

# How to Change Restrictive Laws



## The Portuguese Experience

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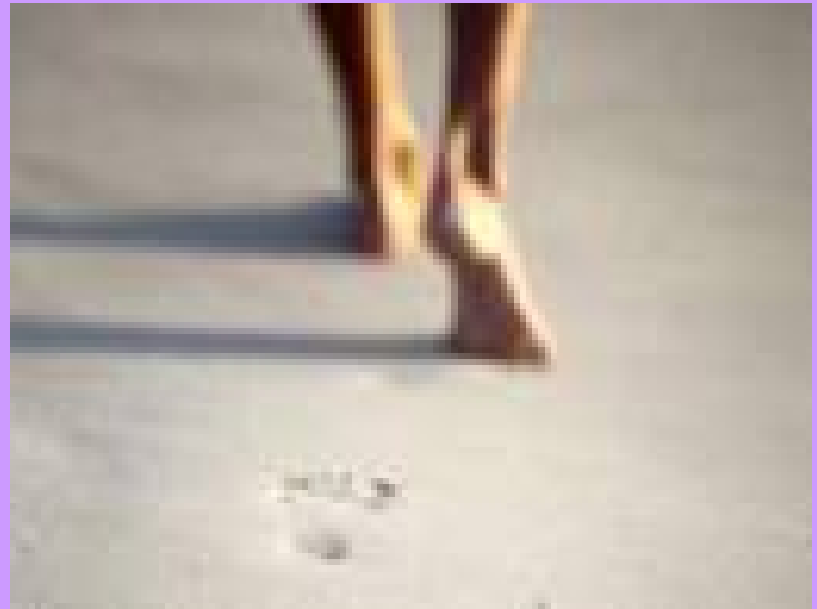
**Berlin 2008**

# 2007

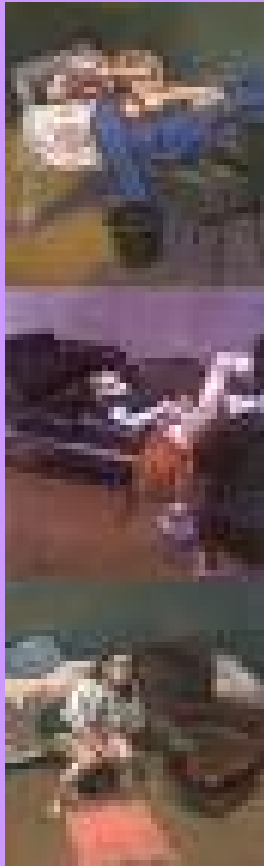


- Referendum in February 2007 – Pro Choice Victory (59%)
- The law was approved in parliament in 8th March 2007 and published the 17 April 2007
- The law was regulated by a Task Force of MoH and started to be implemented in 15 July 2007
- A network of legal abortion services was organised- 38 of the 51 hospitals; 3 health centres and 3 private clinics are implementing the law
- This network networks with 325 health centres
- around 1000 legal abortions per month
- The question of conscience objectors

# 33 years of (net and hard) work



# Illegal abortion- an old story (very much like Vera Drake's)



- **Illegal abortion was traditionally a popular practice of birth control in Portugal**
- **Forbidden by law**
- **Highly tolerated in practice even during dictatorship**
- **Very few legal prosecutions and condemnns (only when women dye)**
- **Difficulty of justice to apply the law**
- **Performed mainly by nurses and midwives, some doctors and non professionals**
- **In the last three decades mainly by aspiration**
- **In the last years: increased use of Cytotec and travelling to the legal clinics in the Spanish board**
- **The first cause of maternal deaths and a very important cause of maternal morbidity.**

# Illegal abortion in 2006 (1)

## (APF research)



- One in each five pregnant women had done an abortion. 14,5% of the women aged from 18 to 49
- around 17500 in 2005-2006.
- 85% of the abortions were performed in Portugal
- No differences on educational levels or social condition
- 21% were using contraception; 61% were not using contraceptives or had a personal fail

