

'SAHAILEE' **HOTLINES** **ON** **MISOPROSTOL USE**

A Report

On

Hotline Campaign in Pakistan

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HOTLINES



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‘SAHAILEE’

A HOTLINE ON MISOPROSTOL USE

1. Overview

1.1 Regional Situation

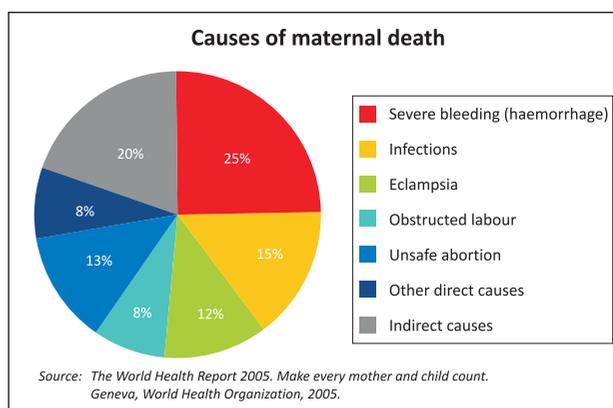
With the largest population of any region, Asia has the highest absolute number of unsafe abortions – about 9.2 million each year. However, the estimated abortion rate is the lowest in the developing world – at 12 per 1,000 women. Nearly **half the world's unsafe abortions** take place in Asia, almost one-third in South Asia alone.¹ About 14 unsafe abortions occur for every 100 live births in Asia. (Excluding East Asia, where safe abortion is widely accessible, and one unsafe abortion occurs for every 5 live births.)²

Abortion-related death represents a small fraction of the abortion related health problems and much larger number of women face complications. Unmarried adolescents and women who are illiterate and those living in rural areas are also likely to face more abortion related complications because they often seek abortions late or use the services of unqualified abortion providers. Deaths and injuries from incomplete abortion are almost wholly preventable through existing means. **Safe abortions are among the safest medical procedures currently performed.**

Unsafe abortion and the resulting morbidity and mortality has reached such epic proportions in Asia that political will and civil society efforts need to be synergized to adequately address this issue.

1.2 Socio-political context:

The liberalization of restrictive abortion laws and the allocation of adequate resources toward providing safe abortion services can help countries save the lives of tens of thousands of women every year. Governments and NGOs in Asia are already taking action to end unsafe abortion. For example, in India, which has long had a liberal abortion law,³ the government has undertaken a series of important initiatives including removing regulatory barriers (so that women can obtain abortion care closer to their homes), registering medical abortion pills and expanding training for healthcare workers in quality of care.



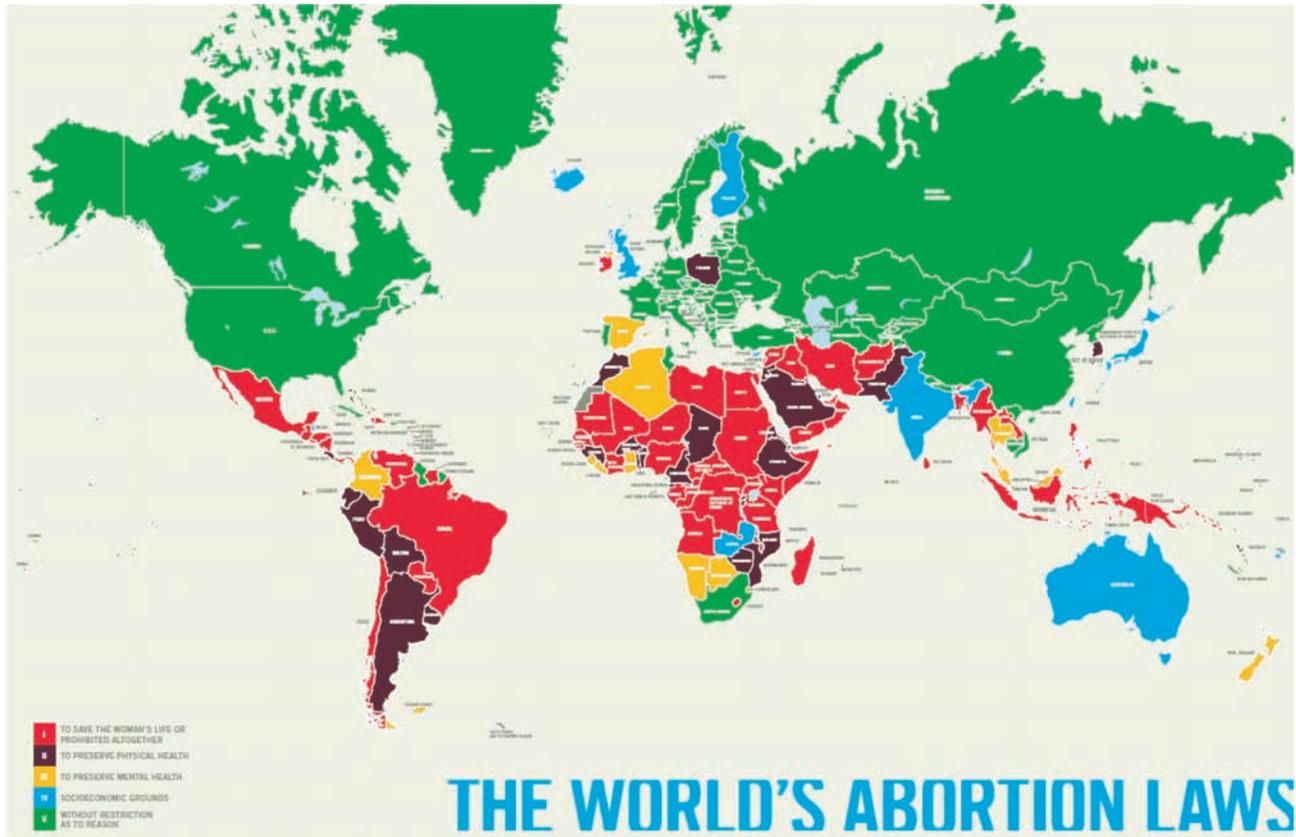
¹ *Population Reports, The Johns Hopkins School of Public Health Volume XXV, Number 1 September, 1997.*

² *Ahman, Elisabeth and Iqbal Shah, 2002. Unsafe abortion: Worldwide estimates for 2000. Reproductive Health Matters 10(19): 13-17.*

³ *The Medical Termination Of Pregnancy Act, 1971. http://bhind.nic.in/Sparsh_MTP-Act-1971.pdf*

Currently, 61% of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason. In contrast, 26% of all people reside in countries where abortion is generally prohibited.⁴

In Nepal, which reports Asia's second-highest maternal mortality rate, lawmakers recently replaced what was one of the world's most restrictive abortion laws with one making early abortion available on request. In Bangladesh, there are efforts going on to include



Medical Abortion into the successful Menstrual Regulation programme. Efforts are being made by activists and women's organizations in Pakistan, Indonesia, Philippines and many other countries to advocate for a greater understanding of safe abortion access being a human right and social justice issue as well as a public health burden.

But to be fully successful, these and similar actions must take place in a regional and international environment that values women's lives.

Asian countries like **India and China are globally the largest producers of the Medical Abortion pills**, yet public health programmes in Asia do not provide this on their drug schedule or programmes. Professionals also sometimes lack the knowledge about how to use them and thus medical abortion is not accessible to the vast majority of women throughout Asia who could benefit from it.

1.3 Current challenges faced:

Increasingly, in Asia as well as the world over, we see religious fundamentalism and political conservatism rearing its head and preventing more liberal laws from being

⁴ *The World's Abortion Law – Fact sheet by Centre for Reproductive Rights accessed at http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_fac_abortionlaws2009_WEB.pdf*

passed. Many countries in this region do not have functioning democracies and it is harder for women's rights and human rights to be ensured. The women's movement has not succeeded in moving this agenda forward in many of the countries in Asia. A greater mass of aware, enlightened and empowered citizens is needed and stronger civil society movements are needed to be catalyzed.

Many of the countries in Asia are signatory to the ICPD Programme of Action⁵ and CEDAW⁶ but government accountability towards implementation is inadequate. In most of the countries in our region, women's issues are not a priority in terms of policy or funding. Even when policies exist or the law exists, the implementation is inadequate due to multiple barriers created, often by health care providers, the public health sector systems or other relevant professionals.

In countries such as China, India and recently Vietnam, the age old son preference issues are being reflected in the practice of sex identification of the fetus antenatally, followed by a termination of the pregnancy if the fetus is a female. The response of the government, in India in particular, has been to restrict access to 2nd trimester abortions. Lack of adequate documentation makes it difficult for advocates to emphasize that most of the women who seek abortions in the 2nd TM are those who are the most vulnerable or those who were unable to access safe services in the first trimester.

Pro- life proponents exist in many guises and have been inadvertently given a credible platform, particularly in India, due to the sex selection issue. Many of the projects funded by domestic and even some bilateral donors have created anti-abortion rhetoric in the name of preventing sex selection.

Till late last year, many NGOs working in safe abortion have been unable to access funds from the USA due to the 'gag rule'. This has seriously affected their work and the absence of adequate financial and human resources for over 8 years will take some time to recover from. Those who were unable to sustain themselves without those funds have had to change their strategic directions and they will also take time to move back into working for safe abortion access.

Medical abortion using a combination of mifepristone and misoprostol, or misoprostol alone has the potential to meet the needs of millions of women for a safe and affordable way to terminate an unwanted pregnancy.

Women in the community have always looked for medicines to terminate an unwanted pregnancy rather than invasive methods. However due to the stigma and secrecy that usually surrounds abortion, there are very few channels through which they can receive technically correct and scientific information considering that many providers are also not aware of the accurate regimens and protocols for the use of Medical Abortion pills.

A large number of women in South Asia are illiterate and semi-literate and hence the written material is not very useful for dissemination of such information. Given the requirement of confidentiality by women seeking abortion the hotlines provide the anonymity they desire with the benefit of an interpersonal contact which written material is unable to give.

⁵ *International Conference of Population and Development. Summary of Programme of Action.*
Link: <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>

⁶ *Division of Advancement of Women. Department of Economics and Social affair. Convention on the Elimination of All Forms of Discrimination against Women* access at <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

2. Pakistan - Background

The deaths, serious health complications and long-term disabilities that result from unsafe abortion procedures place an enormous burden on Pakistan's health care system, as well as on the women themselves, their families and their communities. A national survey of public sector facilities estimated that about **200,000 women were hospitalized for abortion complications in 2002.**⁸ Many other women suffered complications but never reached hospitals.

The current law permits abortion only to save the woman's life or, early in pregnancy, to provide "necessary treatment". Since almost all abortions take place illegally and in secret, information about abortion in Pakistan comes largely from studies of women hospitalized for abortion complications. While the evidence is limited, it is clear that postabortion complications account for a substantial proportion of maternal deaths in Pakistan.



This map is for representation purpose only

A nationwide study estimated that 890,000 induced abortions took place in 2002.^{7,9} This amounts to **29 abortions per 1,000 women of reproductive age.**^{7,8} Of every 100 pregnancies, 14 ended in induced abortion. Abortion rates appear to be substantially higher in the two more rural of Pakistan's four provinces. In North West Frontier Province (NWFP-Khyber Pakhtunkhwa), an estimated 37 abortions took place per 1,000 women aged 15–49, and in Baluchistan the rate was 38 per 1,000.⁷ By comparison, rates were lower in the two more urban provinces – 25 in Punjab and 31 in Sindh – where

contraceptive use is somewhat higher. Since it is almost impossible to obtain reliable data on induced abortion through direct interviews with women, these rate estimates derive from an established indirect method that uses health facility data on women treated for postabortion complications and experts' estimates of the likelihood of hospitalization after abortion.

