



Women's Access to Medical Abortion - Key to Realization of their Human Right to Health in Former Soviet Countries

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BACKGROUND

ASTRA – Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (SRHR)

- Founded in December 1999 in Warsaw by 10 NGOs from CEE
- In 2006 – ASTRA consists of 25 members from 17 countries plus 2 associate members (working in the region)

(Albania, Armenia, Azerbaijan, Bulgaria, Croatia, Georgia, Hungary, Kazakhstan, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Slovakia, Ukraine)

ASTRA Mission

Sexual and reproductive health and rights constitute fundamental human rights, form a vital aspect of the women's empowerment and are key to the achievement of gender equality

- **ASTRA is a network of NGOs and individuals advocating in a collective voice for women's sexual and reproductive health and rights in Central and Eastern Europe.**
- **ASTRA works for the advancement of sexual and reproductive health and rights as fundamental human rights and advocates for their observance, prioritization and implementation on the international, regional and national agendas.**
- **As a vital aspect of women's empowerment and gender equality, ASTRA supports women's right to free and informed choice on and access to: abortion, full range of modern contraceptives, information, education and services on sexual and reproductive health and rights. Special attention is given to youth and other underserved groups.**



WHY NETWORK?

- To build pro-choice movement and alliances in CEE and CIS countries to bring visibility to reproductive rights challenges and barriers, incl. right to abortion at international and regional levels,
- To protect gains women have achieved,
- To improve access to SRHR laws, policies and services incl. abortion of high quality which includes choice of methods,
- To confront anti-choice opposition incl. religious fundamentalisms which in many countries led to serious restrictions to reproductive rights, incl. abortion.

TRENDS REGARDING SRHR in CEE/CIS COUNTRIES

The countries of the CEE/CIS share common characteristics that led to inadequate policies in the area of SRHR.

General Overview

Since the 1990s while Romania's and Albania's restrictive abortion legislation have been liberalized, in many countries of the region, abortion and other SRHR have increasingly become hot political issues, influenced by the growing political role of religious institutions, in particular of the Roman Catholic Church and Orthodox Church. Similarly, access to contraception and sexuality education has also become politicised, controversial and/or constantly ignored by policy-makers trying to avoid what are considered controversial issues.

Although in theory abortion is available on request during the first trimester in CEE countries, with exception of Poland, there are various restrictions in law and in practice, which make abortion services increasingly hardly accessible.

Limitations to women's reproductive choice and decision-making in CEE and CIS region

■ **Political barriers**

- **Political transformation led to strengthening conservative trends and challenging gains of the past:
Liberal abortion legislation in the region is increasingly being criticised and restricted,**
- **Political leaders – alliances with religious leaders, political concessions, compromising women's reproductive rights,**
- **Weak democracies and disempowered civil societies (incl. women's movements) which results in particular vulnerability of CEE/CIS societies to negative changes,**
- **Lack of commitment and political will to improve women's reproductive health and choice.**



Limitations to women's reproductive choice and decision-making in CEE and CIS region con't.

- **Cultural transformation**
- Abortion has moved from non-issue into controversial issue,
- Growing religious fundamentalisms,
- Anti-choice movements on the rise strongly linked (and often funded) to international (esp. US anti-choice groups),
- Sharing anti-choice strategies region-wide.

Limitations to women's reproductive choice and decision-making in CEE and CIS region con't.

■ **Medical barriers**

- Poor health systems, health reforms and existing corruption of health care (payments under the table) which affect access to health care in general,
- Women are much more affected by poor health care services which do not affect women and men in the same way and have a gender-differentiated impact (as women use health care much more than men due to reproductive functions),
- That of course affects access to abortion services which are often of poor quality and lead to high Maternal Mortality rates due to unsafe abortion (per 100 000, WHO). (Azerbaijan 94/37, Russia 67/40, Kazakhstan 210/62, Kyrgyzstan 110/47, Tajikistan 100/50, Armenia 55/73).
- Increasing conservatism among professionals.

■ **Demographic situation**

- Low birth rate which feeds nationalistic and anti-choice sentiments.
- Decreased interest of international institutions in investing in countries with low fertility (most CEE/CIS) which made them more vulnerable.
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Medical Abortion— new opportunities and difficulties

- New technology which has a lot of potential to improve women's health,
- It can lead to demedicalization, women's control, choice of the method,
- The more technologies develop, the more opposition grows.
- If not political difficulties, it would be hard to understand why medical abortion is still not fully available to women despite all the benefits it brings, such as safety, choice and control.



