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International Consortium for Medical Abortion

*Promoting access to medical abortion in the context of safe abortion worldwide...*

Asia Safe Abortion Partnership

Latin American Consortium Against Unsafe Abortion

Eastern European Alliance For Reproductive Choice

African Network for Medical Abortion

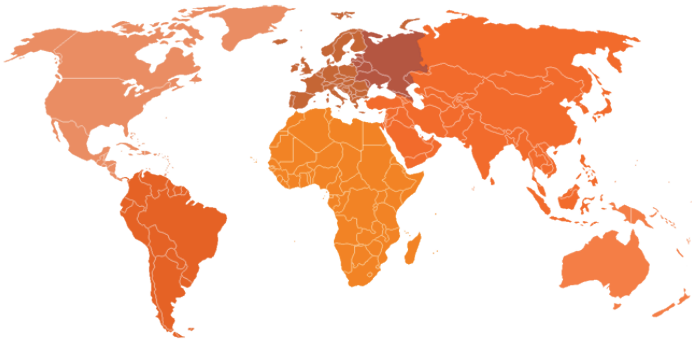
# Second trimester abortion: still a neglected topic

*Reed Boland , Research Associate , Harvard School of Public Health*

Lack of access to safe 2nd trimester abortions poses a serious public health problem to the world's women. It is estimated that 10 to 15 per cent of the over 42 million abortions performed annually take place in the second trimester, over half of which are considered unsafe. They account for two-thirds of all admissions to hospitals due to complications and are a disproportionate contributor to maternal deaths resulting from abortion.

There are a number of important reasons that women wait until the 2nd trimester to have abortions. Often they do not know that they are pregnant. If they do know, they delay in making a decision due to family or partner pressure or conflicted feelings about the pregnancy. When they do decide to have an abortion they may be faced with lack of money, lack of information about where to obtain an abortion, lack of providers, delays in testing and appointments, abortion-associated stigma, or the need to travel far from their home. Further, evidence of fetal abnormalities or threats to health may not be present until after the 1st trimester.

An additional obstacle is the nature of abortion laws in place in the country where a woman lives. Women may not know whether an abortion is legal, and providers themselves are often ignorant of the exact status of the law, making them reluctant to perform an abortion. This is not surprising, given the fact that many laws are confusingly worded, do not set upper time limits for abortions or distinguish 1st trimester abortions from 2nd trimester abortions, date from pre-colonial times (in the case of many developing countries), do not define terms clearly, or do not set forth procedures for obtaining an abortion or mandate access. Moreover, many countries greatly restrict access to abortions performed later in pregnancy.



The associated paper attempts to provide an overview of the legal status of abortion in the 191 countries surveyed. It focuses its analysis around the common indications for abortion: life, physical health, mental health, fetal impairment, rape or incest, social reasons, and on request. Its findings are not encouraging. While nearly all countries, theoretically, allow 2nd trimester abortions to preserve the life of the pregnant woman, one-third, almost all developing countries, permit it only for this reason. Over half allow abortion for physical health reasons, one-quarter specifically for mental health reasons, one-third due to fetal impairment, one-quarter for pregnancy resulting from rape or incest, 20% for social reasons, and 5% on request. The most restrictive laws occur in developing countries.

Most countries also impose procedural restrictions. These include requirements as to the necessary qualification, training, or status of providers, facility limitations, waiting periods, the need for multiple-physician or committee approval, and required consent for minors and sometimes wives. In the case of pregnancy resulting from rape, in some countries a prosecution must have been initiated or the crime reported to the authorities. All of these restrictions can significantly impede access.

The associated paper suggests legal reform that could make 2nd trimester abortions easier to obtain. Short of decriminalizing abortion completely in the 2nd trimester, abortion could be made available on broad physical and mental health grounds, for fetal impairment, and for pregnancy resulting from rape. Best current practices could be incorporated into laws and regulations so as to eliminate unnecessary restrictions as to personnel, facilities, training, approval, and waiting periods. Qualified mid-level providers could be allowed to perform abortions, including medical abortions. Provisions mandating spousal consent and the reporting or investigation of rape cases could be removed. In addition, laws could be reformulated to be clear, precise, and uniform in their requirements. The only concern should be the safety of the woman.

**For more information:**
http://www.medicalabortionconsortium.org/law-policy/

# Advocacy for Abortion Access in Malaysia – Some observation from a senior activist

*Dr Sim-Poey Choong Chair, ASAP*

**Malaysia in the Asian context**
The Malaysian situation clearly doesn't have the urgency that is seen in other countries in Asia in such as India, Nepal, Indonesia or the Philippines where the high mortality and morbidity rates from unsafe abortions provide a dramatic argument for change.