Given the stigma and illegality of abortion in Pakistan, women themselves are very reluctant to admit to having had induced abortions. More recently, a qualitative 2006 study of a village in Rawalpindi district found that **20% of pregnancies resulted in abortions or "attempted abortions."**¹⁰

⁷ Guttmacher Institute . *Abortion in Pakistan In Brief. 2009 Series, No. 2.*

⁸ Sathar ZA, Singh S and Fikree FF, *Estimating the incidence of abortion in Pakistan, Studies in Family Planning, 2007, 38(1):11–22.*

⁹ Population Council, *Unwanted Pregnancy and Post-Abortion Complications in Pakistan: Findings From a National Study, Islamabad, Pakistan: Population Council, 2004.*

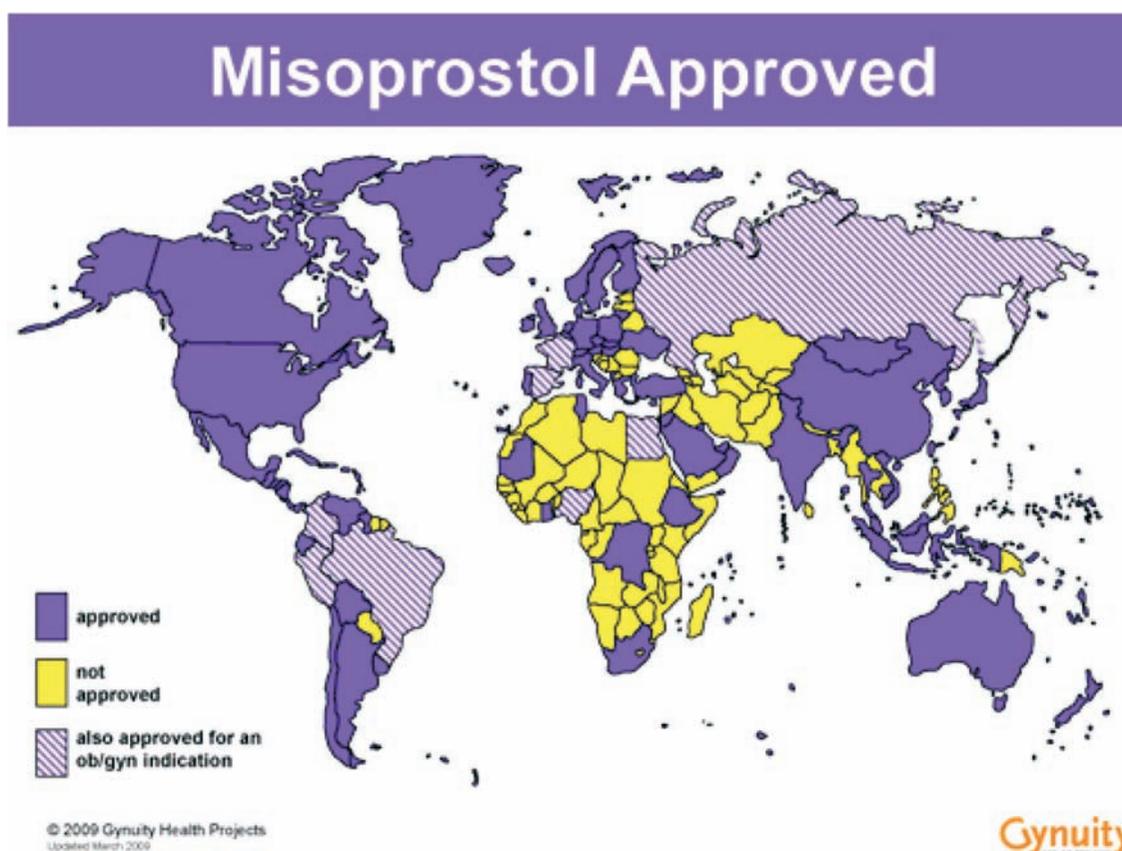
¹⁰ Arif S and Kamran I, *Exploring the Choices of Contraception and Abortion among Married Couples in Tret, Rural Punjab, Pakistan, Islamabad, Pakistan: Population Council, 2007.*

The latest Demographic and Health Survey (DHS) in Pakistan, conducted in 2006–2007, found that **24% of births were unplanned**.¹¹ While the level of induced abortion may not be known with precision, it is clear that the procedure is common in all regions, despite its illegality, and that it is a response to the high level of unintended pregnancies.

Most births take place at home under untrained supervision. Hence it is not very surprising to see a high maternal mortality ratio (MMR) of 297 deaths for every 100,000 live births. **The lifetime risk of dying from complications related to childbirth translates to one in 89.** In absolute number this amounts to 10,400 maternal deaths every year. Moreover, there is a huge imbalance in these figures. In Baluchistan, for instance, the maternal mortality is 785 deaths per 100,000 live births which is nearly triple the national rate. It should be noted here that in rural Pakistan, maternal mortality is nearly twice than that in cities. Heavy bleeding after giving birth (PPH, postpartum hemorrhage) is the main cause of maternal deaths. The sad reality is that 80 per cent of maternal deaths are preventable.¹⁰

Maternal mortality caused by post partum hemorrhage and unsafe abortion can be prevented if women themselves have information and access to a medicine called **misoprostol**. Misoprostol **has been on the List of Essential Medicines¹² of the WHO since 2005**. Misoprostol is cheap, widely available, heat resistant, and can be kept for years at room temperature.

As indicated on the map below, misoprostol is currently registered in nearly 100 countries worldwide.



¹¹ National Institute of Population Studies (NIPS) and Macro International, *Pakistan Demographic and Health Survey 2006–07*, Islamabad, Pakistan: NIPS, 2008. Accessed at http://www.measuredhs.com/pubs/pub_details.cfm?ID=783&srchTp=advanced and <http://www.measuredhs.com/pubs/pdf/FR200/FR200.pdf>

¹² WHO - List of Essential Medicines. Accessed at http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf

Due to its use as an abortifacient, some governments have attempted to restrict access to and use of misoprostol. Thus, the availability and cost of misoprostol may vary widely, even in countries that have approved misoprostol for one or more indications. Misoprostol may be available in countries in which it has not been formally "approved," typically through the black market or from retail pharmacists. The misoprostol available through unregulated markets may be of variable quality and cost.¹³

2.1 Abortion Law in Pakistan

Until 1990, abortion in Pakistan was regulated by the century-old provisions of the Penal Code of 1860 which had been developed by the British colonial government. Under this Code, abortion was a crime unless performed in good faith in order to save the pregnant woman's life. Article 312 of the Penal Code provided that any person performing an illegal abortion was subject to imprisonment for three years and/or a fine; if the woman was "quick with child", the penalty was imprisonment for up to seven years and payment of a fine. The same penalty applied to a woman who caused herself to miscarry.¹⁴

Following a 1989 decision of the Pakistani Supreme Court (which held that part of the Penal Code of 1860 dealing with offences against the human body was invalid because it was repugnant to the injunctions of Islam), Pakistan, revised its law in this area, reformulating a number of its provisions to conform to the principles of Islamic law. The revised law came into effect provisionally in 1990 and became permanent law in 1997.

Under the new law, **abortion offences are divided into two categories depending on the stage of pregnancy during which the abortion is performed. Abortions carried out before the unborn child's organs have been formed are prohibited except when performed in good faith for the purpose of saving the life of the woman or providing necessary treatment.** The punishment is the imposition of the penalty for a ta'zir crime – that is penalties other than the traditional Islamic penalties of retaliation and compensation – in this case, imprisonment of the providers for up to three years if the woman consented and up to ten years if she did not. **Abortions carried out after some of the unborn child's organs or limbs have formed are prohibited except for the first of the above reasons.** The penalty is, in general, the imposition of diyah, or compensation to the heirs of the victim by the offender. If the child is born dead, the amount of diyah is one twentieth of that for a full person; if the child is born alive but dies as a result of an act of the offender, a full diyah is payable; if the child is born alive, but dies for any other reason, ta'zir shall be imposed consisting of up to seven years' imprisonment. Under Islamic law, organs and limbs are usually deemed to be formed in a foetus by the fourth month of pregnancy.

In 1990 the Pakistan Penal Code of 1860 and the Criminal Procedure Code of 1898 was amended. The purpose of the amendment was to bring the law into conformity with the injunctions of Islam, as laid down in the Holy Quran and Sunnah. Since 1997, as a result of **amendment of the Penal Code**, abortion is allowed in the early stages of pregnancy not only to save the life of the woman, but also for providing necessary treatment. This has widened legal permission for carrying out the abortion in the early stages of pregnancy. Public and Private Organizations have different interpretations. No qualified medical practitioner has ever been prosecuted for an uncomplicated termination of pregnancy.¹³

¹³ *Medical Abortion: Facts and information for health care professional. IBIS Reproductive Health. Accessed at <http://www.medicationsabortion.com/misoprostol/index.html>*

¹⁴ *Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.*

2.2 Situational Analysis of Access to Safe Abortion in Pakistan

In Pakistan, the tehsil/ district headquarter hospitals (secondary health care facilities) only exist in tehsil/ town and in city district jurisdiction. People living in rural and remote areas mainly depend on primary health care facilities, like Basic Health Unit, Dispensary and Lady Health Workers, provided by the public sector. However, due to absentees and large number of non-functional primary health care facilities, the poor tend to consult doctors in the private sector. Even in case of emergency, transport cost is the main hurdle for the poor to access the secondary and tertiary health facilities. Moreover, the patient himself/herself or the accompanying family head/member has to bear the opportunity cost due to travel and waiting time. All these above mentioned factors contribute to high expenditures in the General Hospitals and Clinics.¹⁵

The high income groups in major cities or in urban areas have access to hospitals and tertiary specialized medical institutions. However, due to the low quality of service delivery and medical facilities in the public hospitals they normally prefer to consult and/or to get treatment from private hospitals and clinics.

The providers of abortion services are both private & public. They are general practitioners providing abortions in their clinics and Gynecologists providing the service in Maternity homes. The procedures (surgical and medical abortion) are often clandestine, with little records kept. Charges are variable and often exploitative. It is completely unregulated and no statistics are available.¹⁵

Although the legal status of induced abortion is not the only factor influencing the women's ability to access abortion services, it remains a key determinant. **Where access to abortion is restricted by law, medically trained practitioners are usually less willing to provide the service, the cost of services in private facilities is high and services are rarely available in public hospitals, which are often the only source of safe medical care for low income families.** Since, in such countries, training in abortion procedures is not routinely provided to the physicians, out-dated medical procedure may be used to provide the services. Fear of prosecution may even affect the physician's treatment of women with complications arising from abortion.¹⁶

Though the **Penal Code of Pakistan** makes provision for abortion if the life of the mother is endangered, the fact that no data is available concerning legally induced therapeutic abortion indicates restrictive interpretation of the law by the medical profession. There is considerable difference of opinion regarding medical indication for termination of pregnancy among practicing gynecologists in Pakistan. (Please refer to page 21)

In a survey¹⁷ conducted of health care providers to study the attitudes towards induced abortion, their awareness of abortion laws of the country and views regarding the existing laws, it was seen that the majority of health care providers (67.3%) had an unfavorable attitude. Among those 37.7% who wanted the present abortion law to be amended, 80.9% wanted the law to be made more restrictive. Some of them suggested registering

¹⁵ Akram M and Khan F J (2007) *Health Care Services and Government Spending in Pakistan*. Pakistan Institute of Development Economics, Islamabad Working Papers 2007:32, 21-22

¹⁶ Rahman A, Katzive L, Henshaw SK. A global review of laws on induced abortion, 1985 - 1997. *Int Fam Plann Perspect* 1998; 24:56-64.

¹⁷ N. Rehan. Attitudes of Health Care Providers to Induced Abortion in Pakistan. *JPMA (Journal of Pakistan Medical Association)* Vol. 53. No.7, July 2003 Link : http://www.jpma.org.pk/full_article_text.php?article_id=224

a criminal case against those who perform an abortion. This attitude of health care providers may prove to be a major stumbling block to the development of better abortion related services in order to reduce maternal mortality and morbidity.

The patients seeking an abortion are often treated in an unprofessional manner, when there is a conflict between the values of the patient and those of health care providers.¹⁸ Many studies have documented a similar phenomenon.^{19,20} These studies reveal that women are unwilling to seek care from facilities that make them feel uncomfortable or where they have been treated badly.

Another important factor affecting the physicians' attitudes to abortion is religion. Studies from both developed countries¹⁷⁻¹⁹ as well as from developing countries^{21,22} confirm this finding. The physicians who had a more religious outlook were less likely to approve of abortion. In Pakistan, 86% of the population is Sunni Muslim. Gursoy²³ has summarized the Islamic point of view on abortion. According to him, while in medieval Islam, contraception enjoyed widespread tolerance, positions on abortion were not consistently clear. Though there was no simple single religious position on abortion, historically it was largely tolerated. The debate hinged on the fundamental religious and legal question concerning the point at which the fetus could be considered a human being.

Among Sunni Muslims, there are four schools of thought (Fiqah) with somewhat differing approaches towards abortion. In Pakistan, the majority of the Muslims follow Hanafi school of thought. **The Hanafi jurists have permitted abortion until the end of the fourth month of pregnancy. It is significant that the Hanafis granted the pregnant women the right to abort even without her husband's consent but suggested that she could not do so without reason.** However, in spite of this liberal view of jurists, abortion in Pakistan is still considered a sinful act. This may be the reason that majority of the physicians have an unfavorable attitude to abortion.

In spite of restrictive legal status of abortion, a large number of abortions are conducted in the country. **The majority of induced abortions (91.5%) in Pakistan take place among married women.**²⁴ The morbidity or mortality associated with abortions, has great consequences and economic and social impact. It causes financial loss in systems particularly in developing countries with already overburdened public health systems. Although extremely difficult to calculate, costs include lost productivity, the personnel and equipment to treat women who suffer complications of unsafe abortions, social stigmatization, and thousands of children left motherless every year.²⁵

¹⁸ Lazarus ES. Politicizing abortion: personal morality and professional responsibility of residents training in the United States. *Soc Sci Med* 1997; 44:1417-25.

¹⁹ Caldwell B, Khuda B, Ahmed S, et al. Pregnancy termination in a rural subdistrict of Bangladesh: a micostudy. *Int Fam Plann Perspect* 1999;25:34-7.

²⁰ Shivo S, Hemminki E, Kosunen E, et al. Quality of care in abortion services in Finland. *Acta Obstet Gynecol Scand* 1998;77:210-17.

²¹ Gonzalez DAD. The Physician and abortion. *Salud Publica Mex* 1995;37:248-55.

²² Casanueva E, Lisker R, Carneva A, et al. Attitudes of Mexican physicians towards induced abortion. *Int J Gynaecol Obstet* 1997;56:47-52.

²³ Gursoy A. Abortion in Turkey: a matter of state, family or individual decision. *Soc Sci Med* 1996; 42:53-42.

²⁴ Gonzalez DAD. The Physician and abortion. *Salud Publica Mex* 1995;37:248-55.

