

# FREEDOM *of* CHOICE

A Youth Activist's Guide to Safe Abortion Advocacy

Second Edition



youth coalition

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The Youth Coalition for Sexual and Reproductive Rights aims to ensure that the sexual and reproductive rights of all young people are respected, guaranteed and promoted, and strives to secure the meaningful participation of young people in decision-making that affects their lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists with a focus on the regional and international levels.

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## INTRODUCTION

The facts speak for themselves:

- Two-thirds of all unsafe abortions are sought by women under the age of 30.<sup>1</sup>
- Adolescent girls (aged 10-19) account for 70% of hospitalizations from unsafe abortion complications.<sup>2</sup>
- Adolescents and young women aged 15-24 account for 40% of all unsafe abortions worldwide and three million unsafe abortions occur every year among this age group.<sup>3</sup>

In other words, unsafe abortion is a major health and human rights concern for young women globally.

And it is a contentious issue in nearly every corner of the world. While abortion rights has been a key demand of the reproductive rights and women's movements for many decades, the specific needs of adolescents and young people have often been obscured or ignored in these larger movements.

Over the past several years, the issue of maternal mortality has begun to receive the funding and political attention that it deserves. Still, one of the main causes of maternal death has not garnered as much support and has, in fact, often been ignored in the broader maternal health movement: unsafe abortion.

The legal status of abortion in a given country is a key determinant of young women's access to abortion care; the legal status of abortion in less progressive countries are more restrictive with qualifiers that often deny young women and girls the agency they need to decide on their bodily integrity in accessing such services.<sup>4</sup> Very general laws on abortion often hide the very real obstacles women, especially young women, face in accessing care. Even in countries where abortion is technically legal or decriminalized, young women may still be unable to access abortion care. For example, mandatory waiting periods, parental or spousal consent laws, lack of public funding, lack of information on safe abortion and stigma, all work to limit young women's access to abortion care.

Compared to adult women, young women, of all backgrounds, face additional barriers to accessing abortion services. This is often due to legal and/or policy-related barriers that restrict young women's access to sexual and reproductive health services and information: where the provision of these services is only when accompanied, or when given consent by a parent, guardian or spouse. These parental and spousal consent laws deter young women from accessing the services and information they need to live healthy and pleasurable lives. They can also create instances where young women experience violence, stigma and discrimination.

Young women may also have weak support networks, including peers, institutions and organizations, during the abortion process due to stigma and gender inequality. Young women also tend to have limited access to the financial resources required to access abortion services, including transportation, financial resources and time due to school

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1 Iqbal H. Shah and Elisabeth Ahman, "Unsafe Abortion Differentials in 2008 by Age and Developing Country Region: High Burden among Young Women," *Reproductive Health Matters* 20, no. 39 (2012): pg. 170-171.

2 "Youth," Ipas, accessed October 15, 2013, <http://www.ipas.org/en/What-We-Do/Youth.aspx>.

3 Women's Refugee Commission et al., *Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings: An In-depth Look at Family Planning Services*, publication, December 2012, Background, accessed October 15, 2013, <http://wrc.ms/X2XF3l>.

4 For a detailed map of the 2013 World Abortion Laws visit <http://worldabortionlaws.com>.

obligations, work and familial commitments, etc. Young women, in contrast to adult women, may also experience additional stigma, discrimination and judgment from health care providers who are not trained in providing youth-friendly services. Even in settings where abortion is legal, young women and girls may undergo unsafe abortions.

Young women who are poor, indigenous, lesbian or bisexual, living with HIV, unmarried, migrants, living with a disability etc. may face additional stigma due to their age when accessing abortion services. This stigma may result in discrimination and refusal of services even if the law permits it. In addition, programs that only target young married women will exclude the most vulnerable young people.

Young women's access to abortion touches on some of the most sensitive issues in cultures around the world: the role of parents, community and religious leaders in decision-making on the issue of children and adolescents and youth sexuality. It is within this context that this guide seeks to empower young activists working on sexual and reproductive rights with the information and context needed to become strong advocates for young women's right to abortion.

It is not the intention of this guide to offer a step-by-step process for developing an advocacy strategy or campaign. Instead, it is the intention of this guide to offer a youth perspective on some of the key issues in advocating for young women's right to abortion.

## **Section 1**

Provides an overview of the current state of human rights law with regard to abortion at the international and regional level and offers case studies to elucidate these trends.

## **Section 2**

Outlines the medical and non-medical aspects of safe abortion.

## **Section 3**

Offers tips and resources for advocating for young women's right to abortion.

## **Section 4**

Defines some of the key terms used in this guide and within the abortion rights movement more broadly.

## SECTION 1 | Governing Abortion: Global Abortion Policies

Abortion has been a contentious issue under strict political consideration as far back as the sixteenth century. Governments, families, legislators, health practitioners and activists have debated at length issues related to abortion but rarely within the framework of human rights. The contentiousness of terminating a pregnancy is rooted and entwined within many further debates, including: the conception of human life, the cultural and religious understandings of women's reproductive role and autonomy and among others, the privatization of services, including health care, that make services more expensive and hinder access by young women and girls.

Hence, a tremendous variety of laws and policies govern abortion in different parts of the world. These laws and policies mostly stem from different beliefs and cultural systems, politics of population growth and development but almost always restrict a woman's right to life, bodily autonomy and integrity. The World Health Organization (WHO) has recognized that "women all over the world are highly likely to have an induced abortion when faced with an unplanned pregnancy – irrespective of legal conditions."<sup>5</sup> In this way, restricting a woman's legal right to abortion creates further health concerns, putting her at risk of complications from unsafe abortion that can lead to maternal mortality and morbidity.

While women living in countries with less restrictive abortion laws have more access to safe abortion services and information, unsafe abortions (including self-induced abortions) are notably high in countries with more restrictive laws. Countries in Western Europe have some of the most liberal abortion laws and the lowest rates of abortion and maternal mortality due to abortion.<sup>6</sup> Countries in Eastern Europe have the highest rates of abortion and some of the most restrictive laws compared to the rest of the region and other similar countries.<sup>7</sup>

In 1994, 179 governments signed the International Conference on Population Development (ICPD) Plan of Action (PoA) that states the commitment of governments to preventing unsafe abortions in their respective countries.<sup>8</sup> The PoA also called for particular attention to adolescents and young women within the programs addressing prevention of unwanted pregnancies and unsafe abortions.<sup>9</sup> Almost 20 years later, over 30 countries have liberalized their abortion laws, either abolishing laws criminalizing abortion or making legal access less restrictive.<sup>10</sup>

Most countries with liberal abortion laws are in the Global North and East Asia, with exceptions such as South Africa on the one hand, where safe abortion is available without any restriction, and Poland, Ireland, Malta and the Republic of Korea on the other hand, where restrictive laws contrast the regional trend. In countries like the United States of America (USA), Australia and Mexico, abortion laws are determined at state level and vary greatly within the country.

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5 World Health Organization Department of Reproductive Health and Research, publication, 2011, Legal context of abortion, accessed October 15, 2013, [http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/9789241501118/en/index.html](http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/index.html).

