Introduction: Putting Unsafe Abortion on the Development Agenda

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Abortion has become an ever more controversial issue, provoking strong reactions both 'for' and 'against'. The very language that is used to frame disputes over whether or not women should have access to safe and legal abortion indicates just how polarised debates have become: *pro-choice* versus *pro-life*; *pro-abortion* versus *anti-choice*. As the anti-abortion agenda has become coupled with other conservative agendas, such as 'pro-abstinence', 'pro-chastity' and 'anti-contraception', an ever more assertive movement has evolved. The extension of this coalition of conservative forces to parts of the world where thousands of women die every year because they were unable to access safe abortion and protect themselves from HIV infection, has turned this polarised dispute into an urgent development issue.

This introduction and the articles that make up this *IDS Bulletin*, are unequivocal on the nature of the issues at stake: access to safe abortion is a matter of human rights, democracy and public health, and the denial of such access is a major cause of death and impairment, with significant costs to development. All contributors to this *IDS Bulletin* share a commitment to a woman's right to have access to safe, affordable services for the termination of pregnancy for the widest range of reasons. They bring perspectives from a range of contexts: countries where this entitlement is not guaranteed for all women who need it, or only guaranteed under very restrictive conditions, and countries where it is guaranteed, but there are strong or resurgent movements of counterattack.

What we highlight are the profound inequities of access both globally and nationally, and the importance of global and national movements for reform to address this. Contributors focus in particular on policy reform and what can be learned from recent struggles in different parts of the world to obtain or retain access to safe abortion services. Their contributions reflect on the different strategies and tactics that have contributed to successful outcomes or to a more constructive dialogue in countries where abortion is currently being debated. They are written from within multiple framings – rights, social justice, public health, development and harm reduction. They post warnings of strategic vulnerabilities and potential tactical errors, while providing practical guidance for those concerned to broaden access to safe, affordable abortion services.

1 Abortion reform: a mixed picture
In recent years, we have seen legislative advances in a number of countries, particularly geared to reducing the toll from unsafe abortions. Much of the impetus for progressive legislation on access to abortion services has been shaped by the recognition of the terrible consequences of denying women access to safe abortion (Brookman-Amissah and Moyo 2004). Newly liberated from apartheid, South Africa enacted legislation in 1997 allowing the termination of pregnancy on demand in the first trimester, and on a wide range of grounds in the second. This has seen unsafe abortions fall by over 90 per cent in a decade (Okonofua 2008). In 2002, Nepal acted similarly (Shakya *et al.* 2004), as did Mexico City in 2007 (Ipas 2007). With more than 20 African countries having ratified a protocol on the Rights of Women in Africa authorising abortion in cases of rape, incest and maternal health, and a growing number of African leaders speaking out on the need for safe abortion, positive change seems to be afoot in some parts of Africa.

Yet in other parts of the world, there is no such optimism. The Vatican under Pope Benedict XVI has become ever more vocal in opposition to women's reproductive rights, lending momentum to what has become a wave of increasingly highly targeted activism. The Pope himself declared abortion 'an aggression against society itself'.[1] In 2006, in a cynical move unfolding in the midst of an election season, members of the Nicaraguan National Assembly eliminated the last permissive condition in the country's already strict anti-abortion law, criminalising terminations to save a woman's life. This is having catastrophic impacts on pregnant women's health and survival, with deaths from life-threatening complications such as ectopic pregnancies ensuing as a consequence (Arie 2006). And countries where the legislative gains were won many years ago, such as the UK and USA, are experiencing renewed vigour in anti-abortion movements (Gerber Fried, this *IDS Bulletin*).

Meanwhile, the US Government's Mexico City policy, known as the 'Global Gag Rule', continues to deny funds for reproductive health services to any foreign organisation that uses its own resources to provide legal abortion services or counselling, gives referrals for safe abortion services, provides information about the consequences of unsafe abortion, or participates in any kind of public debate that might contribute to improving access to safe abortion services. This applies regardless of the national law in a particular country and has had a serious impact on the capacity of many non-governmental national family planning and reproductive health providers to continue providing appropriate services and protect women's health (IWHC 2004, 2008).

