

Post-Abortion Care, Family Planning and Millennium Development Goal 5

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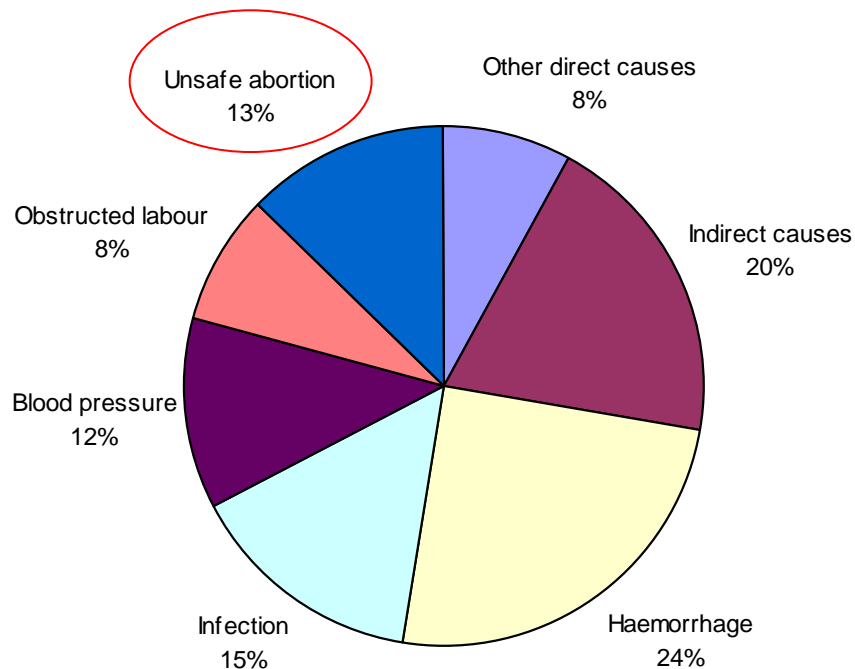
Overview of submission

- **Rights and laws**
- **Unwanted pregnancy and unsafe abortion in the Asia-Pacific region**
- **AusAID, White Paper and the Guidelines**
- **How parliamentarians can initiate and support work towards reducing maternal mortality and morbidity**

Convention on Elimination of all Forms of Discrimination Against Women (CEDAW)

- **Australia became a signatory in 1983 CEDAW states:**
- ***Article 12 1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.***
- ***Article 16 1. (e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.***

Maternal mortality and abortion



Global MM – source WHO

- **99% of maternal mortality happens in the developing world**
- **600,000 women die every year from pregnancy**
- **20 million unsafe abortions globally every year and resulting 80,000 deaths**
- **Risk of death after unsafe abortion in Asia 1:900 (Europe 1:1,900)**
- **Majority of deaths are preventable**
- **Strongly linked to women's social status and access to quality services and trained health workers**

Death rates from abortion in developing and developed countries

Region	Deaths per 100,000 abortions
DEVELOPING¹	330
AFRICA	680
SOUTH - SOUTHEAST ASIA	283
LATIN AMERICA	119
DEVELOPED	0.2-1.2

¹ *Excluding China*

Issues related to access safe abortion

- The law and its enforcement
- Attitudes of providers/medical practitioners
- Religious and moral teachings
- Public opinion
- Availability of services

Out of step?

- **The global trend regarding laws pertaining to abortion shows a liberalising pattern and since 1984 (when the ‘Gag Rule’ came about) 30 countries have liberalised and reformed their abortion laws.**
- **‘A global trend toward liberalization of abortion laws observed before 1985 appears to have continued in more recent years. Nevertheless, women's ability to obtain abortion services is affected not just by the laws in force in a particular country, but also by how these laws are interpreted, how they are enforced and what the attitude of the medical community is toward abortion.’ (Rahman et al 1998)**

•Sources: Cook, Dickens, Erdman 2006; Kowalski-Morton 2002; Rahman, Katzive, Henshaw 1998.

The shift towards evidence based law and abortion since 1984 (Gag rule)

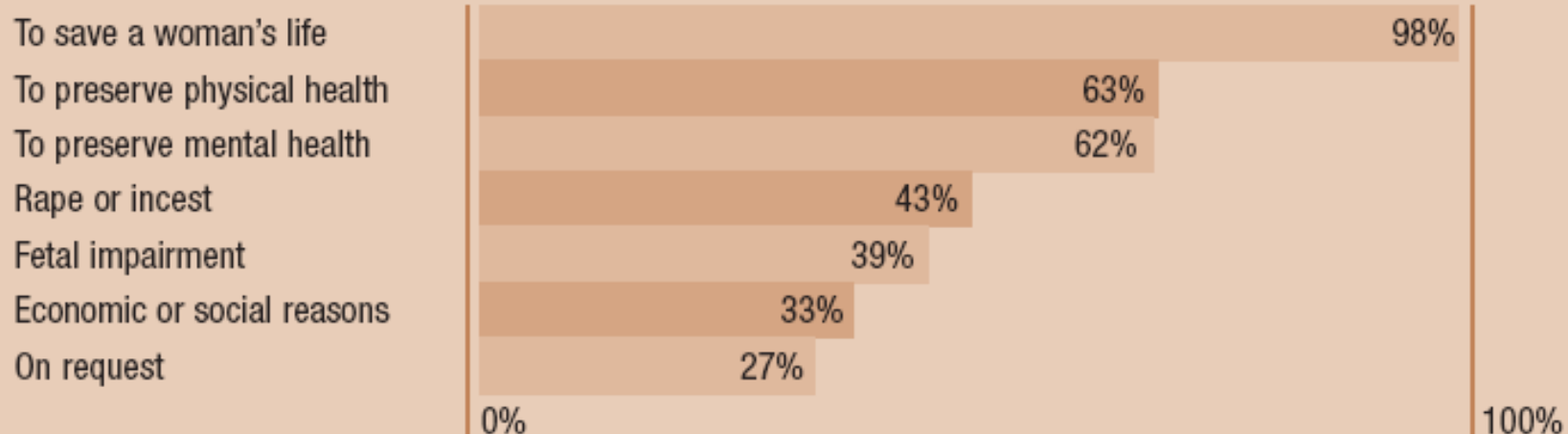
Albania (1991)	Greece (1986)
Algeria (1985)	Malaysia (1989)
Belgium (1990)	Mongolia (1989)
Botswana (1991)	Nepal (2002)
Bulgaria (1990)	Pakistan (1990)
Burkina Faso (1996)	Romania (1989)
Cambodia (1997)	Slovakia (1986)
Canada (1988)	South Africa (1996)
Czech Republic (1986)	Spain (1985)
Ghana (1985)	Thailand (2006)

