



WGNRR POLICY POSITION ON ABORTION:

INFORMED ACCESS TO SAFE,  
LEGAL AND AFFORDABLE  
ABORTION FOR ALL



WOMEN'S  
GLOBAL NETWORK  
FOR REPRODUCTIVE RIGHTS

WGNRR

[www.wgnrr.org](http://www.wgnrr.org)

## Introduction & Overview

Informed access to safe, legal, and affordable abortion, body sovereignty and self-determination are human rights. In many countries women are denied access to care and services and freedom from stigma and discrimination when needed, but inaccessible, the search for abortion undermines their dignity and denies them of their ability to exercise their right to control their own bodies. Fundamental to this is their right to determine when and if to have children. In order to have this right fully realised it is essential that all women have unrestricted access to comprehensive and accurate information regarding abortion, as well as direct access to abortion methods. Forced pregnancy, and on the opposite end of the spectrum, forced/coercive abortion violate women's human rights and places their health and well being, as well as those of their families and communities, at great risk.

WGNRR advocates for informed access to safe, affordable, and legal abortion for all women from the framework of reproductive justice.

### What is Reproductive Justice?

*"We believe Reproductive Justice exists when all people have the social, political and economic power and resources to make healthy decisions about our gender, bodies, sexuality and families for our selves and our communities. Reproductive Justice aims to transform power inequities and create long-term systemic change, and therefore relies on the leadership of communities most impacted by reproductive oppression. The reproductive justice framework recognizes that all individuals are part of families and communities and that our strategies must lift up entire communities in order to support individuals." [1]*

### What is Sterilisation Abuse?

Sterilization abuse is historically rooted in eugenics movements and is largely practiced as a mechanism of population control. It involves coercive, forced and/or permanent sterilization without full or informed consent of the person being sterilized. Sterilization abuse includes tubal ligation or the insertion of IUDs, vasectomies, contraceptive abuse, as well as any medical procedure that causes someone to lose control over their reproductive capacities. Sterilization abuse has, and continues to be, undertaken against marginalized communities, including: racialised women, people in living in low socio-economic conditions, differently-abled people, indigenous people, people living with HIV/AIDS or other STIs, sex workers, rural women, incarcerated women, people deemed "mentally unfit" and people who lack access to education. Within our era of global neoliberalism, forced sterilization has, and continues to play, a key role in structural development agreements that emphasise population control and poverty reduction. Similar campaigns have been undertaken in most developing countries around the world, with many emphasising that they are promoting women's rights and access to family planning when in reality they are undermining and abusing human rights. For example, Peru legalized sterilization in 1995 under the auspices of promoting women's reproductive rights. During 1997 the Peruvian Ministry of Health registered 100 000 women for sterilization, and 10 000 men for vasectomies. However, women's rights advocates emphasise that "the ministry has been waging a massive sterilization campaign in which women, and particularly poor and indigenous women, have been pressured and bribed or deceived into accepting surgery for tubal ligation. Growing evidence suggests that the sterilization law has been arbitrarily applied to reduce the birth rate as a way to combat poverty rather than as an expression of women's reproductive rights"

*Recognise  
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- Carry out reproductive justice advocacy and community mobilizations to tackle stigma, discrimination sexual and reproductive rights violations. Build multi-sector, multi-issue, multi-movement coalitions including grassroots women and their communities, health care providers, civil society, politicians, and faith groups to work at the local, national, regional and international levels.
- Work with people from marginalised and vulnerable communities to advocate for access to safe, legal and free abortion services and access to comprehensive sexual and reproductive health care as they often face increased barriers and discrimination when seeking health care services. This includes working with differently-abled people, people living in poverty, people living with HIV/AIDS and other STIs, young people, LGBTTTQI\* people, sex workers, rural women, migrant women, incarcerated women, women who use substances, and women living in areas of conflict and environmental disaster among others.

