



# ChoiceWords

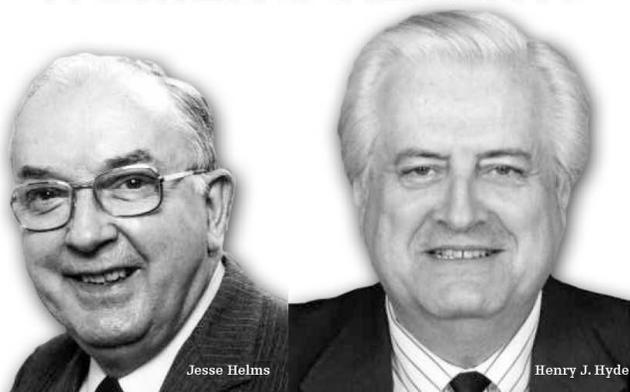
## Abortion Stigma is Global

guest post 8 March 2013 | 1 Comment

By *Leila Hessini, Director of Community Mobilization & Youth Leadership at Ipas*



What do these men have to do with  
**WOMEN'S HEALTH?**



Abortions have existed since time immemorial and are one of the most common and safest medical procedures. But the stigma that often surrounds abortion and anyone associated with it—women, providers, pharmacists and advocates—contributes to abortion's social, medical and legal marginalization. At *Ipas*, we know that stigmatizing abortion is inherently harmful to women's health — preventing them from getting the care they deserve. When abortion is inaccessible either legally, financially or physically, women are more likely to delay receiving care, suffer from trying to pull together the resources needed or turn to unsafe methods of pregnancy termination.

Abortion stigma plays out on so many levels. Women who need abortions face stigma and may even perpetuate it, as do providers of abortion services. Entire communities separate, stereotype and discriminate against women who need abortions. Legal frameworks create categories of “acceptable” and “unacceptable” abortions.

In the United States, abortion has become a lynchpin in our political debates and cultural wars. Just look at the plethora of restrictive abortion laws and bills in the United States. **Arkansas** lawmakers—overriding the Governor's veto—passed a measure to ban abortions after 12 weeks. **Texas** legislators are working on a 20-week abortion ban and a fetal pain bill. And in my state, **North Carolina**, legislators have introduced a K-9 public health curriculum that will include flat-out lies—particularly that abortion causes preterm birth. All these bills are designed to punish women who seek abortion and those who provide

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them.

Anti-abortion rights sentiment and stigma is global. In many of the **countries where Ipas works** in the global south, when women feel shame about abortion and can't access accurate information, they often delay care or turn to untrained, unsafe providers, increasing the likelihood for complications and injuries, even death. In Ghana and Nepal, for example, we looked at the impact of institutionalized (and exported) stigma—thanks in large part to the Helms Amendment. Named for the late N.C. Senator Jesse Helms, the amendment prohibits the use of U.S. foreign aid for the “performance of abortion as a method of family planning” or to “motivate or coerce any person to practice abortions.”

The vague language makes the policy difficult to put into practice. In Ghana and in Nepal—and certainly other countries—Helms contributes to an environment of shame for women and stigma and silence among providers, policymakers and health professionals. “...I don't dare go near any abortion clinic, because it will look like I'm involved with abortion,” says one Ghanaian USAID-funded reproductive health professional.

In the United States, the Helms Amendment's evil twin, the Hyde Amendment, prohibits federal funding for abortion—making it the only medical procedure banned from coverage under Medicaid. **Both policies** continue to do grave harm to women's health and reproductive rights, both in the U.S. and around the world. At the root of both policies is stigma and the desire to restrict women's decision-making power and punish them for both sex and abortion. The **Helms** and **Hyde** amendments violate women's human rights and prolong the global tragedy of women seeking clandestine, risky abortions because they have no safe alternative.



Tagged in **abortion, abortion funding, international**

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March 11, 2013 at 11:51 pm

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