Title: Vol. 1 Dec 2023:
Self- Managed Abortions: Politics and possibilities

THE ABORTION GAZETTE

2023

Editor:

Dr. Suchitra Dalvie is the Coordinator of the Asia Safe Abortion Partnership since its founding in March 2008. She is a gynaecologist and has over two decades of experience working in the development sector.

Guest Co-Editor for Volume 1:

Jedidah Maina , Executive Director of Trust for Indigenous Culture and Health (TICAH) based in Nairobi, Kenya and a Co-cordinator of the MAMA Network (Mobilising Activists Around Medical Abortion Across Sub-Saharan Africa).

Nandini Mazumder
Assistant Coordinator, ASAP

Ayesha Bashir
Communication & Networking Manager

Mahak Aggarwal
Communication and Networking Officer

Why this Gazette:

The Asia Safe Abortion Partnership is the only safe abortion rights advocacy network in Asia. Founded in 2008 it has members from over 20 countries across South Asia, South East Asia, South West Asia and the Oceania region.

As new members and partners join the safe abortion rights movement we realized that there are hardly any collated or curated resources that they can engage with in order to gain a deeper understanding of some of the key issues or challenges in this work. There are search engines and journals and many websites dedicated to safe abortion rights information and even services which people can access. However, there is no dedicated space where you can get a snapshot of a core topic within safe abortion rights that can offer someone the highlights of the scope of the issue and a range of perspectives that are relevant to us as a movement.
In order to address this gap, we have launched The Abortion Gazette.

This will be an immersive repository for a reader who would like to learn more on the landscape and depth of the issue in a relatable and practical way without having to search through pages and pages on the internet and sifting through multiple sources.
It will be a short quarterly publication and will include lead articles, clinical updates, thought pieces, interviews, statistics and of course links to other key articles, videos and other relevant material.

It will be published on the ASAP website as a pdf that can be downloaded and printed for use by anyone in the safe abortion rights movement. For those who would like to engage in deeper learning and a structured program, stay tuned for more updates!

EDITORIAL: Suchitra Dalvie, Coordinator ASAP

The term self-managed abortion (SMA) has always made me wonder.

Since time immemorial women have been self-managing their abortions, whether the spontaneous ones (since 20% of all pregnancies end in miscarriages) or the ones they intervened to bring about because they were unplanned or unwanted.

Various 'methods' (aka desperate measures) ranging from hot stone massages to the abdomen, poison tipped sticks, knitting needles and coat- hangers pushed inside the vagina, vaginal washing with coke, detergent and toxic liquids, drinking detergent/pineapple juice/ saffron water, swallowing anti-malarial medicines to even jumping off the roof in order to threaten the pregnancy, have been women's attempts at self- managed abortions.

Image courtesy Poulomi Basu For NPR

Sonpati, 55, a midwife in Salihatu Village, uses warm herbs and sand to massage the belly — her method of carrying out an abortion and also treating abdominal pain.

What we are seeing now is an era of safe self-managed abortions, which brings us in an interesting way, full circle back to what women and pregnant persons have always wanted and attempted to do—manage their bodies, their fertility and reproductive choices by their own selves, without any control or interference from other systems such as the medical establishment, patriarchy and imposed morality.

Women in Brazil paved the way for this when they discovered the abortifacient potential of Misoprostol. The Latin American region was also the first where radical subversive feminist groups set up telephone hotlines to support pregnant women seeking to terminate an unwanted pregnancy. ASAP was part of the pioneering wave in Asia in collaboration with Women on Web. In 2010 our work supported the setting up and strengthening of five such hotlines in our region.

As the years have passed it is interesting to see how the 'radical' hotline concept has been mainstreamed by civil society and now just more than a decade later, the World Health Organization is endorsing SMA. Much like the lovely tattoo art on the cover, it feels like this topic has truly come full circle!

Intimate partner violence, marital rape, lack of comprehensive sexuality education, lack of access to safe and effective contraceptive information and methods, forced and early marriages, rape and incest all lead to millions of unplanned and unwanted pregnancies each year. It will take time to dismantle all the oppressive structures that lead to these but SMA is one of the very critical keys in unlocking this cage that bodies with uteruses have been forced into through centuries of patriarchal controls, facilitated by legal, medical, social, cultural and religious systems.

We hope that you will find this issue helpful and in closing, just a reminder: Keep Calm and Take the Medical Abortion Pill !!