Source:

<http://www.guttmacher.org/pubs/tgr/04/3/gr040301.html> [Access 21 August 2006]

Global laws

Figure 1.1 Grounds on which abortion is permitted – percentage of countries



Source: United Nations Population Division 1999

See also the Harvard Annual Law Review

What can MPs or AusAID do?

- **Parliamentarians are in a unique position to foster inter-country dialogue on laws which regulate access to safe abortion and family planning with MP colleagues in the region.**
- **Is AusAID aware of the law in each recipient country and those willing to consider reforming law or attending fora which promote a wider interpretation to terminate a pregnancy other than to save the life of the woman?**

Important questions...

- **What are the realities for women who have had an unsafe or incomplete abortion?**
- **What does the research tell us?**
- **What are the recommendations to ensure that women have access to safer abortion, post-abortion care and family planning?**

Unwanted pregnancy and unsafe abortion in the Asia-Pacific region

- **Indicators of reproductive health are simply not known or recorded in many Asian and Pacific countries**
- **The maternal death rate in Burma, Cambodia, Laos, Nepal, Papua New Guinea and Timor-Leste is high**
- **Unsafe abortion is a common way to manage fertility and women often view it as a form of menstrual regulation**
- **There is an unmet demand for family planning in Burma, Cambodia, Laos, Nepal, Timor-Leste and in Samoa, Fiji and Vanuatu it is not even recorded**

What is post-abortion care?

- **Post-abortion care (PAC) means the suite of actions that occur *after* a pregnancy loss.**
- **We need to consider *preventing* the complications arising from unsafe abortion. Post-abortion care is an end point intervention.**

ESSENTIAL ELEMENTS OF POSTABORTION CARE

	Prevent unwanted pregnancies and unsafe abortion
Community and service provider partnerships	Mobilize resources to help women receive appropriate and timely care for complications from abortion
	Ensure that health services reflect and meet community expectations and needs
Counseling	Identify and respond to women's emotional and physical health needs and other concerns
Treatment	Treat incomplete and unsafe abortion and potentially life-threatening complications
Contraceptive and family planning services	Help women prevent an unwanted pregnancy or practice birth spacing
Reproductive and other health services	Preferably provide on-site, or via referrals to other accessible facilities in providers' networks

Source: Postabortion Care Consortium Community Task Force. *Essential Elements of Postabortion Care: An Expanded and Updated Model, PAC in Action #2 Special Supplement*, September 2002.

A woman haemorrhaging after an unsafe abortion receiving post-abortion care



AusAID expenditure on population policies/ programs and reproductive health 2001-2004

	2001- 2002	2002- 2003	2003- 2004
Population Policy & Administrative Management	2,230	2,554	5,825
Reproductive Health Care	7,006	13,867	10,839
Family Planning	1,701	2,010	2,003
STD Control Including HIV/AIDS	24,871	26,572	52,220
Personnel dev for Population & Reproductive Health	--	92	77
Population Policies/Programs & Repro Health Total	35,808	45,096	70,964

Source: AusAID, *Statistical Summary 2003-2004*, p 18,
accessible at http://www.ausaid.gov.au/publications/green-book/green_book_0304.pdf

Questions of policy

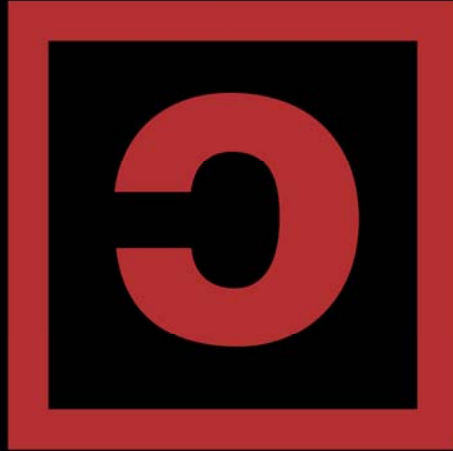
- **Does AusAID fund these types of programs? How will AusAID funding build the capacity of health systems to accurately monitor maternal deaths and injury with the recognition that many women will not be admitted to or die in a hospital?**
- **In order to reduce maternal mortality unwanted and mistimed pregnancies Australian aid money should focus on the prevention of unwanted and mistimed pregnancies and access to high quality post-abortion care and safe abortion.**

What does reproductive health mean?

- **The globally accepted definition of ‘reproductive health’ care is a very broad term which includes a) ‘Safe Motherhood’ such as hygienic delivery and emergency obstetrics, b) family planning, c) safe abortion, d) gender based violence, e) HIV/AIDS and f) other sexual health issues.**

Policy options and
programmatic interventions

- **High quality accessible contraceptive services for all women (and men)**
- **Education programmes in sexual health**
- **Legislative reform**
- **High quality accessible abortion services (at minimum post-abortion care)**



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