Nonetheless, in the past few years, the issue of unsafe abortion has again been rising gradually, if somewhat stealthily, up the international health policy agenda. As Shah points out, the World Health Assembly identified unsafe abortion as a serious public health problem as early as 1967 (Shah 2007). The 1994 International Conference on Population and Development again drew attention to the need for increased international attention on unsafe abortions globally, with a call to '… to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services' (Paragraph 63i of the Programme of Action, quoted in Warriner and Shah 2006). In 2003, the World Health Organization (WHO) issued

Safe Abortion: Technical and Policy Guidance for Health Systems, which covers a range of issues related to the implementation of abortion services. These tools broaden the options for advocacy that are open to activists and health professionals.[2] Since then, a number of international and regional initiatives have taken up this call with some recent and encouraging momentum (Klugman, this *IDS Bulletin*). Amongst them is the Maputo Plan of Action of 2006, which commits member countries to an action plan of which unsafe abortion is one of nine areas, and to advocacy to enact policies and legal frameworks to reduce the incidence of unsafe abortion, training to deliver safe abortion where abortion is not illegal and to educate communities on safe abortion services as allowed by national laws (2006: 13).

2 Framing abortion rights

The public health arguments for the provision of safe abortion services are overwhelming. We know that whether or not abortion is permitted or prohibited by law, women will seek abortion services and obtain abortions. They will seek them because of their social, economic, health or other personal circumstances. They will seek them because they have experienced rape and sexual assault. If safe services are not available, they will turn to unsafe ones. Even in countries with the most punitive of laws, there are flourishing markets in providers who offer abortion services; this leaves poorer women more vulnerable to impairment, illness through infection and death than middle-class women who are able to pay for safer options. For the poorest women, and for young women with no money and no access to information about what services might be available, the only option is self-abortion, despite the steep risks it involves. Women stand a massively higher risk of dying as a result of pregnancy in countries with restrictive abortion laws than in countries where safe services are legal and available.

Public health arguments have thus been gaining ground as reliable evidence of the death and disability toll increases (Grimes *et al.* 2006). Berer (2004), analysing data from more than 160 countries, found that where legislation allows abortion on broad indications, the incidence of unsafe abortion and ensuing mortality is much lower compared to countries where legislation greatly restricts abortion. A major contributory factor in this increased momentum has been the recognition that Millennium Development Goal (MDG) 5 – to improve

maternal health – will not be met unless the burden of mortality from unsafe abortion is addressed. MDG 5 requires a 75 per cent reduction in the maternal mortality ratio (MMR) by 2015 and some key countries, which will determine the overall success of this MDG, are seriously off track in meeting this target. Unsafe abortion is the second leading cause of maternal mortality worldwide, and in some countries more than a third of maternal deaths are due to post-abortion complications. In Europe there is a 1 in 1,900 chance of a woman dying from an unsafe abortion; in Africa this rises to 1 in 150 (Okonofua 2008).

The latest WHO review of deaths and disabilities due to unsafe abortion estimates that it causes 65,000 to 70,000 deaths annually. In addition, nearly five million women suffer temporary or permanent disability, reproductive tract infections and secondary infertility (WHO 2007). Ninety-eight per cent of these deaths are in developing countries, reflecting both restrictive abortion laws and lack of access to safe services even where the law is permissive. As well as their terrible consequences for the woman concerned and other family and household members, treating the effects of unsafe abortions has serious consequences for already overstretched medical facilities in poor countries. For example, it is estimated that 80 per cent of Kenyan women who have unsafe abortions become ill, and close to 21,000 women every year are hospitalised in Kenya due to unsafe abortion (IPPF 2006). For every woman who dies, dozens more suffer such impairment that they will never be able to give birth again, and many more suffer chronic uterine and abdominal pain. Even for the survivors, then, the costs of unsafe abortion can have lifelong effects on the quality of their health, and their lives, on their livelihoods and on their contributions to development.