²⁵ Sinkler p. Global Safe abortion. *The Impact of unsafe abortion*. Link accessed on 6.4.11 http://www.globalsafeabortion.org/search/essays/the_impact_of_unsafe_abortion

3. Hotlines on misoprostol in countries with restrictive laws

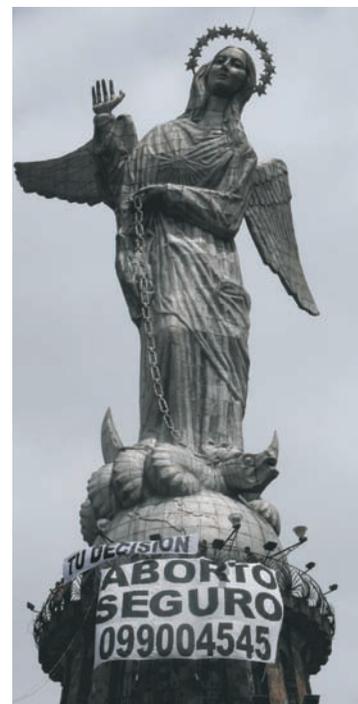
Contributed by *Kinga Jelinska*, Project Manager, *Women on Web*

Since 2008 Women on Waves (<http://www.womenonwaves.org/>) and Women on Web (WoW) (www.womenonweb.org) have been supporting local groups in creating hotlines that provide information on how to do a safe abortion and how to safely self-administer misoprostol. Those hotlines run in countries where access to safe abortion services is restricted. Since 2008 local groups in Ecuador, Chile, Argentina and Peru have launched the hotlines. In 2010 WoW together with a regional ICMA (<http://www.medicalabortionconsortium.org/>) affiliate, the Asia Safe Abortion Partnership (ASAP) (<http://www.asap-asia.org/>), worked with local groups in Pakistan. In 2011, WoW, ASAP and local groups established a hotline on misoprostol in Indonesia.

Women on Web and Waves have been running a multilingual email helpdesk for several years. In 2010 alone WoW sent **70,000 emails** to women from all around the world, advising them on how to do a medical abortion, particularly in contexts where abortion is legally restricted. Through the Women on Web website, women that need the medicines can get both mifepristone and misoprostol sent to them discretely in a courier package.

To bridge the digital divide and complement the online work, WoW has worked with partners and international networks on the ground using **different strategies**, like mobile phones, SMS, and word of mouth campaigns, with the goal of building awareness about misoprostol, a medicine often available locally.

The campaigns usually involve non-medical professionals. Safe abortion traditionally belongs in the spectrum of knowledge and expertise of medical professionals. Abortion with pills brings a new paradigm; the process is very similar to a spontaneous miscarriage, it is an easy procedure that can be safely done by women themselves if they have reliable instructions. Through the hotlines these spread also outside the routine channels of doctors and mid-level health professionals and gets directly into women’s hands. Some of the groups that launched the hotlines in Latin America and Asia were youth feminist groups, fighting for women’s autonomy, but not necessarily working exclusively on reproductive health issues. Other partners were LGBT groups. In Latin America the groups created a regional network and it is hoped that in 2011 the activists will be able to meet on the global level with support of the ICMA.



Launch of the number in Ecuador



Argentina – manual

Misoprostol, for many women, is the safest and certainly the cheapest option available locally. Moreover, an abortion with pills is indistinguishable from a spontaneous miscarriage, so there is no risk of prosecution if the woman has to go to the doctor, if she does not mention the pills herself. This is a crucial piece of information given to the callers. The hotlines, as well as Women on Web's online help service, use the harm reduction model with the aim of diminishing the mortality from unsafe abortion. From the public health perspective awareness about available options (like misoprostol) is beneficial and lifesaving for women.

In essence, **the right to information** has always served as the legal rationale of the hotline projects. The right to information and the **right to enjoy the benefits of scientific progress** are guaranteed not only by human rights treaties ratified by governments but most often also protected by national constitutions. The information provided by the hotlines is based on the official W.H.O. protocol.²⁶

The manifesto of the misoprostol hotlines is straightforward and optimistic. They document the barriers to access, but at the same time the solutions and empowerment of resourceful women that found a safe option and benefitted from it. Some of the groups use very creative way of disseminating the information – they create graffiti in the cities in Latin America, they use online networks like facebook to pass on the message in Pakistan, they campaign at pop festivals or stamp money with



Money Stamping- Dissemination Campaign

The hotlines are determined to get the word out there.

Hotline in Argentina: 011 156 664 7070

Hotline in Chile: 08-8918590

Hotline in Ecuador: (593) 098301317

Hotline in Peru: 01-945411951

Hotline in Pakistan:
0307 - 494 07 07 - (Urdu, Punjabi)

0315 - 917 04 08 - (Urdu, Pastho)

0315 - 947 33 99 - (Urdu, Sindhi)

For more information:
info@womenonweb.org

²⁶ Von Hertzen H, ea WHO Research Group; Efficacy of two intervals and two routes of administration of misoprostol for termination of early pregnancy: a randomized controlled equivalence trial, *Lancet*. 2007 Jun 9;369(9577):1938-46.)

the hotline numbers in Ecuador. The Lesbians and Feminists for the Depenalization of Abortion in Argentina published a book that gathers everything you want to know about abortion with pills. It was distributed with a local newspaper.

The hotlines operate with the principle to "trust women". Women are perfectly capable of taking responsible decisions about their health and are empowered by the lifesaving information provided by the hotlines.

Sticker sample of Pakistan Hotline

Legal Analysis of the Hotline:

The Pakistani constitution protects the freedom of information under article 19. Furthermore, Pakistan is signatory to international covenants on human rights: Article 19 of Universal Declaration of Human Rights protects freedom of expression and the International Covenant on Economic, Social and Cultural Rights protects the right to health.

The hotline gives information to women with early pregnancies, hence only article 338 A applies meaning that miscarriage is legal when it can be considered necessary treatment to her. The woman using misoprostol can be liable to criminal charges under this article if a court does not consider it a necessary treatment. However, if she claims she did it to save her honour she should be acquitted (388 E).

The Hotlines only provide scientific information on misoprostol based on objective international research and supported by international agencies. The person answering the hotline does not instigate the woman to do an abortion, the hotline only provides scientific information.

Post abortion care is legal everywhere. In the rare case of complication a woman can present herself to the health facility and even claim that she has had a spontaneous miscarriage. The symptoms and possible treatments are exactly the same.

4. "SAHAILEE"

ASAP facilitated the launch of a Hotline on Misoprostol in Pakistan, called "SAHAILEE" (*Urdu meaning - a female friend*). This was done by three local partners - Aware Girls, Peace Foundation and Wake-up Call International in collaboration with Women on Waves and Women on Web (WoW). This was funded by Mama Cash.

This community helpline gives information about how misoprostol can induce a safe abortion, or prevent dangerous haemorrhaging after giving birth. This is the only hotline of its kind in Asia, following the launching of successful hotlines in Latin America. This hotline puts life-saving information directly into the hands of the women who need it.

4.1 Objectives of this Campaign

1. To increase access to reproductive health information through an affordable, anonymous channel which can maintain confidentiality of the women and can benefit even the illiterate women.
2. To reduce unsafe abortions by giving the women appropriate information on medical abortion and information on safe referral centers/ doctors.
3. To reduce stigma related to abortion by increasing awareness and information.

4.2 Project planning and implementation

During the IWAC conference in January, 2010 in Bangkok, ASAP discussed the proposal with Women and Waves and Women on Web (WoW) and the local partners, and agreed to proceed with the project.

WoW provided the education material for activities, misoprostol manual for community training, Hotline training and launch manual for recruitment and promotional stickers. The training material and the stickers were translated into Urdu. WoW and ASAP prepared detailed budget formats for the partner organizations in Pakistan to facilitate clear bookkeeping. ASAP prepared the evaluation forms and the monthly charts for documentation of calls. This is the first time that data was being collected on such a campaign. Three sim cards were purchased with three numbers. The local groups made a providers' directory to refer to in case of complications. These numbers were provided to the women when needed.

A legal analysis was done before the training and launch. This analysis was done to understand the legal implication of the telephone hotline to give scientific information about the use of misoprostol for safe abortion and safe birth in Pakistan. (For details please see box on the earlier page no. 11).

4.3 Training

33 participants attended the community training on misoprostol on 22nd and 23rd June 2010 in Lahore. Among the participants there were women's rights activists, youth leaders, women's health counselors, doctors.



Aware Girls selected their participants from different rural women's and community organizations in the region around Peshawar. Peace Foundation mainly works with family members and with rural/less educated women. Wake Up Call International had invited a doctor, a lawyer, a journalist and other community workers. The hotline counselors were selected from these 3 groups.

All the communication during the training was translated into Urdu, although some of the participants could communicate in English. The workshop was aimed at training local non-medical leaders in knowledge about misoprostol that can be further spread to women in their respective communities. It started with a brief overview of reproductive health issues – a necessary base for the misoprostol training. This overview included pregnancy, menstruation, female external and internal reproductive organs, contraception, and emergency contraception. The training in prevention of post partum hemorrhage was also completed on day 1.

They were all very outspoken, motivated and sympathetic.



WoW team was represented by Kinga Jelinska (main non-medical trainer in misoprostol), Dr Gunilla Kleiverda (Gynaecologist, co-trainer) and Dr. Rebeca Gomperts (mobilization campaigns, press outreach).

On the second day, the ideas of outreach to communities were discussed. The participants planned to organize further trainings, use stickers, start word of mouth campaigns, organize radio shows, send bulk sms (text messages) to people in their region. They also planned to train professionals in the hospital, Trained Birth Attendants (TBAs) and midwives, to incorporate misoprostol knowledge as part of other trainings organized by the groups. This day we dealt with the topic of "Abortion with only Misoprostol".



A pre- and post-test was conducted on the knowledge of participants on pregnancy, unwanted pregnancy, unprotected sex, rape, risk of PPH, and use of misoprostol. The results were:

In the post training test:

72% of participants answered correctly to more than 75% of questions

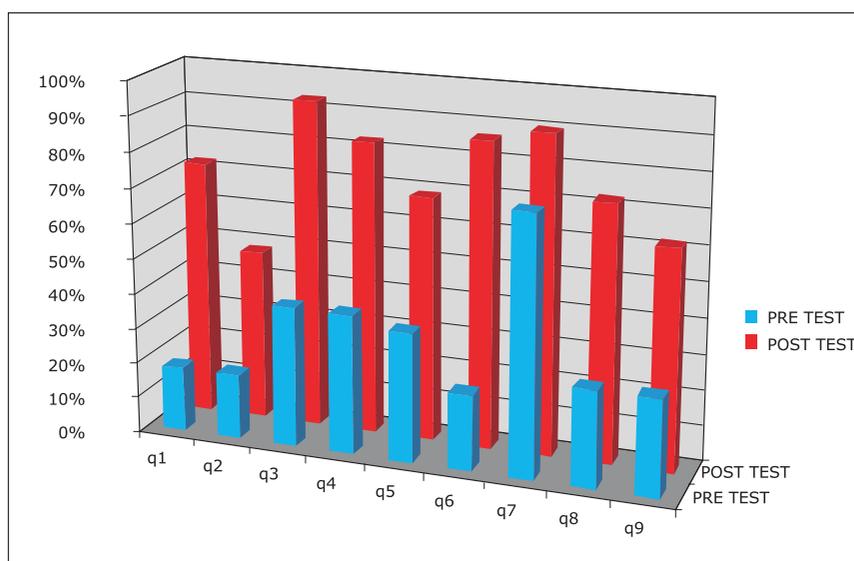
69% of participants answered correctly to more than 75-90% of questions

21% of participants answered correctly to 100% of questions

The greatest increase of knowledge was noticed in questions directly related to abortion, and heavy bleeding prevention with misoprostol.

Except for the coordinators who were previously trained, none of the participants had ever heard about abortion pills or misoprostol before the training. Most of the participants knew women who have had unsafe abortions.

Representation of Pre and Post test





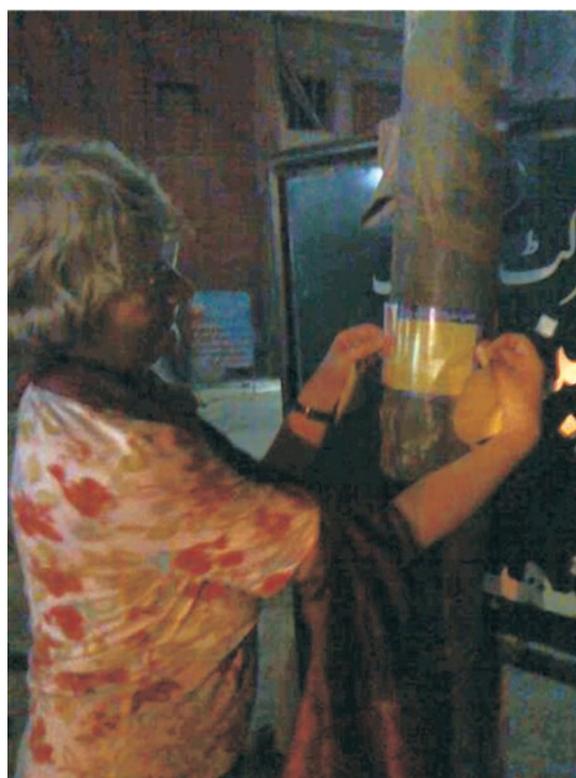
Community training participants received a certificate from WoW at the end of the training.

On 24th and 25th of June, hotline counselors, coordinators and press officers were trained for the hotline (11 participants in total). The counselors practiced the answers to the most frequently asked questions in order to acquire in-depth knowledge about misoprostol. They engaged in many role play exercises over the two day training.

3000 stickers were printed and distributed to the groups (1000 with each number) for further dissemination of Hotline numbers. The sticker gives information in Urdu, on the use of misoprostol with its dosage for safe abortion and PPH.

