



ABSTRACT BOOKLET

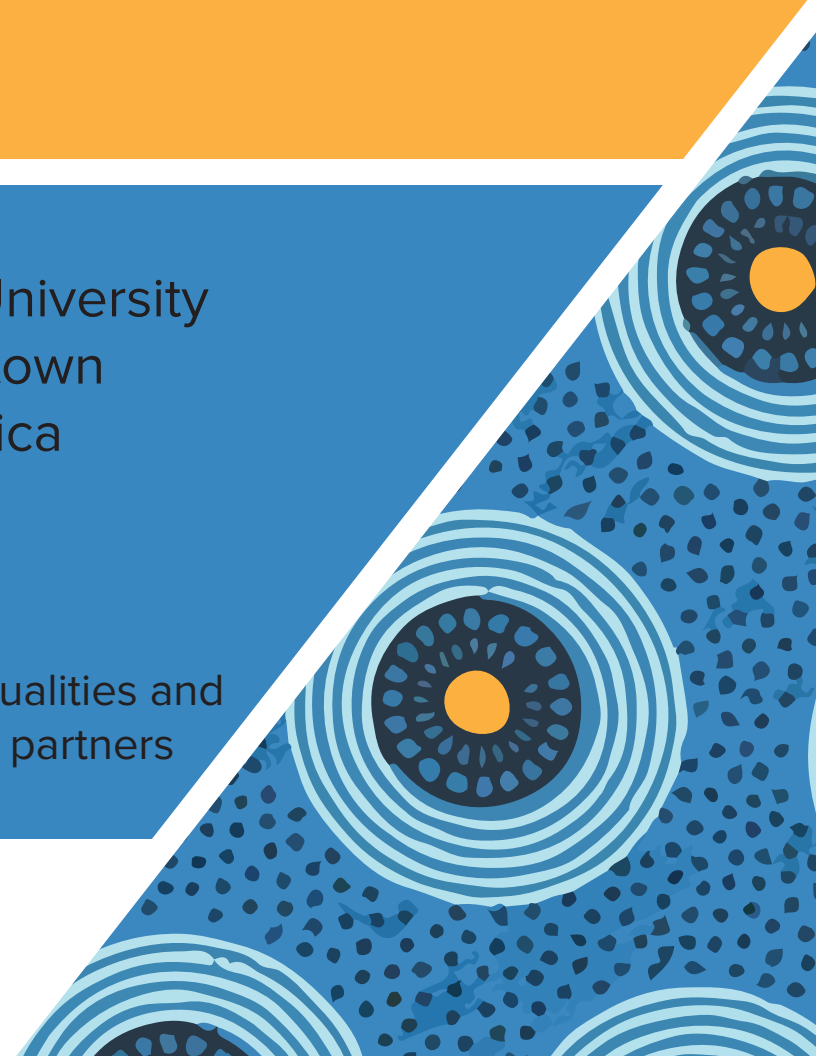
Abortion & Reproductive Justice: The Unfinished Revolution III

A three-part conference
08-12 July 2018



Rhodes University
Grahamstown
South Africa

Hosted by the Critical Studies in Sexualities and
Reproduction research program and partners



CONFERENCE FUNDERS



social development

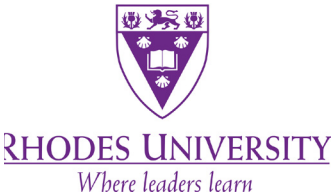
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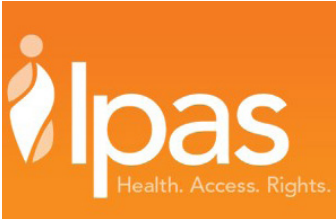
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The conference builds on two previous conferences with the same name held in Canada in August 2014, and in Northern Ireland in July 2016. Thank you to the previous organizing committees for creating the space for the third iteration of this conference.

Partners in organizing the conference are: Department of Social Development; Global Doctors For Choice; International Campaign for Women's Right to Safe Abortion; Muleide Desenvolvimento; Sexual & Reproductive Justice Coalition; The Society for Family Health; Woman's Action Group – Zimbabwe; Zambia Medical Association; Zimbabwe Women Lawyers Association; Ipas. Thank you to these partners for their support in conceptualizing and hosting the conference.

Thank you to all of our generous funders/sponsors for their support in making this event possible: Department of Social Development; International Campaign for Women's Right to Safe Abortion; National Research Foundation; Open Society Foundation; Social & Legal Studies journal.

The conference office at Rhodes University has worked tirelessly to sort out the logistics for the conference and for travel grants. We are indebted to them.

Thank you to the reviewers who provided valuable input on the abstracts.

A number of CSSR students have provided administrative support, and volunteered as assistants during the conference. We are grateful for their enthusiastic support.

Thank you to the key-note speakers and champion awardees for making themselves available to provide their valuable insights to the conference. We also thank all the presenters and other delegates: it is your input that makes the conference a vibrant place of ideas and discussion.

KEYNOTE SPEAKERS

CATHI ALBERTYN

Cathi is a Professor of Law at the School of Law, University of the Witwatersrand, Johannesburg, with a BA LLB from the University of Cape Town, and an MPhil, PhD from the University of Cambridge, UK. From July 2018, she will take up a SARCHI Research Chair in 'Equality, Law and Social Justice'. Prior to joining the Wits School of Law,

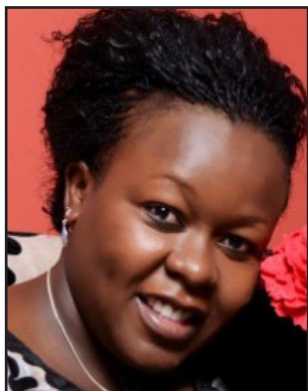


Cathi was the Director of the Wits Centre for Applied Legal Studies (2001-2007) and headed its Gender Research Programme for ten years (1992-2001). During that time, she worked closely with the women's movement in seeking to influence the constitutional negotiations and, after 1994, on several policy and law reform processes, including the Choice of Termination of Pregnancy Act, 1996. Cathi teaches undergraduate and postgraduate courses on constitutional law and human rights, and is engaged in research on equality, gender, human rights and constitutional law. A particular area of interest has been to understand the nature, scope and changing content of rights struggles around abortion in South Africa. She was a founding member of the Reproductive Rights Alliance (RRA), and has served on the executive committee of the Coalition for the Advancement of the South Africa Constitution (CASAC).

Rights struggles and abortion: from reproductive rights to reproductive justice

This paper will reflect on 'the big picture' of abortion in South Africa's past, present and future. It will briefly trace the deep historic roots of abortion activism prior to the enactment of the 1996 Choice on Termination of Pregnancy Act, and the political conditions that enabled liberal abortion reform under the rubric of reproductive rights. Although the constitutional and legal recognition of women's equality and personhood – our right to have rights over our bodies – was a profound normative shift in South Africa's public discourse; it was far more difficult to penetrate the gendered private norms and practices that continued to oppose, undermine and ignore women's reproductive and sexual autonomy – even within progressive movements. Despite initial progress in the delivery of abortion and reduction in maternal mortality – itself the product of ongoing civil society and government partnerships – over time abortion services have declined, and even regressed. The paper ends by reflecting on cycles of struggle, on revolution and counter-revolution, and on the hope inspired by new generations of feminist activism and new connections between abortion, sex work, queer health and reproductive and sexual health services. It will argue that reproductive justice requires a clear political and legal focus on freedom and equality. This means that we always centre women from 'the periphery', and think about how to achieve systemic justice where safe abortion access is understood within wider struggles against social and economic inequalities

JEDIDAH MUTHONI MAINA



Jedidah Maina holds a Masters of Arts in Project Planning and Management and a Bachelors of Arts degree (Economics and Sociology) from the University of Nairobi. She has over ten years of experience as an activist advocate, program manager, and organizer concerning sexual and reproductive health and rights. Jedidah works for Trust for Indigenous Culture and Health (TICAH) as the Deputy Director where she manages the “*Our bodies, Our Choices*” Portfolio of Programs. This program seeks to design educational materials and advocate for change in attitudes, policies, programs and power relationships. Her work includes developing provocative IEC and values clarification materials, training in communities on reproductive health choices and advocacy at the national, regional and International level for reproductive justice.

Putting the power to make abortion choices in women’s hands

For a very long time the choice on pregnancy and childbirth in Africa has been everyone else’s except the woman herself. The decision is often made by legislators, religious institutions, significant others and very often by doctors or health care providers. In legally restrictive settings, this often means that poor or marginalised women cannot access services even when the law allows. Safe abortion services become a service only rich women can afford, while poor and marginalised women and girls die in backstreet alleys in the hands of unqualified “quack” doctors. The advent of misoprostol and mifepristone, medicines that can be used for safe abortion, means that this does not necessarily have to be the case. The World Health Organisation has provided guidelines for women using abortion pills at home without highly skilled medical providers. Studies have shown great outcomes on self-use of medical abortion. Providing this life saving information to women is a tool of empowerment. Women can make choices for safe medical abortion that are accessible, affordable and of high quality and can act on them at the privacy of their homes even in legally restrictive settings. We trust women with childbirth and child rearing; we should trust them with the decision and choice of safe abortion.

KATHA POLLITT



Katha Pollitt is an American poet, essayist and columnist for The Nation magazine. She has won many awards and prizes for her work, including two National Magazine Awards, a National Book Critics Circle Award, a Guggenheim, and a Lifetime Achievement Award from the American Book Awards. She is the author of two collections of poetry, most recently *The Mind-Body Problem*, and five prose books, including *Learning to Drive*, a collection of personal essays. The title essay was made into a movie starring Patricia Clarkson and Ben Kingsley. She writes often about feminist issues of politics and culture. Her most recent book, *Pro: Reclaiming Abortion Rights*, argues that legal, accessible abortion is a positive social good. She lives in New York City with her husband, Steven Lukes.

Fake news on abortion: how the anti-abortion movement makes stuff up and gets people to believe it—and what we can do about it.

The attack on abortion rights is not just an attack on women's health, rights and equality. It is also an attack on facts, science, and truth. Opponents of legal abortion make many false claims: Abortion will kill you, drive you insane, make you infertile, be a source of unending regret. Abortion is pushed on reluctant women by male partners, parents and abortion providers. Abortion is part of a genocidal plot against people of color. These claims, which rest on a view of women as naturally maternal but weak and easily manipulated –“confused” as the anti-choicers like to say-- have been quite successful in affecting US abortion law and policy— mandatory waiting periods, biased counseling, unnecessary ultrasounds, anti-abortion scripts doctors must read to patients. “Trap” laws, which impose expensive and pointless regulations on clinics with a view to shutting them down, have closed many clinics, even as so-called ‘crisis pregnancy centers’ which use trickery and falsehoods to deter women from abortion receive millions of dollars from government.

This ideological framework is being exported internationally by US-based anti-abortion groups. How can we best challenge its appeal, which is often connected with religion and deep-seated ideas about women's roles and nature?

CHAMPION AWARDEES

ADVOCACY AND ACTIVISM AWARD

Marion Stevens



Marion Stevens has an academic background as a midwife, in medical anthropology and in public and development (management). She has worked in the area of sexual and reproductive justice for over 35 years. As a midwife she witnessed the injustices of compounded inequalities during apartheid. After further studies she worked at the Women's Health Project from 1994. She was the policy analyst for the 1994 SA Women's Health Conference leading to the drafting of the new abortion law. She coordinated supportive inputs in parliament in 1995, 1996 and in 2004 and 2008 which lead to the current Choice on Termination of Pregnancy Act. She was a formative member of the Reproductive Rights Alliance and on the steering committee till 2000 when they closed. In 2010 she led the formation of WISH Associates, a network of consultant activists working in SRHR. She has been a

technical adviser to a range of SA Government departments assisting in the drafting of a range of government policies. She introduced the concept of reproductive justice to technical advisers which has been adopted through the SA Cabinet and used in policy documents and frameworks. She led the formation of the Sexual and Reproductive Justice Coalition in 2015. She has worked internationally for a range of partners, is widely published in a range of media and in academic settings.

HEALTH AND SERVICE DELIVERY AWARD

Monica Oguttu

Monica Oguttu is the founding Executive Director of the Kisumu Medical and Education Trust (KMET), an indigenous organization established in 1996 to promote innovative health and education among underserved communities, including adolescent girls. She is a renowned Registered Nurse Midwife who managed the busy maternity unit at Kenyatta National Teaching and Referral Hospital and doubled as an Honorary Lecturer at



Nairobi University's Department of Nursing for 15 years before Co-founding KMET.

Through her leadership, KMET has trained and created a network of over 350 public and private health providers, drawn from underserved and rural communities to expand access to quality maternal and adolescent sexual and reproductive health services with a focus on Post abortion Care. Over the past 20 years, KMET has become a hub of health innovations, including a vocational training center for vulnerable girls, Health Financing to improve quality in the private health sector and a village micro financing program to sustain volunteers. Her top priorities are access to quality maternal care, expanding access to Comprehensive abortion care, Adolescent SRH and Advocacy. She has been an effective member of various RH technical working groups (TWG) including a member WHO TWG on

task sharing/shifting health worker roles in providing safe abortion care and post-abortion contraception

Monica is a recipient of the prestigious Margaret Sanger Award (2004 and 2006); in 2013 feted by IPAS for outstanding dedication and devotion to women's health & rights; in 2015 the Kenya Obstetrics and Gynaecology Society (KOGS) recognized her for being an outstanding champion of Sexual reproductive health rights in the counties; in 2016 was recognized by PP Global as a Global RH Hero championing girls' empowerment and passion in advocating for sexual reproductive health rights in Africa; and in 2017 Appointed by the County Ministry of Health to chair Taskforce developing strategies to improve quality of Health services and Sanitation in the county.

RESEARCH AWARD

Chimaraoke Izugbara



Chimaraoke Izugbara currently serves as the Head of Population Dynamics and Reproductive Health at the African Population and Health Research Centre (APHRC) based in Nairobi, Kenya. During his time at the APHRC, Dr Izugbara has led ground breaking work attempting to understand the dynamics that affect reproductive health and sexuality, particularly for adolescents and youth in sub-Saharan Africa. Most recently, Dr Izugbara was appointed as the Director of Global Health, Youth, and Development by the International Center for Research on Women. A professor-at-large at the School of Public Health, University of the Witwatersrand, Dr. Izugbara has also taught in universities across Eastern and Western Africa, Europe and the United States.

He holds two PhDs, the first in medical anthropology and the second in social work from the University of Gothenburg, Sweden. He also served as a Resident Scholar and Professor at the University of Massachusetts, Amherst, as part of the Five College African Scholars Program. Dr Izugbara has published over 100 scholarly papers and books on gender, youth, sexuality and maternal, sexual and reproductive health. He also has a forthcoming book on the global sex industry. His current research interests include socio-cultural determinants of reproductive health behaviour, care-seeking practices, sexuality, gender, sexual behaviour, and the development of health-related social work interventions.



THEME 1

Health systems, histories of abortion and abortion politics

INDIVIDUAL PAPERS

These are paper presentations followed by questions/discussion.

I68: Who is “the woman” in domestic abortion laws?: an analysis of the gender stereotypes hindering women’s access to abortion

Berro Pizzarossa, Lucía

University of Groningen / MYSU (Mujer y Salud en Uruguay)

This piece enquires the ways in which domestic abortion laws—using Uruguay and South Africa as case studies—hinge on gender stereotypes. It uses critical discourse analysis to engage with the parliamentary discussions that surround the respective abortion laws, aiming to highlight how stereotyped ideas of how people should be and should behave are constructed and perpetuated by the law. This research argues that while the laws have undoubtedly facilitated access to safe, legal abortion services, they also represent new ways of exerting control over women’s bodies giving legal force to gender stereotypes and imposing an overmedicalized, interventionist model of access to abortion services. By “naming” the stereotypes, this research will follow the approach proposed by the literature that considers that “[n]aming a gender stereotype and identifying its harm is critical to its eradication”.