Self- Managed Abortions: The African Story.
Jade Maina

The increased use of Mifepristone and Misoprostol has transformed self-management of abortion to no longer be associated with invasive or dangerous methods. Research has shown that these drugs, used individually or in combination, are over 85% successful and that the risk of complications are negligible. These drugs have enabled safer self-management and self-use, centering autonomy, privacy, and confidentiality, while also contributing to the reduction of abortion-related morbidity and mortality globally.

The 2020 WHO Abortion Care Guideline states that self-managed abortion with medicines is not just a measure of last resort but an alternative care model that many people find works better for them for myriad reasons including quality of care, cost and privacy . Even more affirming research has shown that Misoprostol alone regimens are non-inferior to Mifepristone and Misoprostol combination regimens .

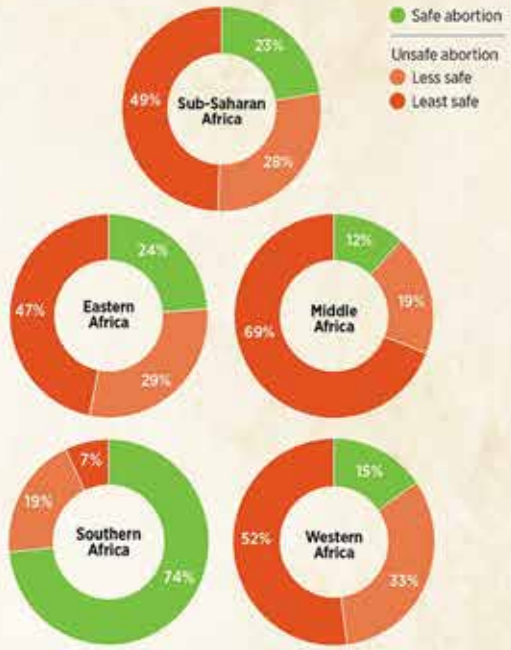
The African continent has the highest proportion of less and least safe abortions of any region in the world. Africa is also the continent with most policy and legal restrictions on abortion which translates to higher rates of unsafe abortions cases, as it is leads to restrictions on trainings and education on safe abortion methods, limiting access to medications and instruments necessary for safe abortion, furthering stigma that isolates women and providers .

Between 2010 and 2014, an estimated 6.8 million abortions took place each year in Africa, and of these, nearly all were considered unsafe at some level: 0.7 million abortions were classified as "safe", 2.2 million were classified as "less safe" abortions, and 3.9 million as "least-safe" abortions .

The African region is home to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (Maputo Protocol) and when it was signed in 2003, it made the African continent a pioneer in enshrining abortion rights. Since then, a series of robust human rights standards have been developed that can ground practical, policy, and legal developments to embrace the potential of self-managed abortion .

Yet in most countries on the African continent abortion remains an option only under exceptional circumstances, especially for countries that have either not signed, not ratified or signed the protocol with reservations on article on abortion.

4.2 Southern Africa, where abortion is broadly legal, is the only subregion in which safe abortions are far more prevalent than unsafe abortions.



Note: Safe abortions are those that use a WHO-recommended method appropriate to the pregnancy duration and are done by a trained provider. Less-safe abortions meet only one of these criteria, and least-safe abortions meet neither criterion. *Sources:* references 2 and 5.

guttmacher.org

With the advent of safe, medication abortion, "illegal" abortion need no longer be equivalent to "unsafe" abortion.

Creative interventions to bridge this knowledge and access gap continue to be employed by activist groups like those who belong to the MAMA Network (a network of grassroots organizations seeking to expand access to self-managed medication abortion in Africa).

Self-managed abortion does not look the same everywhere in Africa. Each context calls for activists to employ different innovative approaches. Some of the methods used in placing information in people's hands include; through informal channels of communications or what we call the "whisper networks", through hotlines, one to one conversations, community trainings or guerilla tactics like sticking abortion stickers in public spaces like public toilets and transport. Putting pills in people's hands includes working with friendly providers and pharmacists, creating informal channels for access, receiving packages, online or relying on an unpredictable black market. All the while having the support of activists at the other end of a phone line, website or chat Apps to provide support or referrals when needed.

