

Scientific Meeting between Pôle Suds-Ceped-Unige

***Progress in Access to Abortion in Restrictive Contexts:
Historical and International Perspectives***

Tuesday, December 8th, 2015

First Session: Strategies to improve access to abortion in legally restrictive contexts

Safe abortion outside of the law in the northeast of the Caribbean

Gail Pheterson - Yamila Azize

Small island exigencies and a legacy of colonial jurisprudence set the stage for this three-year study in 2001–2003 of abortion practice on several islands of the northeast Caribbean: Anguilla, Antigua, St Kitts, St Martin and Sint Maarten. Based on in-depth interviews with 26 physicians, 16 of whom were performing abortions, it found that licensed physicians are routinely providing abortions in contravention of the law, and that those services, tolerated by governments and legitimised by European norms, are clearly the mainstay of abortion care on these islands. Medical abortion was being used both under medical supervision and through self-medication. Women travelled to find anonymous services, and also to access a particular method, provider or facility. Sometimes they settled for a less acceptable method if they could not afford a more comfortable one. Significantly, legality was not the main determinant of choice. Most abortion providers accepted the current situation as satisfactory. However, our findings suggest that restrictive laws were hindering access to services and compromising quality of care. Whereas doctors may have the liberty and knowledge to practise illegal abortions, women have no legal right to these services. Interviews suggest that an increasing number of women are self-inducing abortions with misoprostol to avoid doctors, high fees and public stigma. The Caribbean Initiative on Abortion and Contraception is organising meetings, training providers and creating a public forum to advocate decriminalisation of abortion and enhance abortion care.

Abortion among foreign women in Japan in the 1950s and 1960s

Isabelle Konuma

When it was still under allied occupation in 1948, Japan passed a “eugenic protection” law that partially decriminalized abortion. This very permissive system, called "precursor" by some, allowed for therapeutic abortion, eugenic abortion, “ethical” abortion (for

pregnancies resulting from rape) and “social” abortion (in cases of poverty or large families), and the extent of legal abortions under this law set Japan apart from the Western countries, which, at the time, had much more restrictive policies. In this article, we will examine the political, economic and social context surrounding this policy, as well as the actors in such a system. We will also explore the backlash against this policy that followed in the 1950s and 1960s, under the pressure of a powerful religious group (Seicho no ie). One of the arguments leveled against the eugenic protection law was that it made hurt Japan’s international reputation, especially in the eyes of the West. A large number of abortions were practiced on Western women (particularly American) who came to Japan for this express purpose. This international market for abortion was seized upon by the press, and was the subject of great political debate. However, very few studies have analyzed this transnational movement of women, or the "abortion tourism" in Japan at this time. We attempt to shed light on this forgotten subject through examining the financial and administrative evidence, as well as looking at the perspectives of medical professionals.

The decriminalization of abortion in Mexico: between debates and controversies

Agnès Guillaume, Susana Lerner, Lucia Melgar

In Mexico, abortion laws are different in each state. Virtually all of these laws are restrictive, with the sole exception of Mexico City, where abortion is available on demand. The constitutionality of the Mexico City law authorizing abortion was questioned, and the law ended up at the Supreme Court. The Court organized 6 debates, during which different institutional and civil society actors (from the worlds of health, law, rights, ethics, and religion) discussed the arguments in favor and against the decriminalization of abortion. Here, we present the arguments presented by the different debaters from the health world, showing their scientific basis and the values and norms that underpin them. This study relies not only on the texts presented during these Supreme Court sessions, but also on the literature from the public and academic debates on this question.