I28: Political priority for abortion law reform in Malawi: the influences and backlashes

Daire, Judith

Curtin University, Perth, WA

If approved by Parliament, the draft Termination of Pregnancy bill of 2015 it will liberalize Malawi’s strict abortion law, expanding the grounds for safe abortion and definitely a significant step towards reproductive health justice. Using Shiffman’s agenda setting theory, we discuss factors that helped to generate political attention unsafe abortion in Malawi, based on policy evaluation study conducted in Malawi between 2013 to 2017. Notably, transnational influences and domestic advocacy converged making unsafe abortion a political issue and abortion law reform a possibility. In addition, domestic actor coalitions and policy champions mobilized new national evidence on the magnitude, costs, and public health impacts of unsafe abortion, framing action on unsafe abortion as part of

effective intervention package to address Malawi's high maternal mortality rate. These efforts generated substantial support for abortion law reform, however, ongoing backlashes from the international anti-choice movement gained momentum by appealing to religious and nationalist values.

I92: When sex selection and safe abortion are in conflict: universal lessons from the Indian experience

Dalvie, Suchitra

Asia Safe Abortion Partnership

The lack of ethical practices among the medical community stood out as a significant influencing factor in providing sex determination and/or abortion services. While the shift from public to private sector was primarily identified for perpetuating unethical practices in abortion services, lack of ethics education in medical curriculum was also identified as a reason for escalating costs for abortion care on the one hand, and the availability of sex determination tests on the other hand, in spite of the MTP being legal since 1971 and sex determination tests being illegal since 1994.

Finally, the problem that forms the bedrock to the issue of conflation: the sociocultural-political consciousness of the society towards abortion. This consciousness shapes the way people's perception about the gendered expectation from women to bear children for the family, how they understand and recognise a woman's right to access abortion, her right to control her body and express her sexuality, and ultimately the role of the State and society in supporting a woman's decision not to continue her unwanted pregnancy. This has been and remains the most difficult issue to tackle from the personal to the political levels.

The conflation of abortion and sex selection at the level of interpretation and implementation of the policy, also has its roots in social, cultural and political processes that have preceded these policies. As more and more stakeholders enter into campaigns against sex selection, synergies between activists who campaign against gender biased sex determination and those who work on abortion rights is essential for gender discrimination to be addressed from a feminist perspective and so the right to access safe abortion does not come under further attack.

I47: Adolescent access to abortion in five Southern African legal frameworks

Daskilewicz, Kristen

Gender Health and Justice Research Unit, University of Cape Town

We conducted key informant interviews and a desktop review on adolescent access to abortion in Malawi, Mozambique, Namibia, Zambia and Zimbabwe. These countries represent a range of different legal frameworks on abortion. We examined how each country's legal framework and local context impact pregnant adolescents. The findings show that adolescents seek abortion care "within, around, and outside" of legal frameworks, endangering their physical health and psycho-social well-being. Adolescent-specific challenges include: conflicting messages around pregnancy, maturity, and punishment; constraints in accessing abortion and post-abortion care; and vulnerability to prosecution for criminalised abortion. Despite these challenges, there is potential to expand protections for pregnant adolescents through the Maputo Protocol, particularly to promote adolescents' rights to safe abortion after rape, incest, and life/health threat.

I79: “Visit us often to hear our challenges”: barriers to high quality public sector safe abortion care in Gauteng and Limpopo

Dijkerman, Sally; Feters, Tamara; Merckel, Judith

Ipas South Africa

Ipas South Africa conducted over fifty in-depth interviews with termination of pregnancy (TOP) providers and facility managers to identify barriers and facilitators to provision of high quality TOP services in public sector facilities. In January 2018, 24 facility managers and 31 TOP providers at 30 public health facilities in Gauteng and Limpopo provinces were interviewed. Interview notes and transcripts were thematically analyzed. Preliminary findings have illuminated many challenges to quality TOP provision, including: insufficient number of trained TOP providers; the unavailability of medical abortion; delays in services caused by booking; lack of proper pain management; judgment towards TOP providers by other facility staff; lack of adequate privacy in waiting, counseling, and procedure areas; and over-medicalization of procedures. Service quality did not always align with WHO recommendations. These barriers to quality must be addressed to ensure women utilize high quality TOP services in the public sector.

I101: Abortion with misoprostol among women in Argentina. Feminist political experiences and alliances in the field of public health

Drovetta, Raquel Irene

National Scientific and Technical Research Council (Argentina) and Universidad Nacional of Villa Maria

Background: In Argentina, abortion is only allowed in case of rape or when the woman's health or life is at risk. Since 2012 the organization “Rescuers in Network” (Women Rescuers Network) offers support to women who decide to abort with misoprostol. The organization operates in 43 cities in Argentina. Methods: between 2014 to 2016 we conducted interviews with 12 feminist activists of the organization, 10 public health professionals allied to the organization and 14 women who aborted with the support of the activists. We obtained sample selection by non-probabilistic sampling. We analyze the data through qualitative content analysis. We also conducted ethnography and participant observation in the activities that the organization planned with women and professionals. Results: Activists and health professionals created a coalition that promotes quality post-abortion care and gradually leads to reducing the stigma of abortion and the impact of unsafe abortion.

I88: The effects of the Mexico City Policy and the law on access to safe abortion in Zimbabwe, Zambia and Mozambique

Gonese, Tambudzai

Southern Africa Litigation Centre

The “Mexico City Policy” is a United States government policy that imposes a condition on foreign NGO recipients of US government family-planning and global health funding, including HIV funding to agree that they will not promote or perform abortion with non-US funds. Activities restricted under this policy include providing counselling, advice and information on abortion and lobbying and advocacy for the legalisation of abortion. The effects of the Mexico City Policy operate to restrict any activism on expansion of abortion laws, decriminalisation and provision of safe abortion in a region that has high incidence of mortality due to complications arising from unsafe abortions. This study provides an assessment of the legal and policy environment in Zimbabwe, Zambia and Mozambique and how this interfaces with the Mexico City Policy in view of the countries' relative reliance on US government global health assistance.

I41: Africa and the export of pro-life evangelical culture wars

Hefez, Jeanne

Ipas

‘Cultural Neo-colonization’, Abortion Imperialism, Gender Ideology : these terms are used interchangeably by US-based Christian groups (such as the World Congress of Families and Family Watch International) who define Africa as the last “frontier for the defense of the Family”. Since the advent of a normative framework for sexual and reproductive rights in 1994, these groups have lobbied African governments and UN structures to defend a traditionalist vision of society. With a seemingly innocuous “human rights” discourse that protects women, girls and children, they identify “Abortion”, “Family Planning”, “Comprehensive Sexual Education” and progressive legislation such as the Maputo Protocol as Trojan Horses to “sexualize” Africans. Through my online monitoring of these groups as a Senior Policy Advisor at Ipas, a Fellow at Planned Parenthood Global and as an official participant at the Commission on Status of Women and the Commission on Population and Development (2017, 2018) where these groups are active, I will show their different spheres of influence and direct influence on policy, particularly for abortion and sexual rights in Africa. This research spans over 20 months and is mostly used in highly confidential and internal organizational documentation that I will present on at the conference.

I61: Exploring induced abortion practices, pathways and reasons among women garment workers in urban Mumbai, India

Kurlikar, Prashika

Despite a liberal abortion law in India, incidences of unsafe abortions are high, particularly among young women who migrate for work, most often in garment factories. Understanding women’s pathways to seeking unsafe abortion will aid in reducing the incidence of unsafe abortion, but there is currently limited research on this issue. The study aims to explore the factors influencing induced abortions, pathways of seeking abortion care, contraceptive practices, and history of abortions among women garment workers in Urban Mumbai India. Utilizing mixed methods, drawing upon qualitative interviews and quantitative survey data, 150 female garment workers from Mumbai were selected. Results show that women sought induced abortion in contexts direct or indirect sex work, unsafe work environments where contraceptive use and health access was limited. Women sought abortion service from private health facilities, but also health facilities that were unregistered and unsafe, due to a lack of accessible safe abortion facilities.

I62: Contraceptive practices and induced abortions status among migrant domestic workers in urban Navi, Mumbai, India

Kurlikar, Prashika

India is facing the challenges of internal migration. Many young women from poor families migrate to urban area for work, most often in domestic help. Reproductive health problems such induced abortions have constituted a public health problem, especially among female migrants. Migrant women are at higher risks due to the vulnerable socioeconomic status and due to poor contraceptive knowledge. This study aims to understand the contraceptive use, history of induced abortions, explore the potential factors influencing induced abortions among migrant women domestic worker in Urban Navi Mumbai, India. The results show that the prevalence rate of induced abortion among migrant women was high due to poor contraceptive use and limited access to reproductive health services. There is an urgent need to improve the awareness of appropriate use of contraceptives among these women. Efforts need to be taken to reduce instances of unsafe abortion by increasing access to safe abortion services.

I107: The Global Abortion Policies Database – a policy tool designed to increase the transparency of global abortion laws and policies and state accountability for the protection of women’s and girls’ health and human rights.

Lavelanet, Antonella

Department of Reproductive Health and Research, WHO (Geneva, Switzerland)

WHO strives for a world where all women’s and men’s rights to enjoy sexual and reproductive health are promoted and protected, and all women and men, including adolescents and those who are underserved or marginalized, have access to sexual and reproductive health information and services. Access expressed through laws, policies, and guidelines is a key component of the enabling environment for safe abortion. Launched in June 2017, the Global Abortion Policies Database (GAPD) contains abortion laws, policies, standards and guidelines for UN and WHO Member States designed to strengthen global efforts to eliminate unsafe abortion by facilitating comparative analyses of countries’ abortion laws and policies. The abortion laws, policies, and guidelines within the GAPD are juxtaposed to information and recommendations from WHO safe abortion guidance, national sexual and reproductive health indicators, and UN human rights bodies’ guidance to countries on abortion. This presentation provides a brief overview of the GAPD, a mini analysis of selected countries, and demonstrates the utility of using information from the GAPD for conducting research on the application of laws and policies in practice.

I5: Indigenous (Māori) sexual and reproductive rights in New Zealand: attending to cultural complexity and advocating responsive practice in abortion services

Le Grice, Jade

School of Psychology, The University of Auckland

Abortion is an under-researched, sensitive and politicised topic, but in the New Zealand context, there is a conspicuous dearth of exploratory research on Indigenous (Māori) perspectives on abortion, despite some indication that Māori seek abortion services. In this presentation I outline colonial contributors to this silence and draw from an Indigenous feminist (Mana Wāhine) interview study with 43 participants (26 women, 17 men), to attend to contemporary Māori perspectives on abortion. I describe patterning and variability of Māori perspectives on abortion across three themes - “protection of a new life”, “woman’s individual choice”, and “extended family investment and support”. I then outline two strategies for culturally responsive practice anchored in mātauranga Māori (Māori knowledges), of ‘kai atawhai’ (sheltering) and ‘manaakitanga’ (practices to empower the person), that are now a requirement for abortion service delivery, newly incorporated into New Zealand abortion policy guidelines.

I13: The history of psychological knowledge production about abortion: the politics of location and representation

Macleod, Catriona; Chiweshe, Malvern; Mavuso, Jabulile

Rhodes University (CSSR)

Despite considerable psychology research being conducted on abortion, there has been no systematic study of the history of psychological knowledge production on the topic. We conducted a systematic search for articles published on abortion in English language psychology journals from 1960 to 2015. Using a politics of location and representation lens, we used a mixed method analytical approach: content analysis and narrative review of dominant content issue. Results show that knowledge production is dominated by quantitative research conducted in North America and Europe concerning the demarcation of psychological consequences of abortion performed under safe conditions. A narrative review of the dominant issue researched – psychological consequences – in

two decades (the 1970s and 2000s) reveals a dramatic shift from abortion being viewed as leading to benign psychological consequences to the entrenchment of traumatology. We conclude by outlining the implications for transnational feminist psychology research and advocacy practice.

I11: Abortion rights and health effects in Africa: law – policy – practice

Nabaneh, Satang

University of Pretoria

What are health and health systems impacts of decriminalisation of abortion? In Africa both abortion law and abortion policies vary greatly, with some countries, and most notably Ethiopia, liberalizing in fact without major legal changes. In other cases, such as in Zambia, the law in principle provides for legal abortion, but on terms that in practice make it near impossible. Even when laws are reformed it is not evident that systemic change follows. The law appears to be one among several factors that affect the provision and uptake of these health services. To understand when and how (de)criminalisation affects health - and be able to act accordingly, we need to understand the conditions under which decriminalisation agenda can be both advanced and made effective in practice. This paper will provide insights on both the social and political dynamics of abortion laws, and on the health (and other) effects of different abortion regimes.

I14: “They know everything”: the role of Community Health Workers in abortion access

Nandagiri, Rishita

London School of Economics and Political Science

In India, female community health workers (CHWs) are equipped with pregnancy testing kits and are often present for women’s first acknowledgement or confirmation of pregnancy. As trusted confidants and sources of health information, women turn to CHWs for advice and support in their abortion decision-making. Task-shifting recommendations and policies center CHWs as key personnel in abortion access, but their current roles in abortion access remain underexplored. Questionnaire data (n= 112) and in-depth interview data (n= 21) collected in two rural districts in India (2017) show that CHWs can enable or cause additional barriers in women’s abortion care-seeking pathways. Preliminary findings suggest that CHWs take on ‘counselling’ roles, and negative or positive attitudes towards abortion can affect the quality and nature of their advice. Where abortion is legal, recognising CHWs as pivotal actors and investing in their knowledge and training can make safe abortion more accessible, affecting women’s pathways to abortion.

I20: Grappling with “suspicious” pregnancy loss in a Moroccan maternity hospital

Newman, Jessica

Yale University

In the midst of a national conversation about abortion in Morocco, where the practice is illegal, administrators at a public maternity hospital devised a category of “suspicious pregnancy loss” to help them identify patients who may have induced abortions. Far from constituting a coherent medical category, “suspicious pregnancy loss” is a bureaucratic category that applies legal categories to medical care. This paper draws on intensive hospital-based anthropological fieldwork to trace the impact of legal debates and public activism on everyday patient care. It represents one aspect of a broader multi-sited, multi-year anthropological project investigating abortion and single motherhood in Morocco. In order to understand the lived experiences of abortion politics and care, this study used the following qualitative anthropological methods: participant observation, semi-structured interviews, collection of

reproductive histories, medical chart review, attendance at hospital staff meetings and trainings, and attendance at public political events such as marches and debates. This paper reports one small aspect of the ethnographic material collected. It shows that anxieties about abortion permeated not only political debates and legal reform processes, but also everyday medical care. Far from presenting policy recommendations for either the hospital or the country, this paper critiques policy's unforeseen impacts. It analyzes the medicalized management of legal uncertainty, foregrounding the lived experiences of patients and physicians.

I56: History of the policy environment around abortion in India: pre-colonial times to present

Pyne, Souvik

The YP Foundation

Prior to colonization, there was no law regulating abortion in India but under British rule, abortion got criminalized. In 1971, with passage of The Medical Termination of Pregnancy (MTP) Act, abortion got legalized till 20 weeks of gestation for conditions to preserve health of woman, rape/incest, foetal abnormalities and contraceptive failure. The law was amended in 2002 approving medical methods of abortion. In late 2017, an amendment draft of 2014 was redirected to the health ministry for rework amidst lack of consensus among different interest groups regarding the proposed amendments especially around allowing alternative medicine practitioners and nurses to perform abortions. Implementation of the MTP Act has been adversely impacted by erroneous conflation with India's anti-sex determination law creating public misconception about legality of abortion. The study critically analyses the background, contextual factors and role of major stakeholders that contribute to watershed moments and current state of India's abortion policy.

