



**Health Care Professionals
and
Advocacy for Safe Abortion Rights**

A REGIONAL THINK TANK

**Organized by the Asia Safe Abortion Partnership
On September 13th, 2015
At the Mirage Hotel, Colombo, Sri Lanka**

Introduction:

Medical and nursing professionals have always been at the **forefront of providing care in difficult and dangerous situations** and have stepped up on behalf of the vulnerable and marginalized during natural disasters, wars or internal displacement. However, although the medical profession has made progress in recognizing and protecting the human rights of women, not enough has been done by medical professionals to prevent and manage unwanted pregnancies by **advocating for and providing access to safe abortion and post-abortion contraception** using available platforms, social and professional networks and technology.

The Asia Safe Abortion Partnership coordinated a meeting of representatives of networks of healthcare professionals in the Asia-Pacific region to **explore the potential for collaboration and discuss the willingness and possibilities for a greater inclusion of programs for managing unwanted pregnancies within their existing strategies and activities.**

Invitees included activists and health care providers from

- Afghanistan ObGyn Society
- FIGO (HQ)
- FIGO Project on Preventing Unsafe Abortion
- Global Doctors for Choice
- ICRC (Red Cross)
- Indian Journal of Medical Ethics
- International Federation of Medical Students' Associations
- IPPF SPRINT project
- Marie Stopes International
- Medical Students for Choice
- Medicine du Monde
- Medicines sans Frontiers
- Ministry of Health (Sri Lanka)
- Population Services Lanka
- Post Abortion Care Forum (Philippines)
- RRAAM, Malaysia
- The David and Lucille Packard Foundation
- Women's Health Foundation (Indonesia)

Suchitra Dalvie, Coordinator ASAP gave a brief introduction to the work of ASAP especially in the capacity building programmes being conducted for healthcare professionals and young people.

She spoke of the **continuing impact of unsafe abortions** on the health and lives of women and girls across our region and the role of healthcare providers as agents of change.



She highlighted the fact that even the **textbooks do not have gender sensitive language** and the training that students receive does not highlight gender or rights issues. They are not taught the relationship between gender and social inequity and access to healthcare. They do not learn to recognize women as persons living within dynamic and difficult interpersonal situations which have an impact on their health seeking behavior. Issues like screening for violence, discussions on sexuality, the social context within which healthcare is accessed and many other 'Big Picture' issues.

However, healthcare providers have always played a leadership role in the global discourse on health, healthcare and rights. We are uniquely positioned to bear witness to a range of sexual and reproductive health issues and rights violations that women suffer—ranging from forced sex to unwanted pregnancies to domestic violence.

“We should in fact have a moral obligation to speak up on their behalf and make change happen.”

After these opening remarks, participants shared the challenges that they've faced in their journeys of advocating for safe abortion

Advocating for Safe Abortion: The Challenges We Face

These included the challenge of networking and aligning with others advocating for safe abortion within a country where abortion is restricted. One participant shared that **women's rights' activists and Gynaecologists weren't working together** to advocate for safe abortion and therefore were not utilizing each other's strengths.

Others shared that the **attitudes of health care professionals** towards women seeking abortions presented a major barrier in access to services. A practitioner providing safe abortion services noted that because only a few clinics openly

acknowledge that they provide safe abortion services, it perpetuates **the 'silence' around the issue and consequently the stigma.**

Another challenge highlighted was the **privatization of health care** and the fact that there was so much money to be made from women accessing private services to terminate unwanted pregnancies that health care practitioners didn't want to change the status of abortion in their regions. A representative from Global Doctors for Choice noted that **conscientious objection** which pits the rights of doctors to refuse against the rights of patients to receive services is a significant barrier to health access in some places. He spoke of the need to explore the willingness of professional bodies to regulate this through policy.

Speaking of prison health services, one of the participants noted that these remain isolated and detached from national health systems and often medico legal issues get involved.

