductive health services.

Because most if not all abortions are still currently illegal or heavily restricted in a large number of countries, abortion methods and services are often out of date and provider training is often non-existent. In some countries, only post-abortion care for complications of unsafe abortion is available. Young women, poor women and women living in rural and remote areas are poorly served, if at all, even for this. Good quality services may even cost less than many southern countries are spending on treating serious complications of unsafe abortion in tertiary hospitals, in fact.

Good quality services should be based on all the advances in abortion methods and services that have become the standard of care in many countries in the past 15-25 years. This means moving abortions in the first trimester out of hospitals and into community and primary care services, as recommended by the World Health Organization. It includes training nurses and midwives to provide aspiration abortion on an outpatient basis and medical abortion pills via pharmacists or telemedicine or even on women's doorsteps. When abortion services are accessible and affordable for all women in the best possible 21st century way, almost all abortions will be early enough to make this possible. Trained midwives and nurses can also provide second trimester medical abortion care in clinics.

... and a right : leaving no one behind

Normalising abortion means changing the status of abortion in law and practice. To do this successfully has proven to be the work of many years, if not decades. Decisions about how to amend the law so as to normalise it are not simple or straightforward, not least because of the extent of silence, lack of support, and downright opposition there is in so many countries.

The first thing that needs to be overcome is the silence around abortion. If we cannot even talk about it, how can we reach our goal: to make all abortions safe and legal, and universally accessible. That's why we invite everyone to talk about abortion.

Talking also means taking a public stand and calling for change to happen. For that, we need a wide range of people to speak up. The following should be invited to be involved as key supporters when launching a public campaign for abortion rights: political parties, senior politicians, members of parliament, government ministers, health department officials, judges, professional associations including lawyers, obstetrician-gynaecologists, midwives, nurses, and family planning providers, as well as trades union representatives, religious leaders and groups, and human rights experts.

Girls and women are the most important key supporters, nevertheless, because so many have had abortions, and only they can talk about their experiences and make others aware. Without support and solidarity, they may not feel safe to tell anyone their stories or speak out.

In the end, however, abortion needs to become the subject of public attention and public support. Normalising abortion requires time and people and resources that evolve into a campaign and then into a movement with a critical mass of support – in order to push the issue up the political agenda to effect change. That's when change is most likely to happen. Personal histories of abortion are among the most powerful ways of engaging everyone in such a movement at every step along the way.

Note: We will be publishing a report of the South Africa workshop and an International Forum we organised on these issues in Portugal on 5-6-7 September 2018 in the coming weeks.

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