Self- Managed Abortions: The African Story. Jade Maina (continued)

Different brands of medical abortion pills are already available in Africa . These drugs cannot be accessed without a prescription in many countries, and sometimes women face extortion from sellers who charge unnecessarily high prices, but research shows that they are generally available in informal markets .

Self-managed abortion, rather than a solely individual act, entails a constellation of actors who shape and influence abortion trajectories at different points along a person's journey, functioning locally, nationally, and transnationally to enable self-managed abortion access and provide different types of support . A recent study documenting abortion activism in Central, East, and West Africa concludes that increased engagement of activists in the dissemination of medication abortion information "has enormous potential to improve access to safe abortion, and to change attitudes toward sexual and reproductive health.

Research shows that legislative reform for women is significantly less likely to occur without action by domestic women's coalitions and activists. In addition, evidence indicates that attacks on women human rights defenders, shrinking civic space, and scrutiny of women's organizations further hinder efforts .

As the opposition to abortion rights rises, people who have abortions, abortion providers, and activists become targets for arrest, prosecution, and incarceration. It has therefore become quite important to build opposition mitigation strategies, narratives change campaigns and develop holistic security strategies including legal support networks for women, activists and women human rights defenders.

For refernces please visit this link

The Chemical Geographies of Misoprostol: Spatializing Abortion Access from the Biochemical to the Global Cordelia Freeman & Sandra Rodríguez.

Annals of the American Association of Geographers.

$C_{22}H_{38}O_5$ is a chemical that travels. Better known as misoprostol, it was designed as a stomach ulcer drug but is now used around the world as an abortion pill due to the self- experimentation of those in Latin American communities who were seeking ways to end unwanted pregnancies.

Misoprostol as a chemical alone does not guarantee a successful abortion and instead "scaffolding" in the form of mobility and information is required to transform misoprostol from a chemical to a safe and effective technology of abortion. These themes culminate in our contribution of pharmacokinetical geographies, the microgeography of the placement of pharmaceuticals in and on a body and its ramifications.

The chemical geographies of misoprostol tell a story of power, bodily autonomy, and resistance.

To be useful, misoprostol needs to undertake a multiscalar journey to leave the factories in which it is manufactured and travel all the way into the bloodstreams of the people seeking to end their pregnancy. The materiality of misoprostol facilitates the movement of the pills: They are small, thermo-stable, have a long shelf life at room temperature when stored in their aluminum blister packets, and are easily transported across jurisdictions (Elati and Weeks 2009; Calkin 2021). They do not move by themselves, though; instead actors and infrastructure are required, and it is these that provide the scaffolding to create the chemical mobilities of misoprostol.

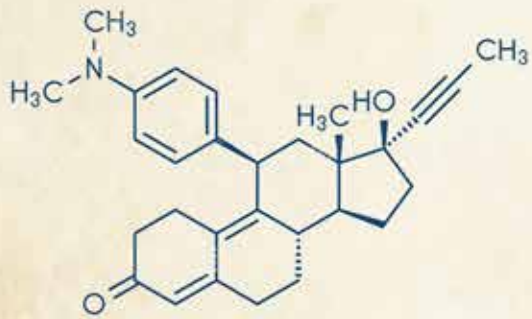
We develop a chemical geography approach to misoprostol that allows us to scale inward to understand the chemical properties of this medication and also to scale out to understand how medicinal effects are interwoven with and determined by global politics.

Section 2

> "The more you know of your history the more liberated you are."
> Maya Angelou

1. A Political History of RU-486: R. Alta Charo, Biomedical Politics.

Editor's Note: This fascinating article from 1991 gives a detailed view of the trajectory of Mifepristone (aka RU 486, which was the number of the drug formula on trial at the Roussel-Uclaf Pharmaceuticals). The purpose of this case study is to trace the network of political, economic, and historic forces that appeared to have converged to slow the introduction of RU-486 into the U.S. market. Here are some key extracts at a glance if you don't have time to immerse yourself in the entire article. It gives an incredible sense of the history of this drug and possibly also inspiration for the future revolution!



mifepristone

Key Highlights

- Like the birth control pill, RU-486 has encountered strong resistance from moralists who fear it will trivialize sex, life, and human relations. These objections often contain statements of concern over women's health or the potential for contraceptive genocide in developing countries. But it is the moral opposition of a minority.

- Besides being safer than suction abortions RU-486 is relatively inexpensive. An abortion performed by a private physician in the United States costs $500 to $1,000. (Abrams, 1988).

