The Asia Safe Abortion Partnership

Working to improve access to safe abortion

CLACAI, Conferencia Regional
21, 22 August 2014
Lima - Perú
Country Profile

WHO guidelines for
Safe Abortion 2012

Abortion abortion abortion
pregnancy abortus abortion
information in various languages

Pregnancy Calendar

TâMa Ba? Is It Justified? (#TMB)

Download now
Do you need an abortion?
ASAP is a regional network of individuals and organizations, working with members across the Asia-Pacific and the Middle East, to improve access to safe abortions. This map shows our collaborations and activities!
ASAP STAFF AND STEERING COMMITTEE

PARTNERS

ONLINE COLLABORATORS

WORKSHOPS CONDUCTED BY ASAP

- UNDERSTANDING ABORTION AS A RIGHT
  2009

- SAFE ABORTION: A COMPREHENSIVE
  UPDATE 2010

- MEDIA SENSITIZATION WORKSHOPS, NEPAL
  2010

- MEDIA SENSITIZATION WORKSHOPS, VIETNAM
  2010

- EXCHANGE TRAINING PROGRAMME - TASK
  SHIFTING 2012

- YOUTH ADVOCACY INSTITUTE 2012
WHO Safe Abortion Update workshop Ho Chi Minh City, Dec 2013

We include technical updates and also sessions on gender, values clarification, public health, human rights.
Youth Advocacy Institute

Young people between 18-25 from across Asia
• Sessions on technical updates, gender, communication skills.

• Also on the ethics of abortion, being pro choice, handling conscientious objection

• Advocacy movement building, using social media for thought leadership

• ICPD, MDGs, impact of global financial structures on human rights.

• Capacity building to be support trainers
Small Grants

China: Youth Champion Yu Yang conducted three capacity building workshops for peer educators in collaboration with the China Youth Network. Each workshop had about 25 attendees from various provinces around China. A survey was conducted among the participants to assess their understanding of safe abortion, as well as their understanding of the need for safe abortion. The findings of this survey will be used to make recommendations for changes in the current peer education manual. This manual is distributed among 2500 to 3000 peer educators in China.

India: Youth Champion Preet Manjusha conducted a rapid quantitative study among 20 medical practitioners in the Indian State of Maharashtra in order to understand how the issue of sex-separation affects access to safe abortion and to separate sex-selection from safe abortion.

Lebanon: Youth Champion Rola Yasmine plans to run a sexuality and reproductive health hotline that will provide accurate information on medical abortion to women who may need these services. As part of her project, she has designed a website with comprehensive information about sexuality and reproductive health.
Website in Arabic for Lebanon
Website in Farsi for Iran
From Unwanted Pregnancies to Safe Abortion: An Animated film
Collaboration with Women on Web to support local partners in Bangladesh launch a hotline on Misoprostol
Using Social Media In Advocacy

ASAP @asapasia
Finally!! Abortion "is about saving women's lives," Dr Rhona Mahony, Ireland buff.ly/ULK7tv
Expand

DWCA @DWCA_UK
WOMEN NEED VENDY!! No, it is not: women should not need to be dying to have an #abortion.
View conversation  Reply  Retweet  Favorite  Buffer

RHM Journal @RHMJournal
@DWCA_UK @asapasia but the risk of death remains the only grounds for abortion in Ireland - sadly this needs to be explicitly stated still.
View conversation  Reply  Retweet  Favorite  Buffer
Abortion in Asia

• **Asia** is the world's largest and most populous continent. It contains more than 60% of the world's current human population and has more young people than ever in its history.

• None of our countries have recognized sexual and reproductive rights by law and many countries are still functioning with original or modified penal code set out by the colonizing nations.
• Most of the countries are signatory to ICPD, CEDAW but very few recognize the right to safe abortion as one of the obligations within these.

• Unlike Montevideo, there hasn’t been any regional dialogue or declarations.