Strategies that could be used to improve access to Medical Abortion:

- Women's mobilizing, strengthening women's movement,
- Information on MA accessible to women to create demand of the method (collaboration with the media),
- Cross-sectorial alliances of health providers, health policy makers, NGOs (esp. women), media,
- Using human rights standards and agreements to make governments accountable to people.

Women's access to medical abortion can be seen from different perspectives

- HEALTH ISSUE
- HUMAN RIGHTS ISSUE
- EQUALITY ISSUE

MA as HEALTH ISSUE

- Improves women's health,
- Increases safety of abortion,
- Decreases Maternal Mortality,
- Empowers women to make decisions and choices about their health,
- Brings back control to women over their health.

MA as HUMAN RIGHTS ISSUE

- # Right to life, right to health, right to privacy, right to self-determination;
- # Right to enjoyment of medical advances
- # HRC, CESCR, ECHR

Application of Human Rights to Abortion Access



- the right to life and survival
- the right to liberty and security of the person
- the right to be free from inhuman and degrading treatment
- the right to non-discrimination
- the right to health
- the right to information and benefit from scientific progress
- the right to private and family life
- the right to privacy and confidentiality
- the right to decide the number and spacing of one's children
- the right to maternity protection
- the right to education
- the right to freedom of thought, conscience and religion

Application of Human Rights to Abortion Access **con't**



- Recently Human Rights Council has adopted a resolution on Preventable maternal mortality and morbidity and human rights which implies that that Maternal Mortality and morbidity is a violation of human rights

Application of Human Rights to Abortion Access con't

Resolution of the Council of Europe: Access to safe and legal abortion in Europe



- 2. In most of the Council of Europe members states the law permits abortion in order to save the woman's life. Abortion is permitted in the majority of other European countries for a number of reasons including to preserve physical and mental health, rape and incest, foetal impairment, economic and social reasons and in some countries on request. The Assembly is however concerned that in many of these states, numerous conditions are imposed and restrict the effective access to safe, affordable, acceptable and appropriate abortion services. These restrictions have discriminatory effects, since women who are well-informed and possess adequate financial means can often obtain legal and safe abortions more easily.
- 3. The Assembly also notes that, in member states where abortion is permitted for a number of reasons, conditions are not always such as to guarantee women effective access to this right: the lack of local health care facilities, the lack of doctors willing to carry out abortions, the repeated medical consultations required, the time allowed for changing one's mind and the waiting time for the abortion all have the potential to make access to safe, affordable, acceptable and appropriate abortion services more difficult, or even impossible in practice.
- 6. The Assembly affirms the right of all human beings, women included, to respect for their physical integrity and to freedom to control their own bodies. In this context, the ultimate decision on whether or not to have an abortion should be a matter for the woman concerned, and she should have the means of exercising this right in an effective way.

LINKAGES BETWEEN SRHR AND EQUALITY

International consensus



- The Beijing Platform of Action recognizes that the protection of women's sexual and reproductive health and rights is essential for women's ability to participate equally and fully within all spheres of society (para. 92).
- It recognizes that "*the human rights of women include their right to control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health free of coercion, discrimination and violence.*" (para 96)
- "*The ability of women to control their own fertility is absolutely fundamental to women's empowerment and equality. When a woman can plan her family, she can plan the rest of her life. When she is healthy, she can be more productive. And when her reproductive rights...are promoted and protected, she has freedom to participate more fully and equally in society. Reproductive rights are essential to women's advancement.*"
- Thoraya A. Obaid, UNFPA Executive Director

LINKAGES BETWEEN SRHR AND EQUALITY

International consensus

con't



- Ministers from EU members states agreed that “*gender equality cannot be achieved without guaranteeing women’s sexual and reproductive health and rights*”, and reaffirmed that expanding access to sexual and reproductive health information and health services are essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millenium Development Goals;”
Declaration of the Conference of EU Ministers on Gender Equality, Luxembourg, 4 02 2005

Conclusion

- The struggle for full access to Medical Abortion in CEE/CIS countries is not easy and will take time,
- Many strategies and alliances are necessary for this process, including international standards and agreements,
- The opposition to MA needs to be identified and challenged,
- More work is needed to engage health providers and medical schools, and to equip them in arguments in favor of right to abortion in general and Medical Abortion,
- The civil society, incl. women's movement, need to be informed and involved in this struggle.

Thank you!