I18: The Abortion Act (1967): a biography of a UK law

Sheldon, Sally

Kent Law School, UK

The Abortion Act (1967) has just passed its fiftieth anniversary. It has been both lauded as a key event in improving public health and facilitating the liberation of women; and lambasted as a transgression 'against the very basis of our mortal existence'. While controversy persists, the text of the Act has been amended only once since 1967. However, its legal and broader cultural meanings have evolved considerably over the same period. Drawing on research conducted for a historical study of the Act (AHRC AH/N00213X/1), this paper traces some important points of change and continuity in those meanings, focusing on two newspaper 'sting' episodes which took place at different moments in the Act's life. It suggests that the achievement of legal reform is never an end point in its own right but simply one stage in a process, with legislation offering an important site for ongoing struggle.

I87: Quantifying the coercive delivery of post-partum contraception in the Cape Metro

Towriss, Catriona; Rucell, Jessica

University of Cape Town, University of Leeds

Contraceptive policy in South Africa dictates that women be given access to their method of choice. However, healthcare professionals commonly do not uphold women's rights to contraceptive choice, particularly in the maternity context. Anecdotal and qualitative evidence suggests that the coercive, apartheid-era practice of giving women injectable contraceptives after birth remains commonplace: the receipt of these contraceptives is presented as procedural rather than as an option. There is an urgent need to quantify this issue. We use patient records from

three Cape Town hospitals, including primary, secondary and tertiary level facilities. The paper will present an analysis of the consistency between women's future intended contraceptive use during antenatal care and their actual use post-partum. The results presented reflect different levels of facility-based care, as well as for different age, disease-status and parity groups. We anticipate concluding that this issue is widespread and has important implications for reproductive justice, including abortion service provision, in South Africa.

I26: A courageous few: gynaecologists who perform feticides

Vorster, Angela

Rhodes University (CSSR)

South African tertiary antenatal units offer LTOP to all women carrying a foetus diagnosed with a severe congenital abnormality. International health regulations require that a 'feticide' must take place prior to LTOP post viability in order to avoid 'wrongful birth'. This research aims to explore and describe the experiences of physicians who perform 'feticides' from a feminist health psychology perspective. Participant interviews were coded and analysed using the social constructionist grounded theory methodology developed by Cathy Charmaz. Results indicate that there is a lack of specialist obstetrician/gynaecologists willing to undergo training to perform 'feticides'. Those who are trained in this procedure face stigma and prejudice from healthcare staff and society. A multi-disciplinary team to manage each case would reduce pressure experienced by individual physicians. A sense of professional duty, desire to provide service delivery and personal conviction are important factors influencing specialists to avail themselves to provide this service.

I32: Abortion as a catastrophic health cost : the impact of out-of-pocket abortion expenses on women in the United States

Zuniga, Carmela

Ibis Reproductive Health

Background: In the United States (US), conservative lawmakers have enacted policies that restrict federal funding and insurance coverage of abortion, which increase women's out-of-pocket expenses and negatively impact their quality of life. **Objective:** We quantify the impact of out-of-pocket costs on household incomes by calculating whether abortion expenses are catastrophic health expenditures (CHE). **Methods:** We first conducted a literature review to understand how CHE calculations have been used in sexual and reproductive health care studies, and identified the most appropriate method to apply to abortion access. Using the World Health Organization's method to determine CHE, we calculated if abortion costs are CHE for households earning the median monthly income in each state. **Conclusion:** Abortion costs are catastrophic for median-income households across the US, and may push low-income households into poverty. Defining abortion expenses as CHE highlights their detrimental effects on women and could prompt legislators to enact policies guaranteeing insurance coverage of abortion.

ROUNDTABLES

Four or five 10 minute position presentations followed by general questions and discussion.

RT6: Exploring the socio-political effects of the Global Gag Rule in South Africa.

Organiser: Sofika, Dumisa

Presenters: Ndabula, Yanela; Mhlana, Siviwe; Rios, Vanessa; Macleod, Catriona

Rhodes University (CSSR); Neil Aggett Labour Studies Unit (NALSU), Rhodes University; International Womens Health Coalition (IWHC)

This roundtable discussion aims to present issues surrounding the extension of the Global Gag Rule (GGR) by US president Donald Trump within the South African context. The GGR requires that any overseas organization receiving US aid money not have anything to do with abortion. The panel will draw from research into the GGR in South Africa. Up for discussion will be: the CTOP Act (92 of 1996) South Africa; an exploration of gender imbalances and disjunctures in the implementation of health funding policies; themes from interviews with key informants and analysis of media representations of the GGR; the real time effects and impact on NGOs and other civil society organizations working in the field of sexual health, reproduction and human rights, as well as public discourse on abortion and sexual and reproductive health and rights. The discussion highlights the overall negative implications of the expanded GGR for SRHR in South Africa, including impacting on the integration of services, weakening civil society, and emboldening opponents of abortion. We conclude with some comments on some potential focus areas that could help SRHR advocacy.

RT7: Combating the use of conscience claims to deny services

Organiser: Truong, Michelle ; Wood, Susan (moderator)

International Women's Health Coalition

Presenters: Ranape, Judy; Mudarikwa, Mandivavarira; Parker, Willie

Kisumu Medical and Education Trust (KMET); Sexual and Reproductive Justice Coalition member and reproductive health manager of the West Cape District; Sexual and Reproductive Justice Coalition member from the Legal Resources Centre; Provider and reproductive justice advocate

The increasing use of so-called “conscientious objection” in the context of reproductive health care is one strategy being used to deny abortion services. This growing trend exacerbates existing health inequities, as those who seek abortions face the added barrier of the use by health care providers or institutions of personal, often religious, beliefs to justify their refusal to provide lawful services. The roundtable will open with a brief presentation of a forthcoming report resulting from a global convening on “conscientious objection” to abortion, which involved 45 participants from 22 countries. The roundtable presenters will examine “conscientious objection” in health care from their respective contexts, the consequences for women’s lives, and the ethical and legal challenges to its use. The roundtable will also offer strategies to counter its negative effects. Reproductive justice advocates and researchers will have the opportunity to engage with these ideas and suggestions in discussion after the presentations.

SYMPOSIUM

Three or four paper presentations followed by general discussion

S5: Abortion discourses: supportability, vulnerability and experience in reproductive justice

Organiser: Macleod, Catriona

Rhodes University (CSSR)

This symposium will explore differing analyses of abortion discourses and their links to legal reform in a variety of

contexts with each author using Ireland as a base for comparison.

Paper 1: The Trust Women Campaign and vulnerability: challenging abortion stigma through a concept of political subjectivity as embodied and interdependent

McNamara, Noirin

Queens University Belfast

Drawing on the work of Lee (2003), who examines feminist legal scholarship on the construction of subjectivity within the 1967 Act and within policy developments thereafter; and on the work of Pierson and Bloomer (2017), who use content analysis of political debates and policy documents in Northern Ireland, this paper traces framings of vulnerability and autonomy, their connections to abortion stigma, and their links to liberal political theory. We argue that recent developments, particularly the N.I. 'trust women' campaign, demonstrate a much broader concept of political subjectivity and work to significantly decrease stigma. These discourses acknowledge the complex interdependent embodied nature of subjectivity, fit well with Macleod's supportability framework and place abortion as necessary for livable lives (Butler).

Paper 2: Applying a reparative reproductive justice analysis to abortion discourses in restrictive regimes: Northern Ireland and the Philippines

Pierson, Claire

University of Liverpool

The concept of reproductive justice allows for a more nuanced and holistic examination of legality and access to abortion. MacLeod et al (2016) have developed a framework to enable the concept of reproductive justice to be applied to analysis of abortion legality, accessibility and social/political discourses framing abortion. This framework is based on a reparative justice approach focusing on the individual-collective and material-symbolic domains. The paper uses preexisting data from the case study contexts and MacLeod et al's framework to present and compare attitudes and discourses towards abortion in two legally restricted jurisdictions: the Philippines and Northern Ireland. The authors argue that analysis of attitudes, cultures and structural factors that shape abortion discourses in legally restrictive regimes offers potential to challenge such illegality and provides a basis to challenge societal attitudes.

Paper 3: What can Contact Theory tell us about engaging with those with anti-abortion views?

Bloomer, Fiona

Ulster University

The paper considers how the lived experience of participants in a research study served to influence the views of other participants who exhibited hostile views on abortion. The study, conducted in the Republic of Ireland and Northern Ireland, comprised a survey of 3,180 trade union members, 48 of whom participated in an on-line discussion forum about their general views on abortion, legal frameworks and abortion as a workplace issue. Specifically, the paper applies Contact Theory to determine that interaction between research participants over a short time period (6 weeks), led to some of those most hostile to abortion exhibiting more nuanced views. This is ascribed to engaging in discussions with those with direct experience. The paper concludes that opportunities for engagement between people with differing views, informed by lived experience, can deliver a more nuanced understanding of abortion.



THEME 2

Education, interventions and treatment

INDIVIDUAL PAPERS

These are paper presentations followed by questions/discussion.

I58: Disparities in treatment seeking behaviour for abortion between high-priority districts and non-high priority districts in the Empowered Action Group states of India.

Chourase, Mithlesh

International Institute for Population Sciences, Mumbai, India

Unsafe abortion is one of the leading cause of maternal morbidity and mortality. This can be prevented by seeking safe abortion and accepting post-abortion contraception. The post-abortion contraception may help in increasing the space between births so that the maternal morbidity and mortality can be avoided.

However, in India access to safe abortion is low. Government of India identified high priority districts in each state based on selected maternal and newborn health indicators to have intensive reproductive health programs in those districts. It is important to understand the pattern and treatment seeking behavior in those districts for better implementation. Using the National Family Health Survey-4 data, this study attempts to address the pattern of abortion and the treatment seeking behavior among the women in 7 Empowered Action Group (EAG) States of India. Also, the study addresses the disparities in treatment seeking behavior between high-priority districts and non-high priority districts in each EAG states. The preliminary results show that among the EAG states, the abortion rate is highest in Odisha where about 4.7% of last pregnancies in the last 5 years preceding to survey were resulted in abortion, followed by Uttar Pradesh (4%). Of those pregnancies resulted in abortion, less than 50% were conducted by doctor or, nurse/ANM/LHV. A large disparity is observed in treatment seeking behavior between high priority districts and non-high priority districts in the EAG states.

I43: Reaching out to medical students to create sensitized doctors for the future

Dalvie, Suchitra

Asia Safe Abortion Partnership

The Asia Safe Abortion Partnership has been working with young people across 20 countries in Asia, in order to build a regional youth led movement for safe abortion rights.

We argue that since the modern systems of medicine have arisen from a patriarchal system that suppressed women healers and even prevented them from admission to formalized medical colleges, the teaching environment as well as textbooks are not exactly conducive to creating a gender sensitive and rights based awareness among the medical students.

Our interactions and mentoring of these students reveals that not only are they not exposed adequately to issues of sexuality, gender and patriarchy but even when they recognize the misogyny in the teaching and textbooks they are still helpless at being able to openly protest since the teachers expect these same answers in the exams.

The medical students we have worked with have reviewed their own ObGyn, Forensic Medicine and Preventive and Social Medicine textbooks and written articles which have been submitted for publication and also made presentations at regional conferences on the topic.

We conclude that while amending the syllabus and textbooks may be a longer term advocacy agenda, working directly with medical students and some interested and committed faculty members could help change the process of teaching by introducing a gender sensitive perspective to critique existing material and to provide an alternate narrative.

The presentation will focus on an analysis of this process along with examples of similar interventions in other countries and as suggested by WHO.

I83: Developing effective strategies to mitigate the impact of the Global Gag Rule on local SRHR organizations in Nigeria

Ekwere, Eno-obong

Education as a Vaccine

The MyQuestion and MyAnswer service is the longest running adolescent sexual and reproductive health and rights (SRHR) service in Nigeria managed by Education as a Vaccine, EVA. Since its inception in 2007 it has provided young people with safe and reliable information regarding their SRHR in a non-judgmental and confidential manner using mobile technology. SRHR organizations like EVA are organizations that promote sexual and reproductive health and rights.

With the restrictive laws that allows for abortion only when the life of the woman is at risk, the service has managed to provide information on safe abortion however; there has been a cooling effect due to the Global Gag Rule, GGR. Especially in terms of using the information garnered from the service to advocate access to SRHR including safe abortion for women and girls. Not necessarily in terms of funding even though that has had an impact but moreso in terms of the environment.

EVA in collaboration with the International Women's Health Coalition is conducting research to document and understand the extent of the impact/cooling effect of the expanded GGR on local SRHR organizations in Nigeria. The Global Gag Rule is a United States government policy that blocks US federal funding for non-governmental organizations that provide abortion counseling or referrals, advocate to decriminalize abortion or expand abortion services. The research gathers information through in-depth interviews and desk reviews. The evidence from the research will be useful for organizations like EVA working in restrictive environments to develop effective advocacy strategies.

I4: Destigmatizing the option to look: creating a fetal tissue viewing best practices guide for abortion care

Hann, Lena R.; Lechtenberg, Jessica J.

Augustana College Public Health Program, Rock Island, IL, USA

A series of three studies explored U.S. independent abortion clinics' approaches to post-abortion pregnancy tissue viewing. The mixed-methodology was informed by feminist community-based participatory research frameworks and yielded survey data from 22 clinics and interview data from 25 clinic workers. Qualitative and quantitative analyses revealed common themes across studies and participants, including 1) Clinician comfort with tissue viewing work; 2) Tissue viewing as quality abortion care; and 3) Clinic policies, practices and training. These studies also revealed that there is currently no specific protocol for showing tissue after elective abortion. To address this issue, we have created a best practices guide that summarizes current research and clinic approaches to discussing tissue with, and potentially showing it to, patients. The guide will help clinic staff dispel abortion myths, combat stigma associated with pregnancy tissue, and facilitate open conversations and viewing when appropriate. This presentation will share portions of the guide with conference attendees, highlight best practices for pregnancy tissue viewing in the U.S., and discuss the benefits, barriers, and stigma surrounding tissue viewing from a global perspective.

I31: Inaccurate, stigmatizing or missing completely: education about abortion

Hurley, Laura

International Planned Parenthood Federation (IPPF)

Even though abortion is a common part of life (one in every four pregnancies around the world ends in abortion) it is a topic which is rarely taught in educational settings. Where abortion is mentioned, it is often done in a way which is heavily stigmatizing: anti-abortion organizations deliberately target schools to spread misinformation, and young people often report lessons which are distressing, or at the least, irrelevant to their lives.

This session will look at the issue of poor quality education on abortion from around the world, and focus on ways to improve in this area – showcasing the International Planned Parenthood Federation's (IPPF's) 'How to educate about abortion' toolkit and reflecting on the improved recommendations on abortion in the updated UNESCO (United Nations Educational, Scientific and Cultural Organization) International Technical Guidance on Sexuality Education. The session will include insights from IPPF young volunteers and link to a proposed interactive session, Art/Drama presentation AD1, which models best practice in this area.

I45: Seen, not heard. Youth-led audit of sexual and reproductive health services in Lucknow, India

Khatoon, Reena

The YP Foundation

Young women are not seen as capable decision makers and legal restrictions can make it challenging for them to access abortion services in India. Further, the recently enacted law against child sexual abuse – POCSO – creates conditions that deny the capacity of women of under 18 to consent, and threaten their access to safe and confidential abortion services. Systemic silencing and shaming also translates to deep levels of stigma and discrimination against young women accessing abortion services. In 2015, TYPF undertook a youth led study on youth friendly health services to generate evidence on the current situation of abortion services for young people in Lucknow, India. The study Design Training and exposure visits of 12 Young Researchers to build their capacities to lead this research. To collect the data young volunteer visited to the 29 health facilities as a mystery client to access and audit services based on their experience.

I29: Severity and management of post-abortion complications among women in Zimbabwe, 2016: a cross-sectional study

Madziyire, Mugove G

Department of Obstetrics and Gynaecology, College of Health Sciences, University of Zimbabwe

Objectives: We assessed the severity and factors associated with abortion complications (induced or spontaneous), and post-abortion care (PAC) management in Zimbabwe.

Methods: We recruited 1002 women with abortion complications at 127 health facilities for a prospective 28-day survey in September 2016 and conducted ordinal regression to examine factors associated with increasing severity of post-abortion complications.

