

Uniting for Safe Abortion
IPAS Side Event for CPD 47

Good Afternoon. Thank you very much for having me here today, and for giving me the opportunity to share the stories of the young women I work with, with you. When I began working with The YP Foundation in 2002 in India, we took the decision to establish a youth led and –run organization that would work across 3-4 thematic areas, in particular, Sexual and Reproductive Health and Rights, Governance and Accountability, Education and Human Rights. We felt, as young women, that a comprehensive approach to addressing the well-being and human rights of adolescent girls and young women were critical, so that they would have the agency to be empowered and could have control over their own bodies and could both understand and exercise their rights.

In the first seven years of my work, my life was categorized by long working hours, chaotic deadlines, a severe absence of a social life and 2am phone calls from absolute strangers. The 2am phone calls would come from a range of young women, those living with HIV, peri-urban, rural, from ethnic and religious minorities, from economically empowered backgrounds – and would always be about one thing. Did I know where a safe and affordable abortion service was available? Could I help them? Young women were worried about not being able to access services without stigma, not having confidentiality, the service being too expensive and not being of good quality. The reasons behind why these young women wanted to have an abortion were varied, each real and valid. Some spoke about sexual violence, others of unplanned pregnancies, some who were not ready to become mothers, many who could not afford the cost of raising another child and almost all, whose doctors had refused to accept their consent, with girls vanishing when asked to return back with their parents. Sadly, almost 5 years after, the calls have not reduced.

A woman in India dies every two hours because an abortion goes wrong. The lack of investment in comprehensive sexuality education, lack of access to safe abortion as well as comprehensive abortion services continue to increase unsafe abortions, with girls driven underground to look for alternatives that most often put their own health and lives at risk. Almost 45% of Indian girls are married before they turn 18, and violence against women has gained a level of social acceptability. A government of India survey recently found that 51% of Indian men and 54% of women thought wife-beating was justified. India is home to the most maternal deaths in the world and that 50% of those fatalities are in the 19- to 24-year-old age group. With these kinds of numbers, the need to have governments commit to ensuring the Sexual and Reproductive Health and Rights that include access to safe abortion services, at this CPD, is critical.

India is one of 14 countries that allow abortion on broad demands. The Medical Termination of Pregnancy Act of 1972 permits women to have an abortion if the pregnancy poses a threat to their lives, has resulted from contraception failure or sexual assault or incest, or presents a risk to mental and physical wellbeing of the woman. In addition, terminations can be done for socio-economic reasons, and in case of fetal disorders. While a single medical practitioner can approve the procedure before 12 weeks, the opinion of an additional doctor is required between 12 and 20 weeks. Legally, it is clear that an adult women requires no one's consent other than her own. Moreover, while the MTP Act permits women seek legal termination of an unwanted pregnancy for a wide range of reasons, it is only married women who are able to access this on the contexts of contraceptive failure. Young women under 18 can access abortion services, but need parental consent. In many of our societies, agency means little, because consent is used as a key strategy to control women's reproductive health. An IPAS Study in Jharkhand, India showed that 92% married and 99% unmarried women had no say on their own health care, while more than 95% young women reported having no ability to choose any particular health care provider for their own health problems. In this century, with all the data we have available at our disposal, there is simply no excuse for governments not to guarantee access for all women, regardless of their status, to safe abortion.

Uniting for Safe Abortion
IPAS Side Event for CPD 47

Governments are recognizing this reality. The RMNCH+A (Reproductive Maternal Newborn Child and Adolescent Health) Strategy in India recognizes that Maternal and Child Health cannot be improved in isolation without engaging with adolescents to improve health outcomes. It clearly addresses the need for Comprehensive Abortion Care as a critical part of the care that needs to be provided to women across their life cycle. The National Adolescent Strategy on Health, launched in 2014, puts an increased focus on increasing knowledge of sexual and reproductive health, and health systems strengthening for the adolescent girl. One of the arguments we used to hear in country was that access to safe abortion would encourage sex-selective abortion and son preference, and that is simply untrue. Service providers are asked to assess good faith in this regard and there are trained standards on how to do so. The two only get conflated when policy is unclear.

Conflating laws also complicate access. The MTP Act guarantees absolute confidentiality to a woman irrespective of her age whilst the Protection of Children Against Sexual Offences Act (POCSO) and the Criminal Law Amendment Act 2013 – put into place after the horrific gang rape of a young woman in Delhi last year – make it mandatory for hospitals, local bodies or individuals, to report any kind of offence or even suspicion in the case of a minor. Under the Medical Termination of Pregnancy Act, 1971 although a young woman under 18 has the legal right to seek abortion but the Protection of Children from Sexual Offences Act, 2012 and the Criminal Law Amendment Act, 2013 criminalizes sex below the age of 18 years even if it is consensual, thereby it is presumed pregnancy is a result of rape. If confusing laws deny access to safe abortions, adolescents will go for unsafe procedures, which is harmful for women's health. With 1.8 adolescent pregnancies annually in India, for girls under 18, the need to access a safe abortion service is critical. We have the highest number of girls who die in childbirth in the world and 22% of our population is adolescents.

Yet, in many countries, women are jailed and criminalized for exercising their right to choice. The ICPD PoA Paragraph 8.25, as amended in 1999, remains the international consensus position on abortion. Almost 20 years later, the Bali Youth Declaration clearly highlighted women's right to safe abortion. It also shares that the world has changed, and young people are challenging religious fundamentalism. Young women want abortion as a right that they have within family planning services. This doesn't take away a woman's right to not have an abortion if she doesn't want one - it just leaves the power of choice, in her hands. Feminist activists have always understood that, if only the conservative right would. The aim to focus attention on reducing the number of abortions is misguided, we need to focus on reducing unwanted pregnancies and preventable maternal mortality and access to safe abortion does that.

To quote Dr. Manisha Gupte, "The different contexts within which women undergo abortion need to be understood and appreciated. There is no single monolithic right to abortion. To access the right to abortion, women need to be free of coercion from family or the State." The Post 2015 priorities as well as the Commission on Population and Development Outcome need to send a very strong message home, to women who the SG says are half the sky. That as women and girls, our rights are important, the quality and well being of our health and happiness is important; that we value women and girls as individuals and not just for their fertility. Without these commitments, gender equality can never be a reality and we will never be able to live in a world free of coercion and violence.

Ishita Chaudhry
Ashoka Fellow | Founder & Executive Director, The YP Foundation
Member, RESURJ and High Level Task Force for ICPD+20

11 April 2014