6 Ibid.

7 Gilda Sedgh et al., "Induced Abortion: Incidence and Trends Worldwide from 1995 to 2008," *The Lancet* 379, no. 9876 (January 29, 2012): 625-632, accessed October 15, 2013, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61786-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61786-8/abstract).

8 United Nations, *International Conference on Population and Development: Programme of Action* (Cairo: United Nations, 1994), para. 8.24.

9 Ibid. para 8.19

10 Center for Reproductive Rights and UNFPA, *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights Through UN Treaty Bodies and Legal Reform*, publication, August 13, 2013, Abortion, accessed October 15, 2013, <http://reproductiverights.org/en/document/icpd-human-rights-20-years-un-treaty-bodies-legal-reform>.



Abortion was legalized after the 1973 case of *Roe v. Wade*; yet, USA states can regulate the use of abortion within their jurisdiction. Currently, 46 USA states have laws and policies restricting abortion access made possible by legal injunctions within the abortion law.<sup>11</sup>

To date, more than 60% of the world's population lives in countries where abortion is either available on demand without any restrictions or legislation allows abortion for a wide range of reasons; only 26% of the global population live in countries with strict abortion laws. This means that more than half of the world's women live in countries where they should theoretically be able to access safe abortion. Unfortunately, legislation is not necessarily reflective of implementation in most countries. This is briefly explained below within the context of the eight general categories of abortion laws in different countries.

### I. Completely Illegal or Only Allowed to Save a Woman's Life

Throughout the world, the most common exception to laws that penalize abortion is when an abortion is permitted to save a pregnant woman's life.<sup>12</sup> Some countries may explicitly state what they consider to be life-threatening situations, but in general it is left up to the physician(s) performing or approving the abortion to make that decision.

In countries with this type of abortion law or restriction, it is extremely difficult to obtain a safe abortion. Physicians are often unwilling to perform abortions even if it is medically necessary.

El Salvador restricted its abortion laws in 1997 to make it completely illegal and has since investigated 600 cases resulting in 30 imprisonments of up to 30 years for illegal abortion.<sup>13</sup>

This is also the most dangerous type of law as it forces women into unsafe situations. In countries where induced or elective abortions are punishable by law, many women turn to unsafe methods to terminate their pregnancies. Because these methods are often performed by untrained individuals, oftentimes in unhygienic conditions or with unsafe instruments or drugs, or because women self-induce abortions without information, women who have undergone unsafe procedures frequently end up seeking emergency care in hospitals or other health facilities where they can be reported to authorities for inducing an abortion. This situation discourages women from seeking appropriate medical attention and may lead to high numbers of maternal mortality or morbidity.

### II. Preservation of a Woman's Physical Health

This legal indication for abortion allows women to access safe abortion care when it is necessary to preserve their physical health. The term physical health can be open to interpretation, while some countries have narrow definitions and a list of conditions that they consider to fall under this term, others have no such guidelines, allowing decisions to be made at the physician's discretion.

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11 Guttmacher Institute, *State Policies in Brief: An Overview of Abortion Laws*, issue brief, October 1, 2013, Highlights, accessed October 15, 2013, [http://www.guttmacher.org/statecenter/spibs/spib\\_OAL.pdf](http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf).

12 During time of writing, the only countries without exceptions to legal abortion are: Chile, Malta, El Salvador and Nicaragua.

13 Watts, Jonathan. "El Salvador Judges Deny Abortion to Seriously Ill Woman." *El Salvador Judges Deny Abortion to Seriously Ill Woman*. The Guardian, 30 May 2013. Web. 15 Oct. 2013. <<http://www.theguardian.com/world/2013/may/30/el-salvador-deny-abortion-seriously-ill-woman>>.

In some countries, the term health is not specifically limited to physical health and may encompass mental health as well; in this case, abortion is allowed for any threat or risk of injury to the pregnant woman's broadly defined health. Although this exception is uncommon, it is a ground on which many women have challenged abortion laws.

In April 2000, a Polish woman by the name of Ms. Alicja Tysi c was refused a legal abortion despite the risk of deteriorating eyesight and rupture of the uterus. She eventually took her case to the European Court of Human Rights where it was constituted that "a human being was born as a result of a violation of the European Convention on Human Rights."<sup>14</sup>

The unclear definition has led to some states denying women the right to an otherwise legal abortion. While abortion is illegal in most circumstances in Costa Rica, the country's penal code allows for the procedure when a woman's life or health is at risk. Still, many women are denied access to abortion services when such health risks exist. In the absence of clear definitions in the legislation, the court has the discretion to sentence physicians up to 10 years if found guilty of providing an abortion deemed illegal by the court.<sup>15</sup>

### III. Preservation of a Woman's Mental Health

In many countries, abortion is legal when pregnancy endangers a woman's mental health. Definition of the term mental health varies from country to country, with most British Commonwealth countries including the language of: emotional distress caused to existing children and/or emotional distress caused to the pregnant woman as a result of her situation. Many countries that permit abortion on the grounds of mental health follow the ruling of the British Court in *Rex v. Bourne*, which states that although a law may not specifically indicate the exception for legal abortion where physical or mental health risk exists, abortions performed for either reason are considered lawful.<sup>16</sup> Currently, only 21 countries globally allow for this provision in otherwise restricted abortion laws.

### IV. Unwanted Pregnancy Resulting from Rape or Incest

This indication for legal abortion allows women to obtain safe abortion care when they have suffered from rape or incest. This legal exception is very common throughout the world; some countries name rape and incest specifically in their laws, while others only mention criminal offence, allowing abortions to be sought under other circumstances such as statutory rape. Nevertheless, some countries require that a woman first contact the police to bring charges against her rapist to court before being granted permission for an abortion. This requirement is extremely detrimental and discourages many women from trying to obtain legal abortions. In other cases, authorities place the burden of proof of rape or incest on the woman or take a long time in filing the necessary documents, hindering the woman's ability to obtain an abortion due to gestational time limitations.<sup>17</sup>

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14 Center for Reproductive Rights, "Center for Reproductive Rights Applauds Landmark Abortion Decision by European Court of Human Rights," news release, March 20, 2007, Center for Reproductive Rights, accessed October 15, 2013, <http://reproductiverights.org/en/press-room/center-for-reproductive-rights-applauds-landmark-abortion-decision-by-european-court-of-h>. and *Tysi c v. Poland* (European Court of Human Rights September 24, 2007).

15 Center for Reproductive Rights, "Despite Country's Own Laws, Costa Rica Continues to Deny Women Legal Abortion," news release, August 23, 2013, Center for Reproductive Rights, accessed October 15, 2013, <http://reproductiverights.org/en/press-room/despite-country-s-own-laws-costa-rica-continues-to-deny-women-legal-abortion>.

16 United Nations Department of Economic and Social Affairs Population Division, *World Population Policies 2013*, publication, Notes, accessed October 15, 2013, [http://www.un.org/en/development/desa/population/publications/pdf/policy/WorldAbortionPolicies2013\\_WorldAbortionPolicies2013\\_WallChart.pdf](http://www.un.org/en/development/desa/population/publications/pdf/policy/WorldAbortionPolicies2013_WorldAbortionPolicies2013_WallChart.pdf).