Results: Overall, 59% of women had complications classified as mild, 19% as moderate, 19% as severe, 3% as near-miss and 0.2% died. Women who were rural, younger, not in union, less educated, at later gestational ages, or who had more children were statistically significantly more likely to have higher severity complications.

Conclusion: Zimbabwean women experience considerable abortion-related morbidity, particularly young, rural, or less educated women. Abortion-related morbidity/mortality could be reduced in Zimbabwe by liberalizing the abortion law, providing PAC in primary health centers, and training nurses to use medical evacuation with misoprostol and MVA.

I84: Providing key population-specific services in a repressive political context

Mukiibi, Grace

Alliance of Women Advocating for Change (AWAC)

This paper explores the necessary integration of sexual and reproductive health services and referrals for abortion care, focusing on female sex workers and other key populations in Kampala, Uganda. Drawing on medical and programmatic expertise, this paper argues for the provision of stigma-free services via a drop-in center that specifically targets key populations. This paper explores the challenges of working in a repressive political context where abortion and sex work are criminalized. It provides a solution at the community-level:

long-term engagement with female sex work communities and awareness raising around population-specific services (including access to safe abortion) is a critical pillar of intervention success. This model can be replicated in similar contexts with a prevalence of sex work and a repressive criminal environment.

I46: The rights of youth and adolescent to sexual reproductive healthcare: the KMET experience

Nudi Orawo, Patricia Teresa

KMET

Introduction: The Kenya Essential Package of Health (KEPH) commits itself to establish youth-friendly Sexual and Reproductive Health (SRH) facilities. In line with KEPH provisions, KMET's model seeks to ensure that Youth-friendly (SRH) services meet the human rights standards of youth aged between 10–24 years. KMET implemented the project in 22 facilities in South Western Kenya.

Methods: The KMET youth friendly model intervenes at: (a) The health facility interventions: upgrading youth friendly clinics, supplies and equipment, staff capacity building; (b) The community level intervention: training of Community Health volunteers (CHVs) and youth peer providers (YPPs) as well as facilitating grassroots advocacy and community dialogues. The youth friendly services are completely free.

Results: The clinics have registered increase of clients below 24 years seeking for SRH services. From 20046 in year one to 28621 in year 2.

Conclusion: Preliminary results indicate this model is key in improving access to SRH service for the youth.

I8: Modeling provision of medical abortion in youth-friendly facilities: KMET experience in south western Kenya

Nyandat, Caroline

KMET

Young people constitute 66% of Kenyan population and experience poorest sexual and reproductive health and Rights (SRHR) outcomes. KMET Kenya implemented a SRHR project (2015-2017) in Kisumu, Siaya and Migori counties that increased awareness of access to and use of quality Comprehensive abortion care (CAC) services in high need communities. The project focused on information and Medical Abortion (MA) services through youth-friendly Facilities (YFF) to young people ages 10 to 24 years. The project worked with 22 YFF, 66 health providers and 44 youth peer providers (YPP) who were trained on MA and YFS provision.

Findings/ Results: There was increased access to MA services with 1,862 in 2016 and 4,160 in 2017. 54,735 beneficiaries reached with MA information through E&M platform and the toll-free line.

Lessons learnt: Young people involvement promotes ownership and sustainability; youth friendly safe space increases utilization of MA services.

Conclusion: The project has increased access to medication abortion care in the YFS clinics.

I77: Making safe abortion a public health priority

Pyne, Souvik

The YP Foundation

Public health syllabus lacks focus on safe abortion although being a priority concern. To address this gap, a seminar was organized in a leading public health institute which included sessions on public health perspective, technical perspective, legal and human rights perspective with panel discussions followed by a colloquium and screening of videos on abortion. The participants comprised of medical doctors, academicians and students from medical, public health and nursing disciplines. They often raised issues of conscientious objection by providers and concerns about gender biased sex selection. Instances of health facilities facing community backlash for providing abortion services and getting awarded by religious organisations for withholding such services were mentioned while various misconceptions around abortion were clarified. The seminar created a space for public health students and academicians to recognize safe abortion as a priority concern. The pressing need to have such participatory discussions on abortion was an important lesson learnt.

I66: Theology as a resource for reproductive justice

Van Der Walt, Charlene

University of KwaZulu-Natal

Faith and religious convictions are often seen in opposition to progressive SRHR practices, the negotiation of sexual diversity and advocacy for abortion rights. That religious opposition to progressive SRHR reasoning, practice, and implementation is pervasive in the African context cannot be denied. Considering the reach and impact of belief and faith-driven practice within the African landscape it is imperative to engage this sector in an attempt to engage life-denying and dehumanizing realities when considering issues located in the intersection Gender, Health, and Religion. To shift the discourse in this sector it is crucial to draw on the resources developed in critical and contextual theology and to create progressive educational spaces and institutions where all aspects of SRHR can be addressed. Numerous examples of contextual, intersectional, critical and progressive theology is being developed within the African contexts and speak to issues pertaining to SRHR and explorations into specifically abortion rights is also present. This presentation will explore some theological perspectives that can offer themselves to engaging in abortion from a reproductive justice perspective. The presentation will endeavor to highlight what theology is done on the topic in the African continent and globally and what the possibilities and perspectives are that allow us to engage more fully.

ARTS OR DRAMA PRESENTATION

An artistic or dramatic presentation that can be presented in a half hour or hour slot within the context of a conference venue

AD1: Peer educators from IPPF (International Planned Parenthood Federation) lead an interactive lesson on abortion

Organiser: Hurley, Laura

International Planned Parenthood Federation (IPPF)

Presenters: Hlungbo, Hélène; Sawadogo, Sawdate

IPPF: Benin ; Youth Action Movement/International Planned Parenthood Federation

IPPF ‘Youth Champions’ will deliver a participatory workshop on abortion to showcase best practice in teaching about this topic. Good-quality education on abortion is seriously lacking in classrooms around the world. Abortion is a topic parents may struggle to talk to their children about, and the information online can be confusing and distressing. We need to make sure young people have accurate and non-stigmatizing information about their reproductive choices and this session will highlight how this can be done, even in restrictive contexts. Youth Champions from IPPF’s project focused on abortion stigma as it affects young people in South Asia and West Africa will deliver the session and provide their expertise on talking about abortion in restrictive settings.

ROUNDTABLE

Four or five 10 minute position presentations followed by general questions and discussion.

RT3: Hotlines: a vital education tool for expanding access to medication abortion services and information

Organiser: Chandrasekaran, Sruthi

Ibis Reproductive Health

Presenters: Young, Yves-Yvette; Maina, Jade; Osita, Sybil; Malisau, Pearson

Ibis Reproductive Health; Trust for Indigenous Culture and Health (TICAH); Fortress of Hope Africa (FOHA); Generation Initiative for Women and Youth Network (GIWYN); Center for Girls and Interaction (CEGI)

The roundtable will provide an opportunity for presenters to share the history of the hotlines, the models currently in operation in Kenya, Nigeria, and Malawi, the impact of these hotlines on the communities they serve, and their future. We will share our evaluation design for the hotlines, which incorporates qualitative and quantitative methods, and collects data from hotline callers, community leaders and clients. We will also discuss our strategy to replicate this intervention in other countries in Africa, in a manner that is contextually appropriate.

Mobile health technology that increases access to medication abortion services.

The Aunty Jane hotline provides reliable, safe and confidential information on safe abortion with Mife and Miso, surgical abortion, contraceptives, law on abortion in Kenya and counseling. The hotline uses ordinary mobile phone and takes advantage of the Interactive Voice Response. The callers call can listen to per-recorded messages, leave a message if she needs someone to talk and sends SMS. The hotline offers information 24 hours a day ,7 days a week in English and Kiswahili languages on Sexual and Reproductive Health and Rights, PPH Prevention, unwanted pregnancy and Safe abortion based on the use medication abortion, Sexual and Gender based violence, and contraceptive methods. Calls are charged at the normal rate, depending on cell phone provider, and callers can listen to the information as many times as necessary. Aggregated data system is used to collect data, one is able to view the phone number that called, time called, what messages the caller listened to, duration of time listened, messages left on the leave a message and SMS send. Data is collected on daily, weekly and monthly bases making it easy to see the Call and Sms data variation.



THEME 3

Theory and methods in research

INDIVIDUAL PAPERS

These are paper presentations followed by questions/discussion.

I23: “Become the mother that god has planned”: an exploration of religious and pronatalist discourse in pre-abortion counselling

du Toit, Ryan

Critical studies in sexualities and reproduction (CSSR), Rhodes University

Pre-abortion counselling has been described as a practice where women may encounter persuasive and value laden information regarding their pregnancy, the unborn fetus and parenthood. This presentation is based on research which sought to identify the discourses which feature in pre-abortion counselling conducted in the public health sector in South Africa. Drawing on discursive psychology the authors critically explore two common discourses counsellors deployed. A religious discourse worked to construct pregnancy and the unborn fetus as “a blessing” and “gift from God”. The Pronatalist discourse was used to construct motherhood as inherently desirable and a positive experience irrespective of one’s personal and social circumstances. Within this discourse counsellors utilized rhetorical strategies not only to personify the fetus but also to construct it as a wanted subject which brings immense fulfilment to parents. The implications of counsellors interdiscursively drawing on these two discourses are highlighted and problematized within the South African context.

I24: Placing talk under the microscope: using Conversation Analysis to investigate pre-abortion counselling in South Africa

du Toit, Ryan

Critical studies in sexualities and reproduction (CSSR), Rhodes University

Pre-abortion counselling has been described as a practice where (mis)information may be shared and dissuasion is performed. However, little research has investigated how pre-abortion counselling is conducted at the level

of talk. In this presentation the authors seek to address this by introducing and illustrating Conversational Analysis (CA) as a powerful approach to analysing pre-abortion counselling. They do this by drawing on actual audio recordings of pre-abortion counselling conducted in South Africa. Analysis, using CA, reveals a range of problematic rhetorical strategies deployed by nurses/counsellors, these involved: (1) personification of the fetus, (2) providing graphic description of the abortion procedures, and (3) constructing abortion as a risky procedure that can result in breast cancer, future infertility and Post-Abortion Syndrome. We argue that CA provides researchers the theoretical and analytical insights to identify and map out problematic conversational practices. Findings using CA can also contribute greatly to current debates regarding pre-abortion counselling.

I55: Reproductive justice as a theoretical framework for research on health systems in the African context

Dutton, Jessica

University of Western Cape

Within my research on what drives obstetric violence from the perspective of nurses and midwives in Urban Western Cape, I am applying reproductive justice as a theoretical framework as a way to understand obstetric violence that goes beyond seeing any particular phenomena as independent or self-contained. A reproductive justice framework mandates this through a multi-layered analysis that in itself accounts for and interconnects the many aspects of maternal health while understanding obstetric violence as bio-political and a symptom of how the state, and in this study, South African maternal health services, value particular lives over other. For the purpose of this study reproductive justice is defined as the social, political, and economic power and resources to make decisions about one's own gender, body, and sexuality. Approaching research using reproductive justice as a theoretical framework means operationalizing the underpinnings of what reproductive justice means and constructing an analytical lens.

The term obstetric violence encompasses all acts of abuse done onto pregnant people across the continuum of maternal care. Obstetric violence includes verbal, physical, physiological, and emotional abuse as well as forms of mistreatment such as neglect, denying informed consent, and discriminatory attitudes and actions and can be driven by an individual or system. Much of the work on obstetric violence within the African context, often referred to as disrespect and abuse or mistreatment of women during childbirth, has blamed and shamed nurses and midwives for such acts without much in terms of contextualization or an understanding of the health system midwives and nurses are situated within. As this field (the study of disrespect and abuse during childbirth in low and middle income countries) develops and health system research gains momentum, this paper will explore how reproduction justice can inform research theoretically and practically, from the development of a research guide and how to engage with the literature to developing theories around obstetric violence and drawing conclusions.

I36: Young pregnant women and public health: introducing a reparative justice approach

Macleod, Catriona; Feltham-King, Tracey

Rhodes University; University of Fort Hare

'Teenage pregnancy' continues to be amplified as a social problem despite evidence to the contrary. In response, public health provision of antenatal care to teenaged pregnant women concentrates on interventions which are aimed at changing individual behavior. Critical scholars call for an alternative approach which acknowledges the intersecting power relations at work in antenatal healthcare contexts. Using the work of

Ernesto Verdeja, we outline a critical reparative justice approach to providing reproductive healthcare. Such an approach proposes repair for social and health injustices at the individual and collective level as well as at the material and symbolic level. We utilize five case studies generated from an ethnographic study conducted in antenatal care units in an Eastern Cape township in South Africa. These findings highlight the variability of young women's lives, the multiple reproductive injustices they experience (including but not limited to their access to abortion), and the agency they demonstrate in negotiating their way through pregnancy and birth.

I3: Critical, relevant, and effective: animating community through academic activism for reproductive justice and abortion access

MacQuarrie, Colleen

University of Prince Edward Island, Canada

Feminist liberation psychology (FLP) offers a framework for collaborative action research to create grassroots knowledge, activism, and solidarity to enhance reproductive justice and change systemic practices which exclude and devalue women's reproductive autonomy. Through examples of reproductive justice research and advocacy, I illustrate how a seemingly impermeable anti-abortion jurisdiction within Canada was targeted for change and the impacts of community based knowledge for creating reproductive justice. I illustrate the various aspects of how FLP informed research and knowledge sharing within an anti-abortion province and the resulting shifts in policy and practice. In this radical shift toward critical and reflexive research with people in their communities, the collaborative methodologies act as radical de-colonizing forces that shift the knowledge and action possibilities within communities. The role of the academic activist in animating community empowerment processes is illustrated as a critical moment for decolonization and for promoting reproductive justice.

I27: Researching narrated experiences of the pre-abortion counselling healthcare encounter in the public health sector of the Eastern Cape province of South Africa

Mavuso, Jabulile

Critical studies in sexualities and reproduction (CSSR), Rhodes University

African and Global South feminisms have long critiqued mainstream Western feminisms for what Mekgwe (2008) terms the mal-representations of womxn (and mxn) of Africa and the Global South more generally. Such mal-representations have locked womxn living in the Global South into the 'oppressed victim' subject position, with womxn from the Global North locked into the 'liberated agent' referent. In this paper, we make the argument that applying Foucauldian scholarship to African feminist theorising and combining this with a narrative-discursive approach produces an analysis that avoids homogenised and essentialised representations of African womxn (and mxn). To illustrate, we draw on our study which explored South African womxn's and healthcare providers' narrated experiences of the pre-abortion counselling healthcare encounter in the Eastern Cape public health sector. Specifically, we draw attention to the variety of micro-narratives co-produced in interviews, and how these micro-narratives visibilised participants' negotiations with hegemonic discourses.

I16: Can you keep a secret?: navigating secrecy in empirical abortion research

Nandagiri, Rishita

London School of Economics and Political Science

Empirical abortion research is shaped by the stigma, attitudes, and beliefs surrounding abortion experiences. It

thus requires managing complex ethical and methodological issues. There is an inherent tension in conducting abortion research: (i) navigating secrecy to recruit participants who have terminated a pregnancy and are willing to reveal this information, while (ii) maintaining and securing that secrecy. This need for secrecy- by providers, gatekeepers, and women- profoundly affects research design.

Drawing on nine months of primary qualitative research in two rural districts in India, this paper explores the management of secrecy and privacy, and the roles of relationship-building and trust in qualitative abortion research. It considers recruitment strategies, safeguarding mechanisms, minimisation of exposure, ethics, and reflexivity. Understanding and accounting for the roles that concealment, silence, and trust play in abortion research can build more responsive, flexible, and ethical research designs, contributing to more robust and rigorous studies of abortion.