• The situation of safe abortion in Asia is as different as the number of countries.
Law and Policy situation

• Afghanistan, Pakistan, Indonesia, Iran, Myanmar, Bhutan, Sri Lanka permit induced abortion to save a woman’s life.

• China, Mongolia, Singapore, Vietnam, and now Nepal permit abortion on request, with gestational age limits varying.

• In Bangladesh, qualified physicians and nurses are permitted to offer menstrual regulation services
Nepal as a case study

Abortion was criminalized and women and girls were in prison for many years for having had an abortion.

Advocacy efforts were ongoing for over 30 years. Finally, it was decriminalized in 2004 and the MMR dropped so drastically that Nepal even won an MDG award!

At present, a woman can have an abortion on request up to 12 weeks. After that, a doctor needs to certify till 20 weeks. Nurses can also perform the procedure up to 10 weeks.
India as a case study

• India has had a law since 1971 which allows the termination of a pregnancy up to 20 weeks for a variety of reasons: to save the mother’s life, rape, fetal malformation, danger to mental and physical health, and failure of contraception

• used by married woman or her husband.

• Mife registered in 2002. There are 12 brands manufactured in the country, costing 2-5 USD and last year 10 million pills were sold!
However........

• As per the law only ObGyn or MBBS with training can perform.

• 25,000 ObGyns for a population of 1.2 billion.

• Doctors more urban, population across rural areas.

• However, women are not aware of the law, there is stigma, lack of services in public sector.

• Women prefer private sector due to confidentiality
Every Two Hours in India, a Woman Dies From an Unsafe Abortion

Each year, 19 million to 20 million women risk their lives to undergo unsafe abortions, conducted in unsanitary conditions by unqualified practitioners or practitioners who resort to traditional but rudimentary means.

By Anjali Trivedi | July 19, 2013 | 29 Comments

On World Population Day, the first part of TIME's focus on India — the country with the highest concentration of young people in the world — looked at sex education. This second part examines what happens when the desperate need for contraceptives...
• India elected a new government in May and almost all parties had the issue of sex selection on their manifesto.

• So at least the girl child is now very precious. But for the wrong reasons!

• The campaigns against sex selection say – If you kill girls in the womb who will marry your sons?
Let me be born! Let me live!

It is unfortunate that the women’s rights groups who fought for this issue 20 years ago used the term ‘female feticide’ to describe it.

Now that it has become commonly used, it is becoming extremely difficult to prevent such conversations from becoming anti-abortion.

No one talks of the higher mortality ratios amongst girl children, infanticide and abandonment.
So what do we work with?

• Until we place safe abortion advocacy within the context of gender, women’s empowerment, women’s sexuality and bodily autonomy, human rights, many of these conversations cannot move ahead.

• Advocacy efforts and political will are important.

• Building a critical mass of diverse actors with the same message is needed.

We also need to ask:
Where is the money going?

- HIV—no mention of unwanted pregnancies
- Contraception ---no funding for failures needing an abortion
- Safe motherhood—only if you want the pregnancy
- Child marriage—what happens when you have an unwanted pregnancy
- Girls education –does it include sexuality education
- Refugee/ migrant/ crisis—medical services for unwanted pregnancies
- Pharmaceuticals—Viagra vs Mife/ Miso registrations, life style disease prevention and treatment
- SDGs will talk of population stabilization and sustainability so we may get abortion access but not as a right
Gender Patriarchy

Sexuality

Maternal mortality

Access to services

Choice

Small family

Population issues
Is there ever a true choice?

• Personal reasons
• Family reasons
• Social norms/pressures
• Economic reasons (jobs for women, equal pay, maternity benefits, cost of education)
• Country policies (one child or two child family norm, military recruitment)
• The State can (and does) interfere with the reproductive freedom of individuals

But governments belong to the people – people do not belong to the government!
Walking on the razor’s edge

What does it mean to be pro choice?

What should one be able to choose??

• When to be pregnant?
• How often to be pregnant?
• At what intervals?
• How many children to have?

But.....

• What kind of child?
• Why not?
• This applies to disability as well as the sex of the fetus.