*Recognise reproductive rights-  
mobilise for reproductive justice!*

#### ENDNOTES

This policy position is based on a review of the literature, the outcomes of WGNRR trainings on community mobilization and advocacy for safe abortion and consultation with members.

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- [7] World Health Organization. 2003. Safe Abortion: Technical and Policy Guidance for Health Systems. Geneva, Switzerland: WHO. Available at: [http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/9241590343/en/index.html](http://www.who.int/reproductivehealth/publications/unsafe_abortion/9241590343/en/index.html)
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- [9] Cohen, S. 2008. "Abortion and Women of Color: The Bigger Picture." Guttmacher Policy Review. Available at: <http://www.guttmacher.org/pubs/gpr/11/3/gpr110302.html>
- [10] Rabindranathan, S. 2003. "Women's Decision to Undergo Abortion: A Study Based on Delhi Clinics." Indian Journal of Gender Studies 10: 457. Available at: <http://ijg.sagepub.com/content/10/3/457>





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*Thus, for all women to exercise their bodily sovereignty there must be structural, socio-economic, political and cultural conditions which support the wide range of women's reproductive needs..*

The methods of the Program for Peru's Reproductive Health and Family Planning are questionable and illustrate the key role that coercion plays in sterilization abuse- encouraging "sterilization campaigns" and "sterilization fairs" where women are 'captured' to be sterilized. "Physicians are forced to comply with a minimum quota of tubal ligations per month. Health workers are trained to capture as many women for sterilization as possible. For each sterilized woman they get about \$5-11 and if they fail to produce the minimum number of women, they are likely to get fired. The setting of targets very easily encourages coercive practices. Pilar (not her real name), a health worker in Piura (northern Peru) says: "Women are hardly ever informed about alternatives to tubal ligations, nor are they given full information about its implications. In most cases they are not told that the ligations are usually definite and irreversible. And many of the women are very young, some as young as 20 [2]. Often, economic coercion and necessity are used to promote sterilization, especially in communities struggling with hard core poverty. This coercion inexplicably erodes women's ability to control their own bodies, as many of them undergo forced sterilization as a result of socio-economic necessity. Moreover, forced sterilization procedures often take place in unsanitary and unregulated conditions - posing great health risks to lives that are already in vulnerable positions.

Thus, for all women to exercise their bodily sovereignty there must be structural, socio-economic, political and cultural conditions which support the wide range of women's reproductive needs over the course of their life span. These include, but are not limited to: access to safe and informed contraceptive use; access to comprehensive maternal and reproductive healthcare, including access to generic medicines, and access to safe, legal and affordable abortion and feminist post-abortion care- including access to direct abortion methods and accurate and quality information about these methods; access to comprehensive sexuality education; access to comprehensive reproductive health services including contraception, abortion and post abortion care ; and access to universal childcare. At the same time, WGNRR advocates against sterilisation abuse, coercive forms of contraception, forced or coercive abortion, sex selection abortion and population control measures and methods that violate women's sexual and reproductive health and rights.

Rising conservatisms are fuelling a global backlash against sexual and reproductive health rights and at the UN fundamentalists are organising and influencing UN proceedings to erode gains made at Beijing and Cairo. These challenges are compounded by increasing environmental disasters, conflict, and poverty as neoliberal development agendas continue to dominate the international arena- prioritising the rights of land and capital over the rights of people, particularly women and girls.



In light of these ongoing challenges, WGNRR continues to advocate for the rights of all women to determine if, when, and how they will bear children, as well as for the right of women to raise the children they already have. We advocate for these indivisible human rights in a number of ways and across a diversity of issues, working with members and allies around the world to mobilise for reproductive justice.

### Language

While we use the term "woman/women" we do so with a critical reflexivity that recognises the nuances and right to people's unique sexual and gender identities and expressions. We also recognise that "women" are not a monolithic group and that they have diverse identities that vary due to their social location and the socio-economic, political, and multicultural contexts in which their lives are embedded. Thus, we advocate for all women, regardless of their social location, to have informed access to safe, legal and affordable abortion.