- China currently allows women to use RU-486. The drug will probably not, however, play a leading role in the country's contraception and abortion services. Other countries use the drug only on an experimental basis, although it is hoped that it will become widely available in Britain and Scandinavia by mid-1992.

- Ironically, the biggest stumbling block is the drug's French manufacturer, Groupe Roussel Uclaf, which has refused to license it in the United States. At least six groups of financiers have expressed serious interest in forming a company for U.S. development and distribution, and a coalition of interested feminists, lawyers, and researchers have combined under the name "Reproductive Health Technologies Project" to develop wider public support.

- Roussel and its German parent company, Hoechst, however, fear an organized retail and investment boycott in the United States, and not only will not license the drug in the United States but even hesitate to supply it for research on non-abortion applications. The company's fears are not groundless. The lives of Roussel executives and their families have reportedly been threatened. Organized campaigns to boycott Roussel products, to block investment in Hoechst, have dogged the companies ever since Roussel announced it.

- The autonomy offered by RU-486 overcame feminist skepticism of contraceptive innovations. The drug offers the prospect of performing abortions in any physician's office and even at home. The prospect of eliminating abortion clinics, which are easy targets for picketing and bombing by the radical antiabortion movement, has made feminists enthusiastic supporters of the drug.

This alarmed abortion opponents, who characterized RU-486 as ushering in an era of "guilt-free, responsibility-free, carefree living—better killing through chemistry, so to speak" (Andrusko, 1991). "Let's have the courage to say so openly," stated the Vatican, "a way of killing with no risk for the assassin has finally been found" (Reuters, 1989c).

Claude Evin (French Minister of Health) feared that if the antiabortion movement was triumphant in its crusade against Roussel, it would begin fighting for a repeal of the 1975 French law legalizing abortion. Noting the violence surrounding "The Last Temptation of Christ" and RU-486, he asked whether France might not be on the verge of another religious war.

Evin told Joly that, if necessary, the French government would use its status as 36 percent owner of Roussel (and some special provisions of French law) to transfer the patent to another company in order to serve the public good. In light of this threat, Roussel issued a statement on October 28, agreeing to put the drug back on the market.

Explaining his decision to force the company to change its mind, Evin said, **"I could not permit the abortion debate to deprive women of a product that represents medical progress. From the moment Government approval for the drug was granted, RU-486 became the moral property of women, not just the property of the drug company"** (Editor's highlights)
(Greenhouse, 1989a, 1989b).

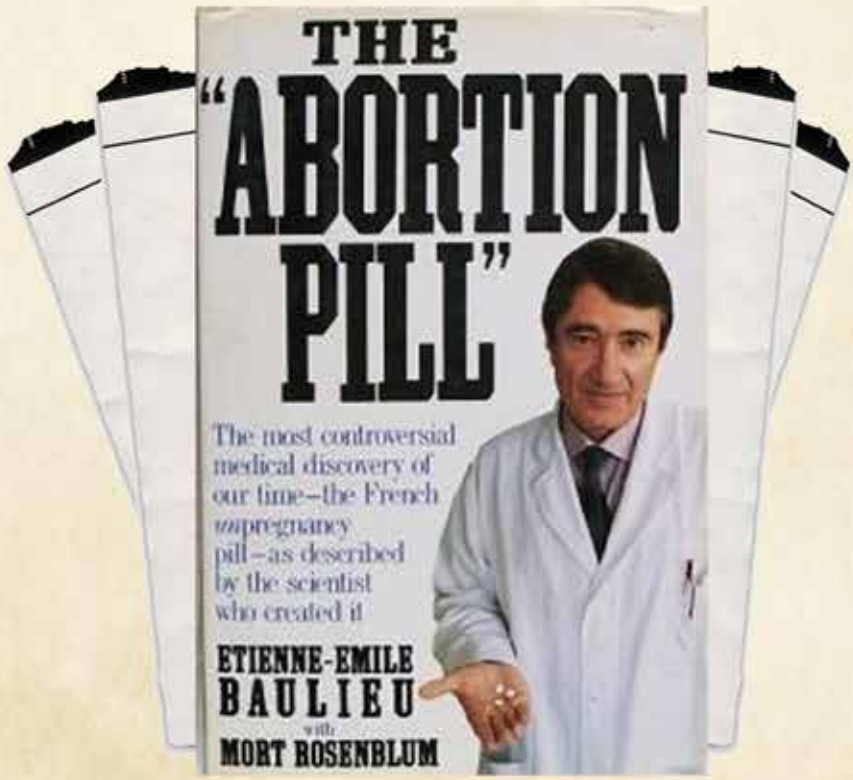
He added, "Intolerance cannot be introduced into choices made between a patient and her doctor. That would be something of incalculable consequences" (Atwood, 1988).

