

The FIAPAC Newsletter, August 2018

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Editorial.

This newsletter is such a pleasure! It is a pleasure to have news about the principles that are defended by FIAPAC! To know what they have become, to see that they are debated in many countries, that the members of FIAPAC participate in these discussions with a lot of courage and tenacity because if there is progress (Latin America) there are also sometimes threats of backtracking.

To see the interest to develop abortion techniques to improve our clinical performance but also to make the procedure easier for women. And it is a pleasure to discover how much new ideas can still stimulate one's own reflection and action. It is so encouraging to see how active the imagination is among the militants. Ways of supplying abortion medication that would have seemed like science fiction just two decades ago – buying medical abortion by internet, sending drugs by drones – are now a reality. And it is uplifting to discover countries, sometimes far away, not in a tourist way but through their specific ways of thinking about their struggles for women.

It is marvellous to have news from friends we meet (again) at conferences, sometimes lost a little of sight, and to see them suddenly in the pages of the Newsletter. I think all of us must enjoy above all the pleasure not to be isolated any longer but to be part of a group that share our ideals and, which fights to make them succeed and discusses with great honesty the difficulties or successes.

Thank you to all those who keep this newsletter alive. It provides us not only with technical news, but it mainly brings us interesting information from the members of FIAPAC on what is important to maintain the fraternity and the friendship between us. These feelings are essential for our Association because the battles are often violent and everyone needs to know that they are not alone with their problems. We can support each other. Communicating, sharing and meeting were the major motivations for the establishment of FIAPAC and these have not changed. And continue to motivate us today. These feelings allow us to be effective because everyone feels comfortable and encouraged by others in her/his militant action by others.

I am sure that during the Conference in Nantes, these feelings will be greatly honoured. I wish you an excellent event, taking advantage of scientific communications but also the pleasure to be together. Unfortunately, I cannot join you this time, but my thought will be with you

Dr. Elisabeth Aubény, founding member of FIAPAC
Paris, France



Belgium takes abortion out of the penal code

Let me try to give you some background to the proposal to change the Belgian abortion law. Since the summer of 2016 several political parties of the opposition have submitted bills to change the abortion law; some of them rather simple (take the existing law out of the penal code and put it in a regular law, without changing the content) while others proposed a profound change (out of the penal code, getting rid of the waiting period, abortion on request up to the 20th week of pregnancy). In the spring of 2017 the Flemish liberal party (Open VLD), member of the majority submitted also a bill to change the abortion law (out of the penal code, lowering the waiting period till 48 hours, abortion on request up to the 18th week of pregnancy).

The result was that there were 6 different proposals to change the abortion law! This resulted in May and June in hearings in the commission of Justice where 28 experts reflected on the proposals. The hearings were really interesting as all the presentations stayed out of stupid ideological discussions and even the experts whom I considered, in general, rather conservative had really open-minded views on abortion and took the viewpoint of 'the needs of a woman who has an unwanted pregnancy' as their starting point.

On the 6th of July a debate (following the three hearings) was planned in the commission of Justice, but two days earlier there was 'breaking news' with the message that the majority had reached a compromise to take abortion out of the penal code. It is a typical political compromise between one party who doesn't want to change anything, two parties who want to change a lot and one that has a stance somewhere in between, but knows that it has nothing to gain with this issue.

The gain of the compromise is that the political party (Christian Democrats) that still suffers from a 'post-traumatic stress syndrome' since the abortion law was voted with a change majority in 1990, gave in to take the conditions 'on request' out of the penal code. And to be clear this is purely a symbolic gain! The two liberal parties succeeded in putting an exception to the six days waiting period "If there are urgent medical reasons" and (in the facts) extending the 12 weeks with one week as the text says that "when a woman asks for a termination at 12 weeks the six days waiting period can be added. The addition to the CO-clause (the obligation to refer to an abortion service) is 'in real life' a symbolic one as it is very easy to find abortion services and 75% of all the clients come directly to an abortion service without referral (stories of doctors who try to counteract or mislead women seeking an abortion are non-existent). 'Off the record' we were told that a change to the conditions above 12 weeks was a real 'no go'!