### New Reproductive Technologies (NRTs)

New reproductive technologies (NRTs) are varied and have a variety of functions, ranging from fertility control (contraception,); management of labor and childbirth (fetal monitoring, epidurals, or labor inducing drugs); pre-natal technologies (ultra sound, sex selection, surgical treatment of foetus in uterus, amniocentrises, chronic villus sampling); and conceptive technologies (in-vitro fertilization (IVF), assisted insemination, or "contract motherhood" (surrogacy).

NRTs pose specific opportunities and challenges for different groups of women, depending on their context and social location. While some of the opportunities of NRTs for those who have the resources and ability to access safe, comprehensive, non-discriminatory health care services include allowing same-sex couples to have children, allowing women who might not have been able to have children to carry a pregnancy to term, allowing women who are living with HIV/AIDS and/or other STIs to have safer pregnancies and childbirth, and increasing the effectiveness of reproductive health care services and the empowerment of people who use them, there are a number of intersections that pose challenges for women's sexual and reproductive health rights within the context of NRTs.

These challenges include, but are not limited to: the increasing medicalisation of women's bodies, issues surrounding contract surrogacy within a global context, increases in sex -selective abortions due to socio-economic, political and cultural conditions that promote son preference, an increase in the abortion of foetus's that are identified as having genetic "abnormalities" due to the prevalence of the able-bodied normative ideal, and selective reduction abortions for women who undergo fertility treatments such as IVF as they are more likely to end up with multiple pregnancies at the same time.

*"..complex issues surrounding NRTs pose specific opportunities and challenges to feminists working towards the sexual and reproductive health rights for all.."*

WGNRR recognises that new reproductive technologies (NRTs) are complex, structured by power relations, and have been created in the name of science and corporate profit. It is also no coincidence that the development of NRTs has its roots in the eugenics movement as well as population control movements. Their historical and ongoing development illustrates this as the testing of NRTs has often been conducted on poor women in developing countries without their consent- resulting in gross violations of their human rights.

Central to this discussion is the disability-rights movement. Disability rights' groups emphasise that early pre-natal screenings often reinforce the stigma and discrimination against differently-abled people in society as most pre-natal screenings are not accompanied with full, accurate, or empowering information about differently-abled people. This results in women increasingly aborting foetuses` that are considered genetically and socially inadequate. Similar dynamics hold true for women from other marginalised communities, particularly those living with HIV/AIDS.

These complex issues surrounding NRTs pose specific opportunities and challenges to feminists working towards the sexual and reproductive health rights for all women.

## The FACTS

An abortion is the spontaneous or induced termination of a pregnancy before birth. When abortion occurs spontaneously, one out of every 4 pregnancies, it is usually called a miscarriage or spontaneous abortion.

### Rates

- Globally an estimated 41.6 million abortions take place each year. Half of all unintended pregnancies end in induced abortion, and half of all abortions are performed under unsafe conditions, 97% of them in developing countries.[3]
- Abortion is a reality in every country in the world, but rates vary (between approx 11 per 1000 to 90 per 1000). Access to sexuality education and contraceptives are amongst the important determinants. Where it is illegal, the proportion of unsafe abortions and complication rates increase significantly.