This is seen for example, in our low MMR (<15/100,000) and our low mortality rates for abortion complications (2-5/year).

Malaysia is seen as a very progressive nation with good living standards, health care, and infrastructure; the iconic Petronas Twin Towers stands in the heart of KL, our capital city. Women have free access to education and high career achievements as ministers and CEOs which says a lot for the progress we have made in social development.

Other indicators are however a matter of concern –e.g. the incidence of teen pregnancies remains high, and contraceptive prevalence rate is low. As pointed out by Prof. Low in her article, social changes taking place in Malaysia has made teen pregnancies a very visible problem. This has resulted in the recent media hype over teen pregnancies and baby 'dumping'.

But, like many economically developed countries, as in the USA, the stigma attached to abortion makes it the last 'right' for women to achieve in terms of equality in decision making and control of her own bodies and their sexuality.

**Abortion within the Medical Fraternity**
As a young doctor, I was truly puzzled over the medical profession's irrational attitude to women's sexual and reproductive health issues; evident from their early objections to the pill and IUCD as posing a danger to women 'abusing their freedom'. A similar situation has now arisen over the introduction of medical abortion with mifepristone and misoprostol.

The stigmatization of abortion has made efforts to open up this issue, a long and difficult journey. Trying to bring up the subject for rational discussion, until recently, was virtually impossible, even within medical circles. This is despite the overwhelming evidence that abortion is widely available and practiced here.

Surprisingly, even doctors who provided abortions 'on the quiet' were ignorant of the penal code on abortion, amended in 1989. A survey done by RRAAM in 2008 revealed that only 57% of doctors and nurses knew the law and while a survey of client seeking abortions, more than half thought it was illegal.

A recent experience with a colleague illustrated this point dramatically; an O&G in charge of a local maternity home who performed occasional abortions came to me in great distress; he had dismissed a nurse for misconduct and she had then threatened to 'expose' him. I was surprised he had never bothered to examine the penal code on abortion until I brought it up!

**Situation in the 70's**
In the 70s, the concern for abortion access came not from statistics (there were none) but from grassroots healthcare providers who meet women faced with unwanted pregnancies daily. Those facts were evident in my early years as a family planning volunteer. But somehow most women then found a way out, often by accessing competent abortion providers which presumably accounted for the relatively low complication rates.

**Exploitation by the profession**
At that time, the penal code permitted abortion only 'to save the mother's life' (1971). However, as happens everywhere else, it was available for anyone who could afford it, often at exorbitant fees. While working as a consultant anaesthetist in private hospitals it became obvious to me that fees for abortions were often 'disproportionate' in relation to other similar procedure. (That was my main occupation for the 8 years of my professional life). At that time all abortions were D&Cs performed under a general anaesthetic.

**Sneaking in Abortion Services via MR**
In the 60s, the Karman Cannula had been established as a cheaper safer method for abortion under local anaesthetic, but it remained untapped in Malaysia until in the mid 70s, when the late Prof I. S. Puvan of University Malaya had the vision to see its potential and decided to introduce it as 'menstrual regulation' (called MR) thus by-passing the penal code by performing the procedure in early pregnancy without confirming it with a urine pregnancy test.

Thus in the mid 70s, as a result of his position and influence, MR gained some acceptance as a legal way of providing abortions. It was even practiced at certain government clinics officially for a time. Sadly, it was not taken up in a big way but MRs remained a low key service provided by some private clinics with charges remaining high.

**FFPAM[1] and Abortion services in Penang**
Although the IPPF supported this move and introduced it to the Family Planning Associations of Malaysia (FFPAM), it was never taken up because of the sentiment of the grass roots members. However, on Prof Puvan's advice, I agreed to set up a service in my group GP practice in Penang for the equivalent of US$20/- when the standard charge was then US$100/-.

As it happened, the demand for MR services raised so quickly that within a year my GP services were discontinued to focus on abortions for unintended pregnancies and post abortion contraception. Some government objections to my 'open' concept abortion clinic were expected, but none came. Actually, from the legal records, no doctor in Malaysia had ever been charged for performing an uncomplicated early abortion, even though, under the 1971 penal code, they clearly breached the law.

