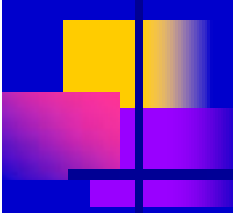


THE EVALUATION GAP AND IT'S IMPACT ON ABORTION POLICIES: CASE STUDIES OF WOMEN'S RIGHTS IN NIGERIA AND THE UNITED STATES



'FUNKE AKIYODE
SHOUT –global health



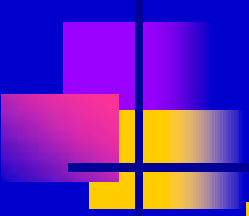
Why this title?

- Not for or against
- Motives behind most laws
- Advocate for protection of women's rights as initiators of policy change and not court cases and sentiments

HISTORY OF ABORTION POLICIES

- Legal under the roman law to protect the rights of biological fathers (Wiki 2006)
- In the 4th century St. Augustine laid down a dogma to sanction abortion
- 1588- pope Sixtus forbade all abortion
- 1581 – Pope Gregory rescinds pope Sixtus edicts against abortion

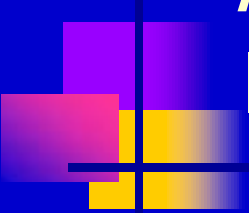
HISTORY OF ABORTION POLICIES

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- In 1803 Britain passed the 1st anti abortion law followed by the US
 - There is a general global trend towards liberalization of abortion policies
 - No record of policy evaluation before abortion was either liberalized or criminalized

HISTORY, MAJOR CHANGES IN ABORTION POLICIES AND THEIR INITIATORS – CASE OF NIGERIA

■ STATUS:

- Illegal except to save the life of a pregnant woman –a jail term of 14 years
- Based on Offences Against the Person's Act of 1861
- Before 1938 no abortion case was ever brought before the law therefore no way to evaluate; inferring that probably abortions were taking place without restrictions
- 1938 – the case of R v. Edgal - expanded the "life preservation" to include "physical and mental health" – initiator – court case
- 1939 – R v Bourne



HISTORY AND MAJOR CHANGES IN ABORTION POLICIES AND THEIR INITIATORS – CASE OF NIGERIA

- 1981 termination of pregnancy bill – This bill revealed lack of evaluation as can be seen in the WHO report of Doctor : patient ratio in Nigeria at the time (1:10 000)
- Opinion poll of 1981 – result was not taken into consideration at all

HISTORY AND MAJOR CHANGES IN ABORTION POLICIES AND THEIR INITIATORS – CASE OF US

- Prior to 1821 – there was no law so probably people performed abortion
- 1821 – the first law against abortion - 1821 law was enacted to prohibit using dangerous substances to induce abortion (initiator) - this was the only time protection of women was taken into consideration
- 1843 – two cases of abortion leading to passing of a bill - initiator court cases
- 1930s – poverty became a widely acceptable reasons
- 1950s – psychiatric reasons

HISTORY AND MAJOR CHANGES IN ABORTION POLICIES AND THEIR INITIATORS – CASE OF US

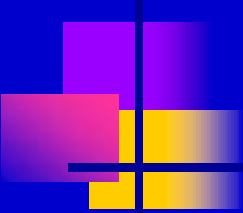
- 1962 – Sherri Finkbine
- 1962 -1965 – Outbreak of German measles - Led to therapeutic abortion act
- 1970 (Therapeutic Abortion Act–) **initiator – tragic events**
- 1970 – 56% of Washington State voter approved a referendum to liberalize the state's abortion law
- 1973 – **court cases** Roe v Wade
- 1976 – **Court Case**
- Hyde Enactments - 1980– **court case**
- 1988 – Gag rule Rust v Sullivan (**court cases**)

Food For Thought!!!

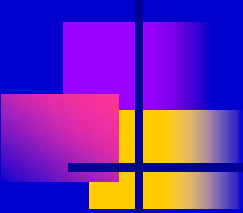


- 1821 was the only time protection of women's health was taken into consideration
- Have we found out why women have abortion?
- Is the general status of women related to high incidence of abortion?
- How about rate of Contraceptive use?
- Are there relationship between status of women and contraceptive use?
- Have we really tried to deal with the root cause?

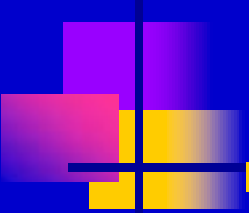
Policy Evaluation

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- Parts of policy management and evaluation – research, maintenance, enforcement and so on
 - Policy research – have we considered the importance of knowing the impact of past, present and future policies?
 - Do we research into policy impact before designing policies?
 - Before passing an abortion bill, do we check what impact it will have on women's health and rights and do we bother to check after the bill has been passed?

