

SELF-MANAGED ABORTION & BODILY AUTONOMY 101

WHAT IS SELF-MANAGED ABORTION?

Self-managed abortion is when a person chooses to induce their own abortion outside of a clinical setting - this can be at home, or somewhere they feel safe. When we talk about self-managed abortion, we mean specifically medical abortion: using misoprostol and mifepristone, or misoprostol by itself according to medical guidelines.

According to the World Health Organization, during the first 12 weeks of pregnancy a medical abortion can be safely self-managed by the pregnant person. However, for self-managed abortion to be safe, the woman or pregnant person has to have access to accurate information, quality medicines and support. Access to self-managed abortion is fundamental for the well-being of young people, and it is an advocacy priority for YCSRR.

WHY IS SELF-MANAGED ABORTION IMPORTANT FOR BODILY AUTONOMY?

Self managed abortion is key for young people to exercise the right to choose over their own bodies and lives. Here are a few ways in which self-managed abortion supports bodily autonomy:

- It allows for young people to access abortion in a setting where they feel comfortable.
- It helps folks who belong to marginalized groups to not have to face the medical system, where they often face medical and reproductive violence. For example, young persons with disabilities who face ableism when seeking reproductive healthcare, or trans youth who face transphobia when going to a doctor.
- It provides an alternative for young people living in remote areas, where there are no youth-friendly sexual & reproductive health services nearby.
- It provides an alternative in restrictive settings, where institutionalized medicine doesn't provide abortions or where abortions are criminalized.



OUR DEMANDS FOR BETTER ACCESS TO SELF-MANAGED ABORTION

Check out a few of our demands below, as well as a breakdown of the arguments you can use to advocate for better access to self-managed abortion in your context.

1: FREE THE PILL! ENSURE ACCESSIBLE, QUALITY, AND AFFORDABLE MEDICAL ABORTION PILLS WORLDWIDE, WITHOUT PRESCRIPTION.

Mifepristone and misoprostol are two life-saving drugs used for medical and self-managed abortions - they are also known together as “the abortion pill”. States, as part of their obligation to uphold the human right to healthcare, must guarantee that the abortion pill is affordable, accessible, and has the necessary quality for effective use. We believe that, to make that happen, the abortion pill needs to be available without prescription.

Even in some countries where abortion is legal, the abortion pill can only be accessed with a prescription, which creates barriers. For example, in Canada, navigating the medical system is tough, and there is a shortage of doctors - however, the pill is only available with a prescription. This creates an obstacle for young people from historically marginalized groups, who might face violence and discrimination when approaching the healthcare system. Requiring a prescription for the abortion pill reduces bodily autonomy of the person seeking abortion and can create more distress, by forcing them to navigate the healthcare system.

The experience of women in Latin America, who have mastered accompanying self-managed abortion outside of institutional healthcare contexts, shows that with appropriate information, women and pregnant people can manage their abortions without needing to go to the doctor's office. Removing all barriers to bodily autonomy means feeling the abortion pill, and educating young people on how to conduct a self-managed abortion safely.



2: INCLUDE MEDICAL ABORTION PILLS ON NATIONAL ESSENTIAL MEDICINES LISTS

Did you know that these drugs are also used to treat miscarriages, fetal demise, to induce labor and for other OB/GYN procedures? Abortion is a broad umbrella term that not only includes voluntary termination of a pregnancy, it also involves post-abortion care and miscarriage and fetal demise management. The medications and resources used to manage abortion or other obstetric emergencies and complications are included in the essential medicines lists and protocols of several governmental and international institutions. However, due to abortion restrictions, there are millions of people who don't have access to these life saving medications and procedures, because they are banned or severely controlled in restrictive settings.

Drugs such as misoprostol, a life saving treatment for several obstetric emergencies, is not registered in several countries, such as Costa Rica and Panama, and it is considered a controlled substance in other countries. In some countries, mife and miso's registration and distribution is not allowed even to save a person's life. These restrictions are biased and senseless. Other drugs that can have more severe side-effects are not subjected to the same restrictions compared to mifepristone and misoprostol!

Stakeholders, public and private institutions, Healthcare providers and activists need to include the latest guidelines in their national protocols to ensure the availability of these drugs. This is another proof of how abortion restrictions risks lives. We must strive to guarantee access to life saving medications and procedures in restrictive settings: abortion is healthcare!

3: IMPLEMENT AND ENSURE ACCESS TO SELF-MANAGED ABORTION THROUGH TELEHEALTH OR DIGITAL SERVICES

Telehealth and digital services/solutions can support, promote and guarantee the right to choose by giving:

- 1) information on access routes to an abortion (including how to pay for the procedure!);
- 2) emotional support (bots are not enough! We need human care!); and
- 3) the latest evidence on the safest options to self-manage an abortion at home.



Digital services are tools to exercise bodily autonomy. The potential they have to support self-managed abortions is very powerful: they allow people to be connected with others whilst exercising independent & anonymous decision making, which can be hard to enable in a clinical setting in restrictive countries. This is why ensuring access to digital services supports the bodily autonomy of young people!

4: ESTABLISH ACCESSIBLE AND INCLUSIVE ABORTION CARE SYSTEMS FOR ALL WOMEN, GIRLS, TRANSMEN, AND ALL GENDER-DIVERSE PEOPLE WHO MAY NEED AN ABORTION.



Very often, abortion rights are talked about from a women-only perspective. This excludes and erases the experiences of transgender men, masculine people, non-binary people, and people of other genders who require access to abortion services and rights.

Transgender persons face exceptional hurdles in accessing abortion related services. These are related to the attitude of service providers which is discriminatory and exclusionary towards them, the lack of inclusive infrastructure facilities that can support that access to abortion services, as well as the lack of information and knowledge that service providers have about their specific abortion related needs.

Even if it doesn't remove all the barriers of access to abortion for trans youth, self-managed abortion provides an option to access abortion care without going through the medical system. However, it is still important to ensure that trans people have the information knowledge and capacity to be able to undertake knowledge and capacity to be able to undertake self-managed abortions, that the capacities of service providers is strengthened, and they are sensitized to the needs of transgender and non-binary persons and persons of other genders in accessing abortion services, and that the laws and policies that govern abortion rights across different contexts are amended to be more affirming of the need and issues of transgender persons.

5: EMPOWER, SUPPORT, AND PROTECT ABORTION CARE PROVIDERS, DOULAS AND ACOMPAÑANTES, AND CENTER THEIR LIVED EXPERIENCES IN ABORTION RIGHTS EFFORTS.

Abortion care providers are the ones who defend bodily autonomy on the ground. In restrictive contexts, they risk their integrity to provide abortions. We owe acompañantes a lot of our freedom to choose!

Abortion care providers need to be at the center of providing abortion services, and to inform how doctors and clinics go about abortion care. Their experience is incredibly valuable, and should be a part of how doctors and healthcare providers approach abortion.

From a decolonial perspective, it's important to recognize that Misoprostol was discovered as an abortion pill by impoverished women in Brasil, who faced criminalization. The work and expertise of organized networks of women that have accompanied abortions for decades must be the guiding standard of the health care system.