Several participants noted that **restrictive laws** in their respective countries made it very difficult for them to provide safe abortion services as well as to advocate for women's rights to safe abortion. Some gave examples of countries, like Vietnam, that seemed to be going backwards and are planning to introduce restrictions on the gestational age for conducting abortions, to address the issue of sex selection. A participant from Lebanon shared that even providing information on abortion was punishable by law in her country. Others shared how **religious groups** in their countries were perpetuating the stigma around abortion and pressurizing their respective governments to restrict access to services. Countries with restrictive laws consequently don't have **comprehensive sexual education programs** for adolescents and limit this group's **access to contraceptives.**





The Impact of Unsafe Abortions on Women

Ninuk Widyantoro, Women's Health Foundation, Indonesia and former Chair of ASAP spoke about the impact of unsafe abortions on women. She began her presentation by discussing how 'health' and 'reproductive health' are defined by the WHO and the implications of these definitions on women's reproductive rights. According to these definitions, apart from the absence of disease and infirmity, people should also have the ability to reproduce, to regulate their own fertility and to practice and to enjoy consensual sexual relationships without risk of infection, coercion or unwanted pregnancy. Ninuk noted that **in areas where safe abortion is restricted by law, it will lead to unsafe practices which cause not only morbidity and death, but also needless psychological and social harm** and in the long run, impact the quality of life of future generations. She then elaborated on these and also discussed the physical, mental and social impact of unsafe abortions such as excessive bleeding, infections, rupture of the uterus, infertility, death, increase in maternal morbidity & mortality, low self-esteem, guilt, frigidity, depression and the loss of women as social contributors.

She spoke of the **importance of using language as a strategy** to circumventing restrictive laws and advancing the movement for comprehensive reproductive rights. She noted how in Bangladesh the term 'Menstrual Regulation' is used instead of 'abortion' to sidestep the law as well as personal value systems of health care providers. Similarly, she shared that in Vietnam, safe abortion advocates use the term 'product of conception' instead of 'fetus'. Ninuk acknowledged that over the twenty years that she'd been advocating for women's right to safe abortion, laws seemed to be becoming more restrictive.



“Our education is not allowing us to be more open. Instead people are becoming more closed. And for activists, the struggle is to stay passionate.”

What can healthcare providers do?

Rola Yasmine, A Project, Lebanon and Youth Champion, ASAP

Rola shared the strategies of providing **safe abortion services in refugee situations or areas of conflict**. She gave examples from her own work in refugee camps for Palestinians and Syrians in Lebanon. Refugee camps in Beirut are currently overcrowded and unsanitary. Palestinians already living there are upset with the inflow of Syrian refugees because there are now even fewer resources to go around. Rola suggested that **health care providers needed to contextualize their services in terms of the current political discourse of their respective regions**. Additionally, providers needed to be aware of their position and how certain communities might perceive them. For example, providing family planning services to refugee communities might be perceived as a political move to limit the growth of these communities. Rola therefore suggested that providers working in such settings should understand the community perspectives before providing services.



“We need to contextualize the politics of the conflict and the body politics. We need to respond to the politics of the violence before we can address the consequences adequately.”

She also stressed the importance of working with local organizations and enabling them to advocate for comprehensive

national health care agendas in the long term, especially as **refugee populations are not always there only for the short term and one should recognize the need to integrate them within existing systems eventually**. She also spoke of the migrant labour becoming like a global economic warfare. They have less access to SRH services than even the refugees since there is no heavily funded and UN supported programme addressing their needs.

Dr. S P Choong, ASAP Steering Committee Member and co-Founder RRAAM, Malaysia

Dr. Choong discussed the role of healthcare providers in advocating for safe abortion. He outlined a brief history of the technical revolutions in reproductive health including the contraceptive pill, Karman Cannula for menstrual regulation and RU486 (Mifepristone). He described how **the medical fraternity had not allowed these technical revolutions to progress** because they privately profited from restrictions to access. Therefore, practitioners exaggerated safety

concerns, joined anti-choice moral crusaders, encouraged the stigma around abortion and were very judgmental of women seeking safe abortion services. For example, healthcare practitioners have often pushed for restrictions on who can access Mifepristone and advocated for surgical abortion over medical abortion because it's financially more lucrative.