Both community training and hotline training were very interactive and included many role-play exercises (how to deliver information to women for PPH, how to give information on safe abortion, how to reach out to illiterate women, how to advocate in pharmacies and drugstores for misoprostol etc). Several Q&A sessions took place during the training, consisting of questions from participants to trainers, but also the trainers posed questions to individual participants and the whole group.

The legal framework of delivery of information was discussed with all the trainees and more in-depth with the hotline counselors. Through various role play exercises the participants were trained in neutral, objective language to deliver information.



Dr. Gunilla Pasting a sticker in the streets of Lahore

The press officers were also trained on how to speak to the media by Dr Gomperts. The coordinators discussed the outreach as well as necessary standards and requirements for reporting and accountancy.

The three partner organizations tried to purchase misoprostol without prescription in their respective areas before the training.

In Lahore both Arthrotec and Cytopan (250 PKR (USD 3) per package of 20 pills) was purchased in the pharmacy. The pharmacy offered 3 different brand products of misoprostol (Arthrotec, Cytopan and Cytotec) and there was no requirement for prescription. However, one of our partner organizations was refused Cytopan by few pharmacist. They were told that the drug is used for miscarriages and is only available at hospitals. We found out later that Tab Arthrotec contained Diclofenac along with misoprotol, and so was withdrawn from the prescription list offered by the Hotlines.

Aware Girls and Women on Web also visited an organization in Lahore which works for sex workers rights movement, to share the information about misoprostol. They showed a keen interest in the campaign and took many stickers with the instructions.

4.4 Launch of the Hotlines:

The launch was carried out the day after the training by the coalition of the local groups – Aware Girls from Khyber Pukhtoonkhwa, Peace Foundation from Sindh and Wake up Call International from Lahore. A press conference announcing the launch of the hotlines took place in Lahore the day after the training and was attended by about 25 Pakistani journalists. Khalid Qureshi represented the Wake Up Call, Gulalai Ismail from Aware Girls, Aslam Panhwar from Peace Foundation, Kinga Jelinska and Dr Gunilla Kleiverda represented WoW. Each press panelist gave a short statement. Local partners answered the questions of the journalists.

Following that, a press release about the campaign was put out in various news papers and on the web.

Press Release:

A new hotline has been launched in Pakistan that gives information about how women can use the medication misoprostol to have a safe abortion, or to prevent dangerous hemorrhaging after giving birth.

Every year 30.000 women die from pregnancy related causes in Pakistan. The use of misoprostol by women themselves after giving birth or for induction of safe abortion can save the lives of 10.000 women in Pakistan every year. Misoprostol is available in Pakistan under the brand names Arthrotec, Cytotec, Cytopan, and ST Mom®.

Women needing information in Pakistan/ hotline numbers:

0307 - 494 07 07 - (Urdu, Punjabi)

0315 - 917 04 08 - (Urdu, Pastho, Hindi)

0315 - 947 33 99 - (Urdu, Sindhi)

The hotline is supported by Asia Safe Abortion Partnership, Women on Waves and Women on Web. This is the only hotline of its kind in Asia, following the launching of successful hotlines in Latin America. This hotline will put life-saving information directly into the hands of the women who need it.

Misoprostol can easily be used by women themselves without supervision of health professionals for prevention of postpartum hemorrhage. Immediately after giving birth women should put 3 tablets of 200 mcg misoprostol under their tongue (after making sure there is not another baby inside the womb) to reduce the risk of PPH by 60%. Women can also safely and effectively use misoprostol at home by themselves to induce a miscarriage (3 doses of 4 tablets of 200 mcg under the tongue every 3 hours).

This is very safe and 85-90% effective if taken during the first 9 weeks of pregnancy. It is far safer than the unsafe surgical or traditional methods that women will use when desperately trying to end an unwanted pregnancy and has the same health impact as a spontaneous miscarriage. Usually a miscarriage is handled by women themselves without additional medical supervision. Women who do need further medical attention can easily be treated by any doctor. Follow-up treatment for miscarriage and even post abortion care is legal everywhere. Making information about the most effective regimens of misoprostol for prevention of post partum hemorrhage and for inducing miscarriage easily available to women themselves can save women's lives.

The campaign is being implemented from 1st July, 2010 and is still running successfully. Data on each caller has been documented since the beginning while maintaining the confidentiality of the callers. (More details in the analysis section page 33).

4.5 Media Coverage in Pakistan

Soon after the launch of the hotline there was some opposition and groups in Pakistan condemned the initiative but as the time passed everything subsided and the Hotlines started getting regular calls.



Journalist Press Conference, Lahore



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Abortion hotline in Pakistan faces violent opposition

Islamic groups and politicians condemn the hotline as 'colonial' and warn organisers they risk reprisals

By Rachel Shields

Sunday, 27 June 2010

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An abortion hotline which has been set up in Pakistan is facing violent opposition. Islamic groups and political parties have condemned the hotline, which was launched yesterday, as "anti-Islamic" and "colonial", even though it will save the lives of thousands of women who die each year in backstreet abortion clinics. They have warned the organisers that they are at risk of reprisals.



Pakistani women at an Islamabad rally last year

The hotline, set up by a collection of women's groups in Pakistan and the Dutch pro-choice group Women on Waves, advises women how to use a drug to induce miscarriage safely and aims to reduce the estimated 890,000 unsafe illegal abortions performed in Pakistan every year.

"There will be very strong opposition," said Ahsan Iqbal, of the Pakistan Muslim League. "This could create misuse. It cannot be done as free choice under our law and our religion."

Access to abortion in Pakistan is very limited. Forbidden under Islamic law unless the mother's life is in danger, terminating a pregnancy carries a massive social stigma in the country, which is 97 per cent Muslim. As a result, a flourishing trade in backstreet abortion clinics has developed.

Figures from the Population Council of Pakistan show that the country has one of the highest rates of maternal mortality in the world, with 320 women dying for every 100,000 live births - compared to 13 per 100,000 in the UK. The Guttmacher Institute, which researches sexual and reproductive health, estimates that as many as one in six deaths are a result of illegal abortions.

"We want to save women's lives," said Gulalai Ismail, founder of the Pakistani women's group Aware Girls, which is helping to set up the hotline. "We are empowering women, and trying to give them information to help them take control of their bodies. Any groups which try to help women will have problems with extremist and fundamentalist groups. Ninety-nine per cent of clerics will oppose this."

As well as the hotline, trained Pakistani staff will offer abortion information in communities in rural Pakistan, particularly in the tribal areas of the North-West Frontier Province, where opposition is expected to be fiercest.

Massoud Shadjareh, chairman of the Islamic Human Rights Commission, warned the organisers that they risked reprisals. "To go against the majority like this might be seen sympathetically in the West, but it will be counterproductive and will create huge problems. At best, they are misguided, at worst they are trying to provoke," he said. "It is part of the colonial idea that the West's way is the best, and that is not the case."

Women on Waves, created in 1999 by the Dutch physician Rebecca Gomperts, operates a controversial "abortion boat", which offers free terminations in international waters around countries where abortion is illegal or difficult to obtain. In 2004, the ship was prevented from entering Portuguese waters after the government blocked its way with a warship; on another occasion, a flotilla of anti-abortion campaigners surrounded the vessel when it docked in the Spanish port of Valencia, and hundreds of protesters lined the streets. However, there are no plans for it to moor off the coast of Pakistan.

"While the debate continues on whether terminating a pregnancy is allowed or not, and under what conditions, thousands of women are dying as a result of unsafe backstreet abortions," said Shaista Gohir, executive director of Muslim Women's Network. "The Pakistani government is failing in its duty to provide adequate family planning services," she said.

A 2002 survey found that most women seeking abortions were married, aged in their thirties and already had four children. Globally, an estimated 20 million women have illegal abortions every year, around 68,000 of whom die as a result.

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4.6 Dissemination of the Hotline

After the launch of the Hotline, the local partners returned to their provinces and began the campaign. They used various dissemination strategies to advertise the campaign. They disseminated the information on Hotline through press releases, distributing stickers and giving interviews along with lady health workers, doctors, callers, and counselor (after the training and launch of the hotline).

Stickers pasting (In streets & clinics) was done by each group during the training and also after that. During the training, Women on Waves and Aware Girls activists pasted stickers with information about misoprostol on lamp-posts, garbage bins and in ladies toilets. Stickers were also pasted on the streets, red light areas, bus stops, rickshaws, taxis and beauty salons by members of Wake-up Call International. They also gave advertisements of the Hotline on FM radio.

Peace Foundation published their Hotline number in regional newspapers. They printed leaflets with information of misoprostol and hotline number and gave them to newspaper hawkers to distribute with the newspapers.

Peace Foundation conducted around 10 meetings with its advocacy network which works in 8 different districts of Sindh to further spread the Hotline news. They carried out a pharmacy campaign in which stickers were given to Medical Representatives to distribute at pharmacy stores. Individual meetings were also conducted with pharmacy workers and proprietors.

Aware Girls did “e-campaigning” and spread the number among organizations and people through e-groups and **Facebook**. Using Facebook, they created a separate page for their hotline on Facebook.

SAFE ABORTION HOTLINE
03159170408

20 people opted for the Hotline Picture as their Profile Picture in solidarity with AG. It also raised controversial debates on the Facebook walls of those who changed their profile picture or status in solidarity with Aware Girls. But it helped to publicize the information about safe abortion (Misoprostol) and the hotline among a large number of young people.

Aware Girls also conducted awareness raising and capacity building campaigns about the use of misoprostol for safe abortion and post partum hemorrhage with lady health workers, and young women activists, young women micro entrepreneurs, and community women.

Dissemination meetings were organized by all the three organizations with grass roots level organizations, human rights and civil society organizations, women’s groups, sex workers organizations and community groups to spread the information on the Hotline further. The traditional birth attendants (TBAs) and the lady health workers (LHWs) have also been included for disseminating information on Hotlines.

In the month of August 2010, Pakistan experienced floods in various areas, the worst to hit the country in 80 years. The UN estimated that between 4-6 million people were affected by the floods. The local partners visited these flood affected areas, and helped the flood affected victims and also imparted the knowledge on Misoprostol use.

Aware Girls conducted two sessions with flood affected young women on “Misoprostol” in two villages Sabai and Islamabad Koroona in Peshawar since safe abortion is an important issue for women during natural disasters. Aware Girls disseminated the stickers by putting one sticker in each basic Relief Kit that was distributed among young women.

Aware Girls also conducted sessions with community women, lady health workers, doctors, and service providers.



Aware Girls conducting a meeting at Government Public Helath School – Nishter Abad, Peshawar.



Aware Girls conducted capacity building session with young women activists in Peshawar.



Aware Girls disseminating information in flood affected areas in Peshawar- putting one sticker in each basic relief Kits distributed among young women.



Wake-up Call International also took the initiative of visiting the flooded areas in Multan, Layyah and Muzzafargarh. They arranged meetings for women at different places and gave them information about Misoprostol. Besides that, they gave detailed information to the social workers and NGO's working there. Information on all the three hotlines was given, along with the brand names of Misoprostol which are quite easily available at almost any pharmacy or health stores.

A day long **training session on Misoprostol use** was conducted by Wake-up Call International in collaboration with Al-Watan organization. This organization works on issues related to reproductive health and rights and the capacity building of Traditional Birth Attendants (TBAs). This session was also attended by Lady Health Volunteers (LHVs).



Peace Foundation conducting a meeting in a school at Nabisar Road.



Wake-up Call International conducting a training session in collaboration with Al-Watan organization for TBA's and LHVs.

5. Transformation potential of the Campaign

This campaign has been a journey of transformation for many, including not only the women helped by the hotline, but also the Coordinators and Counselors of this project.

The Coordinators and Counselors of the project are not only the team of this campaign, but also represent the community. They have worked on various issues related to women's health. Safe abortion as an issue is still highly stigmatized. Working in this project has empowered them not only to speak openly about safe abortion, but has also made them advocates who realise how easily the life of a woman can be saved.

During the training and launch in Lahore in June 2010, many organizations came together and spoke openly about safe abortion issues. This helped to break many taboos in the context of this issue. Participants of the training were very enthusiastic, dynamic and interactive. It was surprising to know that virginity and intact hymen were of greater concern during the initial discussions than were issues of abortion.

The stigma surrounding abortion is so strong that the country Human Rights Commission also indicated that the project should not be spoken about openly! This was the first time any abortion training was carried out with local and grassroots NGOs. During the press conference it was a revelation to note that the journalists were not overtly concerned with the discussions using the word abortion. We learnt that sometimes we tend to self – censor beyond what is reasonable! Only male journalists were present at the press meet and that too from conservative newspapers. There were some negative articles about the hotline in the press later but the protests have confined themselves to rhetoric and no one has actually made any attempt to close the hotlines. Another lesson to learn is that we often overestimate the opposition and expect much more of a backlash than we actually get. As advocates we have to be careful of the local context of course, but it is also possible that the vocal opposition is in a minority and the majority opinion is on our side but not always publicly voicing their thoughts.

5.1 Community Mobilization Meetings

Our mobilization meetings have acted as a catalyst to **transform the community health workers' beliefs**. They believe that it is important to save women's lives and are therefore ready to use Misoprostol for PPH and Safe Abortion.



(Banner and Participants of Training Workshop)

Throughout our mobilization meetings we have experienced the same reactions from most of the participants. It has been a challenging task for our Coordinators and Counselors to make this transformation in the community, especially with the rural women who have rarely been exposed to such discussions regarding reproductive health, let alone rights!

Our counselors needed to start with discussions about gender roles, reproductive health, safe deliveries and can then only broach the topic of safe abortion.