**Legal Reform and after**
There was a breakthrough in legal reform in 1989, when more abortion complications surfaced through the media, possibly one effect of urbanization and the need for smaller families. The clause added in was in line with the British Penal Code that they had amended in 1957 which is to allow abortion for threat of injury to the 'mental or physical health of the woman'.

Many of us heaved a sigh of relief and I had hoped this was the cue for the family planning associations to take a leading role in providing this service; at that time I was in the executive council of the Federation of FPAs Malaysia, later becoming chairman (1992-6). Despite all my efforts, this never came through; such was the conservative sentiment amongst members at the time.

**New Players in Abortion Advocacy**
**From FIGO, Ipas to RRAAM**
There were few developments in advocacy in Malaysia until the FIGO conference took place in Malaysia in 2006 and the APCRSH/FFPAM conference a year later. Prof Anibal Faundes, a past president of FIGO, made a strong stand on the blight of unsafe abortions and the absolute

*1. Now changed to Federation of Reproductive Health Associations Malaysia (FRHAM)*

need to recognize it as a major factor in women's health, in consonance with her basic human rights. At those conferences, Ipas was promoting their safe abortion initiatives while the Asian-pacific Research and Resource centre for Women (ARROW), through an initiative by Ms Rashidah Abdullah, had put up a side symposium to address unmet needs in Malaysia.

All this together created an opportunity to discuss with Ipas the possibility of a project to address the abortion issue; the coalition was formally started in 2007 drawing members who had been activists working directly or indirectly with the family planning associations. Called the Reproductive Rights Advocacy Alliance Malaysia (RRAAM), it was committed to promoting women's reproductive rights and services (particularly, to contraceptive access for youths and marginalized groups and to safe abortions).

**From ICMA, IPPF to ASAP**

Further developments were initiated in 2008 when International Consortium on Medical Abortion (ICMA) and IPPF (ESEAOR) organized a regional forum on abortion access in Kuala Lumpur. Major players in reproductive health from 15 countries attended including some donor agencies to discuss and share ideas on the situation in Asia.

The members at the meeting concluded that while different countries faced different obstacles in making safe abortion assessable, there were many individual activists and agencies promoting the same cause in each country. However, there was no central coordinating group that could harness the different experiences to help each other. This became the rationale for creating the new coalition. The Asia Safe Abortion Partnership (ASAP) was thus formed to provide an active network of advocates.

For RRAAM, this provided us opportunity to become part of a regional and global movement. The network has obviously benefited members through it regular email forums, organizing workshops in abortion technology, advocacy strategies and values clarification. But apart from this, the realization of being members of an international movement has significant internal and external impacts.

Speaking for RRAAM members, we have broken out of a shell that labeled us as an isolated 'eccentric non-conformist group' and for the general public, RRAAM is now seen as part of an international movement in sync with the efforts of international agencies like IPPF, ICMA, Ipas, Gynuity, etc. and prominent regional players from Vietnam to Nepal. The gratifying response to the joint ASAP/RRAAM seminar on Abortion Access in January 2011 in Kuala Lumpur is, I believe, a testimony to this.

# EEARC ToT Training "Safe Abortion Concept"

*Prof. Irina Savelyeva*
*Chair of EEARC Steering Committee*

The idea of creation and realization of this course is a conceptual one in the plan of activities of the Eastern European Alliance for Reproductive Choice (EEARC). The members of the Alliance believe that dissemination of knowledge and the networking of persons holding the same views and advocating for safe abortion access are crucial components of a common approach to enhancement of women's rights on reproductive choice in the area of reproductive health.

In the preparation of this course the authors strived to create a uniform approach for the provision of quality of care in connection with abortion, which includes effective counseling, training of personnel on the technique of continuous quality improvement, and system of comprehensive care of unwanted pregnancy. The main goal of the proposed activities is the preservation of women reproductive health by reducing the early and late complications and of repeated abortions.

The curriculum and materials of the training have been developed by ascientific group of the Faculty of Obstetrics and Gynecology of the Russian Peoples' Friendship University (Chair - the Hon. Scientist of Russian Federation, Prof. V.E.Radzinsky). During the course preparation, materials of international organizations and NGOs such as WHO, IPAS, ICMA, Gynuity Health Project, etc. - with wide experience in the preparation of educational programs on reproductive health and family planning issues- have been used.

**The training program consisted of 4 modules:**

- Training methodology
- The concept of safe abortion: a comprehensive approach
- Modern techniques for early-term abortion: MVA and medical abortion
- Specificity of counseling and family planning services after abortion

All participants received a package of training materials allowing them not only to actively participate in the training, but also to use them for conducting safe abortion training programs in their own countries. Participants got a CD with all the presentations and additional material covering basically all issues included in the Training Program.