## Legal status

- Legal restrictions on abortion do not affect its incidence- women will continue to have abortions whether or not abortion is illegal, legal with no restrictions, legal and heavily restricted, or decriminalised.[4] Abortion has been ongoing since the beginning of all societies and is a historical and cross-cultural phenomenon that has occurred consistently across all cultures, countries, and regions in the world.
- Globally, 40% of women aged 15-44 years live in countries with highly restrictive abortion laws (prohibited completely or only permitted to save the woman's life or for reasons such as fetal impairment, rape or incest). The other 60% reside where abortion is permitted for a wide range of reasons (including physical and mental health, socio-economic grounds, or without restriction). However, even when abortion is decriminalised or legalised many women find the legislation of conscientious objection by doctors and nurses a major barrier in accessing safe and affordable abortion services.
- Restrictive laws are not the only problem. Commonly there is a lack of awareness and implementation of exceptions in the law, and access to services under these circumstances is limited. Health care providers are not trained or willing to perform the procedure.[5]
- In places where access to abortion is restricted, privatisation has flourished: increasing the structural gap between the rich and the poor and condemning poor women who cannot afford the service to illegal abortions in unsafe conditions or self-induced abortion. Abortion-related deaths due to illegal abortions in unsafe conditions or self-induced abortion result in the deaths of almost 70 000 women globally each year.[6] Additionally, the privatisation of abortion services erodes the responsibility of the State to provide access to abortion as a fundamental public health service and human right. This is why it is critical that abortion is legalised with no restrictions.



*"..who lack the economic resources to obtain a safe clandestine abortion resort to unsafe methods, performed themselves or by untrained local providers .."*

### Access to care

- Safe abortion services are often inaccessible due to: structural barriers such as racism, classism, heterosexism, ableism, ageism and any other form of discrimination due to a person's social location or beliefs; lack of information or misinformation; distance and transportation issues; fears about negative health care provider attitudes and confidentiality; high costs of services; shortages of skilled abortion providers; shortages of safe abortion equipment (e.g. vacuum aspiration, medical abortion); excessive regulatory and administrative barriers in health care institutions (e.g. approval from multiple doctors required, consent of parents/partner needed, procedure can only be performed by medical doctor, forced pre-abortion counseling that is coercive and inaccurate, etc); negative stigmas and silence that surround abortion as well as misinformation about the effects of abortion that are propagated by anti-choice groups.[7]
- Many women, who lack the economic resources to obtain a safe clandestine abortion resort to unsafe methods, performed themselves or by untrained local providers (e.g. herbal remedies, massage, or the insertion of sharp objects into the uterus). Globally, about 5 million women seeking unsafe abortions are hospitalised with serious complications while an unknown but possibly equal number suffer but are unable to obtain treatment.
- Adolescents are more likely to delay abortion, resort to unskilled persons to perform it, use dangerous methods and delay seeking help when complications arise.[8] This is reflective of the increased barriers faced by younger people seeking abortions, which are compounded by other structural inequalities and factors such as how age is defined, marital status, and economic/financial independence. The need for parental/guardian/spousal consent further complicates this issue in the case of adolescents and young people.
- Nearly 70,000 women die as a result of unsafe and/or illegal abortion – one woman every 7 minutes. Unsafe abortion is responsible for 13% of maternal deaths globally.



### Societal factors

- Stigma, discrimination and powerful social norms mire abortion in silence and misconception. The wide range of reasons that cause women to seek abortion (economic, health, personal) are commonly misunderstood or disregarded. However, most women seek abortions because of socio-economic factors such as a lack of economic and social resources. In many cases, women's lack of access to affordable contraception is the reason why they experience unintended pregnancies in the first place. [9]
- Women also cite the following reasons for inducing abortion: they already have enough children and/or cannot afford the socio-economic costs of raising another child, they already have a young child at home, the stigma of giving birth outside of marriage, medical and health related reasons, work/study-related reasons, and in some cultures, because of the prevalence of son-preference. In countries where cultural norms strongly uphold and promote son-preference, women are pressured to abort female foetuses. Within this context sex-selective abortion is a form of gender discrimination that upholds dominant patriarchal values and norms and violates women's human rights.[10]
- For young people, stigma is attached to having sexual relations let alone abortion. They fear physical/emotional abuse or eviction if they tell their parents; and risk the stigma of childbirth outside marriage, unemployment and the end of education if they continue a pregnancy.
- People from marginalised and vulnerable communities face increased barriers to informed access to safe, legal, and affordable abortion services. These include people living with HIV/AIDS and/or other STIs, young people, differently-abled women, Indigenous women, people with diverse gender identities and sexual orientations, migrant women and women of ethnic/cultural minority groups, sex workers, incarcerated women, women who use substances, women living in conflict areas, women living in areas of environmental disaster, rural women, women living in poverty and others.