Abortion rights have often been framed, as we note earlier in this introduction, as a health issue. That this is the case can be in no doubt: the sheer scale of the avoidable death and impairment of women lends urgency to the need for better access to abortion services. As the articles in this *IDS Bulletin* demonstrate, there are also other important and complementary framings of abortion in the context of poverty and inequality reduction, democracy, human rights, women's empowerment and gender equality.

As several of the articles in this collection suggest, the legalisation of abortion is only part of the journey

towards a situation in which every woman has access to safe, legal abortion when she needs it. Safe abortion services need also to be available and accessible to all, including the poorest. Where abortion under some circumstances is permitted and where health services are fragile, women are still at risk of death and injury through recourse to unsafe abortion. This requires resources and commitment from governments, funding and executing agencies. At the same time, women need to be able to make uncoerced decisions about their capacity to bear a child or not, and have sufficient mobility to access those services if they need to: even where services are provided free at the point of delivery, women may still require independent access to the means by which to access them. It is these interlinked issues – legal reform, the provision of accessible and affordable services and strengthening women's capacities to exercise agency over their own bodies – that make safe abortion a development issue. In this introduction we review some of the key intersections between development and unsafe abortion, beginning with women's reproductive agency.

3 Women's empowerment, reproductive choice and development
Women experience varying degrees of autonomy over their own sexual and reproductive choices. Feminist philosophers have critiqued the association of the concept of autonomy with the notion that people can exist or act in complete independence of others, reframing the concept of autonomy as inherently relational (Mackenzie and Stoljar 2000). To gain greater autonomy thus implies an ability to expand the boundaries of available choices, rather than to isolate oneself entirely from social and affective relations (Kabeer 2001). Autonomy and empowerment are linked. Empowerment is a process through which people gain a sense of the possible, and expand their capacity to act as agents. Such exercise of agency is profoundly social, although it may involve a process of individuation as women recognise themselves as having the capacity to exercise their own judgement or exert their own will. But in doing so, women in many societies find themselves coming up against or flouting norms, and actively experiencing opposition from partners, family members or members of their communities.

Abortion can be a source as much of stigma as danger even in countries where services are available, and laws permit women to access them. Women

who seek these services may do so as secretly as if they were being provided illegally. Some may have partners, friends, relatives to support them; others remain totally alone, forced to conceal their situation from all of those around them. They may find themselves subjected to abusive behaviour when their attempts at self-abortion fail, stigmatised even at the point of fighting for their lives (Steele and Chiarotti 2004). All the more powerful, then, are the campaigns that have taken place around the world to address the crippling effects of stigma.[3] By putting their photographs on the web or wearing t-shirts with the statement 'I had an abortion', women are actively claiming public space for the de-stigmatisation of a procedure that, according to Women on Waves, is undergone by an estimated 53 million women a year (Birchard 2000). In doing so, they seek to strengthen women's reproductive agency and challenge the stereotypes of the media and religious authorities about the kind of woman who has an abortion by asserting that she is *everywoman* – of all ages, races, occupations, partnership statuses, sexualities.

It is worth focusing on this figure of 53 million. Of those women who access abortion services annually, the vast majority do not end up in hospital with complications or in mortuaries. They are able to carry on living their everyday lives. They are able to continue their education, or their jobs. For those who already have children living with them, they are able to continue to care for them. For young women who face the prospect of being expelled from school, ostracised in their communities and abandoned by their partners, abortion recuperates the hopes they and their parents may have of a better life (Center for Reproductive Rights 2005). For women who are already struggling to feed and care for the children they have, an unexpected pregnancy can mean the difference between sustaining their family or plunging them into ever deeper poverty.