24 representatives from Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Latvia, Moldova, Russia, Uzbekistan and Ukraine participated in the training. They represented leading Universities and medical institutions of their countries. The trainers of the course were Prof. Irina Savelyeva, Prof. Galina Dikke, and ICMA Operations Coordinator, Prof. Rodica Comendant.

One of the important outputs of the training was not only opportunity to get new information regarding medical abortion and other abortion techniques, but also to exchange knowledge, experience and skills for the carrying out of similar educational activities. Very important was the exchange of information on current legislation, good practices of care provision and other practical issues related to the current scenario in all the participant countries. Development of the implementation of strategies of similar programs on the country level became the logical output of this training.

The training took place in a comfortable and hospitable environment. The EEARC Coordination Office and Coordinator Dr. Galina Maystruk were particularly interested to make this event not only useful in terms of the improvement of the participant´s skills, but also informative on the cultural and historical features of Ukraine´s society.

This ToT activity will serve as a fertile ground for the continuation of EEARC´s activities in this direction.

**For more information:**

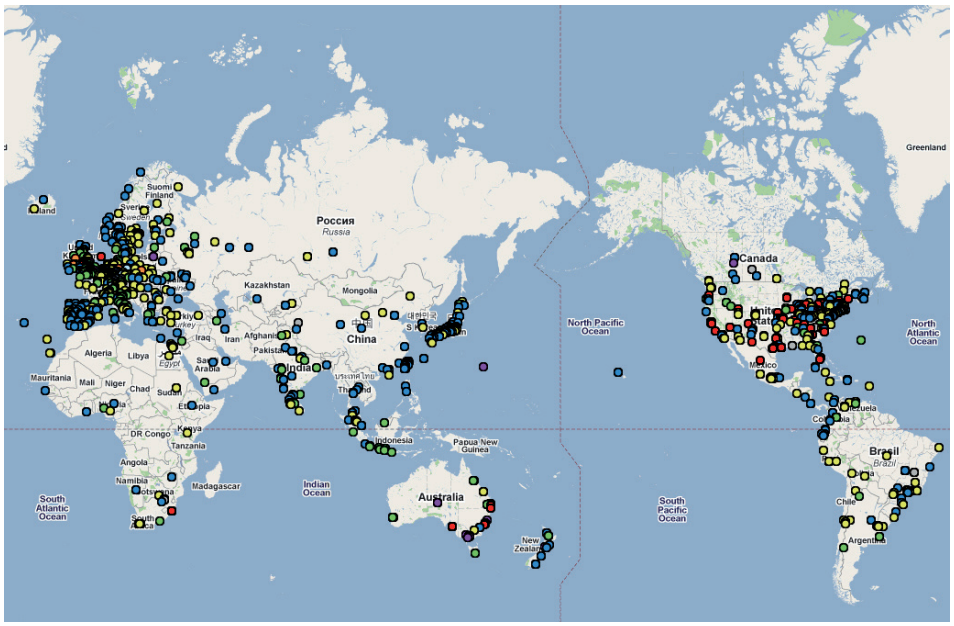
http://www.reprochoice.org/2010-11-23_eearc_tot.aspx (in Russian)

http://www.medicalabortionconsortium.org/news/eearc-tot-training-safe-abortion-concept--1297.html (in English)

# Knowledge about sexual and reproductive rights access and preservation: CLACAI regional strategy

*Raiher, S[1] ; Chávez Alvarado, S[2] ; Romero, M[3]*

From its beginning, in 2004 CLACAI has promoted access to information and to modern and safe technologies within a framework of total respect to sexual and reproductive rights, and a gender and equity perspective f. To that end CLACAI encourages an active exchange among its members, supports local research and advocacy initiatives, and produces publications. In response to the interest generated among the members due to the outreach and socialization of information and free access to knowledge, CLACAI has decided to create a repository on abortion that systematizes and regulates the exchange of studies, technical documents and guidelines produced in the Latin American region. The purpose is to strengthen the incidence in this field with more and better arguments, with proper, relevant and good quality information for different levels of political action and for several audiences.




Graph: Data Repositories in the World – March 2011.