Dr. Choong then listed the various strategies that we can adopt to advocate for safe abortion, including

- interpreting restrictive laws to their fullest extent,
- creating a model 'women centered' clinic to demonstrate best practices,
- publishing statistics on how many women access safe abortion services so as to reduce the stigma,
- fight media sensationalism by highlighting positive stories of women terminating unwanted pregnancies,
- building a network of doctors who are willing to conduct abortions safely and at a reasonable rate and
- ensuring that medical students are gender sensitized.

Adding to the discussion on how language can be used as a strategy to reduce abortion stigma, Dr. Choong suggested ***"Health care providers could refer to themselves as 'advocates for saving lives.'"***

Dr. Amar Jesani, Editor, Indian Journal of Medical Ethics

Dr. Jesani discussed the nuances of barriers to accessing abortion services in India. He gave the example of how women were able to purchase medical abortion pills over the counter but possibly this made the system less lucrative for practitioners. He linked this to a recent move to restrict the purchase of Mifepristone and Misoprostol, thus once again **forcing women to be dependent on practitioners for abortion services**. Dr. Jesani also discussed how the rise of 'religiosity' among healthcare providers was proving to be a major barrier to accessing safe abortion services. **There are currently less economic incentives to provide abortion so cultural and religious beliefs are now emerging**. They also don't see population control as a problem currently and since the conversation around abortions had never been about women's rights, doctors are now backing off.

He stressed the need to study why personal morality is entering the profession and its detrimental impact on reproductive health rights. He gave the example of how during religious riots, doctors have been known to choose sides based on

their own religious beliefs and consequently provide/deny services to select communities.



Doctors need to separate their personal morality from their professional obligations but the boundaries are increasingly getting blurred. The State ignores this or worse, even participates. Doctors have been the main providers of the coercive family planning programmes initiated by the State and need to clarify their ideologies in this matter.

He spoke of the monopoly of medical providers over healthcare and **the power dynamics of the resistance to task shifting.** In the Indian context he spoke of the abortion law which came about from the population control and maternal mortality priorities with an active participation from the medical profession at the time. However it has become a big market now and there is a need to de-medicalize it and recognize early medical abortion as a safe, physiological 'at home' procedure.

The government is investing in social insurance for healthcare and safe delivery and contraception but safe abortion is missing from that. To counter all these barriers, Dr. Jesani suggested that **public health insurance should include safe abortion to facilitate access to these services.** This sort of financial support would ensure that women who need safe abortion services have the resources to do so.

“We may argue for ideological access but we also need to push for social and economic access.”

He also recommended the need for **gender sensitization in medical courses.** He gave the example of how they've worked to gender sensitize students in six medical colleges of Maharashtra. He suggested the need for 'gender sensitive hospitals and - women friendly centers' so that sensitized medical students have an opportunity to practice in the right settings.

Dr Shahida Zaidi, Regional Coordinator, FIGO Project on Preventing Unsafe Abortions

Dr Shahida discussed the FIGO initiatives for prevention of unsafe abortion and post-abortion care services. Given that safe abortion isn't high on the public health agenda, women face several barriers when trying to access safe abortion services. She recommended that **training practitioners and advocating for changing the curricula of medical and nursing students was a key strategy.** She gave the example of how value clarification sessions could



bring about a change in the attitudes of providers and must be included in all medical courses. Speaking of Pakistan, she noted that according to recent data 2.2 million abortions are taking place every year but at least the methods being used are safer ones now and it is believed that Misoprostol availability over the counter is a big contribution to this.