Group discussion

Second Session: Evolution within the religious world

Catolicadas: an animated series on sexuality, gender and religion. The impact on youth positions about abortion

Evelyn Aldaz et Sandra Fosado

The animated series *Catolicadas* promotes critical views of the conservative Catholic Church with regard to sexual morality and the sexual and reproductive rights of the Catholic community. In three and half years, Catholics for the Right to Choose has created 74 episodes of this show which were shown on social media and a television channel. *Catolicadas* has been viewed almost 5 million times and young people make up half of this audience. In this presentation, we present the results of two qualitative studies conducted

among young people who have watched these episodes to see the impact of the series' message on their abortion views. The first is a Facebook contest to debate the incomplete story of Catholicism on the subject abortion. The second is eight focus groups in four Mexican cities.

The complex position of Catholic activists facing abortion rights in the 1970s

Anthony Favier

This presentation focuses on two movements of Catholic Action in France - the Young Christian Workers and Young Christian Women Workers - considered reformers especially in social matters. It will seek to show how Catholic activists, despite an official "mandate" from Catholic bishops, managed to create areas of autonomy on the very controversial issue of abortion in the 1970s. It will question not only the role of Catholic doctrine itself in the positioning of activists, but also the role played by the values of the labor movement – a movement traditionally very sensitive to women's rights. The "jocisme" appears as an intermediate space in social change, neither accelerator nor brake, but an average force where secular and religious norms are renegotiated, where religious norms are undone, and where the discourses and practices are articulated subject to contradictory injunctions and competing religious and political conceptions. Catholic activists are thus able to reclaim and to subvert Catholic standards of ethical judgment through the mobilization of socioeconomic and sometimes even religious arguments.

Group Discussion

Third Session: Popular knowledge, circulation of information, and care practices

a) Methods and ways of bypassing the law

Population knowledge and clandestine techniques in France (1900 - 1970)

Fabrice Cahen

When discussing illegal abortion as it existed in the 19th and 20th centuries, the "knitting needle" is often evoked. This relatively reductive cliché actually obscures the great diversity of unsafe abortion methods and techniques implemented over time. Discussing only the 1810 French Penal Code, which formally prohibited abortion, and the 1977 Veil law, which decriminalized abortion, does not give a comprehensive picture of what demographer Jean Sutter nicknamed the "folklore" of abortion in the late 1940s. This includes how the legal ban and an increasingly active politics of fight starting in the 1900s, rather than reducing abortion, helped social actors adopt not only more effective and less harmful surgical methods, but also new methods of circumvention and concealment.

When transnational actors change access to safe abortion in Africa: misoprostol between non-appropriation by women and the institutional registration process
Fatoumatta Ouattara, Carine Baxerres et Agnès Guillaume

In Benin and Burkina Faso, where abortion access is restricted, abortion is carried out in a number of different ways, most of which are risky for women. In other regions of the world (Latin America and the Caribbean, Asia) a medication called misoprostol is presented in the literature as being used for self-induction of abortion since 1990s. Using a qualitative study carried out in 2014-2015 in Cotonou and Ouagadougou with 50 women who had recently had abortions, as well as with several institutional actors involved in reproductive, we examined whether misoprostol is used in African contexts. On our field sites, access to medical abortion is only very rarely used by women facing an unwanted pregnancy. And yet, we found that misoprostol can be found in both formal and informal networks. Different international actors, through health professionals with local authority, introduced misoprostol several years ago through associations and health facilities, and trained providers on its use. They also incited health officials to affirm its ob/gyn indications (to treat PPH, incomplete abortions), and very recently, to place misoprostol on the essential drug lists of both countries. In this paper, we show how these actors, through the introduction of misoprostol, help publicize abortion in Africa and help diffuse this medical method.

Local realities and global strategies to overcome the State in the struggle for safe abortion
Marlies Schellekens

This session discusses the issue of unsafe abortions worldwide through the prism of past and contemporary projects by Women on Waves- which fights for reproductive health advancements and women's rights through innovative lens. It will show how to perform abortions on the seas, going to telemedicine and presenting the 2015 Women on Wings project with drones. From telemedicine, out onto the open seas, busses and the sky, Women on Waves has tried many cutting-edge ways to reach women globally in order to grant access to safe abortion practices.