Prime Minister Michel Rocard's Socialist Party praised Evin's decision: "This is in accord with the morals, needs, and mentality of medical science. The majority of public opinion, and especially most women, expected it" (J. Phillips, 1988a).

This perception was accurate: an October 1988 survey found 64 percent of the French public in support of the drug. Fifty-six percent believed that Roussel had violated women's rights by withdrawing it (Gruhier et al., 1988).

The French government's stance was also supported by interested medical and political groups around the world. José Pinotti, president of the International Gynecological and Obstetrics Federation, said, "France has made a courageous decision, one that shows science cannot be blocked by narrow-minded politics"
(Atwood, 1988).

Baulieu echoed this sentiment: "It is a good reaction in the face of demonstrations of intolerance that constituted a grave precedent. **Medicine is at the service of patients and goes beyond other considerations"** (Editor's highlights)
(J. Phillips, 1988b).



The "Abortion Pill" Misoprostol in Brazil: Women's Empowerment in a Conservative and Repressive Political Environment

Ilana Lowy PhD and Marilena Cordeiro Dias Villela Correa, MD, PhD American
Journal of Public Health, 2020 May; 110(5): 677–684

Editor's note: Women in Brazil were self-managing abortions with misoprostol from the 1970s and in fact it was their use of this pill which led to further research on the drug and its inclusion in the MA protocol instead of the other prostaglandin PGF2alpha that needed refrigeration and was costly.

Key Highlights

- Abortion is illegal in Brazil. Its inclusion as a crime in Brazil's criminal code of 1830 was confirmed in the criminal code of 1890 and consolidated in the penal code of 1940, still valid today.
- Its popularity notwithstanding, the dominant image of misoprostol in Brazil is not as a tool of women's empowerment. Misoprostol is linked with culpability, suffering, and potential harm to future children.
- Misoprostol (Cytotec) was originally marketed as a treatment for gastrointestinal problems. One of the side effects of this molecule, its manufacturers rapidly found out, was to induce miscarriage.
- In July 1991, the Brazilian ministry of health decreed that misoprostol could be sold only by prescription and exclusively for the treatment of gastrointestinal problems.
- As a consequence, the drug moved into an illegal circuit, and its price, previously very low, rose sharply. Women could still easily purchase misoprostol in a parallel market, and even with the increase in its price, abortion with misoprostol remained cheaper than termination of pregnancy in an illegal clinic.
- Women explained that they elected to use misoprostol for its privacy and because they believed that it was safer than the invasive methods of abortion. Moreover, some women also persuaded themselves that the use of misoprostol was not a "real" abortion.
- Nearly all the interviewed women complained that they were treated with disrespect, and some with cruelty, by the public hospital's staff. At the same time, many among them, including some who had had several abortions, strongly criticized women who "take out their baby" (tira a criança). A woman's duty, they explained, is to accept her child (tem que augentar un filho!).
- Their highly ambivalent discourse reflected deeply engrained cultural beliefs that see maternity as an inescapable female fate and that stigmatize women who refuse to accept this fate.

Section 3

Global Overview of Current Practises and Concerns

> "Information is just bits of data.
> Knowledge is putting them together.
> Wisdom is transcending them."
> Ram Dass

1. Is it safe to consume traditional medicinal plants during pregnancy?
Nirit Bernstein et al. Phytother Res. 2021 Apr;35(4):1908-1924. doi: 10.1002/ptr.6935. Epub 2020 Nov 8

The popularity of natural medicine is growing worldwide. However, medicinal plants and herbal remedies contain substances that can be toxic to the human body and the fetus. Potential effects of indiscriminate use of medicinal plants are embryotoxicity, teratogenic, and abortifacient effects

The literature reviewed suggests that consumption of the following medicinal plants should be avoided during pregnancy: Abrus precatorius, Achyranthes aspera, Ailanthus excelsa, Aloe vera, Aristolochia indica, Areca catechu, Bambusa vulgaris, Cassia occidentalis, Cicer arietinum, Cimicifuga racemose, Dolichandrone falcate, Ginkgo biloba, Hydrastis canadensis, Indigofera trifoliate, Lavandula latifolia, Maytenus ilicifolia, Momordica cymbalaria, Moringa oleifera, Musa rosacea, Oxalis corniculate, Phytolacca dodecandra, Plumeria rubra, Ricinus communis, Ruta graveolens, Stachys lavandulifolia, Senna alata, Trigonella foenum-graecum, Vitus agnus-castus, and Valeriana officinalis.