I9: Awareness of the constitutional provisions for safe and post abortion care services among young people in Siaya County, Kenya

Nyandat, Caroline; Owoko, Sammy; Kuya, Johnstone; Odhiambo, Benard; Oguttu, Monica

KMET

Sexual and reproductive health rights includes rights to access to information and services. Studies on awareness of the constitutional provision for safe and post abortion care services among young people are rare. The status of abortion in Kenya is unclearly understood among young people. The objectives of the study reported on in this paper were to: assess the level of knowledge and awareness on the constitutional provision for abortion; assess level of knowledge and awareness on abortion care services; assess the attitudes towards abortion care services; and identify the factors influencing young people aged 15-24 years to go for an abortion. The study used qualitative and quantitative approaches to collect data and adopted descriptive cross-sectional survey design and case studies. The findings indicated significant support for legalization of abortion by 73% (N=400) for different reasons. Only 6.3% were aware of at least one law that supports abortion. The following is recommended: Upscale youth friendly service package to include abortion and liaise with the Ministry of Education to adopt age appropriate comprehensive sexuality education for young people.

I2: Abortion and agency in southern African fiction

Stobie, Caitlin

University of Leeds (UK)

One major argument contesting abortion is concerned with establishing whether a foetus has personal agency. This paper, however, is not concerned with persons – or, rather, it does not adhere to the typical conflation of humanity with legal personhood, which leads to a stalemate between pro-lifers and pro-choice activists. Instead, it suggests that we should reconceive of the very notion of agency when discussing reproductive justice in a postcolonial framework. To best represent such agency theory, and the transformative potential of emerging feminist research methods, this paper traces stories of abortion communicated during the ‘birth’ of postcolonial southern African nations in the late twentieth century (a process which remains, controversially, ‘unfinished’). I refer to a range of literary abortions written by southern African women – from South African author Zoë Wicomb to Zimbabwean novelist Yvonne Vera – and feminist responses to the shifting relationship between corporeal embodiment and political agency.

SYMPOSIUM

Three or four paper presentations followed by general discussion

S6: Diagnostic de l'environnement juridique de l'avortement au Burkina et montrer la mobilisation pour l'amélioration du cadre.

Organiser: Nadembega, Clarisse

Association des Femmes Juristes du Burkina Faso (AFJ/BF)

Paper 1: Le régime légal de l'avortement au Burkina Faso

Thiombiano, W. Cécile

Association des Femmes Juristes du Burkina Faso

Exposer la législation nationale ainsi que les engagements régionaux et internationaux pris par le Burkina sur l'avortement. En montrer les forces et faiblesses.

Paper 2: Stratégie de plaidoyer pour l'amélioration des politiques publiques sur les DSSR y compris l'avortement sûr et légal au Burkina Faso

Thiéba, Blandine

Société des Gynécologues et obstétriciens du Burkina (SOGOB)

Présenter la stratégie du groupe de plaidoyer et les approches collaboratives visant la clarification des valeurs et la collecte des évidences sur les grossesses non désirées et les avortements chez les mineurs : Exemple de collaboration OSC nationale et MdM au Burkina

Paper 3: Exemple d'intervention en communauté pour lever les tabous: le projet #RéduSAC de ONIDS/BF

zabre/k, Honorine

Organisation pour de Nouvelles Initiatives en Développement et Santé au Burkina (ONIDS/BF)

En plus du plaidoyer montrer autres leviers en proximité avec les ménages et les familles pour clarifier les valeurs et lever les tabous

Paper 4: Les résultats à mi-parcours du plaidoyer et de l'IEC/CCC des plaideurs au Burkina

Ganemtoré, Fidèle Bonaventure

Organisation pour de Nouvelles Initiatives en Développement et Santé au Burkina

Les actions engagées par le plaidoyer pour l'avortement médicalisé au Burkina et les résultats à mi-parcours Présenter les objectifs et acquis a mis parcours du plaidoyer sur l'avortement médicalisé au Burkina Faso ainsi que les perspectives.

THEME 4

Social contexts and communications

INDIVIDUAL PAPERS

These are paper presentations followed by questions/discussion.

I74: Using the electronic voucher referral system through the MSU Call Center/hotline in reducing unsafe abortion and maternal death.

Amase, Dianah Ritah

Marie Stopes Uganda

Background: Unsafe abortions contribute 26% of maternal deaths as a result of various factors including, stigmatization of abortion victims, lack of access to services and legislation that criminalizes abortion.

Intervention: Marie Stopes' Reproductive Health hotline promotes positive SRH including access to modern contraceptives and Post Abortion Care which includes counselling, medication, reviews and a variety of Family Planning Services (FP services). From June – Dec 2017 the hotline issued 690 Electronic vouchers of PAC, of those 43% were redeemed. 1,492 electronic coupons were issued for FP services (which includes; counselling, insertion and removals) of those 28% redeemed. Electronic voucher entitles a client to free counselling and consultation services at a MSU clinic through a process of voucher verification its eventual closed/redeemed.

Conclusion: In a highly restrictive environment like Uganda, it is important to promote platforms for example the MSU hotline that open up discussions and promote access to safe post abortion services.

I65: Community Based Distributors (CBDS) model in provision Of SA/PACFP and reducing unsafe abortion related death

Aucur, Francis

Background: In Uganda, 50% plus pregnancies are unintended, nearly a third of these pregnancies end in abortion. About 300,000 abortions are induced annually, as the national estimate of abortion incidence rate is 54 abortions per 1,000 women of reproductive age, according to the Guttmacher Institute. While there is support in the Uganda MoH for a less restrictive interpretation of the law, strong opposition at higher levels of government remains a challenge in fulfilling women rights which is central to development as spelt out in ICPD and Maputo protocol language.

Methodology: MSU utilizes trusted and accessible CBDs within communities. They identify and use generic codes to refer women for SA/PACFP. Once CBD generates a referral code, prospective client and MSU Centre Manager receive it as well. 14% of 2017 total Clients accessing SA/PACFP in MSU centres were CBD referrals accessing quality services hence reducing numbers accessing unsafe abortion and death.

I69: Improving women's access to quality reproductive health services in urban settings in Accra and Soweto

Bessenaar, Tshego

Ibis Reproductive Health

Background: Improving quality of sexual and reproductive health care of provided in the reproductive health setting can lead to the provision of better care, increased access and use of care, and improved health outcomes. The overarching goal of this project was to review current quality of abortion indicators and gather preliminary data from women. Some of the indicators identified include; pain management provided, availability and distribution of facilities, and communication of the provider.

Methodology: A systematic review of 13 peer reviewed articles and eight reports focused on indicators of quality abortion care were reviewed in May 2016. An additional three articles were reviewed in May 2017. A total of 75 indicators were identified in the first review, and 39 in the second review. Additionally, six focus group discussions were conducted with women in urban settings in Soweto and Accra to explore what constitutes quality of abortion care for them.

Results: There were differences between Accra and Soweto results in terms of sexual and reproductive health and rights (SRHR) knowledge, preferred service providers and commonly used sources of information. Women identified time, adequate resources, accountability, cost of service, positive provider attitude and accessibility as some of the key indicators of quality of abortion care. Of these, accountability was not identified in the literature review.

Conclusion: This study highlighted the need to improve current indicators used to measure the quality of reproductive health services, and to ensure those indicators are responsive to women's priorities and needs.

I76: Young men's attitudes toward abortion: an exploratory study in three South African Provinces

Bessenaar, Tshego

Ibis Reproductive Health

Introduction: Ibis undertook a study to explore young men's perceptions of their role in preventing early and undesired pregnancy, and their attitudes towards abortion.

Method: The study used mixed methods; a survey and focus group discussions (FGDs). Nine FGDs were conducted with 75 men aged 18-24 in Limpopo, Gauteng, and Western Cape. The same number of men completed a survey.

Results: 60% of the men said both partners are responsible for preventing undesired early pregnancy while 40% said it's the responsibility of the woman. They used words such as cruel, murder and punishable by God to express their attitudes towards abortion. Two out of 75 men said it is the woman's decision to terminate a pregnancy, and 73 said it was their [man's] and their family's [man's family] decision to make.

Conclusion: More advocacy for women's decisions about their bodies is needed amongst young men.

I15: Mothers of shame: abortion in South Africa's *Daily Sun* tabloid

Boshoff, Priscilla

Rhodes University School of Journalism and Media Studies

The *Daily Sun*, South Africa's most popular tabloid, is read by over five million working class township residents. Its popularity derives from the attention it pays to the harsh conditions of township life, and it frequently covers illegal abortion, as well as the discovery of killed or "dumped" of new-borns. The paper is informed by a constructivist theoretical frame, in which gender and sexual identities are understood as socially constructed in relation to the range of discourses at play in the social domain, here the discourses associated with women who illegally abort, or kill or "dump" new-borns. Using a critical discourse analysis, the paper examines a range of articles drawn from the complete set of editions in 2011 to explore the ways in which these acts are represented for the tabloid's readers. It identifies a range of positions within the tabloid's stories, as a variety of voices enter into the coverage and contest the meanings of such acts. I argue that these positions indicate the (im)possibilities for reproductive justice for women living in marginal communities in South Africa.

I63: Adolescents' advocacy for responsible reporting about abortion: lessons learned from a mmoho media engagement workshop

Cutshwa, Bongeka

Ibis Reproductive Health

Introduction: Media forms an integral part of our world, structuring public opinions and norms. Ibis Reproductive Health has held media workshops to create space for adolescents and media representatives to discuss responsible reporting of adolescents' reproductive and sexuality issues.

Methods: We convened a three-hour media workshop on barriers to accessing abortion services with an emphasis on advocacy for reporting that does not shame and blame teenagers. This workshop also helped to

equip young women and girls with comprehensive sexual health information, which provides the opportunity to make informed decisions.

Results: The documentation of key discussions is informing work around media engagement in the ongoing rollout of the *mmoho* campaign. *Mmoho* is mobilized through members of the National Teenage Pregnancy Partnership through utilizing member organizations' existing programs and resources such as information and help-lines, sexual and reproductive health (SRH) tool kits, and manuals for adolescents. Other results included media coverage of the workshop, increased invitations to attend media interviews, increased engagement with adolescents on social media, and a press release.

Conclusion: In a country where abortion is legal, some young women either do not know this or face many barriers to accessing safe abortion services. This workshop created a space for young people to learn, engage, and get quality information on comprehensive abortion care. The sessions also promote critical discussions and thinking amongst media representatives and encouraged reporting more responsibly on SRH. The partners invited from various organizations are encouraged to bring their multi-sectoral approach and experiences working with young people, which often highlights the importance of continuing to link programs that elevate healthier reproductive health lifestyles.

I59: Spatial pattern of post-abortion contraception in India: regional analysis from NFHS-4, 2015-2016

Dehury, Bidyadhar

India Health Action Trust, Lucknow, India

Unsafe abortion is a major and preventable cause of maternal morbidity. Studies found that in India majority of the abortions are taking place outside health facilities. Despite intensive focus to the high-priority geographies, still many Indian states have high maternal and newborn mortality as well as high level of TFR. Post-abortion contraception is critical to avoid unintended births and to keep space between births. Using the National Family Health Survey 4 (NFHS-4), the contraceptive calendar will be used to understand the disparities at regional (group of districts) level as well as socio-economic groups in adoption of contraception post-abortion. The study will have implication in explaining major determinants for not opting for post-abortion contraception as well as geographical disparities across regions of India.

I80: Community perceptions about abortion: When “muti” seems like a better option

Fetters, Tamara; Dijkerman, Sally; Merckel, Judith

Ipas South Africa

To develop an informed intervention to improve abortion availability and quality in South Africa, we designed an in-depth assessment with stakeholders, civil society representatives, partners, and individuals from community-based organizations. In January 2018, we spoke with 167 community members from ten districts in Gauteng and Limpopo to understand health-seeking behaviors for TOP care, including knowledge of, confidence in, and use of safe abortion services. At 15 meetings of 3-35 predominantly female community members, facilitators led five Participatory Action Research activities – socio-community mapping, free listing and ranking, triad discussions, the evaluation wheel and “girl path” – to examine norms and perceptions around contraception and abortion. Thematic analysis revealed that communities' perceptions of the poor quality of care at public

facilities and fear of stigma cause women to delay care-seeking and/or avoid public facilities completely to pursue alternatives that promise the elements of care that they desire: confidential, nonjudgmental, and convenient abortion services.

I104: Dire l'avortement en Haïti: point de vue des féministes, point de vue de la société

Lamour, Sabine

SOFA/CRESPPA/CSU/Paris8 /UEH

Cette communication examine la perception de l'avortement dans les médias haïtiens. Elle montre que seule une construction détournée permet de présenter en problème social cette troisième cause de la mortalité maternelle qui est abordée en Haïti d'un point de vue moral. Pourtant, l'observation suggère que la réprobation collective et la criminalisation juridique semblent encadrer cette pratique, prennent la forme d'une contrainte qui empêche aux acteur-ice-s d'en débattre au niveau national. Onze articles sélectionnés entre 2005 et 2017 sur les sites du Nouvelliste et du National permettent de voir la manière dont les quotidiens médias disent l'avortement, les termes qu'ils utilisent pour le signifier. En comparant leurs points de vue avec une recherche sur l'avortement menée par deux féministes haïtiennes: Danièle Magloire et Myriam Merlet- l'idée est de montrer les obstacles qui gênent l'émergence d'une opinion favorable par rapport au phénomène en Haïti. Cette approche constructiviste situe les procédés discursifs que nos acteur-ice-s mobilisent pour élever l'avortement au rang de préoccupation collective.

I78: “I refused to accept a nation’: power in abortion fiction”

Ludlow, Jeannie

Women's, Gender, and Sexuality Studies, Eastern Illinois University, USA

The power of stories to counter abortion stigma is well-documented. Individuals' abortion stories humanize abortion seekers and normalize abortion care. Abortion stigma is, however, as much cultural as individual. Therefore, we need to counter it on a cultural level. This paper turns to cultural stories of abortion, those available in artistic texts, as counternarratives to abortion stigma.

This paper reads four stories from different cultural contexts in order better to understand the relationship between abortion and power: Lambrichs' *Hannah's Diary* (France, 1993); Kincaid's *Autobiography of My Mother* (US/Antigua, 1996); Vera's *Butterfly Burning* (Zimbabwe, 1998); and Mungiu's *4 months, 3 weeks, and 2 days* (Romania, 2007). All metaphorically link abortion to geopolitical power and social upheaval. Approaching these texts through this metaphorical connection, the paper seeks a clearer picture of the ways power inflects abortion stigma. In so doing, it demonstrates one value of fictional stories for advocates and policy-makers.

I50: Abortion stigma in Zimbabwe: challenges and opportunities

Mhlaba, Clarah

Women's Action Group

Abortion in Zimbabwe is associated with name calling, denigration, rejection and stigma. Meanwhile, the church, an institution which is supposed to be supportive in communities, shuns those who have experienced abortion as they believe that abortion is an evil deed. This is worsened by the law (the Constitution and Termination of Pregnancy Act) which criminalizes abortion except for circumstances such as rape, when the

life of the mother or child is at risk and incest. As a result, women are resorting to unsafe abortions. Unsafe abortions contribute to maternal morbidity and mortality in Zimbabwe by 5%. The prohibition of abortion is denial of one's human rights such as the right to: health care, nondiscrimination and equality and make choices on Reproductive Health. There is need for educating communities on these abortion implications and advocating for amendment of laws and supportive structures for women who have experienced abortion.

I102: Understanding abortion practice from an African perspective: research results presentation

Molobela, Reabetswe Lien

Rhodes University (CSSR)

South Africa's liberal abortion law has removed abortion restrictions at the macro-structural level. However, cultural and religious constraints at individual and community levels continue to exist as barriers to women's access to safe abortion. These constraints to safe abortion were explored by collecting data through 5 individual interviews and 2 focus group conversations with women aged 25-40 in a rural Bushbuckridge area of South Africa. The study used Parker's discourse analysis approach. This study used a combination of frameworks: African epistemologies, Judith Butler's performativity theory and Foucault's notion of power in illustrating how power operates in the construction of gender, the body, subjectivity and materialization of knowledge that perceives abortion as a transgression. This presentation will highlight research results that point to competing and contradicting discourses about the construction of abortion at the micro level alluding to multiple voices and realities.