Source: Repository66.org Repository Maps. Available in: http://maps.repository66.org/

**What is a data repository?**

It is a set of storage, management and outreach services of the digital materials available to the members of a certain academic community (Crow, 2002; Lynch, 2003; Chan, 2004). Its feature is not the software associated to its management, but the contents of the data repository, their quality, their constant updating, their security, the easy access to its contents and the range of its outreach. The data repositories are not just a database but they have the additional advantage of generating a documental memory of the knowledge, experiences and products of the daily routine of each institution which remains immutable throughout time. They emerged as a result of international agreements for the creation of a universal system for self-archive and free access to scientific works.

The repository is based on the Open Source DSPACE tool[4] . The Open Source is a term which is related to the movement for free software and its fonts and codes are available so that the users may modify them and thus improve the applications.

Currently there are 1935 data repositories archives registered in the world, its geographical distribution can be seen in http://maps.repository66.org/

**Which is the purpose of the CLACAI Data Repository?**

With the purpose of centralizing the archive, preserving and providing access to the knowledge generated by all the institutions that participate in or adhere to CLACAI, as well as facilitating the access to information often inaccessible in a timely manner, an inter-institutional data repository was started and is available in its web site http://www.clacaidigital.info:8080/xmlui/

CEDES, (Center for the Study of State and Society)- Argentina, is responsible for its set up, maintenance and updating. The structure of the data repository allows the authors to upload their production in a decentralized manner and a specially summoned editorial committee is in charge of supervising and regulating it.

With this initiative CLACAI intends to generate a dynamic tool for storing and consulting, with the ability to gather the regional qualitative production guaranteeing free access. The aim of this initiative is to contribute to the outreach and use of quality evidence to improve advocacy strategies in the region. It is the goal to help health teams, activists, researchers, programs managers and decision makers to have available a thematic resource that promotes advocacy and the making of informed decisions, based on the best available evidence.

**For more information:** http://www.clacaidigital.info:8080/xmlui

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*1. CEDES Documentalist and CLACAI Institutional Repository Project Coordinator (www.cedes.org).*

*2. CLACAI (Latin American Consortium against Unsafe Abortion) Executive Secretary*

*3. ICMA Co-Chair and researcher at CEDES*

*4. DSpace. Available at: http://www.dspace.org/*

# ASAP mass media workshop changes my life

***Phan Bich Thuy, MD, MPH***
*Training & Services Senior Advisor, Concept Foundation in Vietnam*
*Steering Committee Member, Asia Safe Abortion Partnership*

**Adolescents, Abortion and the culture of silence**
Vietnam is one of the countries with the highest number of abortion cases. During the recent years, Vietnam MOH reported about 500.000 abortion cases annually (Health Statistics Yearbook 2003, 2004, 2005 and 2006). This number is about 2.5 times less than the highest number in 1992 but it is probably an under estimate since it does not include the abortion cases provided by the private sector.

Pre-marital sex, pregnancies and abortion are not accepted in the Vietnamese culture, as a result of which the National Family Planning Program only focuses on married couples. Therefore, adolescents and young unmarried people have difficulty in accessing contraceptive information and services. Adolescents and young unmarried men and women have very poor knowledge of reproductive health in general and of pregnancy/abortion specifically.

Vietnam is in the process of social change where young people tend to get married later but become sexually active earlier. The rates of adolescents/young unmarried women seeking abortions from among the total abortion cases vary by studies 15% and 20% - 30%. One important issue is that the adolescents/young unmarried women often access abortion services very late and about 53% of all second trimester abortion cases are belong to this group. Due to the stigma and the taboos in Vietnam culture against pre-marital sex and pregnancies, abortion services are often unfriendly toward adolescents and young unmarried women.

Against this backdrop we find that the mass media often does not support adolescents/young unmarried women who need abortion services. The articles in the press are most often sensationalized and further stigmatizing the issue.

**How it all began**
ASAP has been working with the media in different countries with their country partners. Workshops have been conducted with journalists from the print and electronic media in order to sensitize them to the gender and rights dimensions of sexual and reproductive health issues in general and safe abortion issues in particular. With financial support and guidance from Asia Safe Abortion Partnership (ASAP), Center of Research and Action for Community (REACOM), a local NGO in Vietnam organized a workshop named Protecting Women & Adolescents' Sexual and Reproductive Health Rights - Mass Media Roles. This was held in August 2010, in Hanoi, Vietnam.