*"Recognise sexual and reproductive health rights as indivisible, interdependent, and inseparable human rights."*

## WGNRR POSITION STATEMENT

### Informed Access to Safe, Legal, & Affordable Abortion for All

WGNRR emphasises that regardless of the context, women must be able to have access to full, accurate, and accessible information, access to safe and non-discriminatory sexual and reproductive healthcare. Achieving this goal requires a system of universally accessible and comprehensive health care. Abortion rights and access will only be achieved within a broad human rights and social justice framework.

WGNRR will advocate for informed access to safe, legal, & affordable abortion from a framework of reproductive justice. Reproductive Justice is "the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives." [2] Central to these objectives is the State's provision of accessible comprehensive sexual and reproductive health care services, including all methods of safe abortion, in safe, affordable, and non-discriminatory conditions. We also advocate for the removal of barriers to women's direct access to tools and methods for safe abortion.

**Recognise sexual and reproductive health rights as indivisible, interdependent, and inseparable human rights.**

- Legalize abortion in all countries. Informed access to safe, legal, and affordable abortion is a fundamental human right that is necessary for women's bodily sovereignty and self-determination.
- End discriminatory abortion restrictions. WGNRR opposes restricting abortion at any stage of pregnancy and for any reason.
- Advocate against coercive/forced abortion: Historically coercive/forced abortion, sterilization abuse, and coercive contraceptive use have been used as mechanisms of population control that violate the sexual and reproductive health rights of women and girls, particularly those living in developing countries in lower socio-economic conditions, people living with HIV/AIDS, as well as women living in rural areas. It is also emphasised that son-preference and sex-selective abortions are forms of coercive abortion that violate women's human rights. These are on-going rights violations that need to be strongly advocated against and discouraged.



- Educate the public and service providers about the abortion law. Peoples' awareness of their rights and providers' awareness of their responsibilities is vital. Where applicable, exceptions (conditions under which abortion is legal) need to be publicised and the law implemented to the fullest extent possible.
- Include informed access to safe, legal and affordable abortion and contraceptive provision as an essential component of the public health system in every country. Both are vital to meeting the Millennium Development Goals (MDGs) and Human Rights commitments such as those in the International Conference on Population and Development (ICPD) Program of Action (PoA).
- Provide informed access to abortion services for all. Free/affordable, quality, sensitive abortion services should be available to all people on demand, especially to those from marginalised communities. Moreover, abortion should be conducted with the principle of informed consent.
- Train health workers and tackle attitude issues through values clarification programs that use anti-oppressive frameworks to ensure the provision of sensitive, non-judgmental, evidence-based care
- Provide pre and post feminist abortion counseling, including information about contraceptive use and sexual and reproductive services
- Make the full range of safe effective abortion methods available (e.g. vacuum aspiration and medical abortion)
- Maintain patient confidentiality and respect the dignity of all patients
- Provide post-abortion care for all people who have had abortions that is sensitive and patient-centred. This is especially important for people experiencing complications
- Provide comprehensive sexuality education that is accessible and addresses the specific contexts and conditions of people's lives (ie dominant cultural/religious/political beliefs and practices). This is particularly important for young people, women and LGBTTTQQI\* peoples. Sexuality education should be accessible, anti-oppressive, sex positive and link abortion to the wide range of sexual and reproductive health issues within a framework of reproductive justice. It must also include feminist counseling on contraceptive and abortion methods, available services and the dangers of unsafe/ineffective methods. Values clarification is also important, in almost all contexts abortion is a sensitive issue needing in-depth exploration and in some cases the same applies to contraceptives.

\* Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirited, Queer, Questioning, and Inter-sex people. We acknowledge that this is not an exhaustive list of sexual orientation and gender identities and recognise their diversity.