Sarah Jane, Philippines Safe Abortion Advocacy Network (PINSAN)



Sarah recalled how doctors in the Philippines would “pray before and after MVA procedures and over the products of conception,” thus making the women seeking these services feel very guilty about their decision to terminate unwanted pregnancies. Sarah emphasized that **altering the attitude of health care providers was crucial to making safe abortion services**

more accessible. She shared examples of how PINSAN members were talking to OB/GYNs about safe abortion provisions under the law, conducting MVA training programs and partnering with Family Planning clinics in order to sensitize health providers. She also discussed a film that she had produced called ‘TAINTED’ which illustrates the stigma that women in the Philippines face when seeking post-abortion care: <https://youtu.be/tRMhoZPZOEU>

Prabesh Singh, International Federation of Medical Students’ Associations

Prabesh shared details of the International Federation of Medical Students’ Associations including their vision on reproductive health rights, which acknowledges that **autonomy is an intrinsic part of reproductive health rights** and women must be empowered to exercise their sexual and reproductive health rights equally, free from stigma and discrimination. Prabesh spoke of the need for such a Federation in light of a lack of sensitivity among health professionals when providing services to women seeking abortions. He shared personal examples of how medical students mock and shame women seeking abortion services, despite legal provisions for the same.



Prabesh concluded his presentation with a video clip of IFMSA members discussing why they believe safe abortion is an intrinsic health right:
https://youtu.be/lbvaFwHQ-9Y?list=PLGpxjwCzT-oLt7kKw2x4nnX4Pr_00D5ln

Suchitra summarized the morning's discussions and highlighted some of the key points arising.

Safe Abortion: Knowledge dissemination, Advocacy and Service Provision

After lunch, the participants worked in smaller groups to discuss challenges and strategies around these three key areas and some of their suggestions have been highlighted below:

Knowledge dissemination

- **Language to support and not further stigmatize.** Group members agreed that language was key to either perpetuating abortion stigma or reducing it. They suggested the use of terms like 'products of conception', Menstrual Regulation and 'Advocates for saving lives' to counter the stigma that practitioners face when providing abortion services.
- **Understanding Abortion Laws.** All group members agreed that low knowledge on the exact wordings of abortion laws and provisions in their respective countries was a major barrier to advocating for safe abortion services among practitioners. They therefore recommended that all practitioners should know how to interpret abortion laws, what the law allows (both to providers and to the public) and how they can best serve those seeking safe abortion services.
- **Misconceptions:** There is a need to address the myths and misconceptions and put out information that is accurate and relevant and helps those seeking the services to make the right choices. This should include information about post abortion contraception. Factsheets could be developed for this.
- **Policies:** There is a need to understand and spread the word about the relevant government policies, programmes, budgets, inclusions, exclusions. This is needed by the activists as well as the community. We also need to know about the International agreements that our governments have signed up to and what the implications are.
- **Sensitizing Practitioners.** Health practitioners must be gender sensitized so that they understand how gender power dynamics affect health seeking behavior and access to healthcare. Given that medical professionals bear witness to rights violations on a daily basis, they are key players in advocating for sexual and reproductive health rights. To accomplish this the group suggested a review of commonly used textbooks for OB/GYNs. They also recommended that key medical personnel could be invited to join existing safe abortion networks so as to influence medical curricula.

- **Exchange visits.** Participants also suggested exchange visits between countries so that practitioners and activists could learn from best practices of others in the region.
- **Research.** Group members recommended a research study to understand how reproductive rights get impacted during emergency and crisis situations and what strategies can be adopted to ensure that women have access to safe abortion services at these crucial times.
- **Translation.** The group suggested that information on abortion (statistics of the number of women seeking services, debunking myths etc.) be available in multiple languages
- **New media.** To reach younger audiences, participants recommend the development of a mobile app for providing information on safe abortion

Networking

- **Working together.** To facilitate practitioners and activists working together to advocate for safe abortion, participants suggested that they could create spaces for each other by strategically positioning each other at meetings and conferences.
- **Alliances:** We should strategically involve progressive religious leaders and groups such as Catholics for Choice, Sisters in Islam and share their interpretations of women's right to safe abortion. Other potential allies would include groups working on gender based violence, HIV, child marriages, sex workers, family planning, women's rights groups, human rights groups, lawyers groups.
- **Opportunities to network.** Group members shared the need to have more conferences to facilitate networking among practitioners in the region. They recommended the formation of a safe abortion 'expert group' that could be called upon to provide guidelines and recommendations at key SRHR meetings.