In this sense, this session will focus in how to generate change in innovative ways and how an "outside the box" project can overcome traditional non-cooperating actors as the State and traditional Medicine. The project will show how advanced research and new technologies have been combined in order to outrun the State's sovereignty and the need for a doctor in order to show and prove that women themselves are capable not only of choosing for themselves, but acting on this choice and safely performing abortions in themselves by themselves.

This session aims at (1) providing a worldwide landscape on abortions ; (2) highlighting women's agency and (3) showing how women connect and struggle in different ways.

Medical Abortion in Our Hands – using international online abortion service as a strategy for empowerment and activism in Poland

Kinga Jelinska

While work to change restrictive abortion laws is invaluable, women with unwanted pregnancy in countries with restrictive abortion laws, need immediate solutions.

Where laws do not protect women, women help other women. In Poland and around the world activists are sharing information about the safe use of misoprostol and mifepristone pills for abortion and finding strategies to put the medicines for abortion into women's hands.

Extensive research published by the World Health Organization has shown the efficacy and safety of medical abortion with mifepristone and misoprostol or misoprostol alone. The pills may be safely used to terminate an early pregnancy in the privacy of home. Community lay activists can play pivotal role in expanding access to reliable information and services.

Women Help Women offers an online consultation for abortion and contraception via www.womenhelp.org. People from around the world can go online to request abortion pills (mifepristone and misoprostol), emergency contraception, contraceptive pills, and female and male condoms that are shipped to them by post. Expert counselling is offered throughout the process. The acceptability of the telemedicine service delivery model among the women in Poland that used it is very high

Women Help Women works collaboratively with local partners in Poland such as the safe abortion hotline and groups of pro-choice activists to disseminate information about medical abortion and other safe abortion methods.

Strategies of outreach, countering black market and unsafe services, the outcomes of actions and ongoing challenges in Poland will be presented.

b) PAC as a guise?

Abortion in Burkina Faso : A social issue surrounded by public

Katerini T. Storeng , Fatoumatta Ouattara

Moral condemnation, religious disapproval and restrictive legislation often relegate induced abortion into secrecy. In this paper, we show how different actors (Ministry of Health, NGO and clinicians) confront this logic to bring the issue of abortion in the realm of care provision. How does this process of official registration in the health arena take into account the highly moral codes (local social representations) that confine the topic of abortion into private spaces? What are the stakes in the negotiation process between these actors around a public health matter that also highlight social issues?

The role of midwives in post-abortion care in urban and rural Gabon

Aimée Patricia Ndembi Ndembi, Marijke Alblas, Justine Mekui et Gail Pheterson

Social scientists and health professionals mobilized a grass roots project in 2009 to assess needs, facilitate trainings, acquire government support and institutionalize (post-) abortion

services in the north of Gabon, south of Cameroon and east of Equatorial Guinea: *Réseau d'Afrique Central pour la Santé Reproductive des Femmes : Gabon, Cameroun, Guinée équatoriale - GCG*. Project directors, midwife coordinator and expert trainer will summarize five years of advances and roadblocks encountered, notably in Gabon. GCG was successful in getting government officials to authorize training of "all the midwives of Gabon" in post-abortion care, although unsuccessful in launching any review of restrictive abortion law. Midwives have now performed over 200 procedures without any complications. The shift to midwife out-patient emergency care with MVA following complications of self-provoked abortions lowered the waiting time to treatment by reducing doctor case load and nearly eliminating the need for anesthesiologists. In rural northern Gabon and in private practice, midwives continue to "make the difference". In Libreville, initial midwife low-cost out-patient care resulting in drastic reductions in emergency waiting time is waning as doctors withdraw midwife authorizations and re-instate high-cost operating room procedures. Fostering and sustaining midwife authority goes hand-in-hand with advocacy for abortion rights and rational health policy in low-resource settings.