I90: Bold in the dark; shy in daylight

Musoke, Noah

Volunteers for Development Association in Uganda (VODA Uganda)

People in Uganda are surrounded by fear, stigma, and discrimination because of their known or suspicious connection with abortion related experiences. This escalates the frequency of unsafe abortions and its consequences to the life of a woman. Stigma affects service providers, women who have had an abortion, families associated with such women, even boyfriends! However, they tend to be more open when they feel they are secure and confidentiality is guaranteed. We used participatory methods to generate a stock of lessons of how abortion stigma manifests in our work, how various participants are addressing abortion stigma and what more needs to be done. I will particularly demonstrate how VODA Uganda is working with religious leaders to address abortion stigma. Participants reflected on how they are labelled by their communities. Participants spoke about new approaches, for example, integrating abortion stigma in every stage of their work.

ARTS OR DRAMA PRESENTATION

An artistic or dramatic presentation that can be presented in a half hour or hour slot within the context of a conference venue, and with all props and additional lighting provided by performers

AD2: Body of work: abortion conversations

Organiser: Daskilewicz, Kristen

Performers: Ndimande, Zola; Makhooane, Keabetswe; Basson, Gillian; Harris, Nicola

EASI (End Abortion Stigma Initiative)

Body of Work: Abortion Conversations (BWAC) is an interactive exhibit of original visual art on the topic of abortion stigma, created by four South African artists. Our presentation will include an interactive discussion and question and answer session with the artists, and time for conference goers to explore the art pieces individually. The exhibit culminates in inviting visitors to add a reflection to the reflection wall. The reflection wall is a series of A5 cards on which visitors are invited to draw or write a reflection about how the exhibit made them feel. The cards become a part of the exhibit and more cards are added during each exhibition. Past reflections suggest that BWAC has been powerful in transforming abortion attitudes and encouraging dialogue about abortion among visitors.

AD3: #ChoiceOverStigma: screening of India's first ever Virtual Reality (VR)/360 film on abortion

Organiser: Yadav, Vithika

Performers: Srivastava, Surabhi; Prakash, Tanvi

Love Matters India

Abortion continues to be a stigmatized issue in India. Therefore, to increase awareness around abortion as a human rights issue, and encourage empathy among the wider public towards women who choose to have an abortion, Love Matters India has produced India's first virtual reality (VR)/360 film on abortion. The film (4-5 minutes) takes the viewer through an immersive experience from the perspective of a woman who has had an abortion, giving an opportunity to "step into her shoes".

The session will entail a brief introduction to contemporary discourse on abortion and sharing learnings from our past experience of using VR technology to address taboo social issues, specifically the screening of VR film on intimate partner violence (IPV) in 2017. The screenings led to a 20 percent increase in awareness about IPV, documented via pre and post screening survey. The VR film on abortion will be screened using the VR headsets provided by Love Matters India. Feedback and audiences' reactions will be documented audio/visually throughout the screening. The viewer will have the option to opt out of the VR experience at any moment, and their written and visual consent to participate in the VR experience will also be documented.

AD5: Faith and feminism: reframing and reclaiming religion for reproductive justice?

Organiser: Weiderud, Emilie

Church of Sweden

Performers: Van Der Walt, Charlene; Palm, Selina

University of Kwazulu-Natal, Stellenbosch University

The influence of the anti-abortion movement is pressing and present in the African and Latin American continent; both influence from abroad and within religious institutions, in government, in education, and in the health system. An untapped potential is engaging with progressive religious leaders, feminists of faith,

networks or theological institutions that work on these issues from the inside and also bring forth the new generation of scholars and leaders within churches. This workshop will present some perspectives and creative methodologies from feminist theology and faith networks. The session will be interactive and in order to enhance the conversation we will draw on insights and learnings from theologians and students from theological institutions working on SRHR as well as youth representatives from IPPF that work directly with young people to see how we can reclaim reproductive justice from contextual and also faith perspectives.

SOAPBOX

A provocative paper followed by input from an interrogator and general questions or discussion

SP1: What do young Indians think of abortion?

Chauhan, Harsh; Pyne, Souvik

The YP Foundation

On the occasion of the Global Day for Action for Safe and Legal Abortion (28th September) in 2017, youth volunteers associated with The YP Foundation interviewed a diverse group of 30 young people, across five locations of India, about different aspects of legality of abortion in India from their standpoints. The participants often lacked clear knowledge but expressed their nuanced views on those aspects which sometimes resonated with the facts while sometimes did not. All the responses along with facts were collated in the form of a short video which will be presented. It will serve both as an educative tool for conveying correct information as well as provoke the audience to take stances on the expressed perceptions. The interrogator will then explore the audience's views followed by collectively understanding and analyzing how the social fabric and policy environment influences nuanced perceptions around issues of abortion.

SYMPOSIUM

Three or four paper presentations followed by general discussion

S3: Norms of female sexuality and abortion stigma

Organiser: Purcell, Carrie

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

This symposium examines the relationship between female sexuality and the stigmatisation of abortion in the United Kingdom. It explores findings from component studies currently subject to secondary analysis in a study of existing qualitative datasets from Scotland, England and Northern Ireland. Abortion is highly stigmatised as it challenges powerful social norms of feminine sexuality, particularly in socio-cultural contexts where women's moral autonomy is contested. A growing body of US-focused scholarship demonstrates that stigma, underpinned by health inequalities, creates barriers for women seeking essential healthcare, and

contributes to the medical and social marginalisation of abortion. However, little is known about processes through which narratives of ‘deviant’ female sexuality contribute towards abortion stigma in the UK. The papers in this symposium address manifestations of abortion stigma in different UK jurisdictions, and explore the interface between feminine sexuality and abortion in the narratives of women, providers, educators, and wider society.

Paper 1: Abortion stigma in Scotland

Purcell, Carrie

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

This paper reflects on findings from several recent studies on abortion in Scotland. These have examined experiences of earlier/late abortion, more than one abortion, and of working in abortion provision. Together they constitute a rich body of data illustrating manifestations of abortion stigma; feelings which abortion may evoke (such as shame, disgust, self-disapprobation); and ways in which stigma is resisted/rejected. It emerged from these data that negative attitudes toward abortion continue to prevail, and to shape experiences of those seeking and providing it. To some extent, even those who view themselves as largely ‘pro-choice’ nevertheless found it difficult to escape these macro constructions of abortion as morally questionable, and in some cases perpetuated stigmatising attitudes themselves. Our analysis highlights the culturally enmeshed position of, and challenges faced by, individuals who wish to challenge abortion negativity, despite living in a context where abortion has been safely, legally provided for 50 years.

Paper 2: Towards understanding internalised abortion stigma: listening to women’s voices

Hoggart, Lesley

Open University

This presentation is located within current debates around the generation of abortion stigma. It focuses on young women’s experiences of, and resistances to, abortion stigma in England and Wales, through drawing on young women’s narratives from two qualitative studies. Analysis shows that whilst women felt stigmatised in relation to their abortion(s), many also resisted stigmatisation. Stigma management strategies were developed, grounded in their socio-economic situation, pregnancy context, personal beliefs and values. Feelings of moral confidence about their abortion decision was an important element of stigma management. Individually-held moral views interacted with socio-cultural norms around reproduction and motherhood, and shaped women’s emotional responses to their abortion. Those women who were morally confident and therefore rejected abortion stigma were least likely to struggle with their decision-making and experience negative post-abortion emotions. The analysis shows that, while women undergoing abortion may internalise abortion stigma, this is uneven and can be resisted.

Paper 3: Resisting anti-abortion norms – the role of community based education

O’Dowd, Kellie

Alliance for Choice

Meanings of abortion in society are constructed within socio-historical and gendered spaces, and manifested through myriad discourses that impact on the perception and treatment of the issue in that society. In societies with powerful, oppressive anti-abortion norms - such as Northern Ireland - little is known as to how these norms are resisted by the adult population. This paper explores how resistance to religious and patriarchal norms can be fostered through adult community abortion education. Findings

from semi-structured interviews with seventeen participants in a community education programme in Northern Ireland indicate that this resistance is multi-faceted and bolstered by a lived experience discourse, which does not necessarily involve eschewing religious notions held within society. The paper concludes that adult abortion education in community settings offers the possibility of creating dialogical spaces for people to reflect on and resist oppressive norms regarding reproduction and abortion.

Chair: Bloomer, Fiona

Ulster University

S4: “Loosening abortion stigma, delay, and oppression: breaking the censorship and designed isolation of reproductive journeys through ritual”

Gillum, Katie

inroads

Members of inroads wage battles in over 75 countries to make reproductive care, particularly abortion care, less isolated, less violent, less coerced, safer, healthier, and more holistic. In doing so we have encountered and created a number of ritual practices and light-shining movements that help us connect where we are alone, heal ourselves and each other, collaborate where our purposes and needs intersect, and support ourselves and our communities in order to combat the oppressive forces that would have us surrender our agency and end our personal and collective journeys; long--sometimes unnecessary, unwanted, and unjust--journeys that can lead to silencing, censorship, or concealment, and have an effect on our minds, bodies, spirits, and communities.

In this workshop-style session we will discuss how ritualized practices help us to manage stigma, discrimination, and injustice as we navigate difficult journeys and walk too-long, overly complicated paths toward happy, safe, non-violent reproductive lives. The following questions will be explored: Where our values demand ritual but censorship and violence suppress, how do we find the location and timing for our rites and rituals? How do we ritualize our resistance? How are these rituals transmitted and shared with those who need them? How can they act as a way for us to be seen and heard?

Presentation 1

Madera, Melissa

The Abortion Diary

Dr. Madera will discuss her global abortion story-sharing work, the rituals she encountered among story-sharers, ritual practices she created for herself, and how people can conceive their own post-abortion rituals to heal, to honor, and to connect.

Dr. Melissa Madera (a.k.a. the abortion diarist) is the Jill of all trades behind The Abortion Diary. She is a story-sharer and dedicated story-listener, (recovering) academic, public speaker, multimedia historian, full-spectrum doula, and a bilingual reproductive justice educator and advocate. Melissa travels across the country, and around the world creating spaces for personal abortion story-sharing, story listening, and capturing diverse abortion experiences (over 290 since 2013); stories that are as different as the people who share them. She has been featured on the front page of The Washington Post, NPR's Weekend Edition, Q&A with Cosmopolitan Magazine, Latina.com, ThePool.com, Univision, and MSNBC.

Presentation 2

Clancy, Siobhan

Homework collective; Abortion Rights Campaign

Siobhán Clancy will discuss how, through art and creativity, feminist activists in Ireland have progressed the struggle for reproductive justice in Ireland. By intervening in a range of traditional social rituals from protest to prayer, they have contributed significantly to a global movement to challenge patriarchy.

Siobhán Clancy is a visual artist who collaborates with groups on multimedia and live works concerning health, disability, education and social justice particularly concerning young people and women in Ireland. Agency and voice are recurring themes in a practice that straddles the fields of art, activism and engaged research. Her work has been awarded funding, through which the feminist initiative homework emerged (www.homeworkcollective.tumblr.com) 'The Renunciation' by homework has been performed at events and conferences in Dublin, Berlin, New York, Bangkok among other locations.

Siobhán is an active founding member of Abortion Rights Campaign and the 2017-2018 European Representative for the inroads (International Network for Reduction of Abortion Discrimination and Stigma) Steering Committee.

Presentation 3

Kivuti, Lilian

Women Spaces Africa

Kenya-story sharing and support for addressing intersecting stigmas--gender, abortion, sexual, disability--and discrimination with Women Spaces Africa Addressing rituals to increase access of reproductive health services to women with disabilities.

Lilian is a founding staff member of Women Spaces Africa. Women Space Africa holds sessions with health care providers to spell out the myths that women with disabilities are asexual and bring to their attention the need to be inclusive in their services provision.

Women with disabilities face triple stigma in Kenya because of the cultural issues that regard them as bad, and Women Spaces Africa takes the front line to confront these stigmas as we understand our issues better and demand inclusion now for health services including abortion when we need it.

Presentation 4

Borjas, Eva Bonnefoy

Women Help Women

Eva will explore the strategies and practices used to manage abortion stigma, discrimination, and oppression through the accompaniment model in Venezuela and other Latin American countries. Eva works with Women Help Women. Formerly she worked with hotlines in Venezuela.



THEME 5

Activism and advocacy

INDIVIDUAL PAPERS

These are paper presentations followed by questions/discussion.

I81: Advocacy for access to safe abortion services: the case of Uganda

Balya, Justine

Human Rights Awareness and Promotion Forum

Despite protracted efforts, the law on abortion in Uganda has remained unchanged for decades, and ministry policy continues to be strongly anti-abortion despite efforts to rectify this in 2012, 2015, 2016 and 2017. The champions for access to safe abortion services in parliament the Ministry of Health continue to show wavering will and support for the cause, rarely addressing the issue outside of civil society platforms. The range of sexual and reproductive health choices available to women in Uganda is very limited, and any discussion of access to safe abortion service or contraception is shunned as an attempt at corrupting morality and feeding the 'Western agenda'. We need to adopt advocacy strategies that address the moral, cultural and religious concerns about abortion in order to build support for the right of women to access safe and legal abortions as the one way of addressing the high maternal mortality rate.

I97: Punitive state responses to abortion as a barrier to gender equality

Carmody, Louise

Amnesty International, Southern Africa Regional Office

Restrictive abortion laws create a punitive environment in which the human rights of women and girls are routinely violated. Such laws are closely associated with women's and girls' resort to unsafe abortions; a

leading cause of maternal mortality and morbidity globally. Amnesty International's research relating to sexual and reproductive rights has frequently highlighted that punitive laws and policies often do not promote gender equality, but rather can lead to further violations, especially for marginalized women and girls. This paper focuses on Malawi and Zimbabwe, where unsafe abortions account for nearly 20% of avoidable deaths. It takes an intersectional analysis of the impact of restrictive abortion laws in the context of pervasive gender inequality and barriers to sexual and reproductive health services and information. The paper includes interviews with women's rights activists from both countries and their recommendations towards empowering women and girls to exercise their rights.

I86: Advocacy for de-penalization of abortion: Haitian women's experiences from SOFA

Dejean, Lise-Marie

Solidarite Fanm Ayisyen (SOFA)

SOLIDARITE FANM AYISYEN (SOFA) is a women's organization existing in Haiti since 1986. The organization promotes Women's Human Rights and intervenes in Women's Health. We started a program on health education in order to learn about our body. Therefore, to conceive our body as a place where the practice of human rights is as important as understanding our rights as women. So, we developed advocacy campaigns promoting these issues to attract the authorities' attention and obtain quality health services and the decriminalization of abortion, a way to saving women lives. Integrating the Latino-American and Caribbean Women Health Network in 1993, we internationalized our struggle and adopt September 28. Every year we organize activities to support our demands.

I99: Breaking the binary the binds us: Visualizing and exploring the full spectrum of abortion sentiment and associations

Gillum, Katie; Beuhler, Alli

inroads (The International Network for the Reduction of Abortion Discrimination and Stigma)

Intersectional abortion right activists and advocates have a challenge to our efforts: we are forced to argue in a binary pro-anti spectrum that completely obscures the realities of abortion experiences, provision, associations, and emotions. Before we can break out of this binary, we must gather those sentiments and associations that go unspoken and unshared in the debate that roils abortion. To this end, inroads has created a sentiment gathering and thematic mapping tool to gather and explore the wider set of thoughts and associations we hold about abortion. We have results from this tool at the inroads Global Member Gathering and, hopefully, at this conference, we will also discuss possible uses and the following objectives: (1) increase public comfort with discussing and sharing instead of debating and separating; (2) increase knowledge of abortion and emotional health of our communities, patients, colleagues; (3) preparation with the complex realities to respond to adversaries; (4) analyze sentiment and ideas that are theoretical and hard to use, in the abstract, to affect policy without fetishizing experience (5) reduce stigma.