It is vital to consider these broader dimensions of abortion, and to make the connections with poverty and livelihoods visible. As Adewole *et al.* (this *IDS Bulletin*) note, the situation in Nigeria, where unsafe abortion flourishes against a background of legal restriction, stigma and secrecy, calls for a response that places the issues of unwanted pregnancy and unsafe abortion in the context of wider development challenges. It is also vital to reposition abortion as

something everywoman may have reason to do, at particular times in her life – not just for the poor, but also for the affluent, not just for the teenager who has sex without knowing she could get pregnant, but also for the middle-aged woman with children who becomes unexpectedly pregnant.

4 Abortion, democratisation and human rights
A further dimension through which abortion intersects with development is the link to changing political systems. In recent decades, the pace and scale of democratisation in places which were once dominated either by authoritarian or by deeply compromised political systems has been impressive. Nowhere has this been more evident than in Latin America, which emerged in the 1990s from decades of military dictatorship into an epoch of exciting democratic innovation and an explosion of social movements claiming rights and citizenship. In their article, Abracinskas and López Gómez bring this out very powerfully in their description of how, in Uruguay, the five attempts to change the 1938 Penal Code have progressively linked abortion with social justice, health and more recently, democracy itself. They note that the two most recent bills, including the Defence of the Right to Sexual and Reproductive Health Bill (2007) that is currently under debate, included measures that made explicit links between pluralism and respect for different values, and protecting individual sexual and reproductive rights.

They go on to note that, in Uruguay, the reframing of abortion in terms of the democratic right of all citizens in a secular state, has served to broaden the debate to one that is essentially about the quality of Uruguay's democracy. Similarly, Soares and Sardenberg (this *IDS Bulletin*) show how Brazil's campaign for safe and legal abortion has been able to broaden constituencies and build alliances. Brazil's women's movement has taken up the banner of abortion, and carried it into a multiplicity of other democratic spaces – as an issue that is fundamentally about *democracy*, as well as about the health and lives of the hundreds of thousands of Brazilian women who seek an abortion every year.

The principles of democracy and human rights are now at the very heart of the development agenda. With the rise of human rights and 'rights-based' approaches to development, there has been growing attention paid to its human rights dimensions – and to the promotion of positive rights, as well as

protection from harm. Human rights frameworks lend a new legitimacy to the intervention by external agents into what was once considered the internal political matter of a country or issues of 'culture', and the use of international human rights legislation and accompanying mechanisms has gained ground as a political strategy in defence of reproductive rights and justice. As human rights have become a development issue, so too have issues traditionally associated with development become human rights issues; both mesh with the issues raised by unsafe abortion.

A number of contributors to this *IDS Bulletin* spell out the human rights implications of denying women access to safe abortion services. Amnesty International recently confirmed their support for the decriminalisation of abortion as a human rights issue. Explaining Amnesty's position, in the face of attacks by religious groups, Kate Gilmore, executive deputy secretary general, frames it as in support of 'women's human rights to be free of fear, threat and coercion as they manage all consequences of rape and other grave human rights violations'.[4] Gilmore goes on to affirm: 'Our policy reflects our obligation of solidarity as a human rights movement with, for example, the rape survivor in Darfur who, because she is left pregnant as a result of the enemy, is further ostracised by her community' (Amnesty International 2007).

The rising power of conservative religious authorities – and some development agencies' collusion with them – places human rights in further jeopardy in contexts where women's rights are already under threat. In Africa particularly, the appalling mortality rates from unsafe abortion, the incidence of sexual violence in the continent's conflicts, and the scale of HIV infection all make it increasingly difficult to sustain any denial of the centrality of reproductive rights to development. As Cassandra Balchin (2007) has observed, the 'F-word' – 'faith' – has come into the ascendant in contemporary development discourse. There is also a tendency to shelter under the 'C-word' – culture – in defending patriarchal forms of rights denial and to ignore the fact that most of the laws penalising and prohibiting abortion are legacies of colonial rule. Development agencies should not collude with those 'faith-based' organisations and leaders that use these particular levers to oppose gender justice and the enactment of laws, entitlements and rights that support it. It is equally important to recognise that religious and cultural discourses are not homogeneous and that there are progressive voices, such as 'Catholics for a free choice' that should also be heard.