17 United Nations Population Division, Department of Economic and Social Affairs, *Abortion Policies – A Global Review*, publication, vol. 2 (New York: United Nations, 2001), Explanatory Notes.

## V. Foetal Impairment

The majority of countries in the world allow women to obtain legal abortions if there are foetal impairments – in most cases even in the second trimester. Many countries have such provisions in their abortion laws, including Iran, Panama and Indonesia, where abortion laws are otherwise extremely strict.

The term foetal impairment is open to interpretation and each country has its own list of what this constitutes. In most countries, the definition of foetal impairment comes from the language of the French and British Colonial law and includes “a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped” and/or “a strong possibility that the unborn child will suffer from a particularly serious condition recognized as incurable at the time of diagnosis.”<sup>18</sup>

## VI. Economic or Social Reasons

Legal permission to terminate a pregnancy for economic or social reasons varies greatly among countries that have this indication for abortion. Some countries such as Barbados specifically mention social or economic conditions that may qualify.

In Barbados, abortion law specifies that in determining whether the continuation of the pregnancy would involve a risk of injury to the health of the woman, the medical practitioner must take into account the “pregnant woman’s social and economic environment, whether actual or foreseeable.”<sup>19</sup>

Other countries, including Burundi and Ethiopia, do not permit abortions on social and or economic grounds, but allow the reason to be taken into consideration when sentencing a woman who has obtained an abortion illegally.

In the case of Ethiopia, a review of the country’s criminal code was undertaken in 2005, which included a revision of its abortion legislation. In this revision there was inclusion of abortion permitted for minors who are physically or psychologically unprepared to raise a child.<sup>20</sup>

Most countries that have laws that take social and economic grounds into consideration allow for very liberal interpretations of the law and in practice are very similar to countries where abortion is available on request.<sup>21</sup> It is likely due to this that Poland withdrew socioeconomic as a legal reason for abortion.

## VII. Availability upon Request: Abortion Permitted on all Grounds

Countries with laws that permit abortion upon request do not ask the woman to qualify her decision. In these countries, women must only find a physician that is willing to perform the abortion; however, in many countries with the most liberal abortion laws, gestational time limits are imposed, often making abortion available only in the first

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18 ICMA, “Abortion for Fetal Impairment,” International Consortium for Medical Abortion, accessed October 15, 2013, <http://www.medicalabortionconsortium.org/articles/print/?tid=312%3E>. As referred to in British Colonial Laws and French Colonial Laws, respectively.

19 United Nations Department of Economic and Social Affairs, *Abortion Policies: A Global Review*, publication (New York: United Nations, 2001), Barbados.

20 Ipas. “New Law in Ethiopia Represents a Step Forward for Women’s Reproductive Rights.” News release, June 7, 2005. Ipas. Accessed April 25, 2007. [http://www.ipas.org/english/press\\_room/2005/releases/06072005.asp](http://www.ipas.org/english/press_room/2005/releases/06072005.asp).

21 United Nations Population Division, Department of Economic and Social Affairs, Op. Cit.

trimester. After this time, a woman must present what is considered a valid reason for terminating her pregnancy.<sup>22</sup> Even if a country has laws and policies that allow abortion under any circumstance, this does not mean that the government will take the responsibility to ensure that safe abortion care is accessible or available.

### *How Do These Restrictions Impact Young People?*

All of the situations described above are situations in which abortion is permitted by law. However, young and adolescent women may have more difficulties in accessing legal abortions because of added stipulations regarding consent, mandatory reporting to parents, cost and other restrictions.

Most of the countries that are known for liberal abortion laws have allowed regulations that restrict access to abortion by applying conditions such as third party authorization; gestational limits; waiting times between consultation and abortion; having to go before a medical committee to explain the reason behind an abortion; requirements to undergo counselling before having the procedure etc.

Out of the 61 countries where abortion is available without restriction, 21 countries require parental or spousal authorization and gestational limits are applied by even the most liberal of countries, including Austria, Belgium, Sweden and Germany.

In France, abortions are available under any circumstance; however, only allowed until 14 weeks gestation and a 7-day waiting period. Pre-abortion counselling is also obligatory in France but only for minors under 18, even though parental consent is not required for legal abortion.<sup>23</sup>

In addition to the legal issues, access to safe abortion is often complicated by many other socioeconomic obstacles on the part of the State or their unwillingness to invest resources into providing safe, available, accessible and affordable abortion that is free from stigma and discrimination.

Canada is the only country in the world where no federal law against abortion exists. The Supreme Court of Canada declared the criminalization of abortion unconstitutional in 1988 as it infringed upon a woman's right to "life, liberty and security of the person."<sup>24</sup>

Kenya relaxed its abortion laws in the 2010 constitution by giving health professionals more leeway in determining when abortion is permitted but the rate of 48 abortions for every 1,000 women – highest in Africa and mostly unsafe – persists. Absence of health infrastructure support for abortion care and widespread stigma against women seeking abortion are two major obstacles in providing safe abortion for women.<sup>25</sup>

Abortion related stigma is one of the most difficult obstacles to tackle and requires a complete shift in community behaviour and attitude. Many families and service providers guilt women seeking abortion by pushing cultural stereotypes around gender and reproductive roles onto women. In such situations, women are forced to carry an

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22 United Nations Population Division, Department of Economic and Social Affairs, Op. Cit.

23 Pinter B et al., "Accessibility and Availability of Abortion in Six European Countries," *The European Journal of Contraception and Reproductive Health Care* 10, no. 1 (2005): 54, doi:10.1080/13625180500035231.

24 Canadians for Choice, "Historical Background," Canadians For Choice, accessed October 15, 2013, <http://www.canadiansforchoice.ca/historicalbackground.html>.

25 Joselow, Gabe. "Unsafe Abortions Continue in Kenya Despite Reforms." VOA. August 22, 2013. Accessed October 17, 2013. <http://www.voanews.com/content/unsafe-abortion-continue-in-kenya-despite-legal-reforms/1734844.html>.

unwanted pregnancy or resort to an illegal – often unsafe – abortion, even where liberal laws exist. This has been the case in Nepal, a country that is globally applauded for its most liberal laws in contrast to its regional counterparts in South Asia as well as the Global South.<sup>26</sup>

Many countries with liberal abortion laws allow physicians to refuse performing an abortion procedure based on its perceived *incompatibility with the religious, moral or ethical dictates* of their conscience – formally termed *conscientious objection*.<sup>27</sup> Without protocols of referrals set in such cases, the waiting time for women seeking abortion to find a willing physician is often close or over the gestational limit allowed.

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<sup>26</sup> Leila Hessini, "Abortion Stigma Is Global," ChoiceUSA March 8, 2013, accessed October 15, 2013, <http://www.choiceusablog.org/abortion-stigma-is-global-2>.

<sup>27</sup> Judith Bueno De Mesquita and Louise Finer, *Conscientious Objection: Protecting Sexual and Reproductive Health Rights*, publication (Essex: Human Rights Center, University of Essex, 2008).