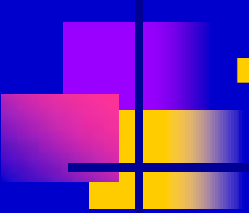
PRACTICAL EXAMPLE

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- For example Nigerian abortion policy is 239 years old and there is no record of research into past and existing policies before it was designed. Also, the opinion of the population was not considered during its design. The only policy research documented in the history of abortion policy in Nigeria is an opinion poll carried out in 1981 about liberalization of abortion policy. In 1984, a survey of hospitals to measure the practice of abortion was conducted which covered both Northern and Southern part of Nigeria yielded no good results due to money and time constraints (Okagbue, 1990). The exact figures on abortion cannot be ascertained to be able to measure the impact of policies or influence policy review by the government.

PRACTICAL EXAMPLE

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- Abortion policy formation and change in the United States tends more on influence, incidents and controversial views than on research
 - Research was never a basis for formulation of abortion policy or for policy change. There is no report of research or population studies conducted to stimulate court cases for policy change.

Policy Evaluation

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- Policy Analysis based on effectiveness, efficiency and equity
 - Do we analyze abortion policies based on these measures before formulating policies
 - No record in the history of abortion policies shows they were analyzed based on the above..
 - Does abortion policies improve disparities? (equity)
 - For example withdrawal of Medicaid from funding abortion services in the United States has created a disparity between the low income who can not afford insurance and out of pocket payment and the high income who have access to insurance services and Can pay



WOMEN'S RIGHTS

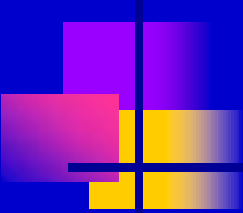
- Women who are the stakeholders in abortion policy issues are not included in abortion policy decisions –this is a violation of their reproductive rights. Their input can be obtained by sample surveys, opinion polls, referendum and so on – A violation of RHR and HR
- International community and the human right community have not made it a right for a woman to terminate her pregnancy because of the controversy surrounding abortion (PATH, 2001)



WOMEN'S RIGHT

- The ICPD 1994 stated the major international treaty related to abortion "*Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling...In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post abortion counseling, education and family planning services should be offered promptly*".
- All cases include: legal status, religious, cultural, socio cultural and economic situations women should have quality services for management of complications of abortion

WOMEN'S RIGHTS

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- Policies and programs can violate women's reproductive health rights; therefore legalization and decriminalization of abortion policies either violate or protect women's reproductive health rights. For example if abortion policies of a country increases MM of the country, it is a violation of RHR.
 - On the other hand, women's RHR can also be violated when programs used in implementing these policies increase MM. Lack of access to quality services for the management and complications arising from abortion in all cases is a violation of RHR
 - Lack of information about abortion services, policies and contraception and defective implementation and design of abortion policies are violations of women's RHR.
 - The promotion of abortion as a method of family planning instead of contraceptives is also a RHR violations.

Evaluation model for abortion controversy

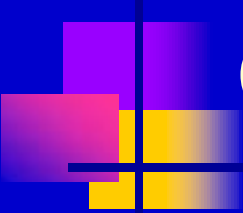
- Based on opportunity cost, trade offs and decision analysis all in terms of public health gains and women's rights
- An example of payoff table:

Sample Payoff Table for Abortion Policy

DECISION	STATE OF NATURE	STATE OF NATURE	EFFECT ON PUBLIC HEALTH & HR
LEGALIZE ABORTION	HIGH MMR, HIGH RAW NUMBER OF MATERNAL DEATHS AND SO ON	LOW MMR, LOW NUMBER OF MATERNAL DEATHS AND SO ON	Calculate
CRIMINAL ABORTION	HIGH MMR, HIGH RAW NUMBER OF MATERNAL DEATHS	LOW MMR, LOW NUMBER OF MATERNAL DEATHS	Calculate