Leila Hessini (this *IDS Bulletin*) provides an important corrective to religious and cultural essentialism in her wide-ranging review of abortion policies and practices in the Muslim world. Noting the great diversity of these among Muslim countries and the long history of debate within Islam about issues such as abortion, she points out, for instance, that Tunisia reformed its abortion law before France and the USA, that services are provided free through the public healthcare system and pregnancy termination is socially accepted. As with many African countries, restrictive laws in many Muslim countries are a legacy of outdated colonial legislation. They are not a result of Islamic *Sharia* law. And open debate about abortion also exists in the Muslim world.

Reflecting on the work of Human Rights Watch, Walsh, Møllmann and Heimburger's article in this *IDS Bulletin* examines the human rights case, highlighting the extent to which the association between abortion and human rights goes beyond the right to the highest standard of health and includes women's rights to life, physical integrity, health, non-discrimination, privacy, information, freedom of religion and conscience, freedom from cruel, inhuman, or degrading treatment, and equal protection under the law. Denying women the right to safe abortion constitutes a breach of their rights to make independent decisions about the number and spacing of children, a central pillar of both the Cairo Programme of Action and the Beijing Platform for Action.[5]

To realise these rights calls for decriminalisation of abortion. Yet a right in law does not necessarily translate into a right in practice. Activists in Colombia are recognising just how far there is still to go after a landmark 2006 Constitutional Court decision ruled that abortion is a constitutional right for women and should not be considered a crime when the life or health (physical or mental) of the woman is at risk, when pregnancy is the result of rape or incest, and when grave foetal malformation make life outside the womb unviable (Roa, this *IDS Bulletin*). Monica Roa's article identifies the important 'roadblocks' to implementing the Colombian judgement which conspire to make it hard for women to claim their rights. Reporting rape is never an easy process; those

Colombian women who are raped by armed forces may put their lives in danger by reporting their rape to the police. In a context in which rape is used as a weapon of war, this is especially troubling.

Roa's account of the obstacles put in women's way by the authorities and by medical staff are familiar in contexts where abortion is legal. These include objection on the grounds of conscience, and present a growing threat to women's timely access to abortion services. For instance, in Uruguay, the president has sworn to veto the current reproductive rights and health bill, on the grounds of conscience. In Portugal, the refusal of medical staff to perform the procedure provoked a crisis, after the legalisation of abortion up to ten weeks of gestation and in cases of rape and congenital malformation, in 2007.[6] In the UK, the right-wing press regularly features stories of medical practitioners refusing to conduct terminations on the grounds of conscience. Such media coverage contributes to creating an environment in which abortion becomes shameful, and carries a stigma both for those who undergo the procedure and those who perform it.

5 Strategies and tactics: from mobilisation to harm reduction

Looking back on an initiative that sought to facilitate reflection on the strategies used in advocacy for access to abortion in different parts of the world, what came to be known as the Johannesburg Initiative, Klugman (this *IDS Bulletin*) observes that 'success is a product of the sustained involvement of a diversity of civil society organisations and interests undertaking a wide mix of strategies, which may or may not have been coordinated at all, but intersect with a critical moment in time.'

A number of the articles in this *IDS Bulletin* examine the strategies used by national campaigns or coalitions of national and international organisations, both in pursuit of the liberalisation of abortion legislation and in tactical measures that make use of available opportunities to bypass restrictive laws (e.g. Adewole *et al.*, Surjadjaja). They explore questions of framing, alliance building, and the strategic and tactical engagement with politicians, the media and organised social actors from other sectors such as labour unions and identity-based social movements. Some focus primarily on seeking to change the legal framework through social mobilisation, using both traditional vehicles of protest and the production of

leaflets and other materials, and more contemporary campaigning tools like participatory workshops, inter-movement dialogues and YouTube (Soares and Sardenberg, Abracinskas and López Gómez). Others focus on drawing down on internationally agreed human rights norms and invoking the mechanisms used to defend these norms (Carino *et al.*, Roa).