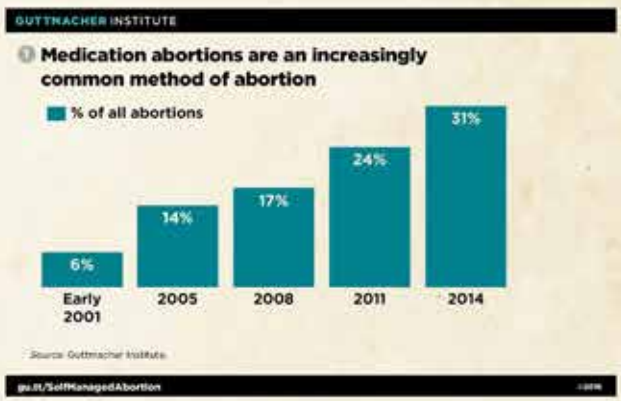
2. Complications of Unsafe and Self-Managed Abortion Lisa H. Harris, M.D., Ph.D., and Daniel Grossman, M.D. N Engl J Med 2020; 382:1029-1040 DOI: 10.1056/NEJMra1908412

As U.S. abortion restrictions increase, self-managed abortion will undoubtedly also increase. Health care providers must prepare for this clinical reality. Since medication-induced abortion and spontaneous abortion are clinically indistinguishable, criminalization of the former would inevitably lead to policing of all reproductive-age women with bleeding or pregnancy loss.

Editor's note: Worth researching into those which have reliable abortifacient properties.

Doctors and health care institutions must develop strategies that favour effective, compassionate clinical care over legal investigation of patients.

3. Self-Managed Medication Abortion: Expanding the Available Options for U.S. Abortion Care.
Guttmacher Policy Review by Megan K. Donovan, Guttmacher Institute First published online: October 17, 2018.



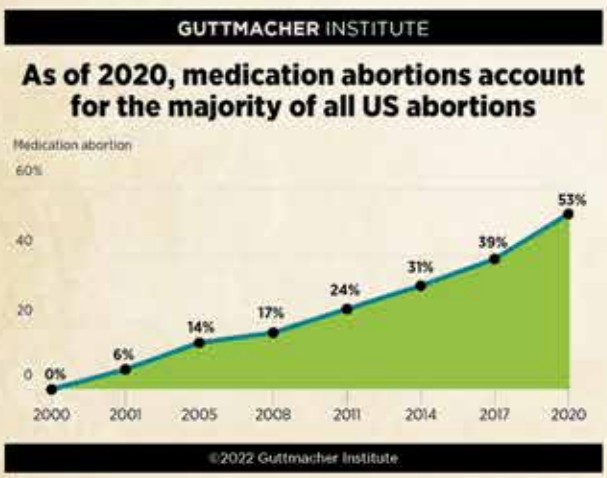
4. More and more abortions completed at home in Sweden. The Local 22 May, 2018.

Of the 37,000 abortions registered in Sweden in 2017, 84% were carried out before week 9 and 55% before week 7 compared to 45 percent and 4% in 1994. four percent, respectively. Part of the reason is the introduction of medical abortion in Sweden in the 1990s. In 2017, 75 percent of all early abortions were carried out at home, compared to 62 percent in 2014.

