

Accessibility of abortion services: policy versus reality in Georgia



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Demographic and Reproductive Health Indicators

	1999	2005	2010	2016
Population				3 720 400
Urbanization				57.4%
Sex ratio: male/female				0,9/1
Population growth rate per 1000 population				1,6
Life expectancy at birth				72.7
Infant mortality rate per 1000 live birth				9.0
Maternal mortality ratio per 100 000 live births				36.0
Neonatal Mortality Rate per 1000 live birth				6.2
Stillbirth Rate 1000 B				9.7
Caesarean section deliveries				41%
Pregnancies being unintended			37%	
Intended Pregnancies	41%	48%	63%	
Teenage pregnancy rate (15-19 age)				51.5
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods				69%
Women who have received FP information from professional sources				17%
Induced abortion rate per 1,000 women 15-49 years				56
Abortion per women	3.7	3.1	1.6	
Abortion rate highest among ethnic groups per 1,000 women			3.3	
Adolescent abortion rate per 1000 women	29	13	10	

Georgia's Legal Obligations & Laws relevant policies on SRH

- **The Constitution of Georgia - 1995**
- **Law on Medical Practice - 2001**
- **Law on Health Care - 1997**
- **Law on Patient Rights - 2000**
- **Law on Gender Equality - 2010**
- **Criminal Code - 1999**
- **Law on the Elimination of All Forms of Discrimination – 2014**
- **Occupied territory of Abkhazia by Russia completely banning abortion on 9 February 2016**

Regulations and Conditions

Order #01-745 by Minister of Internally Displaced Persons from Occupied Territories, Labor Health and Social affairs of Georgia (2014)

- Grounds & Gestation limits
- Mandatory Pre-abortion counseling/consultation
- Mandatory written consent by patient
 - parental consent is not required 14-18 age
 - Consent paper contains moral and ethical aspects of abortion/side effects/death risks & maternal mortality rate and abortion is a safe procedure
- Mandatory Post-abortion counseling/consultation
- Mandatory 5 days waiting period between the request for an abortion and the actual procedure

Safe Termination of Pregnancy Protocol (2014)

- Provides evidence based information to health professionals on management of surgical and medication abortion as well as on abortion complications.
- Conscientious objection
 - Law allows for conscience based refusals of care by SP's
 - Referral of patient to other service provider is a must

Grounds & Gestational limits for legal Abortion

Voluntary induced abortion by only certified gynecologist:

- Surgical abortion MVA or EVA for pregnancy up 7 weeks allowed in Outpatient
- Medication abortion until 10 weeks of pregnancy Outpatient medical establishments
- All methods allowed up to 12 weeks gestation in in-patient medical establishment

Abortion over 12 weeks

- **Medical approval is required by** gynecologist, a lawyer, and medical specialist in clinic
- Allowed only inpatient medical establishment
- Only upon Predetermined Conditions:
 - Therapeutic abortion or Social reasons
 - In case of rape by judicial approval by judge (gestational limits 22 weeks);
 - under 15 or more 49 years;
 - Medical & mental health grounds (Physical health & Mental health status defined by specialist)

Abortion over 22 weeks is reviewed by Mother's and Child Health Protection council at Ministry of Internally Displaced Persons from Occupied Territories, Labor Health and Social affairs of Georgia

Services Availability and Readiness Assessment (Analytical Report) by HERA XXI in 2016

Widespread conscientious objection by individual doctors and refusal of care by institutions

Availability and readiness of medical facilities in Georgia:

- 17 % of medical facilities (655) provide abortion services
- 95% of medical facilities that provide abortion services are secondary health care facilities.
- 5% primary health care facilities provide abortion and family planning services.
- Curettage Method of abortion dominates over safe abortion methods
- In case of conscientious objection referrals are not initiated
- Discriminatory restrictions imposed by some clinics refusing to provide abortion service to certain groups of women and girls (age under 18)
- 23% of medical facilities do not offer pre abortion counseling in an unbiased manner
- Lack of oversight mechanism on implementation of state Regulations and Conditions