In the case of Nigeria, where national debate is at an early stage, the Campaign Against Unwanted Pregnancy (CAUP) has focused on getting agreement on common ground across the widest range of stakeholders, including those who are not favourable to abortion but who are concerned about the toll of death and injury from unsafe abortion and might at least support improved access to contraception. From experience, CAUP also emphasises the importance of solid research in such contexts to inform constituencies that could be persuaded to support change.

In the Brazilian case, Soares and Sardenberg (this *IDS Bulletin*) outline a highly sophisticated and coordinated advocacy plan developed by a national network. Their article affirms the importance of using plural means of communicating with constituencies who might be ill informed, or indeed misinformed by those hostile to women's rights, such as – in this context – powerful elements within the Catholic Church. Combining engagement with opinion-shapers from social movements and politicians with the promotion of participatory dialogues in all shapes and forms, supplemented by slogans and highly visible manifestations, the campaign secured considerable ground over the course of 2007. The pendulum seems to have swung back, however, fostered by an increasingly vociferous and well-organised opposition who are exerting increasing influence within Brazil's legislative and judicial systems.

In the case of Peru (Walsh *et al.*, this *IDS Bulletin*), the tactics used by feminist activists engaged with both national and international advocacy forums, in bringing the Human Rights Commission Tribunal, the Special Rapporteur on the Highest Standard of Health and the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) committee together in putting pressure on the government of Peru to abide by the limited conditions that exist for legal abortion, showing how in some contexts human rights arguments hold

considerable potential as tools that can be used to address the issue of unsafe abortion.

Surjadjaja's account of the complex unfolding politics of attempts at abortion law reform in Indonesia highlights the need for careful, context-specific crafting of arguments and alliances. As she points out, in Indonesia, the politics of abortion are linked inextricably with tensions between national political reforms towards a modern democratic state and an Indonesian struggle for identity which has been fundamentally affected by the wider politics of Islam globally in the post 9/11 world. Coalition building for reform must therefore steer well away from external alliances and discourses that are associated with 'western ideologies'. Reformers have to find an 'Indonesian path' to reproductive rights. This speaks to Klugman's caution that struggles for reproductive rights are necessarily dynamic and strategies that have worked in one place cannot be turned into blueprints for other contexts. Rather, as many of the articles highlight, strategies must aim to exploit existing, or open up new, spaces for dialogue.

One example is using the powerful metaphor of the law as a way of opening up space for dialogue on the realities of abortion as they affect women's lives – and deaths. In one innovative case from Kenya, a mock tribunal was held at which 'evidence' was presented in the form of testimony from and on behalf of women who had experienced unsafe abortion and from medical providers. In their contribution to this *IDS Bulletin*, Onyango and Mugo report on how the mock tribunal was enormously successful in engaging media debate, which continued for over a week after the tribunal had ended and opened up a space in the public eye for debate about abortion.

Legal reform is one step towards a situation in which all women can exercise their reproductive rights. In countries where abortion remains illegal, but in which punitive measures are rarely enforced, health professionals and feminist activists have pursued pragmatic strategies. Technological developments have contributed to opening up important routes of access to safe methods, without necessarily needing legislative change. They provide the means through which to deal with restrictive laws, by expanding the possibilities for performing abortions safely. These include the availability of medical abortion through the medically approved drug mifepristone (popularly known as the 'abortion pill', or RU436) for home use with paramedical support for early stage terminations (Population Council 1998) and the training of paramedics to carry out early terminations ('menstrual regulation') before pregnancy is formally established (Laufe 1977).

Carino, Friedman, Rueda Gomez, Tatum and Briozzo's article reports on a tactic that doctors and health workers have long used that the International Planned Parenthood Foundation (IPPF) has turned into a strategy: providing women with information on alternatives to harmful self-abortion methods, in order to minimise the risks associated with unsafe abortion in a context where illegality prejudices the possibility of women gaining access to safe abortion services from them as health providers. Carino *et al.* describe how the IPPF model is founded on the premises of the right to information, the right to health and the concept of autonomy. This approach, they argue, 'enables clients to access the information they need to make educated decisions and adequately care for their own health … [and] can empower health professionals to actively defend their patients' rights and act as agents of social and legal change by giving them a public voice in the debate over unsafe abortion'.