10 journalists from different newspapers, radio and television participated in the workshop. During the workshop and the field trip, the participants had the opportunity to put their feet into adolescents' shoes to really understand their needs and expectations. Through the activities in the Youth Club they realized that adolescents in Vietnam have very poor knowledge about SRH and usually feel ashamed to talk about these topics openly. They also were able to appreciate that the consequences of this lack of knowledge and secrecy are unwanted pregnancies, unsafe abortion and sexually transmitted diseases being on the rise among young people.

**What happened next?**
The journalists went back to their jobs with a personal commitment to write some articles about these topics. These pieces referred to unwanted pregnancies among adolescents and its consequences such as domestic violence and abandoned babies. They also addressed sexuality issues such as sex education for new married couples, sexuality issues for older people among others.

I was very much impressed by the dedication of two of the journalists who participated in the workshop and they became my friends. Both have their own blogs on Blog TiengViet - Vietnamese Blog - and they persuaded me to start one as well. I was concerned that it may need more time that I could commit but I began giving comments to their blog articles. I was surprised to find that people were very interested in my comments and really wanted me to have my own blog. One blogger was so enthusiastic that he established a blog for me and gave me my pass word free of charge!

**My own window to new vistas**
In the beginning, I just put on my blog some of my poems and short stories but one journalist encouraged me to write about my work in the area of sexual and reproductive health. So, I started off with an article about the definition of reproductive health and sexual health and then I went to discuss gender issues. The readers were so interested in these new topics that one of my articles on sexuality which was posted on November 10th 2010 had 2013 readers and received 55 comments until today (March 5th , 2011).
Please find herewith the link to this article: http://bichthuyhn.blogtiengviet.net/2010/11/10/a_a_n_a_ng_va_a_a_n_ba_phaobn_iii

Since I received many positive and supportive comments I felt encouraged to address the unsafe abortion problem, a sensitive topic which I hadn't addressed before. On December 28th, 2010 I posted an article on Abortion and Abortion among Adolescents – Problems and Solutions. In this article abortion situation in Vietnam, especially adolescent/unmarried young women's abortion, were reviewed, root causes and consequences were analyzed and solutions for the problems were discussed. There have been 1602 readers and 52 comments on it so far. People have been very interested in this issue. Many of them think that sex education should be an important subject at school and that parents should address this topic with their children while some others are concerned about the fact that parents might not have the appropriate knowledge and skills to talk about these matters with their children.

So, on January 3rd 2011 I posted an article on teaching adolescents about reproductive and sexual health. In this article I shared with the readers my personal experiences on teaching/discussing my daughter about sexual/reproductive health and the positive outcomes of this approach. So far there have been 1447 readers with 27 comments on it.

Since September 10th, 2010 I have posted 10 articles about sexual and reproductive health on my blog. Some bloggers asked for my permission to use this material for discussion on their own blogs. Thanks to my articles on the personal blog many people know me now and I was invited by a local NGO (SHARE) to facilitate pre-married training courses for young people. I also invited by Youth Union of a Hanoi district to help them conducting an Adolescent Reproductive Health communication campaign.

**I join the media!**
I was invited by the national radio named Voice of Vietnam 2 (VOV2) twice for interviews. The first interview was on how parents should deal with their children when they fall in love and become sexual active. In this interview, I discussed about the situation in our country - the negative communication between parents and their children and its bad consequences - and gave advices to parents on how to teach their children life skills and sexual/reproductive health issues. The second interview was about my pre-married training courses with SHARE. In this interview I discussed about the weakness of Vietnamese young people which include the lack of sexual/reproductive health knowledge and skills, gender inequality, and life skills. I also mentioned all the skills that young people need to have for their married lives.

O2 Tivi, a famous Vietnam television channel has now invited me to work together with them for an annual program on sexual and reproductive health and I will be their expert for two topics: adolescent reproductive health and medical abortion.

**The potential for transformation**
I have realized the vast unmet need that exists among people, especially young people, in Vietnam. Even those who can access the internet do not have adequate or accurate information on issues related to their own bodies and health and rights. I spend many hours after work to write articles and reply to all the comments of the readers (you can see the comments in blue and my replies in brown if you see my blog). I am in more or less direct communication with more than 13,000 readers of my blog and I can sense that this is just a drop in the ocean! Through the comments received I understand that my articles and responses are helping the readers to process ideas and facilitate a positive change in their attitudes and behaviors related to sexual and reproductive health issues.

The readers' reactions encourage me to continue my work in this sensitive field with a deep passion. I would like to thank ASAP and its donor for supporting us in Vietnam to organize the Mass Media Workshop which has changed my personal life and in consequence I hope will lead to changes in the lives of people in Vietnam!