Several mobilization meetings /training workshops with midwives and lady health workers (LHWs) were conducted to make such transformations. The following one was held in Digri, Mirpurkhas on 29-August 2010 with 23 participants. The title was "Misoprostol saves Women's Lives". In this meeting various case studies were shared by the participants, which lay the ground for future discussions on safe abortion.

A Case Study shared by K (A health technician and volunteer of Peace Foundation)

"In a small village of SS, there lived a girl who was deaf and dumb. At night when she was sleeping in her room and her parents were sleeping in courtyard, a person came into her room and raped her. She could not call out to her parents. After the rape she consumed pesticide and herbal abortifacient. In the morning her parents saw that her bangles were broken and scattered, her clothes were torn and she had died. Her parents wept feeling helpless, that their innocent daughter was killed when it was not her fault."

Many similar stories were narrated to portray the helplessness a woman feels when she is in a similar situation and may need an abortion. Women state that since abortion is considered a sin in their religion, a woman would sacrifice her own life rather than bringing shame to herself and her family.



Participants of Training Workshop - Mirpurkhas.

The Coordinator of the Hotline then starts to talk about how **Misoprostol can save such women's lives**. She then facilitates a brain storming session with the participants about

home deliveries among women living in rural Pakistan. They are at the mercy of unskilled untrained attendants and at risk of post partum haemorrhage (PPH). Although they have been advised to go to a health care facility they have no permission (from their families) and also they cannot afford the expenses of traveling and medicines.

She then asks the participants “Do you think that as a human being is it not our duty to save their lives in the cheapest and safest way?” and the audience looks surprised and asks - Is it possible that we can save their lives, but how? She then continues to tell them that it is possible to save women’s lives using misoprostol. She details the **use of misoprostol not only for PPH but also for Safe Abortion.**

She then continues to debate, about the situation of a girl in their community who is raped and becomes pregnant. The question to the participants is “Whether she should continue her pregnancy or abort?” Almost all are of the opinion that she should abort.

The counselor continues to ask if she will survive in their society. And all say “no” to that. The next question is - what should she do? Can she go to a hospital or midwife for abortion or does she have any another option? All are of the opinion that she has no choice but to have herbal medicine or commit suicide for the honor of her family.

Then the counselor proceeds to explain how the lives of women can be saved in such cases with the use of Misoprostol. The women then agree that it is really an easy and confidential method. They want to know more about its use and dosage and also if a married/ unmarried women of all ages can use it. At the end of these meetings, stickers and flyers are distributed to Lady Health Workers, with a mention of the hotline number for reference in times of any problem.

5.2 Some Success Stories of the Campaign

Aware Girls: Interview with a caller, AE

AE, 29 years old, lives in a rural area. Her husband works on daily wages and they can hardly earn 58 dollars per month to run their family. They have one child. AE is now pregnant for the second time and she and her husband do not want to continue this pregnancy as they cannot afford a second child due to poverty. AE did not want to visit a government hospital because of the confidentiality issues, nor was she able to afford the high fees of a private doctor for undergoing an abortion. She heard from someone about the Sahailee hotline that provides information about safe abortion and contacted Aware Girls for help. AGs were able to give her all the information and she could undergo an abortion for only 2 dollars. The cost of saving a women’s life is and preventing her from unsafe abortion is just \$2.

According to AE:

“Sahailee hotline has empowered me to take a decision about my body. Women can use Misoprostol for abortion without a doctor’s supervision and that is really empowering. I am from a very poor family and we cannot afford another child at this stage. I did not want to go to a government hospital because of the behavior of the doctors. They would ask me about the reason for abortion and doctors do not consider poverty as a reason for abortion. If they agreed then they would have asked me for a huge bundle of money which I was unable to pay. It would have created more tensions in my life. I would not able to feed my baby and educate him/ her. I am thankful to the Sahailee hotline for their help and support. I wish that every women of our society could have access to the Sahailee hotline.”

Wake-up-Call International (WUCI) received a call from the rural area of Punjab.

A woman wanted information about safe abortion but she couldn’t talk freely on the phone. She disconnected the line many times since she could not talk in front of anyone. She lived in a joint family and her family was against abortion. She already had 5 children and suffered from poor health. She got all the information about misoprostol from the hotline and had a safe abortion. After that she told us that she felt a real change in her life because she took a major decision by herself without the support of anyone and it gave her encouragement. She thought that she would be able to talk about her rights and decisions to her husband and family. Later she told her family about the abortion and made them agree that she took a right decision indeed. Their family had seen a close relative suffered after undergoing an unsafe abortion. She was in a very critical state for 2 months after that, and the doctor had to remove her uterus to save her. She lost the hope of being a mother for the rest of her life. If she could have had access to the hotline, this may not have happened.

WUCI counselor received a call from other country to ask about misoprostol.

A counselor received a call from UK from a man whose girl friend was pregnant and they both did not want to continue this pregnancy. Information about misoprostol was given to them but they said that they could not purchase any medicine without the prescription of a doctor in the UK. They requested the Counselor to inform the names of the pills to their family member living in Pakistan, but not the reason why they needed it. The Counselor informed the names of the pills when she got a call from their family member. The family members couriered the pills to UK and the woman had a safe abortion there. Later on, the counselor received a follow up call from them.

WUCI counselor received a call from another woman who needed information for her friend.

Her friend belonged to a poor family and already had 4 children. Her husband and in-laws were strict and against abortion. They were forcing her to continue the pregnancy. She couldn't call the hotline by herself and got her friend to help to her. Information was provided on misoprostol by the hotline and the friend then conveyed it to her. Her friend called the hotline to inform about the completion of the abortion and to thank the hotline. Few days later WUCI received a call of thanks from that woman for providing such useful information on abortion.

Peace Foundation's interview with a caller:

The PF counselor was contacted by a woman, NB, several times. She had six children, her husband was the patient of hepatitis C and retired from Government Education Department. She was known to be 'Hafiza of Quran' (She has verbally memorized thirty chapters of Quran). She was reluctant to use misoprostol. She said "I do not want to bear child with hepatitis, my husband has hepatitis, my three sons aged 7, 9 and 11years work at the hotels. How do I earn more to support a bigger family? On the other hand, I also fear to commit a sin."

After motivating and explaining to her that she a 6 week pregnancy which may be terminated if she wishes, she agreed. After the termination she said "My husband does not know what has happened. Medical abortion is very useful for rural women and I will share this with other women who may need to use medical abortion. And now I am aware of the actual rights of women in Pakistan or in Islam. "

5.3 Other Stories of Transformation

Before this project started the counselors did not believe in having an abortion. They thought that a woman should never seek an abortion because their society norms and ethics do not allow it. Most of the families talk strictly against abortion. But while working on this project they heard about real lives and the genuine and often desperate reasons why women need safe abortions. They have started realizing that abortion is really a right of the woman and she should be able to decide for this herself.

Counselor, Aware Girls

"I receive different types of calls. Married women call because they cannot afford another child, or already have a small child to take care of. I have also received calls from unmarried women who are stressed because of an unwanted pregnancy, and wanted to have an abortion. Women do not use contraceptives like Copper T, injections because they are afraid of the negative impacts on their body, while men do not like to use condoms. This leads to unwanted pregnancies.

Most of the people who call have got this information from the internet. If we advertise this Hotline on Cable TV or Radio, we will start receiving many more calls especially from rural areas. When we were training nurses, they were very eager to learn the skills of Medical Abortion so that they can do safe abortions in their clinics without the use of surgical instruments. When I was working in an NGO earlier, they were using surgical instruments and no painkillers and women used to cry with pain, so I was very afraid of Abortion. But after joining this Hotline my perceptions changed, now I am not afraid of Safe Abortion, and I believe that we can reach many women through this Hotline, but we have to market this Hotline at the level of rural areas.

This Hotline is very beneficial for women, because if they have an abortion in Clinic, it costs them at least 100 Dollars. But with the help of our Hotline, it costs them less than 2 Dollars. It costs just 2 Dollars to save the life of women. Medical abortion using Misoprostol is the simplest and safest procedure I have ever heard of, so I have loved working for this Hotline.”

Counselors now feel that this campaign has helped a lot of women in Pakistan. Pakistan is an Islamic country with a male dominant society. Men are always the decision makers in all the matters. In cases like a pregnancy a woman has no power to make a decision to continue with her pregnancy or have an abortion. Through these hotlines many women were able to obtain access to information about safe abortions. Initially the women are hesitant to talk freely about this issue but as they develop trust, they start talking. For the Counsellors, it is a matter of pride when women speak openly about their problems and asks for information on safe abortion. It feels even better when they get follow up calls from their clients.

Most of the counselors are young women and it is important to build a critical mass of advocates in this generation since they are entering or are in the most active reproductive phase of their lives and many lives can be saved by the knowledge and use of Misoprostol. This information will also open the door to a broader awareness of sexual and reproductive health and rights in general.

5.4 Providers' Views

The medical doctors, who should be actually providing safe abortion services are not always supportive. They do continue to provide services in a clandestine way though and charge an exorbitant amount for doing so.

Interview conducted by Aware Girls with Dr. NA

Dr. NA, a psychologist and Gynaecologist. “I am working from 25 years but during this time period I have not given even a pill to women for abortion. I am personally against abortion. If someone is married then they should follow proper procedures to prevent themselves from abortion. They must do family planning and use contraceptives instead of abortion. Woman must do nothing without her husband’s permission.”

Interview conducted by Aware Girls with Dr. S (a 26 year old intern doing a house post in OBGYN ward)

She revealed her negative feelings towards abortion. According to her abortion is illegal. Only if there is any medical problem or it is spontaneous, then it can be done, otherwise it is by itself a life threatening condition and according to her it is illegal. Abortion in most cases lead to death because of heavy bleeding. When an abortion is induced it has many complications.

She said “I commit abortion as a murder. Abortion is just like killing an adult human being. It is not in Sharia (Islamic rules) and is illegal in Pakistan. If a woman comes for abortion in our hospital we kick her out of the hospital. If a woman kills her baby intentionally, then it will be her sin not ours and then we can think to handle the situation to save mother’s life. We do not have any right over our bodies neither on our future child. Abortion has only negative effects. If there is no medical disorder and the family is economically stable then it is not a solid reason for abortion.”

Through the stories we have tried to show the perceptions of abortion issues in the society/ community in Pakistan. The stories of community health workers, providers and the callers show how stigmatized this issue is, making it even harder for a women to access safe abortion services. In fact, often the women who face these problems and the health care providers (other than doctors) who deal with this, tend to have more sympathy and a deeper understanding of the realities of their lives.

6. Providers' Meetings

Providers' meetings on **values clarification and attitude transformation** were conducted by Aware Girls in Peshawar and Peace Foundation in Mirpurkhas to sensitize health care providers about safe abortion and to reduce the stigma and taboo related to abortion.

Outcome:

Initially the doctors were of the view that abortion is a crime and a sin, and therefore, it is the responsibility of healthcare providers to forbid women from abortion. After the session on "Values Clarification" the healthcare providers explored the issues of women



undergoing an abortion, the difficulties they face in accessing abortion, the challenges they face in accessing contraceptives, the challenges they face due to unsafe abortions, exploring issues which women face because of keeping an unwanted pregnancy. The lack of access to safe abortion was an eye opener, and the participants realized the importance of access to safe abortion for women, but at the same time they were concerned about the legal implications.

Participants decided to propose misoprostol to the client, instead of surgical abortion in initial stage of pregnancy. They also decided to keep misoprostol in their clinics and to share the information on misoprostol use to the clients.

Cell numbers and contact details were exchanged between the participants to maintain contacts and develop a provider's network. They also realized that there is a need to include religious leaders and journalists in their network.

7. National level Dissemination Meeting



Starting from left: Aslam Panahwar, Khalid Qureshi, Dr S P Choong, Saba ismail, Zerqa Arshad, and Farzana Rajput

A **national level dissemination meeting was held in Karachi**, in Pakistan on 13th, December 2010 along with the major stakeholders from the field of Sexual and Reproductive Health and Rights and Safe abortion. It was chaired by Dr. S.P. Choong, Chairperson Asia Safe Abortion Partnership (ASAP). Participants were from Packard Foundation, Ipas, Marie Stopes Society, Rahnuma-Family Planning Association of Pakistan, National Commission for Maternal and Neonatal Health (NCMNH), Greenstar, Midwives Association and Shirkat Gah, and there were two media representatives. Coordinators of the three partners of the hotline project - Wake-up Call international, Aware Girls and Peace Foundation were also present.

The meeting was held with the objectives of disseminating the progress of the hotline campaign to a larger group and to explore ways to work in collaboration with these major stakeholders on this campaign.