6 Reframing and repositioning: justice, democracy, development
In her article, Marlene Gerber Fried highlights the debate that has arisen in recent years about the extent to which concepts like 'choice' and 'rights' can also limit the potential for engaging with the complex realities of women's lives. There is also the extent to which women are practically able to avail themselves of their reproductive rights in situations of socio-economic marginalisation. 'The idea of choice,' Gerber Fried argues, 'invokes the marketplace – things that are for sale can be chosen. This neoliberal notion locates rights within an individual and obscures the social context and conditions required to exercise rights'. She points out the extent to which these conditions have been eroded – and, it might be added, simply do not exist for women living in poverty in many countries.

The choice agenda, Gerber Fried argues, has also sustained cleavages of race and class in the women's movement in the USA, and many activists – in particular, women of colour, who have historically faced a wide range of reproductive oppressions that

go far beyond the denial of access to safe pregnancy termination – feel it should be abandoned. The challenge is what comes to replace it. She highlights the extent to which the arguments for prevention that are gaining popularity amongst the current Democratic presidential candidates work to obscure 'the fact that for many women, abortion is a life-saver and that the real tragedy is forcing a woman to have a child against her will'. For Gerber Fried, the concept of reproductive justice is powerful precisely because it repositions abortion at the very heart of a broader social justice agenda that speaks to the circumstances of real women's lives.

Where campaigns have been successful in 'winning hearts and minds' as Soares and Sardenberg put it, it has been because they have located the issue of abortion in the context of women's lives as people. By highlighting the broader context within which women make reproductive decisions and making the issue of abortion something that should not be a silent and shameful secret, campaigners have helped to raise public awareness of the realities faced by women who choose to terminate pregnancies – for whatever reason – and to affirm the importance of putting women's lives at the heart of any strategy for change.

This shift, from an issue-based agenda focused on the right to abortion to one that is profoundly about identification with a much broader set of entitlements and desires for a just society, is one that holds great potential for alliance building not only across differences within the women's movement (Gerber Fried, this *IDS Bulletin*), but with other movements. This is where the future lies. The reframing of the abortion debate by Latin American feminists as inextricably bound up with democracy and citizenship is one important way of articulating and affirming a reproductive justice agenda. For those working within a development framework, there are clear links with issues that lie at the heart of development debates: contextualising democracy and human rights, and making connections with a multidimensional conception of poverty (Chambers 2005), in which ill-treatment due to prejudice, stigmatisation, exclusion and a host of other manifestations of discrimination take their place alongside the narrower livelihoods-related elements of the notion of poverty.

For those working with a human rights framework, it extends and contextualises the relationship between human rights and democracy. Denying women the right to safe and legal abortion, then, becomes a denial not only of their human rights, but of the basic *democratic* and *citizenship* rights that enable every woman to act as a citizen, to exercise personal agency, to work, to study and to contribute to their families, communities and to the life of the nation. It is these rights, and with them all that we might regard as 'development', that the failure to guarantee all women access to safe, legal abortion undermines.

Notes
1 www.catholicnews.com/data/stories/cns/ 0506904.htm (accessed 7 June 2008).
2 www.who.int/reproductive-health/publications/ safe_abortion/ (accessed 7 June 2008).
3 www.womenonwaves.org (accessed 7 June 2008).
4 www.amnesty.org.uk/news_details.asp?NewsID= 17378 (accessed 7 June 2008).
5 Paragraph 8.25 of the Cairo Programme of Action, Paragraph 63 of the Cairo+5 conference document, and Paragraph 106 of the Beijing Platform for Action deal directly with abortion; Paragraph 7.3 of the Cairo POA establishes women's right to control the number and spacing of their children.
6 http://safeandlegal.blogspot.com/2007/07/ portugal-epidemic-of-conscientious.html (accessed 8 June 2008).

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