I105: Youth at the heart of reproductive justice

Hlungbo, Helene Peace

IPPF: Benin

In Benin, the law on Sexual and Reproductive Health authorises the voluntary termination of pregnancy when the continuation of the pregnancy endangers the life and the health of the pregnant woman, in case of rape

or incest and fetal malformation. This restriction limits young people's access to safe abortion services and leads them to unsafe abortion and consequently to social stigma. The maternal mortality rate is estimated at 347 per 100,000 live births (MICS 2014) and the complications of unsafe abortion contribute 15%. The SABAS survey and a client assessment questionnaire in the community and ABPF clinics revealed that youth who seek abortions are stigmatised in the community and clinics. Therefore, youth champions of IPPF through the "Abortion Stigma Project" are conducting activities to address abortion stigma, increase demand generation for safe abortion among youth and refer them to ABPF clinics for safe abortion services. My presentation will show CSE best practices and achievements.

I96: Conceptualizations of self, labor and care among radical/full-spectrum doulas

Hooberman, Laura

The New School

The work of "radical" or "full-spectrum" doulas includes provision of emotional support to pregnant people during surgical abortion. In this qualitative study, we conducted twelve in-depth interviews with radical/full-spectrum doulas affiliated with *The Doula Project*, a New York City-based organization which provides free doula support during abortions. All interviews were conducted in New York City, where all doulas interviewed practice. We examined the impact of their work on: 1) their beliefs about abortion; 2) their understanding of patient needs during abortion experiences, and; 3) how they conceptualize "advocate" or "activist" identities. Preliminary analyses suggest doulas attribute to their work: 1) an increased recognition of abortion as a medical need; 2) appreciation for patient-centered approaches for abortion patients, and; 3) commitment to reproductive justice as a core component of their activist identities. We discuss implications of this work in the context of available cultural abortion discourses, and care for abortion patients.

I21: Litigating to transform colonial abortion laws and policies: developing a test-case for Malawi

Kangaude, Godfrey

Nyale Institute

Many African states that were former colonies of England, including Malawi, have since adopted progressive constitutions that recognise human rights and have ratified human rights treaties including CEDAW and Maputo Protocol. However, they retain old English abortion legislation whose language reflects the medical practices and knowledges of the 1900s in England. While in England the Court in *R v Bourne* (1937) interpreted the law to clarify that women who have been raped are eligible for lawful abortion, many African states continue to interpret the law restrictively. Using a test-case that is currently being developed in Malawi, this article explores the available legal opportunities for advocating for safe abortion within Malawi's legal framework. It describes the legal strategies that advocates have considered, and makes recommendations on how advocates could, apart from pursuing legislative reform, utilize fully the available legal opportunities to expand access to safe and legal abortion.

I10:Offering 'choice': Anti-abortion arguments within the debates on bufferzones around abortion clinics in Britain

Lowe, Pam; Page, Sarah-Jane

Aston University

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In last few years, influenced by the US anti-abortion movement, there has been an increase in anti-abortion activities outside abortion clinics in Britain. In response to this, national and local campaigns have sought to introduce buffer-zones which would prevent them from approaching women. In challenging the idea of bufferzones, anti-abortion activists have often argued that they are the only people who really offer choice to women, positioning themselves as advocates for women against a profit-driven 'abortion industry'. This paper, which arises from an ethnographic study of the anti-abortion movement, will argue that the positioning of themselves as the 'saviours' of women arises from both their religious beliefs and their adoption of US anti-abortion discourses. It will argue that whilst the internationalization of the US anti-abortion movement is a potential threat, in the UK bufferzone debates, its reach has been limited because of the different cultural context.

I53: Abortion dilemma in Zimbabwe : legal context

Munetsi, Clara Samkelwe

Women's Action Group

Abortion in Zimbabwe is regulated by the termination of pregnancy Act of 1977 which permits abortion when the life of a woman or child is endangered, or may suffer permanent physical, mental defect, and when the foetus is conceived as a result of rape or incest. Despite the restrictive abortion laws, women and girls are terminating pregnancies in backyards resulting in serious health complications and death (2016 National Adolescent study). Not giving women the right to choose is violation of sexual rights as stated in the constitution section 76 (1) which says everyone has the right and access to basic health-care services and reproductive health care services. The dilemma lies in the government providing for post abortion services in all health care facilities but do not provide for safe abortions in any health facilities. Thus I am advocating for safe abortion because when abortion is restricted, it is typically unsafe.

I44: Access to safe abortion in Uganda: leveraging opportunities through the harm reduction model

Nassimbwa. Jacqueline

Center for Health, Human Rights and Development

Access to safe and legal abortion services is a far reach for women and girls in Uganda. Although unsafe abortion rates have fallen from 54 to 39 per 1000 women aged 15–45 years over a decade, absolute figures show a rise from 294 000 in 2003 to 314000 women having unsafe abortions in 2013. Unfortunately, only 50% of the women who develop abortion complications are able to reach facilities for post-abortion care. Despite the clinical evidence and the stories from undocumented cases, debate on access to safer and legal abortion is constricted, moralized, and stigmatized. The harm reduction model has shown evidence of benefit in reducing maternal mortality and morbidity due to unsafe abortion while addressing related stigma and discrimination and advancing women's reproductive health rights. This article presents a case for promoting the model in Uganda

I6: An examination of how activists in Nigeria have helped women access abortion pills and fought abortion stigma

Nmezi, Sybil

Generation Initiative For Women and Youth Network (GIWYN)

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In Nigeria abortion is restricted by law but permitted only to save the mother's life. This restriction has sustained the attitudes and beliefs that tolerate stigma and discrimination of women who need access to safe and legal abortion. As an intervention, a coalition of activists were trained to work in local communities, using hotline strategy and stigma reduction training sessions to fight oppressive attitudes and restrictive laws. This presentation will therefore examine how activists have used these strategies to expand information and knowledge that helped women to access abortion with pills. The presenter will also discuss how these strategies impact the quality of care of community women. She will further discuss successes of the model in Nigeria and finally recommend replication of these strategies by activists in other countries.

I12: Abortion: a 'right' which is not a 'right'? Perceptions from Zimbabwe

Nyoni, Chamunogwa; Lukwa, Nzira; Nyoni,Chipo

Bindura University of Science Education

Unintended pregnancy and resultantly births are known to bring a lot of problems and anguish to couples in general but more specifically to the women. Preventing unintended pregnancies and births is one of the major ways of promoting and assuring good reproductive health among the women. Abortion is a health challenge across the world and very specifically in Africa and Zimbabwe. Abortion is illegal in Zimbabwe and is only permitted under very special circumstances that include when the life of the mother is under threat, when rape or incest is involved or when there are gross foetal congenital abnormalities that threaten the life of the new born. Backyard abortion in Zimbabwe is high with reports pointing to about 70 000 illegal abortions in a year happening in the country despite its illegal status. This research explored the perceptions of the Zimbabwean people on the illegality of abortion and the consequences of such an action. Employing a case study approach, data was gathered from a sample of 148 respondents comprising 16 key informants and some 132 respondents drawn from think tanks and organisations purposively chosen on the strength of their health knowledge on reproductive health. Results of the research indicate that men in general do not view abortion as a right and insist that to take away life under whatever circumstances is not good. Very few respondents viewed abortion as a legitimate and positive choice available to women. Abortion was literally associated with loose and undignified women thus resulting in the stigmatization of the procedure and of women who practise it. Women on the other hand maintain that men in general are not considerate and only think about themselves. The research concludes that there is need to legitimize abortion and to challenge the notion that abortion is done by undignified and loose women, and to change and promote positive nuances and framings around abortion in the public discourse so that women can effectively take control of their sexual health. This research concludes that abortion is still a thorny issue in Zimbabwe with clear cut differences along gender

I17: Reproductive justice activism by spreadsheet: documenting assembly election candidates' attitudes towards abortion law reform in Northern Ireland

O'Brien, Maeve; Watters, Rachel

Ulster University / Queen's University Belfast

The fight for reproductive rights in Northern Ireland has undoubtedly been eclipsed by the sectarian strife of The Troubles. Since the Good Friday Agreement of 1998, political parties are increasingly being held accountable for their policy positions beyond traditional 'green' and 'orange' issues. In 2016, two activists decided to conduct research by interviewing all NI election candidates in the hope of more clearly ascertaining their position on the issue of abortion rights. In this paper, we will discuss the following: (1) Motivation for this research - the first of its kind in NI; (2) Methodology in creating a comprehensive spreadsheet for public

consumption and (3) Outcomes of this document for Northern Ireland and beyond. This paper will argue that holding politicians accountable is an essential part of abortion rights advocacy as it challenges narratives of anti-choice progressivism and compels politicians and political parties to reflect on the issue of reproductive rights. In conclusion, this paper will assert that conducting such research and making it publicly accessible is not only necessary, but is a vital part of shattering stigma.

I95: Working the connections between reproductive rights, time poverty and women’s economic empowerment in Jamaica

Onuora, Adwoa

The University of the West Indies, Mona Campus, Kingston, Jamaica

In Jamaica, the state deems it unlawful for women to exercise their right to an abortion except in some cases of medical emergencies. Poorer Jamaican women—unlike their economically privileged counterparts with contraceptive choices outside of the public healthcare system—are left with very limited reproductive options, and are therefore forced into motherhood. This has a knock-on effect on their increasing care burden because they are becoming mothers in a context of severe economic austerity with no social support systems in place. This paper presents the findings of a time use survey undertaken in July 2017 as part of a first step in working towards alleviating the unpaid care burden and time poverty highlighted as a key area of concern in Jamaica’s National Policy for Gender Equality. It discusses how Jamaicans spend their time, highlights the disparity in unpaid care work undertaken by men and women of varying socio-economic backgrounds, and examines why advocacy and legislative changes around women’s reproductive rights is important in the context of discussions on women’s unpaid care work.

I103: No more stigma, yes we can!

Sawadogo, Sawdate

Youth Action Movement/International Planned Parenthood Federation

In Burkina Faso (Africa), several girls have unwanted pregnancies. For fear of being reprimanded, they end up practicing unsafe abortion. Those who do not die are treated like criminals. Every year, 23,000 women are stigmatized! Committed to promoting sexual health rights, to contribute, my team and I work with parents, educators and policy makers to combat stigma. Through the community approach, we conduct activities such as educational discussions, value clarification and advocacy. At each value clarification, we do an exercise called “cross the line”. It leads participants to put themselves in the shoes of the person who has had an abortion. Instead of judging, they quickly reframe their views on abortion and even sometimes regret stigmatizing them. Many of them pledge to be spokespersons of abortion to their peers. Also on social media, we regularly organize awareness campaigns to promote the respect of privacy. No more stigma, yes we can!

I42: Creating youth champions through youth advocacy institutes

Shroff, Shilpa

Asia Safe Abortion Partnership

Asia has the highest number of young people veer in its history. In order to create youth leadership with the capacity to advocate for their own sexual and reproductive rights, especially safe abortion rights, ASAP has been working to create a cadre of Youth Champions and mentoring them to lead Country Advocacy Networks. Through these processes we now have over 200 Youth Champions across 20 countries in Asia and

CANs emerging in 8 countries Bangladesh, Bhutan, India, Indonesia, Nepal, Pakistan, Sri Lanka, Vietnam), providing much needed youth perspective on national deliberations around safe abortion issues. These Youth Champions and the CANs are engaged in community advocacy, working with medical students on attitudinal change, discussing with policymakers, publishing articles and using social media for shifting the discourse on the issue. We see them emerging as leaders in the movement in the coming years as they move into higher education and take up positions where their pro- choice sensitization will make a difference to the way safe abortion is perceived as a gender and rights issue.

I106: Malawi termination of pregnancy bill and the endorsement by the catholic church: lessons learnt for future advocacy

Sibande, Chrispine Gwalawala

Malawian Human Rights Lawyer/Activist- Coalition for the Prevention of Unsafe Abortion (COPUA)

Malawi is going through the process of reforming abortion laws. A new Termination of Pregnancy Bill has been drafted and expands the grounds for accessing abortion in Malawi. This bill allows for abortion to be accessed on the grounds of rape, incest and defilement, where pregnancy will result in fetal malformation and where the pregnancy threatens physical and mental health of the woman.

The TOP Bill was drafted through a very consultative process through the Special Law Commission on Review of Abortion Laws. This paper examines the process of the abortion law review and focusses on the role of the Catholic Church in the endorsement the new Termination of Pregnancy Bill. The paper provides lessons from Malawi on abortion law reform processes and how advocacy groups, civil society organizations and African Countries can build different multi-sectoral movements and approaches in trying to change abortion laws in Africa.

I49: Abortion advocacy: lessons from Zimbabwe

Tinarwo, Fiona

Women’s Action Group

Abortion is illegal in Zimbabwe and is only permissible in certain circumstances. Studies show that 20% of maternal deaths are due to abortions and they are mainly happening in young women under the age of 24. In the recent years, calls have been made to decriminalize abortion due to its huge contribution to maternal mortality. However, abortion advocacy efforts by activists in Zimbabwe are often thwarted by various factors such as lack of political will by key influencers. Despite the shortcomings, conversations between CSOs and the government are going on and the impacts are being realized. For example, the government was able to put up Post Abortion Care (PAC) services in government hospitals and train health personnel. Recently, Government participated in an abortion incidences study by research institutions with a focus on assessing PAC services and severity of abortion-related morbidity and mortality. Findings will help women’s rights organizations like Women’s Action Group to hold duty bearers to account and lobby Government to increase access to PAC services among marginalized women. At present day, CSOs are continuing with advocacy efforts through participating in the amendment of the Act to widen permissible circumstances to access legal abortion.

ARTS OR DRAMA PRESENTATION

An artistic or dramatic presentation that can be presented in a half hour or hour slot within the context of a conference venue, and with all props and additional lighting provided by performers

AD7: Furies

Campbell, Emma; Clancy, Siobhan

Alliance for Choice and Abortion Rights Campaign

Emma Campbell and Siobhan Clancy will take a wry look at familiar feminist tropes in order to confront the amount of anger-swallowing that must go with refuting them. Through the medium of shadow puppetry and performance the art-activists will explore the etymology of anger and the conflict between politeness and smashing the patriarchy. Can an activist, a feminist, even have a sense of humour?! The piece will highlight intersectional concerns about performing our activism and deal with issues of representations of anger along racial and gender lines. Who is allowed to be angry? Who is listened to? Why do requests for equality get interpreted as demanding or angry? As we have moved through the referendum in Ireland being accused of being shrill, of shouting too loudly and being too demanding, we explore the inner/personal emotional turmoil and outer/social emotional performance of 'good activists'.

A 15-year study of girls and women found that there are three primary causes of anger unique to women: feelings of powerlessness, injustice, and other people's irresponsibility. In modern society, women and non-gender-conforming people feel compelled to find more socially acceptable ways to internalize their justifiable rage, often at great personal cost. Passive-aggressive behavior, anxiety, and depression are common side-effects. Sarcasm, apathy, and negative treatment of others have all been linked to suppressed rage. We will be drawing upon our own experiences as abortion activists, and attempting to exorcise our angry demons, as we know that suppressed anger can be unhealthy and damaging to our interpersonal relationships.

AD4: Broadcasting 'Artivism': a live recording of the RJ Happy Hour podcast

Performers: Francoeur, Kristin; Srivastava, Surabhi

Voice Your Abortion, The Reproductive Justice Happy Hour

The Reproductive Justice Happy Hour Podcast is a transnational (India and United States) collaboration that delves into diverse feminist issues such as abortion, sexuality, healthcare, pop-culture and more through an RJ lens. We believe podcasting is a powerful tool to connect people and enable thoughtful discussions on subjects often overlooked in mainstream media and/or dismissed as too controversial. Our performance entails a live podcast recording on RJ and 'artivism', lasting 45 min-1 hour, including an audience participation component. We will take the audience on a journey to understand how activists are using art across various contexts and platforms to advance a rights-based, sex-positive, and stigma-free discourse on abortion and reproductive justice issues. During the episode recording, we will pay particular attention to the role digital media plays. Similar to the advantage podcasting allows with regard to editorial control over content creation and delivery, social media and online campaigning enable unique opportunities for artistic outreach, but also present steep challenges surrounding safety, clarity of messaging, and impact.