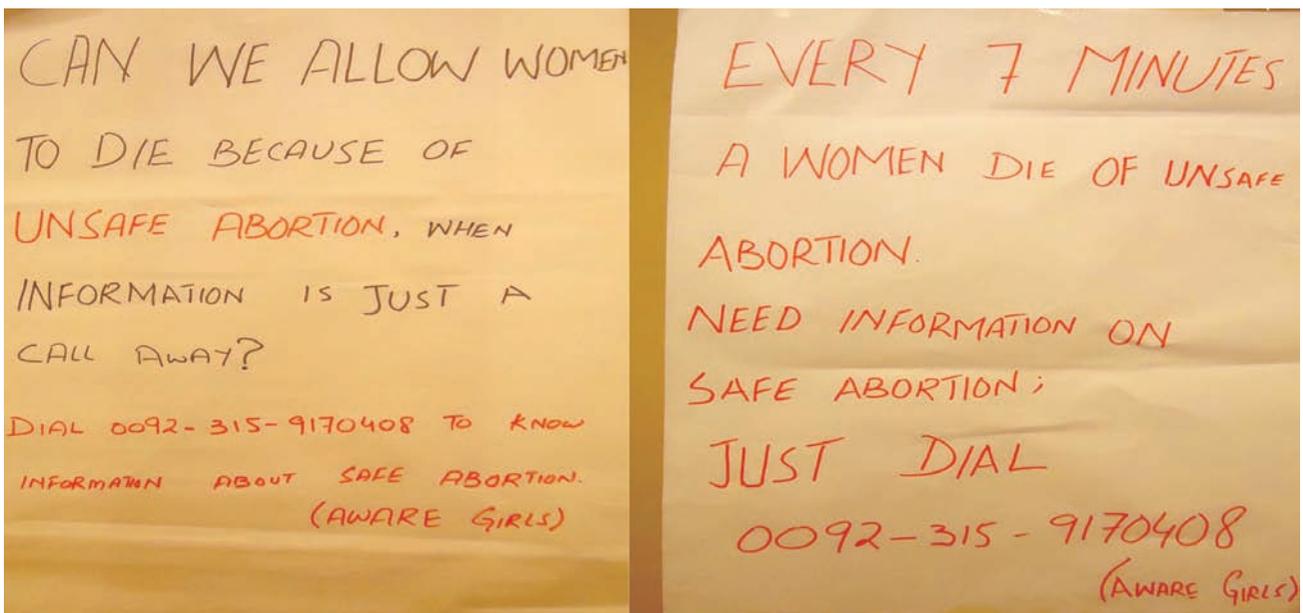
This dissemination meeting was attended by stakeholders who play a major role in women's health issues in Pakistan. This campaign was in general appreciated by the audience for "**bringing the safe abortion issue out of the closet**". The meeting was successful in terms of gathering momentum for the project and getting a favorable response from the major players for future collaboration on this project and more.



Dr. S.P. Choong and the Co-ordinators of the Hotline at the Evaluation Meeting



Dr. S.P. Choong, ASAP Chairman, addressing the audience at dissemination meeting



Charts at Dissemination meeting

8. Challenges Faced during the Campaign

Stigma:

Throughout this campaign it has been quite challenging for us to deal with the taboos and stigma associated with abortion. Although the law permits abortion for 'necessary treatment' and even the surahs from the Quran are interpreted to accept abortion up to 120 days of pregnancy, abortion is still considered as a sin in this community and that is the reason most of the providers are providing it in a clandestine way if at all.

Culturally the word 'Abortion' is not acceptable and although the Gynecologists provide services of surgical abortion, they have biases towards women seeking abortion.

Communication:

It is often difficult to communicate regularly with the local NGOs as most of them work part time. People are doing this along with existing full time jobs. Getting a timely response is also a big challenge and the local conditions and access to internet are a problem.

This project involves three groups from three provinces and contexts (conflict situation, urban, rural and having different dialects). Adapting to local conditions is important and needs more time.

Part time Hotline:

Initially, the hotline was kept open for a few hours of the day at the two sites (one site had it open for 24 hours from the beginning), but it was found that the purpose was not getting served as the information seekers would call at anytime of the day. Since prepaid sim cards card are being used, it is difficult to set a voice message system. But eventually, all the three sites came up with solutions to deal with this and have kept the hotline going for 24 hours.

Whenever a call is missed, the hotline Counselors return the call, ensuring confidentiality and give all the required information.

Opposition:

Immediately after the Hotline Launch, there was a strong opposition in the newspapers and radio from some religious groups and political leaders, and threats of reprisals. Besides threats, the hotlines have also received calls that condemn the initiative. Fortunately none of these have gone beyond rhetoric.

Natural disasters:

20 million people were affected by the floods in Pakistan in August 2010. The enormous destruction of the economic and social infrastructure by the floods, and with more important issues of food and shelter to be addressed, the progress of the hotline dissemination could not be prioritized.

Drug Quality:

Over the 6 months, our partners did receive about 12 calls from women who did not abort even after taking misoprostol as per the protocol. It is very difficult to regulate the quality

of these medicines in the market and hence challenging to face the outcomes/ failures related to it.

We counsel the women when the misoprostol has failed, to either repeat the dose with a different brand or refer them for surgical evacuation.

While misoprostol is stable at 25°C, we do not know how it would react at higher temperatures and how the efficacy falls with the rise in temperature. This may also result in failure in some countries in Asia where the storage conditions are not always ideal and room temperature tends to be higher.

Lessons learnt:

- A greater impact is seen when working in close collaboration with local and grassroots organization and with the community.
- Efforts should be made to reach out to more partner organizations and to involve members from other organizations before the launch with the help of local partners.
- Networking is key and the local groups need to start orienting other organizations through meetings, information sharing, radio ads, information dissemination and advertisements involving youth volunteers and sex workers, community health workers and others.
- Rural areas in our region of work tend to be very conservative and low literacy areas. The women have limited mobility and a majority of them have limited access to health care and depends on traditional methods and ways of treatment. It is important to identify such networks (Trained Birth Attendants) to reach these women, train them about misoprostol and involve them in the campaign.
- During the training, participants/ organizations worked to break many of the taboos on abortion, virginity and sexuality. It was found that it was easier to discuss honor killings than safe abortion issues which are highly stigmatized.
- In Pakistan, the misoprostol available over the counter is used in combination with other drugs for treating various ailments. So, while prescribing drugs, we need to be careful about quality of drugs and combinations of drugs in the market.

9. Data Analysis:

Data entry and consistency checks:

Completed excels sheets were thoroughly reviewed first by coordinator at each site and then by the Project Manager at ASAP Secretariat. In several instances, phone calls were made to field sites to clarify conflicting information. Data verification and coding of open ended responses was done. Excel data sheets were imported to SPSS 11.5.

Data was collected on the demographics of the callers, information regarding the reasons for calling, availability of health care facilities, satisfaction of the information provided, and the reason for the follow up call. Data was categorized for analysis for variables such as age, income, education, and number of children. Open ended responses to the follow up calls were also categorized and analyzed.

Statistical Analysis:

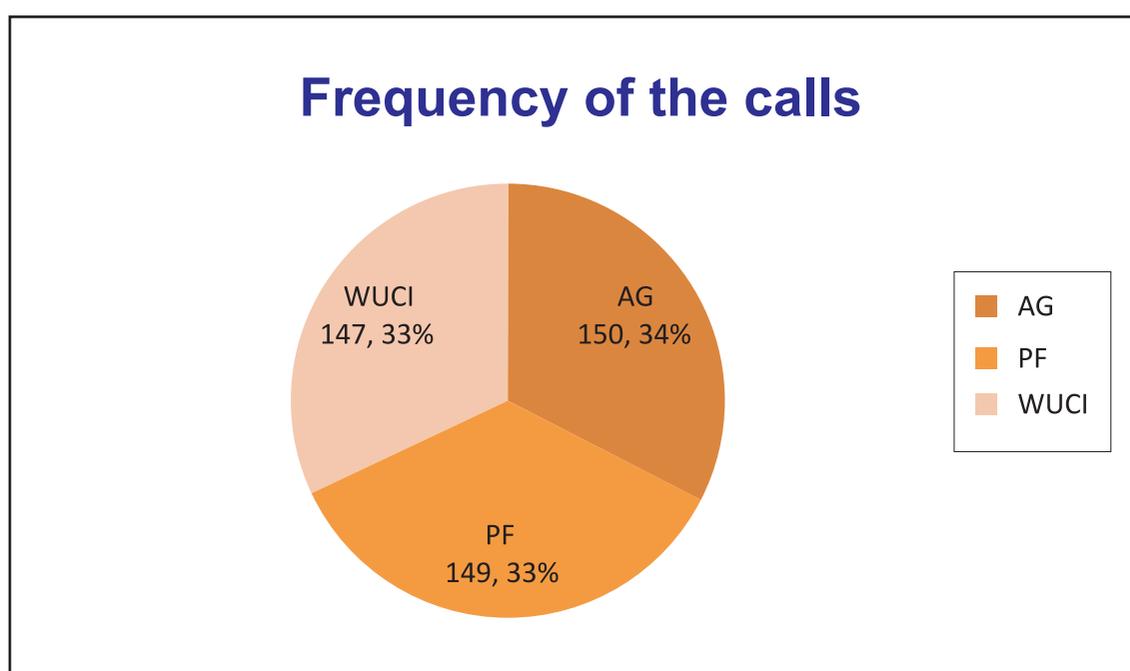
Univariate and bivariate analysis is presented using frequency and percent of non-missing response for the categorical variables. Analysis was conducted using SPSS 11.5.

Finding:

446 people accessed the hotline in the six months and the hotline received a total of 841 calls (including the follow up call) during this period.

Pakistan being predominantly an Islamic Country, nearly 92% callers were of Muslim religion, followed by Hindus 5% and Christians 2.5%. Most of the calls were received from the Urban areas 318 (71.3%) and remaining from Rural areas 114 (25.6%) and Hilly areas 6 (1.3 %). One call came from Dubai and two from the United Kingdom.

The **majority of the callers were females 317, (71.1%)**. There were 73 male (16.4%) callers and sometime both called 55(12.3%).



The maximum calls were received from persons aged between 25 to 30 years (35%) followed by an almost equal distribution in the immediate younger and older age group i.e. 20 to 24 years(29%) and 30 to 34 years (28%). 6% of callers were between 16 to 19 years old.

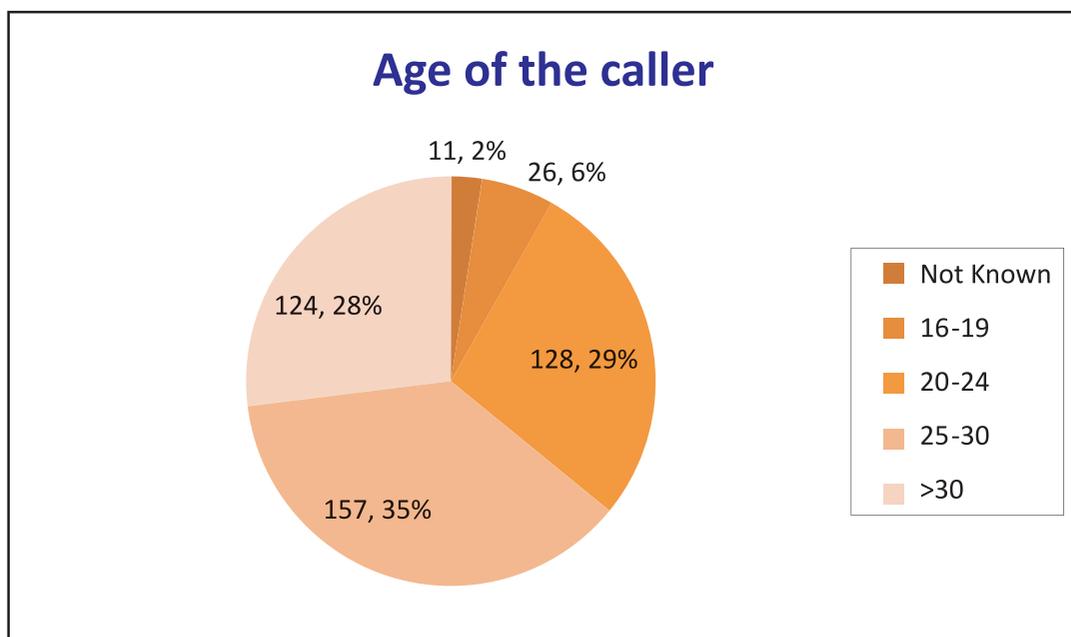


Table 1: Reason for calls

Reason for calls	Frequency (N= 446)	Percent (N %)
Information on Safe Abortion	359	80.5
Information on Post Partum Haemorrhage	28	6.3
Information on Contraception	9	2
Information on Sexual Violence	2	0.4
Information on Domestic Violence	1	0.2
Any Other*	38	8.5
More than 2 of the above reason	8	1.8
Not known	1	0.2
Total	446	100

* Information on morning after pills, referrals, provider's information, HIV / AIDS.