Evaluation Model For Abortion Controversy

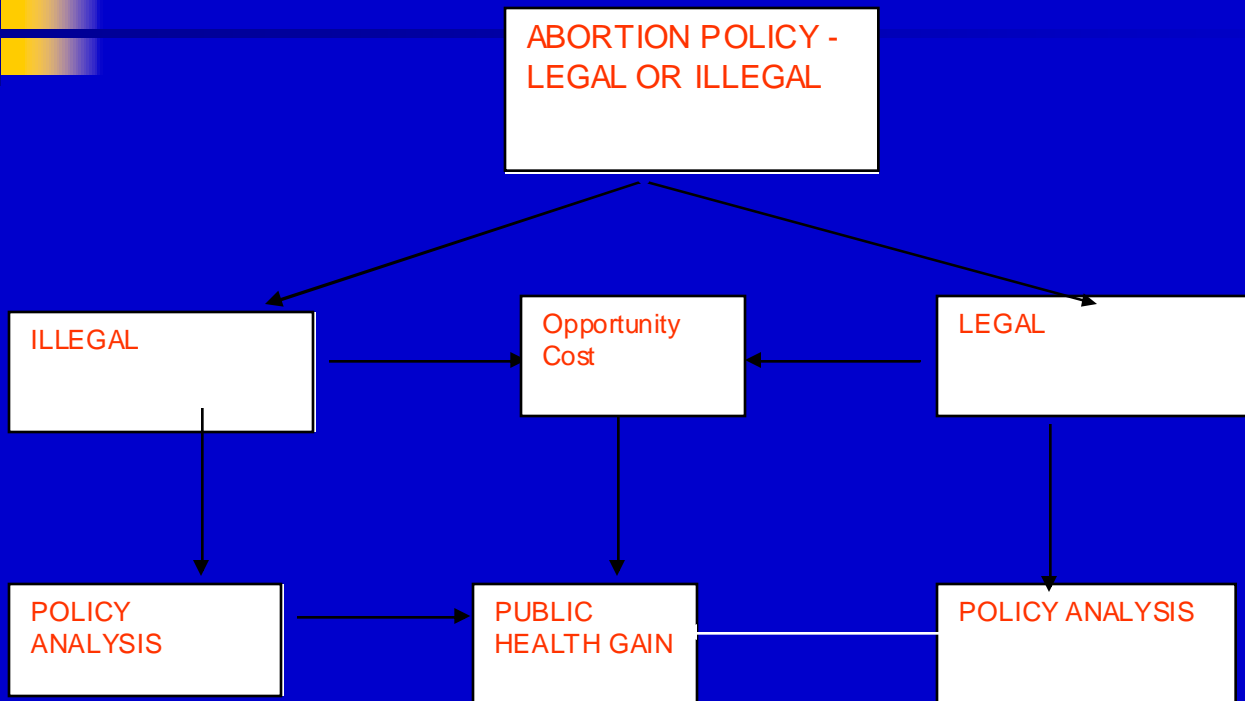
- Based on alternatives
- Present status + low contraceptives + low education
- Present status + high contraceptives + High education
- Legalizing abortion alone
- Legalizing abortion + Contraceptives + education
- All these are measured based on the following questions:
 - What results will this produce? What are the public health gains? How does this protect women's rights? Will this reduce MMR? Will this reduce Unsafe Abortion Incidence? What are the "trade offs" and "opportunity costs"?
 - Which of the alternatives yield the best result?



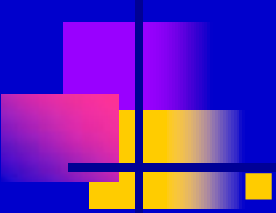
Evaluation Model For Abortion Controversy

- The alternative that yields the best results should be our precursor for policy change
- In this model, controversial views were kept constant at zero because, in measuring public health, views should not count. This is because people's views and beliefs can be changed once they are given proper education, information and true data about an issue.

Evaluation model in Diagram



Evaluation model for abortion controversy



Furthermore, analysis of policy based on the efficiency, equity and effectiveness model should uphold the importance of stakeholder opinion on policy issues. Affected parties must be able to participate in the formation and design of the policy. Therefore, before the analysis can be conducted, stakeholders' input must have been documented through mediums like referendums, surveys, and opinion polls and so on - although conclusions based on public health *can* override the stakeholders' decisions.

Food for Thought



The highest Unsafe Abortion incidence corresponds to places where laws are restrictive

- Regions with lower status of women have a high incidence of unsafe abortion
- Many women who seek abortion in low income countries are married, usually poor and struggling to provide for children they already have (UNFPA, 2005). For example between 16 and 40% of married women in SSA said they wanted no more children and studies also reveal that family planning services are not enough to meet their needs.

Food for Thought



- A study to measure women's experience of unwanted pregnancy in Nigeria shows low contraceptive use among women who carried out abortion. The contraceptive use was low, ranging from 19% to 28% (Okonofua et al; 1996). This is an indication of low status.
- Economic growth and policy change in the US have been found to reduce abortion incidence in the USA (new 2000)