5. Why women choose at-home abortion via teleconsultation in France: drivers of telemedicine abortion during and beyond the COVID-19 pandemic. Hazal Atay et al

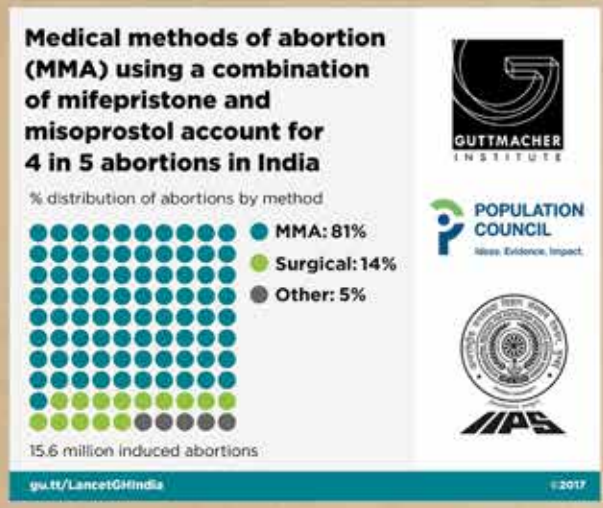
This study analyzed the requests that Women on Web (WoW) received from France throughout 2020 and found that women encounter macro-level, individual-level and provider-level constraints while trying to access abortion in France. They conclude that the demand for at-home medical abortion via teleconsultation increased in France during the lockdowns. However, drivers of telemedicine abortion are multidimensional (including secrecy, privacy and comfort) and go beyond the conditions unique to the pandemic.

6. Learning to Self-Manage Abortions Is Key in a Post-"Roe" Society. Truthout.org Kelly Hayes.
While many people are rightly concerned about digital security, Diaz-Tello stresses that "the biggest threat to an individual who self-manages an abortion is other people who betray their trust."
From health care providers who report patients to law enforcement, to an angry or abusive partner, people who are criminalized for pregnancy outcomes are often reported by people they chose to confide in. "This trend underscores the importance of normalizing knowledge that will allow people who are acting outside the law to end pregnancies safely, while involving as few people as possible — including medical professions."



https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions

7. Self-Managed Abortion in India



8. Effectiveness of Self-Managed Medication Abortion Between 9 and 16 Weeks of Gestation. Heidi Moseson et al
A prospective observational cohort study of three abortion-accompaniment groups in Argentina, Nigeria, and Southeast Asia who were initiating a self-managed medication abortion suggests that people who self-managed an abortion with medication between 9 and 16 weeks of gestation had high levels of abortion completion and accessed health care to confirm completion or to treat potential complications.

9. The weaponisation of reproductive injustice in Palestine: Patriarchy, social restrictions and the violence of settler colonialism by Shams Hanieh and Aude Nasr

Section 4

> "Only those who attempt the absurd can achieve the impossible."
> – Albert Einstein

Women on Waves was founded in 1999 by Dr. Rebecca Gomperts. After completing her training as an abortion doctor, Rebecca Gomperts worked as a physician on board Greenpeace's ship, the Rainbow Warrior II. 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. These women and their stories are the inspiration for Women on Waves. TIME magazine has listed her among the 100 most influential people of 2020. Some of their better known campaigns involve sea voyages or drones and robots to countries where abortions are illegal. Watch here for more: Drones, ships, pills and the Internet.

Reading recommendations:

- Abortion Safety: No longer coat hangers and backstreets, but pills, hotlines and collectives?
- Could Self- Managed Abortions be the Future of Reproductive freedom: What does research say?
- 10 years ago I wasn't an abortion rights activist
- Let's get our medicines from the Pharmacist
- Women's bodies, lawmakers and Catholic Bishops.
- How parents explain induced abortion to kids in China

Section 5

> "The more that you read, the more things you will know. The more that you learn, the more places you'll go."
> – Dr. Seuss.

Book Review:

In Ejaculate Responsibly, Gabrielle Blair Makes Abortion a Men's Issue.

"Currently, conversations about abortion are entirely centered on women—on women's bodies and whether women have a right to terminate an unwanted pregnancy," she writes in the introduction. Meanwhile, "men cause all unwanted pregnancies," Blair asserts. "An unwanted pregnancy only happens if a man ejaculates irresponsibly—if he deposits his sperm in a vagina when he and his partner are not trying to conceive. It's not asking a lot for men to avoid this."

Movie Review:

'Obvious Child' Normalises Abortion, And I'm Glad For It.

'Dirty Dancing' started a dialogue about unsafe abortion.

Art Review:

The Abort The Stigma project was conceptualised after Team Lead, Sangeetha Permalsamy, stumbled upon the House of the Unsilenced in Indonesia. Among the themes explored through the project were the lack of access to safe abortion and forced pregnancies.