Each year about 500 Belgian women travel to the Netherlands for an abortion above 12 weeks.

Although this would have been the fundamental legal improvement as each year about 500 Belgian women travel to the Netherlands for an abortion above 12 weeks.

I think that the proposal for the new (I know, you can hardly call it 'new', but anyway!) abortion law is for almost 100% the result of the way the political game is played:

1. The political parties of the majority know that there is a big chance that they will be 'condemned to each other' after the elections in 2019;
2. The Christian Democrats wanted to prevent one more change majority on an ethical issue (four years ago there was a change majority on the right of euthanasia for minors one month before the elections!)
3. When you make a compromise now, you can prevent the issue of abortion to end up 'again' on the negotiation table after the next elections.
4. ... and believe me, the Roman Catholic church doesn't play a (real) role on this issue. In terms of kings, I would say: 'the Belgium of king Philippe is no longer the Belgium of king Baudouin!'

As an organization of abortion services, LUNA, we are unhappy with the political compromise (and believe me, we invested heavily in advocacy). It is a missed change to really make a difference for the women who have an unwanted pregnancy, especially for abortions on request above 12 weeks.

Carine Vrancken, Belgium – July 2018



Contraception and abortion in Japan in 2018

It is a pleasure to contribute to the FIAPAC Newsletter by informing you on the situation of contraception and abortion in Japan. I am an Ob/Gyn medical doctor mainly dealing with biological demography, family planning and sexual and reproductive health.

Our Professional Women's Coalition for Sexuality and Health now promotes since 1997 for 20 years sexual and reproductive health among Japanese women because of the banned oral contraceptive pills at that time. Under pressure of other countries and Japanese male Congress members, the pill was allowed again in 1999 after the introduction of Viagra.

Although Japanese people are a rather serious society, they behave irresponsible with respect to contraception. Our contraception usage rate is 44% (59% mean usage rate worldwide). The main methods of contraception are male condom (40%) and pill, IUS or tubal ligation (4%).

Our contraception usage rate is 44%

Male sterilization is rather rare in these days. Anxiety of low fertility rate is usually given as a reason but as we know, contraception and abortion are not directly related with a decline of the population. Sexual health and sexual rights are fundamental human rights, especially for women. Unfortunately Japan decreased to rank 114 per 144 countries in the gender gap index in 2017.

Now we can use IUS for contraception and for the treatment of hypermenorrhea. As far as LARC methods are concerned, second choices are patches, injections and vaginal ring (but we do not have them in our country). Although the abortion pill is very popular in the world, we also do not have it yet in Japan. MVA was introduced for the first time in 2015, while D&C and D&E have been standard methods of abortion procedures.

The abortion rate is decreasing year by year. In 2016, 6.5 per thousand reproductive women in the age group 15 to 49, and highest (12.9) in the age group 20 to 24. Japan legalized abortion in 1948 as part of the Eugenic Protection law based on the Penal Code abortion crime. By amendment of the Eugenic protection Law to Maternal protection Law in 1996, abortion and sterilization without consent were stopped.

I am really happy to communicate with specialists on abortion and contraception worldwide. It is very difficult to make research about abortion and contraception in my country, but I engage myself to make the best effort. The issue is not a money problem, but the women's health and status. I pray for all women's health and rights.

Tomoko T. Saotome, Japan

Liberating women - Removing barriers and increasing access to safe abortion care

13th FIAPAC CONFERENCE
14-15 September 2018, Nantes, France
www.fiapac.org



2018 Conference

Liberating women - Removing barriers and increasing access to safe abortion care
14 – 15 September 2018
Nantes, France

Programme

Have a look at the [final programme](#)

Registration

Please [register](#) in advance online, in order to avoid waiting times on site.

