

THE GLOBAL GAG RULE & MATERNAL DEATHS DUE TO UNSAFE ABORTION

The Global Gag Rule is designed to prevent overseas U.S.-funded nongovernmental organizations (NGOs) from providing abortion information and care to women, and from engaging in advocacy to change abortion laws and policies, even if the NGOs use their own funds.

The Global Gag Rule is not merely symbolic. It uses U.S. financial clout to constrain the medical information and options available to women, to stigmatize providers who perform abortions, and to reinforce restrictive policies in poor countries. The gag rule hinders efforts to reduce maternal deaths and injuries caused by unsafe abortion in countries receiving U.S. aid. As a result, desperate women — and girls — will continue to risk the complications that ensue from clandestine abortions, often unsafe because they are performed by untrained providers in unhygienic conditions. Many will die, and many more will needlessly suffer.

ENDANGERING WOMEN'S LIVES AND HEALTH

The Helms amendment to foreign assistance legislation, in effect since 1973, prevents U.S. funds from being used for abortion-related activities. Since 2001, the gag rule has gone further by making NGOs ineligible for U.S. funds even if these activities are carried out with non-U.S. funds. NGOs are forced to choose between receiving U.S. funds — often their primary source of support — and providing women with counseling and care that they may desperately want and need, especially if coping with an unwanted pregnancy.

Improved contraception can help women avoid unwanted pregnancies, but the need for the option of abortion in some circumstances will always be there. Most women in developing countries are too poor to have reliable access to contraceptives especially vulnerable if they are adolescents, refugees, victims of sexual coercion or violence, or suffering from acute or chronic diseases such as HIV/AIDS.

- **In Kenya, the Global Gag Rule discourages democratic debate** on reform of the current restrictive abortion law. A number of parliamentarians, organizations of doctors and lawyers, and citizens from across the country are seeking legal change. Based on preliminary findings of a recent nationwide study in Kenya, an estimated 20,000 women are admitted to public hospitals each year with abortion complications; 30 to 40 percent of these women have serious infections and are severely ill.¹ Similar conditions apply in Ethiopia, Mozambique, Uganda, Nigeria, and other countries that receive U.S. assistance and that also have local initiatives to reform abortion policies.
- In Nepal, the law has recently been changed to allow abortion upon request of a woman, until the end of the first trimester. Previously, one-fifth of the women in Nepal's prisons were there for seeking clandestine abortions.² Thousands of women have experienced unsafe abortions, a factor in Nepal's high maternal mortality rate. The government and NGOs are seeking international assistance to implement the new law. However, **the Global Gag Rule precludes U.S.-funded NGOs from supporting the necessary steps to train and equip providers of safe, legal abortion care.** Similar issues arise in India, Cambodia, South Africa, Ghana, Zambia, Romania, and other U.S.-assisted countries where abortion is legal for indications broader than allowed by the gag rule (i.e., to save the life of the woman, or in cases of rape or incest), and where efforts are still needed to achieve good quality, affordable services.



**ACCESS
DENIED**

U.S. RESTRICTIONS ON INTERNATIONAL FAMILY PLANNING

U.S. GOVERNMENT IN CONFLICT WITH INTERNATIONAL COMMUNITY

In 1994, representatives of the world's governments, including the United States, agreed that each country should establish its own laws defining circumstances in which abortion would be legal, and that where it is legal, abortion should be safe. In 1999, the international community went further, calling on health systems to train and equip providers to ensure that abortion is safe and accessible in circumstances where it is not against the law. In 2003, the World Health Organization issued guidance for health systems "to ensure access to good quality abortion services as allowed by law."³

PUTTING WOMEN AT RISK

The Global Gag Rule unnecessarily risks the lives and health of women. From 1984 to 1992, when the policy was first in place, there was no evidence that it reduced the incidence of abortion. And there is no reason to believe it will this time around.

It is also contrary to basic principles of democracy and international relations, namely freedom of speech and respect for national sovereignty. The effects of the Global Gag Rule prove that health care policy that puts ideology before sound public health practices has a tremendous impact on women's health. With so many lives at stake, the United States cannot afford to alienate, disparage, or leave out any provider or group of providers that is able to deliver cost-effective and comprehensive reproductive health services.

THE REALITY OF UNSAFE ABORTION

- **Almost 20 million unsafe abortions occur annually, almost all in developing countries, according to estimates of the World Health Organization.⁴**
- **Nearly 70,000 women die each year due to abortion complications, with millions more suffering injuries and disabilities.**
- **Well over 100 million women alive today will experience the risk and trauma of an unsafe abortion at least once in their lifetime.**

1. Hailemichael, Gebreselassie. 2003. "The Magnitude and Consequences of Unsafe Abortion in Kenya" [draft report]. Chapel Hill, NC: Ipas.

2. The Center for Research on Environment Health and Population Activities (CREHPA). 2000. *Women in Prison in Nepal for Abortion*. Kathmandu, Nepal: CREHPA.

3. World Health Organization (WHO). 2003. *Safe Abortion: Technical and Policy Guidance for Health Systems*. Geneva: WHO.

4. World Health Organization (WHO), Division of Reproductive Health. 1998. *Unsafe abortion. Global and regional estimates of incidence of and mortality due to unsafe abortion, with a listing of available country data*. (WHO/RHT/MSM/97.16). Geneva: WHO.

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The Global Gag Rule Impact Project is a collaborative research effort led by Population Action International in partnership with Ipas and Planned Parenthood Federation of America and with assistance in gathering the evidence of impact in the field from EngenderHealth and Pathfinder International.

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