## SECTION 2 | Understanding Safe Abortion

### As a Fundamental Human Right

When we advocate for women’s human rights (or women’s rights), we advocate for the recognition of the equality of women and men: that all the rights set forth in all human rights treaties must be respected, protected and promoted without discrimination of any kind, including discrimination based on sex. The term of any kind can also be interpreted as including age-based discrimination, which is particularly important for young people’s sexual and reproductive rights.

Women’s rights are those that specifically pertain to human beings of the female sex who suffer discrimination due to the fact that they are female. When we advocate for women’s rights, we advocate for the recognition of women and men as equal but unique in their experiences and differences related to their biological sex. Some examples of women’s rights violations are harmful traditional or cultural practices such as female genital mutilation/cutting, child marriage and violence against women.

Abortion is a women’s right, since pregnancies only take place in women’s bodies; it is therefore only women who have the right to choose to continue or interrupt a pregnancy.

When criminalizing a specific health care service that is only used by women, States are discriminating against women. In this same way, the right to abortion is also a young woman’s right. All human rights must be respected, protected and promoted without discrimination of any kind, including based on sex and age.

### As an Aspect of Health Care

Across the globe, laws have defined conditions under which abortion can be provided to a young woman as part of maternal health coverage. Still, abortion is often conditional: situations in which the fetus suffers from a severe congenital ailment or the life of the mother is at risk are accepted while young women are unable to seek abortion services as part of an autonomous decision not to carry a pregnancy to term.

### Accessibility of Safe Abortion Care

#### *Health Care Providers*

Health care workers must be able to provide care to young women seeking safe abortion services in a non-judgmental, youth-friendly environment.

Young women’s accessibility to abortion services is frequently compromised for reasons quite different from a provider’s inability to provide comprehensive abortion care and services or to be trained to do so. Denial of abortion services based on sociocultural and religious ground undermines women’s rights. The right to freedom from discrimination prohibits the denial of safe abortion services by health care providers on the basis of conscientious objection. While individual health care providers may invoke conscientious objection to the direct provision of services, measures should be in place to ensure that:

- Young women receive accurate information;
- They are referred to alternative health care providers for services in a timely manner;
- Only health care staff directly involved in the provision of abortion services have a right to conscientious objection; and
- Institutions do not have a right to conscientious objection.

All health care facilities should have qualified providers to adequately provide comprehensive abortion care services to women and young girls upon request and develop an effective referral system for cases above their capacity. Post abortion provision of contraception and counseling is an important component of safe abortion services but providers should respect a woman's rights to choose whether or not to use a contraceptive. Forced sterilization and forced contraception are violations of women's fundamental rights.

### *Parental Consent*

A young woman's decision about abortion may be subject to signed consent from a legal guardian. This can lead to forced induced abortion or denial of abortion services. The principle of the *evolving capacities of the minor* and the principle of the *best interests of the minor* are crucial jurisprudential principles for informing the obligations of States and the rights of adolescents. It is not chronological age as such that determines whether a young adolescent can access contraceptive or abortion services without the knowledge or approval of a parent, but developmental maturity and, more specifically, the capacity to understand the nature and implications of a particular contraceptive or abortion service.

Adolescent and young women should be able to access abortion services without prior consent from their guardians, while fully respecting their privacy and confidentiality.

### *Mandatory Waiting Period*

Some countries require a waiting period between the time a woman has been counseled about her abortion and the actual procedure. The required counseling usually includes, among other things, the gestational age of the fetus, information about fetal development, the risks of abortion and childbirth and resources available for pregnant low-income women.

Such waiting periods serve no medical purpose and are used to decrease the accessibility of abortion. Practitioners should obtain informed consent of the women, including young women and adolescents, before all procedures and should not place additional burden on the woman who is seeking the abortion service.

The mandatory aspect of such law should be revoked as they undermine the ability of a woman, including young women and adolescents, to make informed decisions about terminating a pregnancy.

## **Affordability of Safe Abortion Care**

### *Cost of Services*

Safe abortion services cost money and often require the woman to pay for some or all of the procedure and care. Unsafe abortion is rooted in social and economic inequalities. In countries where abortion is severely restricted, wealthy women may still be able to pay for safe abortion services while poor women may have to use an untrained provider and/or unhygienic conditions. Young women are even less likely to be able to afford safe abortion services due to their restricted economic and social dependence.

Governments must be held accountable to their citizens for essential medical procedures such as safe abortion services, and in efforts to improve women's health. As a move to make safe abortion services affordable, state actors must integrate abortion services and care as integral to public and private health insurance schemes.



## Commodities/Supplies

Safe abortion services require a sustainable supply of sexual and reproductive health commodities including pharmaceuticals and equipment. In 2005, the World Health Organization added mifepristone and misoprostol to the essential medicines list.<sup>28</sup> These medicines along with antibiotics, painkillers and contraceptives should be readily available, accessible and affordable within both the public and private health systems.

## Acceptability of Safe Abortion Care

Even when safe abortion services are available and affordable, young women still may not have access due to a perceived or real mistrust of the care provided. Safe abortion services may not adequately address the underlying issues associated with the need to seek such care, including sexual violence, coercion or the need for sexual and reproductive health counselling. Some health care providers discriminate against unmarried sexually active young women, while others may not respect privacy and confidentiality.

Policies and training must incorporate non-discriminatory, youth-friendly services as part of a comprehensive sexual and reproductive health package.

An acceptable abortion service should be provided in well-equipped facilities with the highest possible quality of care that is available, accessible and affordable for all women, including young women and adolescents.

Safe Abortion Care services must address stigma related to abortion with differentiated interventions both for women seeking abortions and providers. Stigmatizing attitudes from providers keep women, and especially young women, away from services, risking their lives and health.

## Equipped Facilities

Health care facilities must meet sanitary standards and be sufficiently and sustainably equipped with necessary medical/surgical supplies. In addition, a 2005 study suggests that most women would welcome being offered the choice of having medical abortion at home or in hospital and that the development of home abortion must be seen as complementary, not an alternative, to hospital services.<sup>29</sup> Home-based medical abortion is safe under certain conditions and prospective cohort studies have shown no differences in effectiveness or acceptability between home-based and clinic-based medical abortion across countries.<sup>30</sup>

## Quality of Safe Abortion Care

According to the World Health Organization, even where health systems are well developed and resourced, there is clear evidence that quality remains a serious concern, with expected outcomes not predictably achieved and with wide variations in standards of health care delivery within and between health care systems.<sup>31</sup> Abortion services

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28 The Essential Medicines List advises governments on which pharmaceutical drugs physicians should have available.

29 Haitham Hamoda et al., "Home Self-administration of Misoprostol for Medical Abortion up to 56 Days' Gestation," *Journal of Family Planning and Reproductive Health Care* 31, no. 3 (2005): 189-192, doi:10.1783/1471189054483915.

30 Thoai D. Ngo et al., "Comparative Effectiveness, Safety and Acceptability of Medical Abortion at Home and in a Clinic: A Systematic Review," *Bulletin of the World Health Organization*, March 4, 2011, Complete Abortion, accessed October 15, 2013, doi:10.2471/BLT.10.084046.