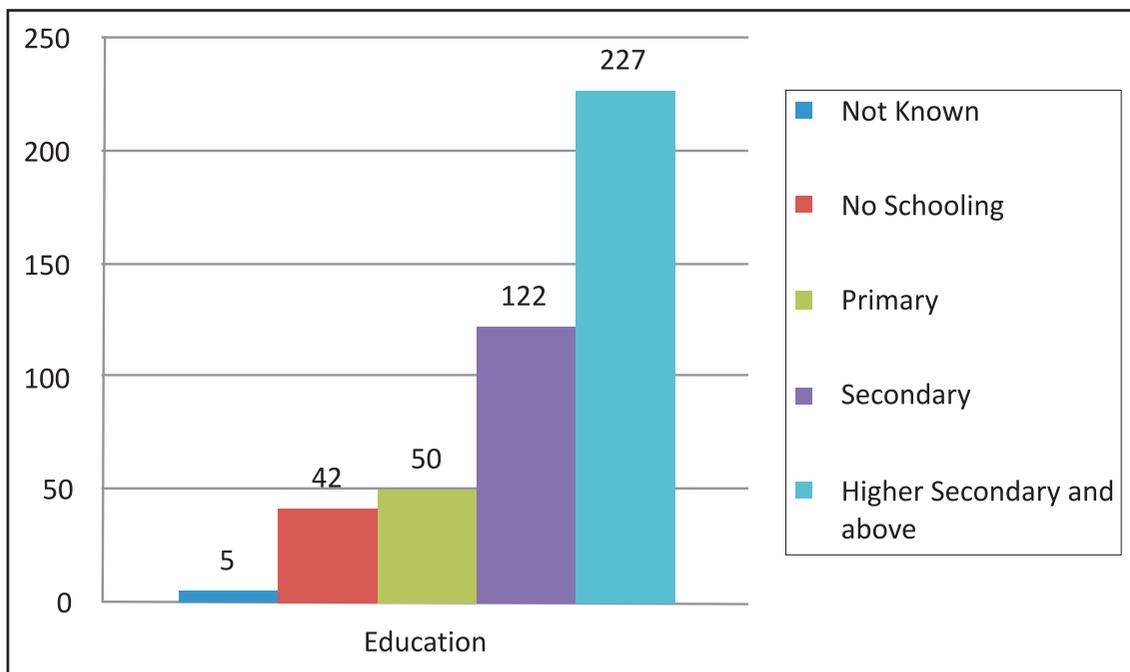
Table 2: Participants access to health care

Participants access to health care	Frequency N=446*	(N%)
Healthcare facility not existing nearby	24	5.4
Healthcare facility existing but difficult to access	81	18.2
Healthcare facility existing but not functioning	22	4.9
Healthcare facility easily accessible	164	36.8
Healthcare facility accessible (not used for confidentiality issues)	147	33
Total	445	99.8

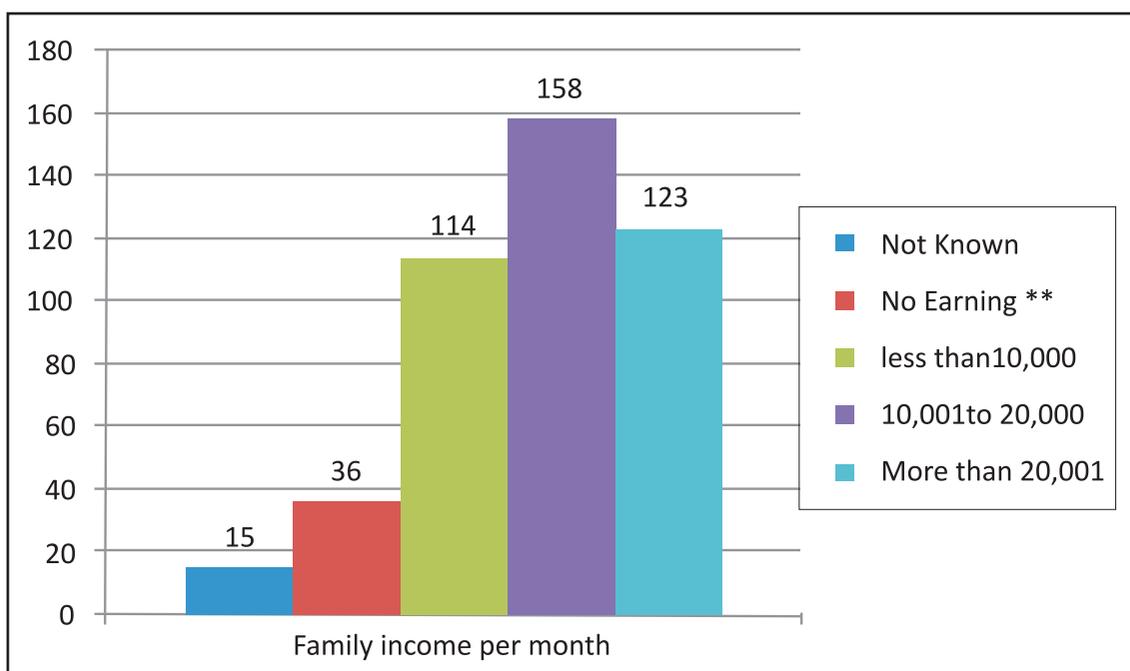
* Not known=8(1.8%)

Analysis of the data shows that the **vast majority of the women were married (85.7%)**. They had poor access of healthcare facility in their villages/ local areas. Either health care facilities were not available or they were non functional. 33% of the callers have not used the health care facilities due to confidentiality issues or providers bias. We also see that calls were made to the Hotline even if the health care facilities are available 164 (36.8%).

Education of the women accessing the hotline

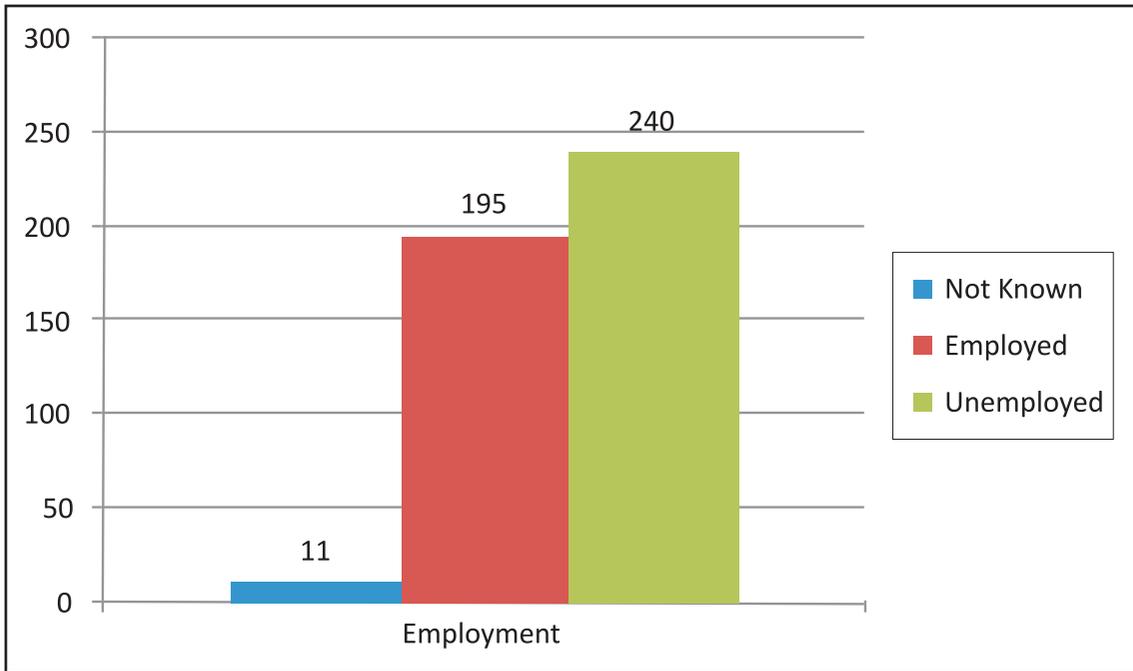


Income of the family (per month) of the caller accessing the Hotline (N=446)

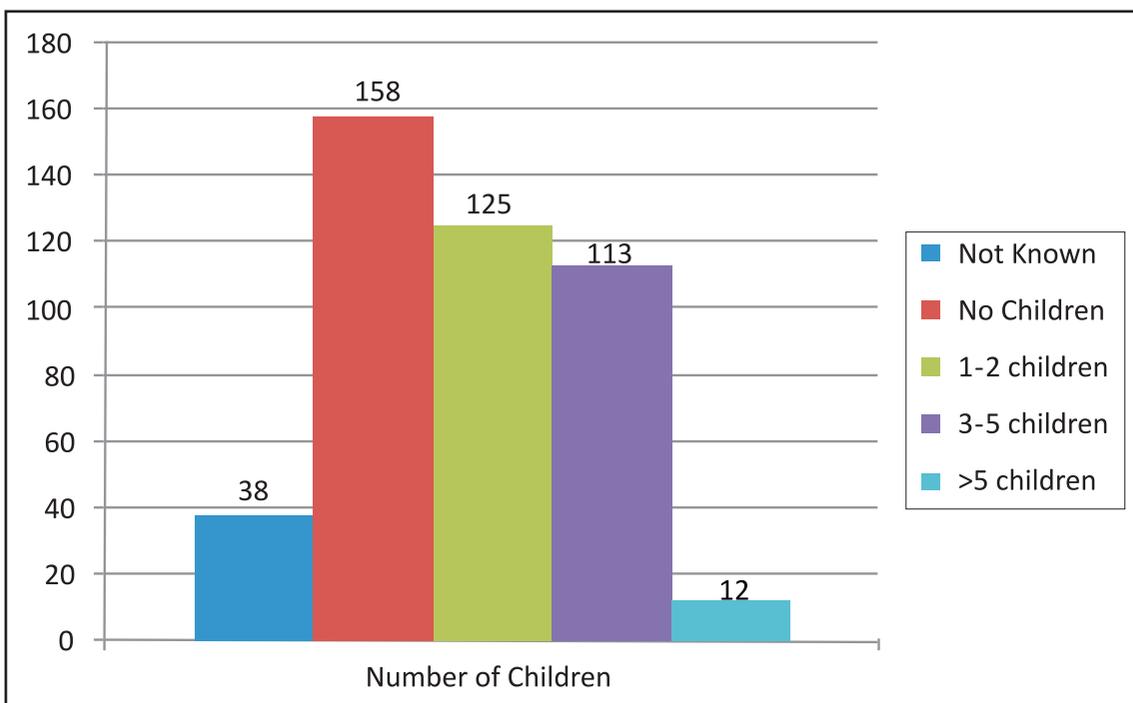


** Callers who were students gave their status as 'no earnings'.

Employment Status of the women accessing the hotline

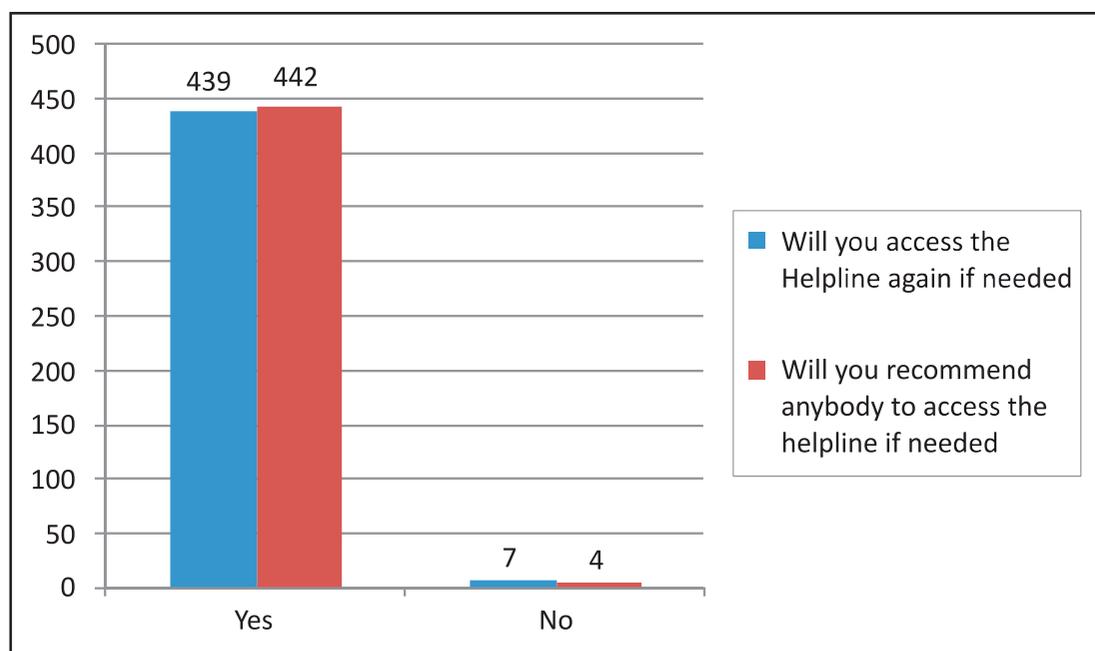


Frequency of number of children of the women accessing the hotline



Satisfaction of the callers accessing hotlines

Primary Calls (N=446)



Out of the 359 callers who accessed the hotline for MA, 297 (92.5%) had confirmed pregnancy and **majority of them (77.3%), were of the gestational age of 6-8 weeks.** 54 women (16.8%) were having gestational age of 8-12 weeks.

