

# Activists Pushing Self-Induced Abortions in Pro-Life Nations

by Rebecca Oas, Ph.D. | Washington, DC | LifeNews.com | 10/30/12 5:45 PM

Uruguay's Senate recently [approved](#) a bill, signed into law by the president of Uruguay last week, which legalizes first-trimester abortions, making Uruguay only the second Latin American nation to legalize abortion on demand after Cuba.

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The legal status of abortion worldwide varies greatly across countries and regions, but it remains a heavily contested issue within nations which already make allowance for abortion. This is evidenced by battles within the United States over parental notification and exceptions for rape and incest, as well as in nations like Uruguay which have historically prohibited abortion despite repeated attempts to change the law.

It is also a contentious subject in international regulatory bodies, as abortion advocates [attempt](#) to frame abortion as a human rights issue under the guise of addressing maternal mortality.

Meanwhile, as governments debate over the legal status of abortion, some organizations choose to completely bypass the laws of nations which restrict abortion through a combination of brazen posturing and stealth. The Dutch group Women on Waves recently [made headlines](#) when it attempted to sail a boat equipped with abortion facilities into Moroccan waters, in defiance of Moroccan laws restricting abortion. After encountering protesters on shore, the yacht was escorted away from Morocco by police vessels.

While this reaction can hardly be surprising, it does bring international attention to the restrictive laws regarding abortion in Africa and the Middle East, for better or worse. Meanwhile, the sister organization Women on Web provides information for women living in countries where abortion is illegal, [instructing](#) them on how to obtain and use drugs to self-induce abortion, and how to disguise it as a miscarriage to a doctor in the not-unlikely event of complications.

In an [interview](#) with Alternet, Women on Waves founder Dr. Rebecca Gomperts said that she measures her success by availability and education rather than legality, in her own words: "It will be totally accepted, within a very short period that women can do abortion themselves, but the problem will be to make sure that the medicines continue to be available."



The medicines in question are primarily misoprostol and mifepristone, which are also known as RU486.

Misoprostol in particular has received scrutiny due to the fact that it can be used alone to induce abortion, but has also been used as a treatment for gastric ulcers and postpartum hemorrhaging. In fact, its use as a treatment for bleeding following childbirth has led to its [inclusion](#) on the World Health Organization's list of essential medicines. The purpose of this list is to provide guidelines as to which medications should be

made readily available worldwide in formulations and dosages which can be easily dispensed.

While the focus on abortion access as a component of maternal health is centered primarily within the developing world, the largely-unregulated distribution of drugs like misoprostol in these nations can have wide-reaching effects in an era when online pharmacies and medical tourism is increasingly common. In the Alternet piece profiling Women on Waves, Gomperts' assistant described successfully purchasing misoprostol in two pharmacies in Morocco and commented, "After I got back to Amsterdam I saw an article that the last abortion clinic in Mississippi might close, and that made it more real for me. I had this realization that women in the state of Mississippi would have no access, while a week earlier I was able to walk into pharmacy and buy a medication that could be used to induce a safe abortion."

Women in Texas choosing to seek abortion-inducing drugs across the Mexican border have been [profiled](#), citing their opinion that although abortion is illegal in much of Mexico, obtaining the drugs there is "the least invasive option, both medically and personally. The traffic of misoprostol across international boundaries is not limited to those who reside near borders. A woman in England was recently given an eight year jail sentence for [aborting](#) her almost full-term son using misoprostol she had ordered online from India.

Advocates for legal abortion have long argued that illegal abortion is unsafe abortion, and that making it legal is necessary to save women's lives. However, despite the fact that abortion is illegal in much of Africa and Latin America, rates of maternal mortality [greatly differ](#) between those regions, largely due to general standards of medical care which extend well beyond reproductive health.

The World Health Organization's inclusion of misoprostol on its essential medicines list was explained in terms of practical necessity: the preferred medication to treat postpartum hemorrhaging, oxytocin, requires refrigeration, whereas misoprostol does not. Furthermore, the guidelines for its use specify that misoprostol should only be dispensed for this purpose when oxytocin is not available, presumably owing to intermittent or insufficient medical infrastructure. In these situations, even if abortion were made legal, it is unclear that resources for administering it or coping with complications would be significantly improved.

Most organizations which advocate for legal abortion are not as open in flouting the law as Women on

Waves. However, it is notable that the greatest push for increased access to misoprostol comes from organizations which also campaign for liberalized abortion laws, including Gynuity and Venture Strategies.

It is also worthy of note that women in countries with legal abortion, such as the United States and the United Kingdom, are obtaining abortion-inducing drugs from countries in which abortion may be illegal, but pharmaceutical sales are far less tightly regulated. That abortions are occurring around the world, regardless of the law, is undisputed. That legalizing abortion makes it safer, or even more accessible, is less clear. What is far more difficult to dispute is the data showing that Chile's maternal mortality rate [decreased](#) despite the passage of laws prohibiting abortion.

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For those whose ultimate aim is abortion on demand throughout the world, access to drugs and procedures appears to surpass pharmaceutical regulation and regulatory oversight as a priority. However, for those whose goal is to improve the overall health and survival of women, especially those who are pregnant or bearing children, advances in general healthcare infrastructure must be paramount, without the requirement of increased access to abortion.

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