31 Rafael Bengoa et al., *Quality of Care: A Process for Making Strategic Choices in Health Systems*. (Geneva: World Health Organization, 2006), 3, accessed October 15, 2013, [http://www.who.int/management/quality/assurance/QualityCare\\_B.Def.pdf](http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf).



must respond to the needs of women, including young women and adolescents, with high standards of ethical conduct, clinical excellence and safety. More resources must be added to strengthen health systems and increase the number of health care providers where necessary.

The training that medical providers receive is primarily focused on physiology and treatments. It must also be focused on the gender and human rights aspects of the care that they provide.

## **Accountability**

States must ensure national accountability for sexual and reproductive health rights and provide mechanisms to ensure that women's rights are upheld and respected at all levels. In doing so, government policies and programs must eliminate all barriers that prevent women, including young women and adolescents, from achieving the highest attainable standard of health. These barriers include:

- Legal barriers such as the non-recognition of the right to abortion services in national laws;
- Economic barriers such as user fees or high costs of medicines and service provision;
- Cultural barriers such as discrimination and/or other practices that are harmful to women, including young women and adolescents; and
- Social barriers such as the lack of information, education and empowerment of women, including young women and adolescents.

As part of its accountability mechanism, young women and adolescents should be involved in health care system assessments to ensure that abortion services and care provided in addition to other sexual and reproductive health services and care meet their needs. From these assessments, governments should set up a continuous improvement strategy as part of the health care reform that is youth-friendly, gender-responsive and rights focused.

## SECTION 3 | Advocating for the Right to Abortion

### Abortion messaging: DOs and DON'Ts

Being a sexual and reproductive rights advocate, especially an abortion rights advocate, has its unique challenges. You may experience stigma or embarrassment or even personal attacks. Especially if you are living in a context with a lot of abortion stigma, it is important to have a clear idea in your head on how you communicate your message.

Here is some messaging that you need to be really cautious of as a sexual and reproductive rights advocate.<sup>32</sup>

| DO   | DON'T   |
|--|---|
| <p>Legal, accessible and safe abortion saves young women's lives. Only when young women have access to safe abortion services and an enabling environment (policy and social tolerance) to support it, do medical complications and maternal mortality from unsafe abortion become truly rare.</p> <p>Statistics show that countries with liberal abortion laws will have lower maternal mortality rates from unsafe abortion.</p> | <p>Abortion is the same as killing.</p> <p>This messaging is a big blunder as killing only applies to a human being and a fetus is not a human being.</p> |
| <p>All young women have the right to choose whether or not to carry a pregnancy to term and the right to access safe, legal and affordable abortion services.</p>  | <p>References to the life of a fetus or the life/death of the baby.</p>   |
| <p>No young woman should be forced to become a mother. Being a mother or not is the individual choice of each young woman and must be respected.</p>   | <p>Abortion makes a young woman the mother of a dead baby.</p>  |
| <p>All young women have the right to access safe abortion services.</p>  | <p>References to the rights of the unborn child or the right to life of the unborn child.</p>   |
| <p>All young women have the right to make decisions about their bodies and decide if, when and how to have a child.</p>  | <p>Safe abortion is bad for people's health.</p>  |
| <p>There are different methods of performing safe abortions that can be used in different circumstances and depend on the young woman's choice (medical abortion, vacuum aspiration, surgical abortion).</p>   | <p>The use of moral language i.e. abortion is a sin or abortion is against God's will.</p>  |

<sup>32</sup> International Planned Parenthood Federation, *Youth Messaging Checklist*, Internal Document (London, 2011), 6-9.

| DO  | DON'T   |
|---|---|
| <p>Mandatory parental involvement or spousal consent laws and policies are barriers that prevent many young women from accessing safe abortion care. Young women have the evolving capacity to make decisions about their bodily autonomy. A young woman can decide on her own whether to have an abortion or not and can have support in making that decision should she choose.</p>   | <p>Young women must have parental, guardian or spousal permission to have an abortion.</p>        |
| <p>Unsafe abortion is a public health concern, especially for young women. Lack of access to safe abortion services is also a human rights violation.</p>   | <p>Young women should feel guilty about having an abortion.</p>                                   |
| <p>All safe abortion services must guarantee confidentiality.</p> <p>Abortion when performed safely carries very little complications; it is unsafe abortion that results in high levels of morbidity and mortality.</p>  | <p>Abortion kills.</p>  |
| <p>Reducing and eliminating unsafe abortion-related mortality and morbidity among young women requires a two-pronged approach:</p> <ol style="list-style-type: none"> <li>1. Provision of accessible youth friendly sexual and reproductive health services and comprehensive sexuality education.</li> <li>2. Advocacy to make abortion safe, legal and accessible for all young women everywhere.</li> </ol> <p>An unintended pregnancy is difficult, and an unsafe abortion can be traumatic. A safe abortion can actually be a supportive and relieving experience.</p> | <p>Abortion is always a difficult or traumatic experience or a tragedy for every young woman.</p> |
| <p>No young woman should be forced to undergo an abortion. Abortion is a choice that must be respected. The choice not to have an abortion is also a part of reproductive rights that must be respected.</p>  |   |

| DO   | DON'T |
|--|-------|
| <p>Unsafe abortions result in negative consequences while safe abortions uphold a young woman's right to health, social justice and autonomy over her body.</p>              |       |
| <p>Men can play a supportive role as partners in safe abortion, which involves respecting a woman's right to make the final decision about the outcome of her pregnancy.</p> |       |

It is important to have clear and firm messaging, it is also important to correctly use specific terminologies. Fundamentalist and conservative groups use arguments based on religion, culture and tradition to undermine human rights, including sexual and reproductive rights. Here are 10 suggested abortion rights terminologies that can create challenges if not used properly.

| YES                     | NO   | WHY?   |
|-------------------------|--|--|
| <p>Anti-choice</p>      | <p>Pro-life</p>  | <p>The term pro-life falsely implies that choice is against life.</p> <p>Abortion rights advocates uphold a woman's right to health and life.</p>  |
| <p>Pregnant woman</p>   | <p>Mother in reference to a pregnant woman</p>                               | <p>Using mother or father during pregnancy implies that there is a child, which is not yet accurate.</p> <p>A pregnant woman carries an embryo or fetus until birth.</p> <p>All women are women even if they are mothers too. Advocates must address young women's issues as rights holders.</p> <p>The term mother is filled with cultural values and is often used to make women fit into certain roles.</p> |
| <p>Embryo<br/>Fetus</p> | <p>Unborn baby<br/>Unborn child<br/>Baby (during pregnancy or gestation)</p> | <p>The use of unborn baby or child implies that a woman is pregnant with a fully developed baby or child. She is pregnant with an embryo or fetus.</p> <p>Using the term baby or child also implies that the fetus or embryo has the same rights as children or babies, which is not the case.</p>   |

