How to Change Restrictive Laws

The Portuguese Experience

Duarte Vilar
Executive Director APF

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- 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 condemns (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 parliamentarian left groups (Political campaigns of denounce – a radical approach);
- Trying to influence the big political parties
- 1984: parliamentarian left parties approve a moderate law that doesn’t change anything

- 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

Direito de OPTAR
Plataforma pela despenalização do aborto

- 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 right 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

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<thead>
<tr>
<th>• Clear information channels: help line, family doctors, leaflets on procedures, consultation</th>
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<tr>
<td>• Possibility of choosing abortion methods</td>
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<td>• Professional support</td>
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<td>• Abortion under medical supervision</td>
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<td>• Free of charge (or controlled prices when done privately)</td>
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<td>• Medical follow up</td>
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<td>• Compulsory contraceptive referral</td>
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<tr>
<td>• Registrations and statistics</td>
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<td>• Conscience objection under control</td>
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<td>• 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;</td>
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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 comments 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