General Assembly 2018

Paid-up members are cordially invited to attend the FIAPAC General Assembly (GA) which will take place on Friday 14 September 2018 from 18:00 - 19:30. Place of the meeting: (Auditorium 450) La Cité, Nantes Events Center, 5 rue de Valmy, 44041 Nantes, France

Agenda:

- Welcome address (S. Cameron)
- Report by the Secretary (N. Martens)
 - Minutes of last GA meeting 2016
 - Membership report
 - Newsletter and website
 - FIAPAC grant
 - Statutes, Rules and official seat
 - Miscellaneous
- Treasurer Report (C. Fiala)
 - Final report 2016 and 2017
 - Final report Lisbon Congress 2016
 - Membership fee
- Board Elections and Mandates 2018 - 2022 (S. Cameron – N. Martens)
 - Presentation of the results of the voting
- 2020 Congress bids
- Agenda items requested by members
- Any other Business
- Date of next meeting

Italy – Mirella Parachini

This year celebrates the 40th anniversary of the approval of the abortion law in Italy (the law 194 approved in 1978). A group called “molto di più + di194” (“much more than than194”) was formed with the purpose of arriving at an improvement of law enforcement and a greater diffusion of medical abortion. There are more than 63.000 signatures to support a popular petition promoted by the “Committee for free and conscious contraception”, with a document proposing concrete solutions in line with the World Health Organization to overcome Italy’s backwardness on this front.

See also

- <https://www.change.org/p/contraccezione-gratuita-e-consapevole>
- <https://www.ilfattoquotidiano.it/2018/08/11/contraccezione-in-italia-e-ancora-un-lusso-gratis-solo-in-4-regioni-nonostante-la-legge-lo-stato-rinuncia-a-risparmi/4537590/>

In Italy abortion is totally free while contraception is not!!

United Kingdom – Sharon Cameron, Ann Furedi

In October 2017, Scotland became the first part of the UK to allow women to take misoprostol in their own homes (followed in 2018 by Wales). This change in policy in Scotland was made using powers available under the existing Abortion Act 1967. The decision was legally challenged by the Society for the Protection of Unborn Children (SPUC). The legal challenge has failed and the judge (Lady Wise) concluded that the decision of the Scottish government ministers to approve a woman’s home as a place where misoprostol can be taken is not unlawful. SPUC have vowed to appeal against the ruling.

Wales, had followed Scotland and allowed home-use earlier in the year, leaving England alone as insisting that women return to clinics to administer misoprostol. However at the end of August the English Government announced that it too would introduce measures to allow use of misoprostol at home ‘by the end of the year’. This is a major turn around since officials and Ministers have persistently insisted that, regardless of the clinical evidence to prove it was safe, they believed home use would be too controversial and unacceptable to public opinion. In fact, the announcement was reported calmly and mainly as a health news story. The only controversy being was why it has taken so long since bpas first requested permission for this in 2001!

Political activity in the UK will remain intense however. Northern Ireland will not benefit from the recent changes and there is a need to step up work for access to services in Northern Ireland and for decriminalisation of abortion throughout the UK.

Ann Furedi’s personal news is that she has been asked by the publishers of *The Moral Case for Abortion* to produce a 2nd edition, which will include new chapters on freedom of conscience, eugenics & population policies, why advocates for reproductive justice dismiss the arguments for choice, and political developments especially in Ireland and the USA.

Australia - Deborah Bateson

In Australia there have been some moves towards improving women's access to abortion in two Australian States. In June, the New South Wales Parliament passed laws to impose 150-metre "safe access zones" around clinics and hospitals that provide abortion. Laws to decriminalise abortion in Queensland will be debated in the State's Parliament in October. If the new bill passes, abortion in Queensland would become a health issue with abortions available "on request" up to 22 weeks. Despite this encouraging news we are ever reminded of the challenges that persist. In July, Cricket Australia dismissed a female employee after she campaigned for abortion reform on social media. Angela Williamson's petition to the Tasmanian government for improved access can be found here: <https://www.change.org/p/tasmanian-government-every-australian-deserves-equal-access-to-abortion>

Luxemburg – Catherine Chéry

Reimbursement of contraception has improved!

Since August 1st, 2018, contraception is reimbursed until the age of 30 years, instead of 25 previously. Whereas only short action contraceptives were reimbursed (80%) until 2018, a lump sum of 60 euros will now be paid back for any IUD. Unfortunately, this is quite below the actual amount a woman has to pay for it. Moreover, we have no explanation as to why the birth control implant hasn't been considered at all. The Family Planning advocacy work will go on. Anyway, this is a never ending story.