| YES   | NO   | WHY?  |
|---|--|---|
| <p>Placed for adoption<br/>Choose adoption<br/>Make an adoption plan</p>  | <p>Give up<br/>Get rid of<br/>Give away<br/>Surrender<br/>Relinquish<br/>Adopt out<br/>Put up for adoption</p> | <p>The preferred language is non-judgmental and implies that women make responsible, well-informed decisions about adoption.</p>  |
| <p>Contents of conception<br/>Products of conception</p>  | <p>Dead fetus in reference to induced abortion</p>   | <p>Contents and products of conception are medically correct terms.</p>   |
|   | <p>Using illegal abortion and unsafe abortion interchangeably</p>  | <p>An illegal abortion and an unsafe abortion are not the same thing.</p> <p>Illegal abortion does not meet the conditions set out in a country's legal framework. Illegal abortions can also be safe if performed by a trained health provider with full equipment and medications and under sanitary conditions.</p> <p>Unsafe abortion is conducted under precarious situations and/or performed by an untrained or under-trained provider. It is possible to have an unsafe legal abortion.</p> |
|   | <p>Rights of the unborn</p>  | <p>A fetus or embryo is not subject to human rights. Only human beings are entitled to human rights.</p> <p>While all life has value, including fetal life, it is only persons who have rights.</p>   |
| <p>Abortion is restricted<br/>Restrictive abortion laws<br/>Abortion is legal under the following conditions...</p> | <p>Illegal</p>   | <p>Abortion is completely illegal in only a few countries in the world.</p> <p>The majority of countries have restrictive laws or legislation relating to abortion. It is important to make the distinction, particularly so that young people are aware of the legal position of abortion in their country.</p>  |
| <p>Promote choice</p>   | <p>Promote abortion</p>  | <p>Every woman has the reproductive right to continue or terminate her pregnancy and she is entitled to make that choice.</p> <p>Women need an enabling environment that gives options, information and services according to their decisions.</p>  |

| YES | NO   | WHY?   |
|-----|--|--|
|     | Using unwanted pregnancy, unintended pregnancy and unplanned pregnancy interchangeably | <p>It is important to make the distinction between unplanned or unintended pregnancies and unwanted pregnancies.</p> <p>Unplanned or unintended pregnancies are mistimed pregnancies that usually result from the non-use or ineffective use of contraceptives or the ineffectiveness of the chosen method.</p> <p>An unwanted pregnancy is a pregnancy that a woman or girl decides is undesired, of her own volition. This is the kind of pregnancy that is most likely to lead to an abortion.</p> <p>Many unplanned or unintended pregnancies can become wanted just as planned pregnancies can become unwanted.</p> <p>Focusing on a young woman's intentions is empowering because it places important value on her desires and reality.</p> |

## Dealing with opposition

Certain groups advocate for limiting human rights. Some anti-choice groups have had strong influence on traditional media (television, radio, press) and have their voice heard in many debates, as well as have strong influence on local communities through churches and religious communities. They know the sexual and reproductive rights agenda well and are often responsive to our actions and initiatives, blocking or advocating against them. They distribute inaccurate information, misleading the audience or presenting untrue statistics that draw the attention away from evidence-based arguments. These groups seldomly engage in essential debates engaging different parties and points of view but rather play on emotions, such as embellished images depicting aborted fetuses.

The anti-choice movement has built a strong network of allies, whom are advocating at every political level. They also have strong and continuous connections in the media, building a movement of supporters. In looking into commonly used anti-choice arguments, most are repetitive and based on the same assumptions that are almost never evidence-based.

It is crucial for the sexual and reproductive rights activist to be able to respond to these arguments in full. It can be a challenge to build well-thought out arguments on the spot when the opposition is overwhelming.

There is a set of arguments commonly-used by the opposition that you may be exposed to. The following chart will help you to develop your own messages for quick and effective response.

| ANTI-CHOICE STATEMENT  | PRO-CHOICE RESPONSE   |
|--|---|
| Abortion is murder.  | According to most laws in the world it is not. Murder is an intentional killing of a human being; an embryo is not a human being.   |
| Human life starts at conception, so every abortion is a murder of a person.                                      | Personhood at conception is a religious belief, not a biological fact. Even religious authorities disagree among themselves about when personhood begins. National and international laws and human rights frameworks do not make this assumption.  |
| Supporting legal second and third trimester abortion is murdering human beings who can sustain independent life. | <p>Third trimester abortions are very rare; less than 1% of all abortions occur after 21 weeks.</p> <p>Women who seek second and third trimester abortion usually have serious reasons to do so. If no legal means are available, these will often be sought illegally and may not be safe or create financial difficulties.</p>  |
| Those who support legal abortion are pro-abortion.   | Pro-choice advocates follow the reproductive justice framework. We support the reproductive right of all women to affordable and voluntary contraception; to become pregnant, carry and bear children in a context free of violence and environmental toxins; and to safe, non-judgmental abortion services. <sup>33</sup>  |
| You encourage women to have more abortions.  | Pro-choice advocates support a woman's right to make informed and independent choices about her reproductive health and life free from stigma and discrimination. This includes the right not to have an abortion should she choose.  |
| Allowing sex-selective abortion is eugenics.   | Restrictions on sex-selective abortion do not address the fundamental inequalities between men and women and only drive women and girls to seek unsafe abortions that put their health and wellbeing at risk. Abortion restrictions of any kind will not eliminate gender inequality. They will, in fact, exacerbate gender inequality and oppression. Actions should focus on countering gender inequalities that drive son-preference and force women to choose sex-selective abortion. This is the only sustainable way to reduce sex-selection. |

<sup>33</sup> Leila Hessini et al., "Abortion Matters to Reproductive Justice," in *Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change* (SisterSong Women of Color Reproductive Health Collective and the Pro-Choice Public Education Project, 2007), 79, accessed October 15, 2013, <http://www.protectchoice.org/downloads/Reproductive%20Justice%20Briefing%20Book.pdf>.

| ANTI-CHOICE STATEMENT   | PRO-CHOICE RESPONSE  |
|---|--|
| <p>I believe that abortion is morally wrong, so I am obligated to work to make abortion illegal and unavailable.</p>  | <p>Many people who are personally opposed to abortion for religious or moral reasons try to impose their values on everyone through civil law.</p> <p>If you do not agree with abortion, you can still respect the right of choice for all women. The fact that you would never undergo abortion yourself does not mean that you cannot accept that other people are free to make their own decisions that are right for them.</p> |
| <p>The foetus is in no real sense part of the mother but is a separate and distinct human being.</p>  | <p>The foetus is completely dependent on the woman's body for its life support and is physically attached to her by the placenta and umbilical cord. The health of the foetus is directly related to the health of the pregnant woman. Only at birth is the foetus and woman separated.</p> <p>The foetus is not a human being.</p>  |
| <p>The right of the unborn to live supersedes any right of a woman to control her own body.</p>   | <p>A woman is a person and therefore a human being who has the right to fully exercise her human rights, irrespective of pregnancy status.</p>   |
| <p>Abortion should not be permitted in situations of rape or incest because it is wrong to punish a child for the sin of the father. Besides, pregnancy rarely happens from rape. Women can get immediate medical treatment to prevent pregnancy.</p> | <p>Forcing a pregnancy upon a women, especially in the case of rape or incest can lead to further trauma. Between 5% to 25%<sup>34</sup> of rape survivors become pregnant and many women do not have access to emergency contraception to prevent a pregnancy due to rape. Many cases of rape or incest go unreported due to stigma, discrimination, fear and shame.</p>  |
| <p>When a woman has had sex, she has had her fun, now let her pay for it. If you have sex, you should expect to get pregnant and pay the consequences.</p>  | <p>This vindictive, self-righteous attitude stems from a belief that female sexuality is bad and must be punished.</p> <p>Having a sexually active lifestyle should be a woman's choice. We should promote healthy sexuality that is based on choice, respect and a gender-sensitive, human rights perspective, with specific attention paid to comprehensive sexuality education.</p>   |