Poetry Recommendation:

Kim Yideum: On Kisaeng, Poetry, and Korean Feminism. The Korean feminist poet talks undermining patriarchy, the Korean literary world's #MeToo, and why the material is more honest than matters of the soul

Video:

Building on interview and narrative data collected by Rishita Nandagiri as part of her PhD data collection in 2017 in Karnataka, India, this short animated video is a way of sharing back with the women in the community the research done based on their own abortion experiences (self-managed abortion, as well as medical and surgical abortion through formal settings). Centring women's voices and experiences, these resources are aimed at a range of audiences including healthcare workers (e.g., ASHAs), abortion and SRH advocates, and young activists.

https://youtu.be/Q2gwjhycW0w

Section 6

Venny Al-Siurua, Executive Director of Women on Web shares some insights into the organization and the people they serve.

Can you tell us what Women on Web does?

Women on Web is an international online abortion service that provides safe and affordable online abortion care and access to abortion pills in almost 200 countries. Our team specializes in finding solutions to getting abortion pills into some of the world's most restrictive countries and we work toward a future where home abortions are normalized, safe and supported by doctors, policymakers, and the general public. People can safely self-manage an abortion with pills when they have access to quality medication and information, and abortion can be an empowering and positive experience for many people.

Which are the 3 countries from where the largest number of women are seeking SMA?

We receive requests from around the world–with the highest numbers coming from countries with the highest restrictions like Poland, Malta, Chile, Philippines, and Brazil.

Which are the 3 most common reasons seekers share for needing SMA ?

They seek secrecy, privacy, and comfort.

Can you share some testimonies from 2023?

"So thank you again for everything. It's wonderful to be able to develop this kind of solidarity between woman all around the world. It's a beautiful thing you're doing. I wish all the best." Indonesia

"I would like to express my gratitude to Women on Web on helping me and other women out there facing the same situation .It was not an easy process, physically and mentally. However, it was definitely made easier having an organization that can provide access to consultancy service and medical assistance, without being judgmental to us. Thank you." Malaysia

What are the 3 top challenges you face in this work?

We work almost exclusively online so therefore online visibility and digital tools and technologies are crucial for us to disseminate information and provide services. Therefore, one of the biggest challenges we face in our work right now is digital suppression of online abortion information --governments censoring our websites, Google de-promoting online abortion resources and big tech corporations removing social media posts and taking down accounts. Digital suppression has a devastating impact on people's access to reliable, scientific, and truthful information about abortion.

Do you have a message or call to action for the safe abortion rights movement?

I never lose my optimism and I hope our movement doesn't either. It's heartbreaking to see how women's rights and abortion access is eroding in some countries, but I draw a lot of hope from collective action and grass-roots networks that are not backing down no matter what. Governments can close clinics, censor websites and introduce more bans and restrictions, but the abortion pills are in the hands of people and nobody can take them away from us anymore !

Section 7

1. ASAP Medical Abortion Factsheet: Based on the W.H.O Guidance, it is available in audio version, Arabic, Hindi, Italian, Mandarin, Mongolian, Vietnamese.

2. WHO recommendations on self-care interventions: self-management of medical abortion 2022 update

Abortion can be effectively managed by a wide range of health workers using medication or a surgical procedure, all of which can be provided at the primary care level. In early pregnancy, medical abortion can also be self-managed. The choice of health worker or management by the woman, girl or other pregnant person, and the location of service provision depends on the values and preferences of the pregnant person, available resources and the national and local context

3. How To Ensure a Safe Abortion With Pills: Doctors Without Border MSF-USA

https://www.youtube.com/playlist?list=PLa-oDa0bl_LO5udAfTft0A7Q44_x_VMFO

4. Medical Abortion and Self-Managed Abortion: Frequently asked questions on health and human rights
This publication from the Center for Reproductive Rights and Ipas explains human rights standards that advance the right and ability to self-manage an abortion.

Self-Managed Abortion: How to Know if You Are Pregnant | Episode 1

W.H.O. protocol for self- managed abortion

Cover Photo Courtesy: Amalia Puri Handayani, Indonesia.

This tattoo represents how women and pregnant person reclaim their body and privacy as well as chain of solidarity. Abortion is a collectice act as well as privacy.

Announcing Vol. 2 March 2024 on Abortion & Reproductive Justice:
Guest Co-Editor for Volume 2: Charity Woods Barnes,
Reproductive Justice Alliance, USA

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