Ongoing Research by HERA-XXI in 2018

Barriers to Legal Abortion Services of Women & Girls

- Barriers regarding availability of safe abortion services especially for women in rural areas
- Barriers regarding territorial accessibility especially for women in rural areas
- Barriers regarding financial accessibility of safe abortion services
- Legal barriers: Mandatory waiting time,
- Biased Counseling, Conscientious Objection
- Discriminatory attitudes of service providers towards socially under presented and rural women and girls
- Stigma and judgmental attitudes in Society
- Non confidential and unfriendly environment in medical facilities

Women's Cases

25 years old woman, Senaki

"I was 16 when I had to decide abortion. Since then I have done abortion three times. Doctor and nurses had been quite rude and negligent as I am from village and do not have enough money to buy a present or give them additional money... Financial accessibility is the biggest problem for me. For last abortion I have taken a debt of 150 Gel and have not covered it yet. It is very expensive procedure especially for rural women."

30 years old woman, Akhaltsikhe

"When I applied for abortion service second time my doctor refused to perform abortion and took me to her priest. Priest explained me religious aspects of abortion that it was a deathful sin, then he spoke with my husband. Finally we changed our mind".

32 years old woman, Adigen

"I have heard from my relatives and friends about self-induced abortion. I thought it was a cheaper alternative and have taken cytotec and Dexamethasone several times, I had a serious complications so I do not advice them anyone.. I bought them without receipt"

18 year old women, Kutaisi

"I am student and decided to do abortion. The gynecologist who I went to were not practicing abortion procedure. On the request for referral to other clinic and information, response I received was "that I not old enough for sexual relations and becoming pregnant"

Summary

Women searching for abortion services encounter accessibility and availability barriers that are:

Lack of Abortion Providers because of no competition on medical service provider market;

Cost and Travel;

Judgmental Gatekeepers;

Conscience Objections by Institutions;

Lack of Referrals,

Anti-choice Organizations;

Church influence;

Gap between legislative framework and implementation thereof

Association HERA-XXI effective advocacy International & Regional Treaties

- Conduct evidence base for advocacy through research;
- Partnerships for SRHR advocacy with civil society organization through strengthening the Coalition on SRHR;
- In 2015, 2nd cycle of the UPR of Human Rights Council recommended – “to make sure SR health services, including abortion, are affordable and accessible to all women in girls especially living in rural areas and amongst vulnerable groups”
- In 2018, Mid Term Reporting on GEORGIA by SRHR Coalition;
- Campaigns on raising awareness on Abortion Right as the Women Right, using modern communication channels and media.
- Strengthen cooperation with influential youth and women’s groups

Enabling Safe Abortion Services

Improving access to the right based safe abortion and family planning by:

- **Introducing safe methods of abortion in Primary Health Care units;**
- Capacity building of Family Doctors on Counseling, contraception-related services;
- Capacity building of OBGYN's on safe abortion methods;
- Close collaboration with medical clinics and professional organizations;
- Distance learning accredited courses on Safe Abortion and Family Planning for Service Providers

Main Results

New National Maternal and Newborn Health Strategy (2017-2030) and 3-year Action Plan (2017-2019):

- Integrated contraceptives access, addressing Maternal & Child Mortality, Family Planning;
- Primary Health Care as the primary level for FP counseling, service delivery and coordination;

State Action Plan for the Protection of Human rights in Georgia (2018-2020)

- Concept includes - empowerment of all women and girls by Universal Access to SRH and Reproductive rights and ensure Abortion Right as Women's Rights

Sources:

- Reproductive Health Survey 2010
- Services Availability and Readiness Assessment (Analytical Report) HERA-XXI
- Georgia Maternal & New-born Health Strategy
- NCDC Yearbook 2015
- Minister Order #01-745
- Safe Termination of Pregnancy Protocol
- Law on Medical Practice
- Law on Health Care
- Law on Patient Rights
- Law on Gender Equality
- Criminal Code
- Law on the Elimination of All Forms of Discrimination



Thank you for your attention