The group concluded that the Medical Think Tank should be an annual event.

Safe Abortion Advocacy

- **Should we regulate?** Participants discussed how regulations often result in overregulation and unfortunately sensitive issues like abortion come under the legal radar. They questioned the strategy of advocating for regulations given that regulators "use power as oppressively as possible."
- **Practitioners take a Political Stand.** Group members suggested that health practitioners must be involved in legal debates around the issue of access to safe abortion. They should openly advocate for women's right to benefit from 'scientific progress' and have access to comprehensive reproductive health services. For example, practitioners can promote the 'WHO Guidelines for Safe Abortion' as a

measure to counter exaggerated negative media claims about abortion-related health complications.

Service Provision

- Updates: regular updates are needed on advances in technology as well as service protocols. Current under- utilization of medical abortion pills should be addressed by informing providers of the dosages and regimens and advantages for the women
- Not to create extra legal barriers which will make it difficult for single women and others to receive services.
- Encourage to provide services to the fullest extent of the law.
- Recognize the consequences faced by women who are denied safe abortion services.
- Advocacy around task shifting to promote decentralized care
- Work with younger doctors and those in training to provide gender sensitive and rights based understanding as well as technical skills for safe abortion services.

Suchitra Dalvie then thanked everyone for their participation in spite of it being a Sunday and asked everyone to come together to move forward on this agenda.

She then **summarized the suggestions** made in the meeting and what ASAP can commit to do:

- Invite all of them to the list serve where we put up all the information regarding Asia and Abortion and also service provision.
- Facilitate the exchange of resources and also urged everyone to share all the resources they had- for eg fact sheets, WHO guidelines translated into local languages.
- Help make connection between the participating organizations and help participations at bigger meetings.
- Willing to work together on developing and implementing small projects/programs where there is a country focus.
- Facilitate exchange study visits for medical students from restrictive settings to learn and observe abortion procedures in other country.
- Facilitate more on such annual meetings for experience sharing.

We closed the meeting on a very positive note and hope that this is the beginning of a **strong, resourceful and forward thinking alliance** which will move healthcare providers into taking a leadership role in advocating for women's right to safe abortion!

Invitees

1. Afghanistan ObGyn Society. [Dr Katayon Sadat](#)
2. Amnesty International
3. ASAP Chair. [Dr Phan Bich Thuy](#)
4. ASAP Steering Committee member. [Sarah Soysa](#)
5. A project, Lebanon. [Rola Yasmine](#)
6. FIGO (HQ). [Mathew Pretty](#), [Jessica Morris](#)
7. FIGO Preventing Unsafe Abortions Initiative.
Regional Coordinator. [Dr Shahida Zaidi](#)
8. Global Doctors for Choice. [Dick van der Tak](#)
9. Indian Journal of Medical Ethics. [Dr Amar Jesani](#)
10. International Federation of Medical Students' Associations.
[Prabesh Singh](#)
11. ICRC (Red Cross) Mr Tohme, [Mr Faraz Kakar](#)
12. International Confederation of Midwives
13. Marie Stopes International. [Dr Pritha Biswas](#)
14. Medicines sans Frontiers
15. Medicine du Monde. [Claire Dubois](#)
16. Medical Students for Choice. [Audrey Natalia](#)
17. Ministry of Health, Sri Lanka. [Dr Sathya Herath](#)
18. Population Services Lanka. [Nanditha Katugampola](#)
19. Post Abortion Care Forum, Philippines. [Sarah Jane Biton](#)
20. RRAAM. [Dr SP Choong](#)

21. SPRINT initiative of IPPF. [Aditi Ghosh](#)

22. The David and Lucille Packard Foundation. [Yasmeen Qazi](#)

23. University of New South Wales. [Shirley Jayasekara](#)

24. WHO, Sri Lanka Office [Dr Anoma Jayatilake](#)

25. Women's Health Foundation, Indonesia. [Ninuk Widyantoro](#)

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