<sup>34</sup> In the World Report on Violence and Health, Etienne Krug indicates that among 5% of rape survivors become pregnant in the USA, while in Mexico this rate can be as high as 15% to 18%. Estimated rates may be low, since many crimes are not reported to the police and pregnancies not registered.



| ANTI-CHOICE STATEMENT   | PRO-CHOICE RESPONSE  |
|---|--|
| <p>Teenagers have forgotten how to say no. Making contraceptives and abortion available only encourages them to have sex.</p>     | <p>Access to contraceptives and abortion services do not promote sexual behaviour but do offer adolescents and young people options for engaging in healthy sexual lifestyles.</p> <p>In combination with access to contraceptives and abortion services, comprehensive sexuality education is an important way to ensure that sexual behaviour among adolescents and young people is based on mutual-respect and choice.</p> <p>Young people have the evolving capacity to decide when to have sex or not, including the decision to have or space their children. Parents, State or school can support by providing young people with comprehensive sexuality education from a rights based approach so that young people can enjoy their sexuality and make informed choices.</p> |
| <p>Minors and wives should require consent from parents or guardians and husbands before having abortions.</p>                    | <p>Every woman should be free to make choices regarding her body and therefore, requiring consent is a violation of a basic human right.</p> <p>Confidentiality is crucial for young women and women's access to services. Breaking their right to privacy limits the accessibility and acceptability of those services limiting their options for a safe procedure.</p> <p>A woman should not require her husband's consent to terminate a pregnancy; women and young women are autonomous individuals capable of making decisions regarding their own bodies and sexuality and exercising their human rights.</p>  |
| <p>Adoption is the best choice, not abortion.</p> <p>There are alternatives to abortion. Abortion is never the best solution.</p> | <p>It is a woman's choice whether or not to make an adoption plan and whether or not to carry her pregnancy to term.</p> <p>Adoption can be difficult and problematic in some countries.</p> <p>Carrying a pregnancy and giving birth can bring more risks to women's health than performing a safe abortion during the first trimester.<sup>35</sup></p> <p>Ultimately, she has the right to her bodily autonomy.</p>   |

35 Ipas, *The Evidence Speaks for Itself: Ten Facts about Abortion*, publication (Chapel Hill, NC: Ipas, 2010), 20.

| ANTI-CHOICE STATEMENT  | PRO-CHOICE RESPONSE   |
|--|---|
| <p>Most unwanted pregnancies become wanted children.</p> <p>Women make big mistakes having abortions that they later regret.</p> | <p>We advocate for an enabling environment that respects and supports young women's choices. An enabling environment also supports women after abortion.</p> <p>Regret is often related to stigma and the discrimination that many women face after an abortion.</p>  |
| <p>Abortion causes psychological damage to women. They suffer from guilt for the rest of their lives.</p>                        | <p>Many studies have concluded that abortion is not associated with a detectable increase in the incidence of mental illness.</p> <p>The ways in which women face an abortion and its psychological implications are very much related to their social and cultural environments, their networks, their access to abortion care services and the social support they receive during the whole process, pre- during- and post-procedure.</p> |

## SECTION 4 | Glossary

### Abortion

Termination of pregnancy so that it does not result in childbirth. Abortions can be sought to end life threatening or unwanted pregnancies.

#### a. Safe abortion

Termination of pregnancy by certified medical professionals with facilities and equipment in a hygienic environment that meets international medical standards. Safe abortion also includes sufficient post-abortion medical care and attention.

In some countries where accessible, safe abortion hotlines offer counseling and provide information on safe abortions. Safe abortion hotlines are legal with the understanding that only information is provided but safety protocols vary from country to country according to the legal context.

#### b. Unsafe abortion

Termination of pregnancy in poor and unhygienic conditions by untrained persons<sup>36</sup> with insufficient post-abortion medical care and attention. Roughly 13% of all maternal deaths are caused by unsafe abortions.<sup>37</sup> Unsafe abortions are prevalent in countries where:

- Abortion is illegal, unaffordable and inaccessible;
- Contraceptives are unavailable;
- Trained medical personnel and standard facilities are inaccessible; or
- Information and services to sexual and reproductive health are inaccessible.

### Abortion Procedures

#### a. Medical Abortion

Medical abortion is a safe and effective non-surgical method of terminating early pregnancy (effective up to 63 days of gestation)<sup>38</sup> using pharmaceutical drugs that are taken orally or through injections rather than a surgical procedure.

There are currently two methods of medical abortion: mifepristone (formerly known as RU-486) and methotrexate. Both must be used in combination with misoprostol in order to stimulate uterine contractions, which aids in expelling the fertilized egg. Note the difference between medical abortion, which ends an already established pregnancy, and emergency contraception, which prevents pregnancy.<sup>39</sup>

Two options for medical abortion are:

#### *Misoprostol*

Misoprostol is a medical abortion regimen that can be used alone but is often recommended in combination with mifepristone (see Mifepristone-Misoprostol

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36 Elisabeth Åhman and Iqbal H. Shah, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*. (Geneva, Switzerland: World Health Organization, 2011), 2, accessed October 15, 2013, [http://whqlibdoc.who.int/publications/2011/9789241501118\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf).

37 Ibid. 1.

38 World Health Organization, *Frequently Asked Clinical Questions about Medical Abortion* (Geneva: World Health Organization, 2006), 3.

39 Center for Reproductive Rights, "Legal Glossary," Center for Reproductive Rights, Domestic Legal Terminology, accessed October 15, 2013, <http://reproductiverights.org/en/node/339>.

combination). The recommended use of misoprostol differs at various stages of pregnancy.

The sale and use of misoprostol is permitted in many countries because it is an anti-ulcer medication rather than a registered abortion drug, therefore available even in countries with restrictive abortion laws.<sup>40</sup>

#### *Mifepristone-Misoprostol combination*

This combination regimen works faster and is more effective than misoprostol alone, especially in later stages of pregnancy (up to 9 weeks or 63 days). Success rate is up to 92% when used within 7 weeks (or 49 days) of pregnancy.<sup>41</sup> This method is commonly used to induce second trimester abortions in Canada, most of Europe, China and India.<sup>42</sup>

### **b. Surgical Abortion**

Surgical abortion is the termination of pregnancy by surgical procedure. The type of surgical abortion used depends on the pregnancy stage, which is usually determined by an ultrasound.