Analysis of Primary calls accessing for MA and PPH Information

Table 3: Gestational Period at time of call

MA	Frequency n=359*	(n%)	PPH	Frequency n=28*	(n%)
Less than 6 weeks	1	0.3	Term Pregnancy	24	85.7
6-7 weeks	269	74.9	Not Applicable	2	7.1
8-12 weeks	63	17.5	Total	28	100
13-20 weeks	8	2.2			
Total	359	100			

* Not known = 18 (5%)

* Not known = 2 (7.1%)

Table 4: Number of children

MA	Frequency n=359*	(n%)	PPH	Frequency n=28*	(n%)
No Children	136	37.9	No Children	2	7.1
One Child	49	13.6	One Child	2	7.1
Two Children	59	16.4	Two Children	6	21.4
Three or more Children	105	29.2	Three or more Children	15	53.6
Total	359	100	Total	28	100

* Not known = 10 (2.8%)

* Not known = 3(10.7%)

Table 5: Participants Profile of those callers accessing for MA and PPH

Callers accessing for MA and PPH		Frequency for MA		Frequency for PPH	
		n=359	(%)	n=28	(%)
Religion	Islamic	336	(93.6)	20	(71.4)
	Hindu	17	(4.7)	95	(17.9)
	Christian	6	(1.7)	3	(10.7)
Sex	Female	258	(71.9)	25	(89.3)
	Male	48	(13.4)	2	(7.1)
	Male & Female both	52	(14.5)	1	(3.6)
	Not known	1	(0.3)	0	(0)
Age	16-19	15	(4.2)	1	(3.6)
	20-24	114	(31.8)	2	(7.1)
	25-30	125	(34.8)	6	(21.4)
	>30	98	(27.3)	18	(64.3)
	Not known	7	(1.9)	1	(3.6)
Education	No Schooling	25	(7)	14	(50)
	Primary	38	(10.6)	4	(14.3)
	Secondary	108	(30.1)	1	(3.6)
	Higher Secondary and above	185	(51.5)	9	(32.1)
	Not known	3	(0.8)	0	(0)
Employment	Employed	146	(40.7)	10	(35.7)
	Unemployed	204	(56.8)	18	(64.3)
	Not known	9	(2.5)	0	(0)
Income	No Earning	19	(5.3)	0	(0)
	less than 10,000	83	(23.1)	18	(64.3)
	10,001 to 20,000	134	(37.3)	8	(28.6)
	More than 20,001	115	(32)	2	(7.1)
	Not known	8	(2.2)	0	(0)
Marital Status	Never Married	36	(10)	1	(3.6)
	Married	318	(88.6)	26	(92.9)
	Divorced	2	(0.6)	1	(3.6)
	Separated	1	(0.3)		
	Widow	1	(0.3)		
	Not known	1	(0.3)	0	(0)
Gravidity	1st gravida	132	(36.8)	4	(14.3)
	2nd gravida	49	(13.6)	4	(14.3)
	More than 3rd gravid	161	(44.8)	16	(57.1)
	Not Applicable	7	(1.9)	0	(0)
	Not known	10	(2.8)	4	(14.3)

Table 6: Analysis of follow up call

Reason for the follow up call	Frequency (n=370)*	(n%)
Information about abortion pill	77	20.8
Information related to abortion procedure	73	19.7
Completion of abortion	23	6.2
Minor side effects of abortion	20	5.4
Incomplete abortion	4	1.1
Heavy bleeding during abortion	5	1.4
Failure of abortion	12	3.2
Pregnancy test	17	4.6
Contraceptive advice	5	1.4
Information about PPH	2	0.5
Total	370	100

* Not known = 132 (35.7%)

Initially, the follow-up calls were made by the Coordinators and Counsellors of the hotline to confirm that the women had used the Misoprostol safely. However, as they gained confidence they stopped making the calls. Data was not collected on the initial follow-up calls made and hence information on these calls is missing. Once we started collecting data, we found that most of these calls were made by women to get more information about the misoprostol pill or information about the procedure. Often, the calls have been made by the women to inform us about the completion of the procedure and to thank the hotline initiative.

Appropriate referrals have been advised in cases where the calls were made for incomplete abortion or heavy bleeding during abortion. The follow-up calls for failure of abortion have been advised to either repeat the dosage of misoprostol using a different brand, or to undergo a surgical evacuation.

Sometimes a follow-up call is made to inform about a positive pregnancy test before taking Misoprostol and sometimes calls have been made to seek contraceptive advice after the abortion is completed.

10. Conclusion:

'Sahailee'- the Hotline on Misoprostol has been a successful initiative, and the first of its kind in Asia. Analysis of the calls tells us that this has potential as an effective communication strategy in a restrictive environment and a promising way of decentralizing Medical Abortion access.

The analysis shows that the Hotline was accessed by men as well as women. Callers were from 16 to 46 years of age and most often married. There were few young unmarried women also accessing the lines. It was seen that the callers were **most often women with three or more children**, seeking information about medical abortion. Most of the callers have had either secondary or higher secondary schooling and a majority of them were employed (formal or self employed). There were more callers from urban areas than rural.

Literacy levels are low in rural Pakistan and so the stickers and flyers may not have been useful means to reach the rural women and this may have been one of the reasons for fewer calls from the rural area. It is also likely that women in the urban areas have greater access to telephones compared to the rural women.

Our partners are now using different strategies for communicating with women such as radio advertisements, slogans, radio interviews, making pictorial IEC material. They also plan to involve traditional birth attendants, sex workers and Lady Health Workers to reach women who may not be able to venture out too far from their homes.

The callers are very satisfied with the information provided by the Hotline and are willing to refer others if needed. The same findings are seen for the follow up calls too. The follow up calls were mainly made to get more information about the abortion pill, information related to the abortion procedure or on completion of abortion and to ask about minor side effects of the abortion. Very few follow up calls (6%) were made for heavy bleeding, incomplete abortion, and failure of abortion. The Hotlines also have to address the failures of MA with appropriate referral.

Mainstream providers have very negative attitudes towards the issue of abortion and there is a great need for values clarification with this group.

An important lesson we have learnt is that the planning needs to be done well in advance even before we launch such campaigns. We need to plan strategies to deal with the opposition, to ensure adequate dissemination of information especially the hotline numbers and also to ensure training the importance of data keeping and data entry. We need to plan and have more sensitization workshops with providers; involve grassroots workers and sex workers right from the beginning. Research is also needed in the area of drug regulations and quality of drugs. We need to plan for sustainability beyond funding periods.

This campaign has the potential for social behavioral changes and contributes to women's empowerment by giving the choice in their hands.

With the experiences from this campaign we have launched new Hotlines on Misoprostol Information in Indonesia in January 2011.

This initiative has proved that Hotlines have great potential to realize the future of **"Demedicalized Safe Abortion Services"**!

11. HOTLINE TEAM

11.1 Asia Safe Abortion Partnership

Asia Safe Abortion Partnership (ASAP) is a regional network, affiliate of the International Consortium for Medical Abortion (ICMA) working in the Asia-Pacific region. ASAP works to promote, protect and advance women's sexual and reproductive rights and health in Asia by reducing unsafe abortion and its complications and where it is legal, by promoting access to comprehensive safe abortion services (<http://www.asap-asia.org/>). ASAP has partners in 15 countries across Asia^{1,2} serving as a forum for information and experience sharing, strategic thinking and planning for a collective vision aimed towards regional and international advocacy. We support our members in undertaking research activities, capacity building and networking. We work to promote new technologies, including manual vacuum aspiration and medical abortion. We manage an e-forum which has a regular discussion and updates on issues related to women's health and rights, especially safe abortion.

11.2 Women on Waves and Women on Web

Women on Web and **Women on Waves** provided the technical assistance and training. Women on Waves has published on its website instructions for women on how to safely do an abortion themselves (<http://www.womenonwaves.org/set-1020.191-en.html>). This manual describes the use of misoprostol only. Women on Web help women in countries where there is no access to safe abortion services to get access to a medical abortion with mifepristone and misoprostol. Scientific research has shown that women can safely do a medical abortion by themselves at home. The risks are the same risks as a miscarriage. Women on Waves has extensive experience guiding women to do abortions themselves through their email hotline. They have also trained other groups and people earlier in setting up hotlines. Women on Waves started a telephone helpline for the first time during the campaign in Portugal in 2004 which continued to work until abortion was legalized there in 2007. In June 2008 they trained La Coordinadora Juvenil por la Equidad de Género and launched the helpline in Ecuador with several actions. Media all over Ecuador covered these actions and the hotline now receives at least 10 phone calls a day from women in need of help. As non-medical professionals the trainers set an example, motivate and inspire other activists.

Women on Waves is a non-profit organization concerned with women's human rights. Its mission is to prevent unwanted pregnancy and unsafe abortions throughout the world. Women on Waves was founded in 1999 by Rebecca Gomperts. After her training as a doctor, Rebecca Gomperts worked on board Greenpeace ships. In South America she met many women who greatly suffer both physically and psychologically due to unwanted pregnancies and lack of access to safe, legal abortion. Their stories were all heart wrenching. There were women who were raped. There were women who had no means of support. And there were women who were ostracized from their communities. These women and their stories are the inspiration for Women on Waves. Women on Waves has

1. Country Partners: Bangladesh, Cambodia, China, India, Indonesia, Japan, Malaysia, Mongolia, Nepal, Pakistan, Philippines, Sri-Lanka, Thailand, Turkey and Vietnam.

2. ASAP Steering Committee members: SP Choong, Malaysia; Phan Bich Thuy, Vietnam; Milind Shah, India; Indira Basnett, Nepal; Khalid Qureshi, Pakistan; Ninuk Widyantoro, Indonesia.

developed a mobile clinic. It can easily be loaded onto a ship, which enables it to travel to wherever it is needed worldwide.

With a ship Women on Waves can provide contraceptives, information, training, workshops, and safe and legal abortion services outside territorial waters in countries where abortion is illegal. In international waters (12 miles off the coast) local laws don't apply. Women on Waves supports the efforts of local organizations to change the laws in their country.

11.3 Local Partners:

11.3.1 Aware Girls are working in different areas of Khyber Pukhtoonkhwa (a conflict area) with different rural women's and community organizations. Aware Girls was initiated in 2002 (www.awaregirls.org), by a group of young girls who met at a seminar on "Honor Killing" in Peshawar. It was established as a platform for young women who want to empower women, and work towards gender equality. Aware Girls aims to empower young women by strengthening their leadership capacity, enabling them to work for social change and women's empowerment, by enabling them to access health, education, governance, political participation, and other social services, and by advocating for equal and equitable involvement and meaningful participation of young women in decision making at all levels.

They work in the areas of Women's Rights and Human Rights Protection; Leadership and Political Empowerment; Peace and Trauma Healing among conflict affected women; Sexual and Reproductive Health Rights Including HIV/AIDS and Safe Abortion; Economic Empowerment of Young Women and Research on gender related issues.

11.3.2 Peace Foundation from Mirphurkhas, Sindh, mainly works with family members and with rural/less educated women. There is no other organization in this region working in the area of safe abortion.

Peace Foundation mainly works to dispel the darkness of socio-economic, educational, health and environmental disparity and sow the seeds that will lead to the greatest benefit for the greatest number of women. PF works for the formation of Advocacy Groups of women in different districts to create awareness regarding prevailing laws and coordinate with local legislators and Government Departments. They also have service delivery clinics for SRHR education. PF works for elimination physical, sexual and psychological violence against women and its causes. They work to improve the living conditions of the women, through promoting income generation activities especially for destitute, indigent widows and orphans, so that such women may view themselves as equal parts of society.

11.3.3 Wake-up Call International, in Lahore, an urban area with good access to health care. Wake-up Call International (WUCI), headed by women, has been established (Pakistan) in year 2009 by health & social development professionals.

It is dedicated to making pregnancy and abortion safer. They work to ensure access to quality maternal and newborn health care; help women and girls to prevent and manage unintended pregnancy and safe abortion; promote the sexual and reproductive health and rights of young people and other underserved groups; and reduce the spread of HIV, especially among women and young people.

12. Links for the media coverage following the launch of the safe abortion hotline in Pakistan.

LINKS PRESS

1. Radio Netherlands Worldwide: Pakistan: Abortion pill replaces hot oil and coat hangers
www.rnw.nl/english/article/pakistan-abortion-pill-replaces-hot-oil-and-coat-hangers
2. The Independent (UK): Abortion hotline in Pakistan faces violent opposition
www.independent.co.uk/news/world/asia/abortion-hotline-in-pakistan-faces-violent-opposition-2011540.html
3. Newstrack India: Abortion hotline in Pakistan faces criticism
www.newstrackindia.com/newsdetails/165763
4. European Pro-Choice Network:
europeanprochoicenetwork.wordpress.com/2010/06/25/“suhaile-misoprostol-hotline-launch-in-pakistan”/
5. The Huffington Post:
www.huffingtonpost.com/2010/06/28/pakistani-abortion-hotline_n_627951.html
6. PBS Wideangle:
www.pbs.org/wnet/wideangle/blog/world-links-blood-phones-abortion-hotline-in-pakistan/5838/
7. De Verdieping Trouw: Women on Waves Promoot in Pakistan Legale 'abortuspil' June 26, 2010, pg. 4
www.trouw.nl/digitalekrant/
8. Ms Magazine
www.msmagazine.com/news/uswirestory.asp?ID=12477
9. Atremisa Noticias: Pakistán: Lanzan línea de atención telefónica sobre Misoprostol
www.artemisanoticias.com.ar/site/notas.asp?id=51&idnota=7066

RADIO

10. BBC
downloads.bbc.co.uk/podcasts/worldservice/globalnews/globalnews_20100629-0328a.mp3

BLOGS:

11. www.blowe.org.uk/2010/06/ihr-and-right-to-abortion-information.html
12. alisonclarke.typepad.com/womens_news/2010/06/abortion-hotline-set-up-in-pakistan-condemned-as-colonial.html
13. timesdailyblog.com/2010/06/28/pakistani-abortion-hotline-faces-violent-opposition-from-islamic-groups/

14. countusout.wordpress.com/2010/06/26/pakistan-abortion-pill-misoprostol-replaces-hot-oil-and-coat-hangers/
15. www.clpl-india.com/misoprostol-hotline-launch-in-pakistan.html
16. inimu.com/berita/2010/06/27/aksi-kontroversial-kampanye-aborsi-via-telepon/
17. www.rhrealitycheck.org/node/13762
18. womensrights.change.org/blog/view/abortion_hotline_threatened_in_pakistan

YOUTUBE VIDEO:

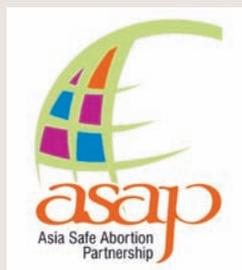
19. "COUNT ME IN CONFERENCE" in Nepal.
<http://www.youtube.com/watch?v=ZKPWxwcOeus>

To know more about us and more on the campaign please refer to:

Asia Safe Abortion Partnership: <http://www.asap-asia.org/>

Women on Waves: <http://www.womenonwaves.org/>

Women on Web: <http://www.womenonweb.org/>



Asia Safe Abortion Partnership

Website: <http://www.asap-asia.org/>

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