# Illegal abortion in 2006

## (2) (APF research)



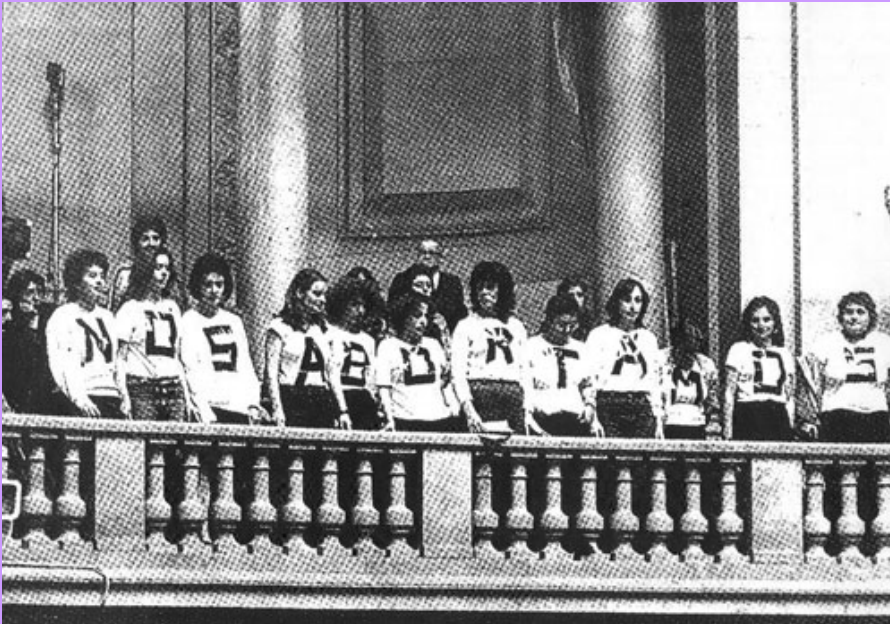
- **Motives: too young, lack of economic conditions, didn't want to have children, partner refused, marital instability, family pressure, too old, health (4%) and foetal malformation (3,3%)**
- **19,5% refer complications and from these**
- **21% were attended in hospitals and from these**
- **28% had to be interned in the hospital**
- **6,5% declared that after the abortion they had serious health problems**
- **Only 30% had contraceptive counselling after the abortion**
- **Only 700 legal abortions per year (mainly because of foetus malformation)**

# Barriers to legal abortion in Portugal



- Direct and indirect influence of the catholic church in the political parties and politicians
- Male political dominance in the parties and in parliament (lack of women's influence)
- Lack of a clear political position on abortion in central political parties ("real politics")
- Abortion as a "radical" political issue
- Lack of abortion figures
- Invisibility of abortion consequences
- Many doctors didn't see abortion as an health issue and as an health problem
- Double standard makes abortion as a "black market" issue
- Strong anti choice movement (since 1997)
- 1st Referendum in 1998 (the NO wins by 51%)