#### *Vacuum Aspiration (manual and electric)*

This surgical abortion procedure uses suction to evacuate the uterine contents with a hand-held plastic aspirator (MVA) or an electric pump (EVA). It is suitable for first-trimester abortion and recommended over sharp curettage by the World Health Organization.<sup>43</sup>

This is the most common surgical abortion procedure.<sup>44</sup> It usually lasts 10 to 15 minutes and is performed during 6 to 16 weeks of pregnancy.<sup>45</sup>

#### *Dilation and evacuation (D&E)*

This is sometimes called dilation and extraction and is performed between 15 to 24 weeks of pregnancy (second trimester).<sup>46</sup> The procedure involves vacuum aspiration, dilation and curettage and surgical instruments such as forceps.<sup>47</sup>

#### *Dilation and curettage (D&C)*

Similar to D&E, this procedure involves dilating the cervix but curette is used to scrape and scoop the lining of the uterus and its contents (also known as curettage).<sup>48</sup> D&C can also be performed after a miscarriage to remove any remaining tissues or content.<sup>49</sup>

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40 International Women's Health Coalition, "International Women's Health Coalition," International Women's Health Coalition, October 18, 2010, Introduction, accessed October 15, 2013, [http://www.iwhc.org/index.php?option=com\\_content](http://www.iwhc.org/index.php?option=com_content).

41 WebMD, "Women's Health," Mifepristone and Misoprostol for Abortion, September 22, 2010, How Well It Works, accessed October 18, 2013, <http://women.webmd.com/mifepristone-and-misoprostol-for-abortion>.

42 Nathalie Kapp et al., "Medical Methods to Induce Abortion in the Second Trimester," in *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*, ed. Maureen Paul (Oxford: Wiley-Blackwell, 2009), 179-192.

43 Ipas, "Elements of Comprehensive Abortion Care," Ipas, Manual Vacuum Aspiration, accessed October 15, 2013, <http://www.ipas.org/en/What-We-Do/Comprehensive-Abortion-Care/Elements-of-Comprehensive-Abortion-Care.aspx>.

44 Harshad Sanghvi et al., "Dilatation and Curettage," in *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors*, ed. Melissa McCormick, by Matthews Mathai (Geneva: World Health Organization, Family and Community Health, Department of Reproductive Health and Research, 2000), P61-P64.

45 American Pregnancy Association, "Surgical Abortion Procedures," American Pregnancy Association, January 2013, Aspiration, accessed October 15, 2013, <http://americanpregnancy.org/unplannedpregnancy/surgicalabortions.html>.

46 British Pregnancy Advisory Service, "What Is Abortion?," Bpas, Surgical Abortion, accessed October 15, 2013, <http://www.bpas.org/bpasyoungpeople/what-is-abortion>.

47 Healthwise, "Women's Health," WebMD, September 22, 2010, Dilation and Evacuation (D&E) for Abortion, accessed October 18, 2013, <http://women.webmd.com/dilation-and-evacuation-de-for-abortion>.

48 Healthwise, "Dilation and Curettage (D&C)," WebMD, April 11, 2011, accessed October 15, 2013, <http://www.webmd.com/hw-popup/dilation-and-curettage-dc>.

49 Ibid.

## Conscientious Objection

Conscientious objection is the right all individuals have to refuse to perform any activity on the grounds of thought, conscience, and/or religion as protected by national, regional and international human rights law.

Medical providers can refuse to perform acts that compromise their beliefs or personal convictions; however, the right to conscientious objection, as with any right, has limitations. The International Federation of Gynecology and Obstetrics Code of Ethics includes the following Professional Responsibility regarding Conscientious Objection:

*Assure that a physician's right to preserve his/her own moral or religious values does not result in the imposition of those personal values on women. Under such circumstances, they should be referred to another suitable health care provider. Conscientious objection to procedures does not absolve physicians from taking immediate steps in an emergency to ensure that the necessary treatment is given without delay.<sup>50</sup>*

## Emergency Contraception

Sometimes called the morning after pill, Emergency Contraception prevents unwanted pregnancy after unprotected sex or contraceptive failure through a course of hormonal contraceptive pills taken in one- or two-dose regimens. Note the difference between medical abortion, which ends an already established pregnancy and emergency contraception, which prevents pregnancy. Emergency Contraception is most effective if taken within 24 hours after unprotected sex or contraceptive failure; however, it can be effective for up to five days.<sup>51</sup>

## Legal Indications

Legal indications are grounds provided in national laws to perform legal abortions. 29 countries in the world do not have any legal grounds for abortion. Refer to section 1 for descriptions.

## Maternal Mortality

Maternal Mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. To facilitate the identification of maternal deaths in circumstances in which cause of death attribution is inadequate, a new category has been introduced: Pregnancy-related death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.<sup>52</sup>

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50 International Federation of Gynecology and Obstetrics, "Code of Ethics," Code of Ethics, Ethics and Human Rights regarding Sexual and Reproductive Health, accessed October 15, 2013, <http://www.igo.org/Codeofethics>.

51 Center for Reproductive Rights, "Legal Glossary," Center for Reproductive Rights, Domestic Legal Terminology, accessed October 15, 2013, <http://reproductiverights.org/en/node/339>.

52 World Health Organization, "Health Statistics and Health Information Systems," WHO, Maternal mortality ratio (per 100 000 live births), accessed October 15, 2013, <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>.

## Mandatory Delay

Mandatory delay refers to a requirement that a woman delay her abortion a certain number of hours or days after receiving or being offered state-mandated information that often discourages abortion. Mandatory delays and biased information requirements serve no actual health purpose and are intended to discourage abortion as an option.<sup>53</sup>

## Maternal Morbidity

Maternal Morbidity is an overarching term that refers to any physical or mental illness or disability directly related to pregnancy and/or childbirth. These are not necessarily life-threatening but can have a significant impact on quality of life.<sup>54</sup>

## Parental Involvement Laws

As used in this context, the term refers to laws requiring young women to notify or obtain the consent of one or both parents in order to have an abortion. Sometimes these laws have an option where a young woman may bypass this requirement by presenting her case in the legal system.

## Pregnancy

Pregnancy is the period that begins with implantation of a fertilized ovum that leads to the development of one or more embryos or fetuses.

Pregnancy can occur following sexual intercourse or the use of assisted reproductive technology such as artificial insemination or in vitro fertilization.

## Stages of Embryonic Development<sup>55</sup>

### Zygote

The cell that is formed from fertilization that will develop into an embryo.

### Embryo

The zygote becomes an embryo and this stage lasts for 5 weeks where all major internal organs will develop.

### Fetus

The embryo becomes a fetus after 8 weeks of pregnancy and continues to develop until birth at around week 38 to 40.

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53 World Health Organization, "Health Statistics and Health Information Systems," WHO, Maternal mortality ratio (per 100 000 live births), accessed October 15, 2013, <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>.

54 Marge Koblinsky et al., "Maternal Morbidity and Disability and Their Consequences: Neglected Agenda in Maternal Health," *Journal of Health, Population and Nutrition* 30, no. 2 (June 2012): 125, accessed October 15, 2013, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3397324/>.

55 Planned Parenthood Federation of America, "Pregnancy Week by Week," Planned Parenthood, Stages of Pregnancy at a Glance, accessed October 15, 2013, <http://www.plannedparenthood.org/health-topics/pregnancy/stages-pregnancy-23953.htm>.

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