AD6: Interactive abortion sentiment gathering and visualization

Organiser: Gillum, Katie

Performers: Goetschius, Kyle and audience

Inroads

The inroads team has created an interactive tool that encourages participants in a meeting or at an event to share their associations with abortion and maps everyone's ideas and associations in a large scale digital visualization. The interaction itself is an input interface and a screen for the visualization. The interaction is designed to be staffed by a team member who can help people understand a bit more about how the tool works and could possibly show displays of past days or events. We hope the tool and its associated visualization helps to create dialogue about the breadth and variation in experiences, ideas and feelings about abortion, helps us break out of binaries and safe jargon in exploring rights and health care, and provides us a new way to explore the different ideas or concepts that could be useful to explore in messaging and advocacy for abortion stigma reduction and decriminalization.

FIVE MINUTE CHALLENGE

A panel of 5 – 6 people present for five minutes each on a 'hot topic', followed by audience discussion.

M1: Decriminalizing abortion will free African women

Organiser: Kibui, Vania

Presenters: Masengo, Richine; Leonie, Mutoni; Hounkpatin, Nafisatte; Mohammed, Kunta; Simamuna, Akende

Ipas Africa Alliance; Si Jeunesse Savait; SPECTRA; Bénin Health Movement; Advocacy Movement Network (AMNet); Zambia Youth Platform

Criminal abortion laws and criminal provisions relating to abortion make access to and/or provision of abortion services punishable by law. They are a willful penalization of a health service. By 2015, about 90% of African women of reproductive age were living in countries with restrictive abortion laws - either prohibited or with exceptions to access of safe, legal abortion. Abortion services outside these laws and provisions, is considered a crime. Many women have been humiliated and imprisoned for accessing abortion or attempting to have an abortion. Decriminalizing abortion would transform abortion law from crime and punishment to a reproductive health model, a need that is neglected and stigmatized. This would confer abortion as an explicit right not depended on other human right laws, and impose a duty on African states to protect and free its women. It is time.

» **Presentation 1:** Is legalizing abortion a pathway to women's freedom in Africa?

» **Presentation 2:** Abortion pays; Impact of restrictive abortion laws

- » **Presentation 3:** Barriers and the right to choose
- » **Presentation 4:** Two sides of the same coin; abortion in the government's domain
- » **Presentation 5:** The undeniable cause for decriminalizing abortion

ROUNDTABLE

Four or five 10 minute position presentations followed by general questions and discussion.

RT2: Strategic litigation in defense of reproductive justice: all hands on deck

Organiser: Chingore, Nyasha

Presenters: Tali, Jackson; Karanja, Joseph; Maina, Jade; Durojaye, Ebenezer

Center for Reproductive Rights; Center for Reproductive Rights; Reproductive Health Network Kenya; TICAH; Dullah Omar Institute, University of the Western Cape

The roundtable discussion will discuss how strategic litigation can play a role in advancing access to safe abortion services by using two case studies of cases litigated by the Center for Reproductive Rights in Kenya. The cases highlight the importance of creating a conducive environment for delivery of quality reproductive health services by health professionals without fear of prosecution. The roundtable explores the role of different stakeholders (civil society, medical professionals and academics) in strategic litigation as an advocacy tool and attempts to show the importance of multi-stakeholder involvement. The panellists, who have all been involved in the litigation in some way, will share lessons learnt through the litigation processes, as well as how their involvement has complimented or otherwise impacted their own work on access to safe abortion. Under Kenya's Constitution, trained medical professionals are allowed to perform safe abortions when the health or life of a pregnant woman is at risk, in cases of emergency, or if allowed by any other written law.

However, the Ministry of Health has created a climate where women cannot access legal abortions and health workers are afraid to treat women for fear of prosecution.

The two cases:

Case 1: *Jackson Nyamunya Tali v the Republic* (Criminal Appeal 173 of 2016) is a case about a health provider who was arrested in 2009 and convicted and sentenced to death in September 2014 after a young woman presenting with pregnancy complications at his clinic died in his care. The Jackson Tali's case underscores how abortion stigma leads to the persecution and wrongful imprisonment of health care providers. Stakeholders in Kenya are advocating for an end to the criminalization of health care providers and implementation of policies to ensure health care workers can offer women the reproductive health services they need.

Case 2: *FIDA-Kenya & 3 Others v. Attorney General & 2 Others* (Petition 266 of 2015) is the first case brought in Kenya to address the issue of unsafe abortion and challenges the Ministry Health's actions of arbitrarily withdrawing Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya

a year after they had been promulgated. The Ministry of Health also banned training of health providers on abortion and the use of Medabon, an approach that uses medication rather than more invasive, surgical intervention to end a pregnancy, as a violation of the Constitution and international law. This case is currently ongoing before a 5-judge bench in the High Court of Kenya.

The panellists

Prof. Karanja Joseph is an Obstetrician / Gynaecologist and an advocate for access to safe abortion in Kenya. He has been an expert witness in the case against the Ministry of Health challenging the arbitrary withdrawal of the standards and guidelines.

Jade Maina is the Executive Director at Trust for Indigenous Culture and Health (TICAH). TICAH has run the advocacy campaign for the case against the Ministry of Health challenging the arbitrary withdrawal of the standards and guidelines.

Ebenezer Durojaye is an academic and will discuss the role of research in advocacy especially when using strategic litigation as an advocacy tool.

Jackson Tali, is a health provider who was wrongfully arrested in 2009 and accused of assisting a woman procure an unsafe abortion that consequently led to her death.

RT1: Demystifying abortion as a way to realise women's rights

Organisers: Mudarikwa, Mandivavarira; Gumede, Bongiwe

Presenters: Carmody, Louise; Samaai, Seehaam; Stevens, Marion

Legal Resources Centre; Amnesty International; Women's Legal Centre; Sexual and Reproductive Justice Coalition

The Choice on Termination of Pregnancy Act 1996 (CTOPA), provides the legal context in which a pregnancy may be terminated. However, the effective implementation of the CTOPA is restricted by a myriad of challenges. Currently, many facets about abortion have intentionally remained a mystery to many women depending on their context including: whether it's even legal to have an abortion or to be turned away for religious views, who can perform an abortion, how dangerous is it to have an abortion and the state's obligation to provide safe and legal abortion services. The roundtable will focus on information about abortion that is not widely shared with women in South Africa, and will speak to the gaps in public knowledge about abortion which hinder women's ability to exercise the bodily autonomy and self-determination underpinned by the CTOPA. The implementation of safe and legal abortions is simple and possible.

RT5: The evolution of the Sexual and Reproductive Justice Coalition (SRJC): storming forming and norming

Organiser: Stevens, Marion

Presenters: Mjwana, Nomtika; Mofokeng, Tlaleng; Van Zuy Dam, Jacques; Macleod, Catriona; Dlamini, Dudu

WISH; International SRHR Youth Coalition; Nalelane Associates; Department of Social Development; CSSR Rhodes University; SWEAT; Sexual and Reproductive Justice Coalition

The SRJC is a 2yr old coalition of over 150 members in South Africa working in relation to safe abortion, queer

health and rights, adolescent SRHR, contraception and sex work decriminalization. It has a diverse membership who traverse academia, policy, sex work, public service, clinicians and activism. This panel includes members who have been with the SRJC from the beginning and will reflect on the journey of reproductive justice and activism in enabling voice within different spaces including the media, health services, NGOs, academia and spheres of government. Panelists will reflect on their engagement from their perspective in their contribution to the SRJC whether as a government official, sex worker, academic, clinician, youth advocate or policy analyst. Reproductive Justice is a long journey and this space will enable celebration but also outlining of the complexities of working in this arena.

SYMPOSIUM

Paper presentations followed by general discussion

S1: TRansforming Abortlon LawS for reproductive justice

Organiser: Fletcher, Ruth

School of Law, Queen Mary University of London, UK

The TRAILS symposium will consider different ways in which abortion law transforms and is transformed in the struggle for reproductive justice. In particular, TRAILS will provide a space to think more about how activism, environments and processes have challenged and changed the terms of legal engagement, and about how to draw out the significance of these challenges and changes for a broader interest in struggle over justice and accountability. Objects from pills to passports are changing the way that people think about and experience abortion and its regulation. As stories become evidence for reform, and the presence of illegal and quasi-legal trails challenge the merits of abortion restriction, active engagement with and around law presents a rich opportunity for appreciating anew the forms and activities of transforming law.

Paper 1: Back alley revivalists

Erdman, Joanna

Schulich School of Law, Dalhousie University, Canada

Feminist organizations have revived the abortion back alley by providing access to medical abortion information and services through hotlines and web-markets, as well as, guerilla tactics of postering, street art, and public spectacle. Freed from the brick and mortar of the clinic, but also the concrete sense of that place as walled, secret, and demure, the revivalist back alley operates within a different paradigm. These organizations frame their activities within a tradition of harm reduction, meeting immediate health need in restricted legal settings. Yet they also understand their work as a struggle to disrupt and reclaim state power, and inspired by a collective freedom, to construct new and alternative ways of caring and living. This paper studies how back alley revivalists engage with state law and its institutions, how they construct and act on abortion rights as distinctly public rights in pursuit of political emancipatory ends. The paper will focus on organizations working internationally and those situated in national contexts including Argentina, Kenya, Peru and Thailand.

Paper 2: Abortion health activism, legal reform and reproductive justice: lessons from and for Ireland

Duffy, Deirdre

Department of Interdisciplinary Studies, Manchester Metropolitan University, UK

This paper considers the work and function of abortion health activism (AHA) in the before and after of legal and political transformation. Drawing on evidence from research focused on Ireland, it positions AHA as a form of anarchist feminism, a politics of everyday experience. As such their focus is not only transforming law or policy but ensuring access and providing care. It argues that AHAs will continue to play this role regardless of statutory or legal changes.

Paper 3: Reproductive exile: the perils of travelling for abortion care from Northern Ireland to Great Britain.

Fox, Marie; McGuinness, Sheelagh

University of Liverpool; University of Bristol

This paper addresses the pernicious intersection of two legal regimes governing the care of abortion-seeking women from Northern Ireland. The regulation of abortion in the jurisdiction has been extensively criticised, given the failure of governments at either Westminster or Stormont to legislate on the issue since 1945. A landmark ruling is pending by the UK Supreme Court on the claim by the Northern Ireland Human Rights Commission that current law breaches the human rights of abortion-seeking women. Our focus is on those women forced to travel for termination following a diagnosis of fatal fetal abnormality. Not only are they compelled to travel for abortion services legally available in Great Britain, but post-treatment they become enmeshed in the regulatory regime applicable to the disposal of remains of pregnancy. We deploy Marcia Inhorn's concept of 'reproductive exile' to problematise this governance regime and advocate legal reform.

Paper 4: Decriminalization of abortion in Latin-America: the Chilean contribution to a regional legal narrative

Undurraga, Veronica

Univeristy of Adolfo Ibáñez, Chile

In 2017, the Chilean Congress finally enacted a law that decriminalizes abortion under three restricted grounds (to save the life of the pregnant woman, when the fetus is non-viable and in cases of rape). The paper situates the legal framework used to defend the law in Chile, in the broader context of the development of a Latin-American narrative that was initiated by the Colombian Constitutional Court in its 2006 groundbreaking abortion decision, and further refined in decriminalization processes in México, Uruguay, (to a lesser extent Argentina, Brasil), and now Chile. This narrative borrows from European (German, Spanish, Portuguese, Slovak) comparative constitutional law and from international human rights law. The Chilean Court's decision expands it and shows its potential as the starting point for an incremental strategy towards more liberal decriminalization regimes, that may nonetheless be respectful of the varied cultural processes that accompany these legal changes in traditionally conservative countries.

Paper 5: Legal turns on the abortion trail**Fletcher, Ruth***School of Law, Queen Mary University of London, UK*

Something important happened on 23rd April 2017. The Citizens' Assembly voted by 64% that Irish abortion law should be reformed so as to make abortion accessible 'without restriction as to reason' during the first 12 weeks of pregnancy. With this action, the Assembly punctured the legal cloud of anti-abortion common sense that hovers over Ireland. For the first time, an Irish reform process recommended not just change, but the kind of legal change which could help turn the trail generated by those escaping abortion restrictions into a hospitable legal environment for pregnant people. This paper assesses the significance of the legal turns proposed by the Assembly, and the Parliamentary Committee which followed it, for the struggle for access to abortion care and reproductive justice. I will show how they re-arrange the legal criteria for the Irish abortion trail in important ways as they promise to bring the trail home.



PART 3

Organiser: Berer, Marge

International Campaign for Women's Right to Safe Abortion

Building on the more academic part of the conference, these sessions will prioritize the sharing of knowledge, experience, and strategies in advocacy for safe abortion in Africa, around the following main themes:

Decriminalization of abortion: whether, to what extent, and how

Sessions will explore feasible and strategic ways of responding to the criminal law on abortion, the extent to which abortion might be removed from the criminal law so as to be treated as a bona fide health service for women, or whether it is necessary to continue to work within the confines of existing law in a limited way, given the national climate.

How medical abortion pills are changing everything (or should be)

Sessions will pool knowledge on whether access to medical abortion pills has become possible in different countries and country settings (e.g. urban vs rural) , and discuss how to address the fact that they are being used with very differing levels of success, depending on whether women have correct information and access to post-abortion care or not.

Understanding the basis of the opposition to abortion today and how to address it

The anti-abortion movement is highly influential in many countries, often seeking to assert religious control over state policy, and working from local level to the United Nations. In some cases, they claim abortion is “foreign” and “against traditional culture” when in fact the aim is to keep women pregnant and maintain patriarchal control over women’s lives.

Some specific issues to cover that have arisen in the region in recent years include:

- » plans to decriminalize abortion in line with the Maputo Protocol, under the aegis of the African Commission for Human and Peoples' Rights;
- » the reasons why some efforts to reform the law on abortion have succeeded (e.g. in Ethiopia, Mozambique) while others which were on the cusp of succeeding have stalled (e.g. Sierra Leone, Malawi) and still others have not moved at all or gone backwards (e.g. Kenya);
- » the role of resistance to change and respect for senior anti-abortion figures – the dominance of male religious and traditional leaders invoking tradition and cultural values to oppose law reform and the widespread belief that abortion is bad, even though so many women have abortions;
- » the weakness of public health systems, the lack of training for providing abortion care at primary level, and the lack of involvement in fostering change on the part of many health professionals and policymakers; and
- » poor adherence to human rights standards in relation to women's needs, especially pregnant women's right to life and health whether a pregnancy is wanted or not.

As regards medical abortion, although self-use of medical abortion pills is happening in most legally restricted settings, it is still occurring less in Africa than in other regions. Pills (most often misoprostol only) may be obtained from pharmacies and drug sellers, but their quality is uncertain and information on how to use them is greatly lacking. Private providers cater for women who can pay. And in Kenya, Malawi, Morocco and Nigeria, for some women at least, there are safe abortion information hotlines to contact. Research from Madagascar, Burkina Faso and Benin, about to be published, shows how problematic the experience of self-use of pills has been in some of the poorest countries, however, and other evidence shows that large numbers of women still have access only to unsafe invasive methods, with continuing high rates of maternal morbidity and mortality.

Tunisia and Ethiopia are examples of success both in law reform and provision of medical abortion by mid-level providers. But in most countries in Africa, evidence that midwives, nurses, community health workers and other primary care providers, including trained pharmacy workers, can safely provide MVA and/or medical abortion at primary and community level is not widely known and is not being implemented.

This picture raises profoundly legal and policy issues as well as public health and health services issues for African countries. We will be asking participants to share evidence and experience from their own countries and discuss how they believe change can happen in these areas.

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