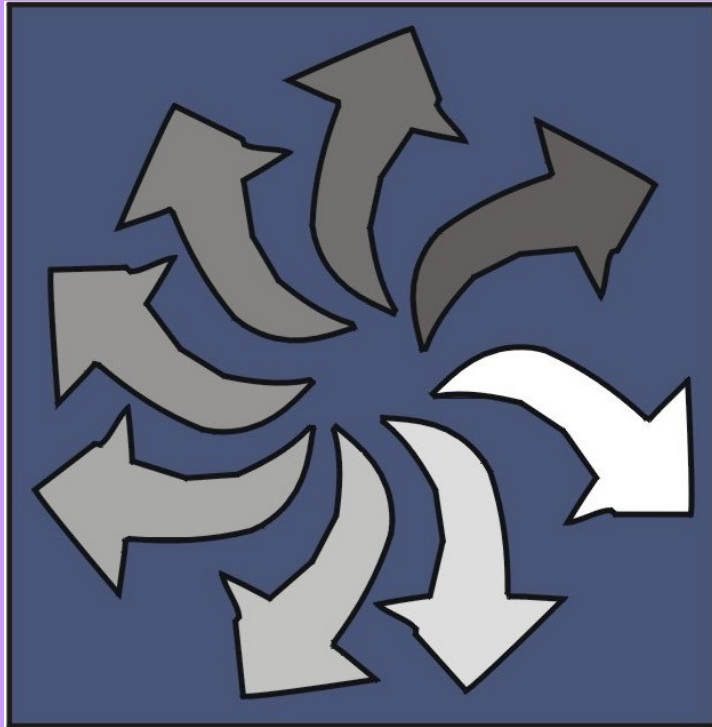
# Our Way (Part One) : 1974 to 1984



- 1974-1982: Legal abortion as a matter of feminist groups and extra parliamentary left groups  
(Political campaigns of denounce – a radical approach);  
Trying to influence the big political parties
- 1984: parliamentary left parties approve a moderate law that doesn't change anything



# Our Way (Part Two): 1991 to 1998



*Direito de OPTAR*  
*Plataforma pela despenalização do aborto*

- 1991: NGOs and left political parties organize Pro Choice Platform
- Research, advocacy by the parliament and government – evidence based approach and
- Widest political alliances
- 1997-1998: parliamentarian debates; primacy of politics and political trade
- 10 weeks
- Referendum – defeat of Pro Choice (49%)
- Abstention/ confusion

# Our Way(Part three): 1998 to 2007



- Legal prosecutions to women and professionals: Maia (2001); Aveiro and Setúbal (2003) ; Lisboa (2004)
- Public denounces
- The inevitability of a new referendum
- Large pro choice alliances
- Influence and win the public opinion
- Research again



# The current law



Besides the traditional grounds:

- Abortion on request until 10 weeks of pregnancy (after the last menstruation)
- Performed in hospitals, private clinics with special authorization and recently in health centres
- 1st consultation: woman presents the request and is informed about procedures; if she wishes she may request psychological counselling or social support
- 3 days after women inform on their decision and abortion is performed
- 2 weeks after the abortion women are oriented to FP services

# Some important characteristics of this process



- A very strong political will (the right persons in the rights moments)
- A very detailed and quick regulation process (including all the forms and protocols) involving the professionals
- A very strong involvement of the NHS national and regional authorities
- The importance of medical abortion (65% in hospitals)
- The question of counselling
- A clear and personalized network
- A strong link to FP services.

# NIGHT & DAY

- No access to information (where to go? How it happens ? How much costs ? And then?)
- Abusive use of anaesthesia
- Speculation prices
- No choice
- Medical unsafe
- High morbidity
- Lack of professional support
- Women left alone or helped by friends
- Fear and anxiety
- Lack of post abortion cares
- Lack of contraceptive counselling

- Clear information channels: help line, family doctors, leaflets on procedures, consultation
- Possibility of choosing abortion methods
- Professional support
- Abortion under medical supervision
- Free of charge (or controlled prices when done privately)
- Medical follow up
- Compulsory contraceptive referral
- Registrations and statistics
- Conscience objection under control
- Significant decrease on post abortion complication: 11 perforation and 23 sepsis in the 1st semester 2007, only 1 perforation and 12 sepsis in the 2nd semester 2007;

# Lessons learned (1)



- **The importance of politics and politicians**
- **The importance of civilian movements to push politicians**
- **A long term process**
- **Advantages and disadvantages of a referendum**
- **Importance of research**
- **Network, network, network - Widest political spectrum**
- **Doctors involvement**
- **Catholics involvement**
- **The law must be regulated with the professionals involvement**

# Lessons learned (2)



- **Talk about rights but talk also about women's problems (lack of information and support, anxiety and fear, loneliness)**
- **Talk about responsibility, about accidents**
- **Talk about morbidity and death**
- **Talk about the need of contraceptive and sex education and easy access to contraceptives**
- **Let's show photos and tell stories of women that died because of illegal abortion**
- **Talk about a supportive, free and transparent society**

# Final coments and challenges



- Improving choice in legal abortion services
- Improving access to legal abortion services all over the country
- Decrease unsafe abortion
- Improve information
- Improve contraceptive use