



FIVE PORTRAITS


How safe abortion saves women's lives





Photos from left to right: Ipas photo; © Ipas/Sara Gómez; © Richard Lord; © Richard Lord; © Richard Lord

We believe in a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health.



Ipas works globally to improve the sexual and reproductive health of women and girls by enhancing their access to safe abortion and contraceptive care. We focus on improving reproductive health services for women and girls, increasing their access to services, and expanding their sexual and reproductive rights.

Our work is urgent: 44,000 women and girls die each year from unsafe abortions, and millions more suffer serious, often permanent injuries. But it doesn't have to be this way.

The stories presented here are based on real lives and real events. Each one represents thousands of women around the world whose lives Ipas works to improve.

You can make a difference. Share these stories and support our work.
Together we can save women's lives. www.ipas.org/5portraits

Ethiopia: Aisha

DEFYING THE ODDS



Far too often, women can't access safe abortion services because of a lack of trained health-care providers. In Ethiopia and across Africa, Ipas trains health workers—including physicians, nurses and midwives—and supplies them with essential medical equipment so they can provide safe abortions and contraceptive services. We also work with community-based partners to connect people with accurate information about sexual and reproductive health and how to access safe services.

Aisha sits under a tree with her friend Belynash and tells her about the rape. It's warm out but she shivers anyway as she describes how the man followed her home from the restaurant where she works and raped her in her own apartment. She had refused his marriage proposal the month before. Aisha had been saving money from her job and hoped to attend university eventually. But now she is pregnant. She cries on Belynash's shoulder. She is only 20 and unmarried—and she has no family near to support her. Her mother died in childbirth when Aisha was eight and now her father and her siblings are scattered across Ethiopia looking for work. Aisha is not ready emotionally or financially to have a baby. It would mean abandoning her dreams for university, for marriage, for the life that she wants.

Aisha has heard that the village medicine man knows tricks to induce abortion. But while it has worked for a few women, she knows many have been seriously injured during the process. And some have died. Aisha wants an abortion, but she doesn't want to die. Thankfully, abortion is legal in Ethiopia for a range of circumstances, and Aisha and Belynash walk to the local health clinic to ask for advice. After examining Aisha, nurses reassure her that her pregnancy is not far along and that she is eligible for a free abortion at the hospital. The next day she walks the five miles to the hospital and meets a doctor who explains the procedure and tells her what to expect. Informed and confident, Aisha knows this is the right decision for her. During the abortion, Belynash stands by Aisha and holds her hand the whole time. Aisha is awake during the procedure but thanks to the pain medication, she doesn't feel much pain. She only feels relief.

After the abortion, the doctor lets her recover and then talks with her about contraception. He prescribes a method Aisha is comfortable with and then says she can go home. Aisha and Belynash step outside into the sun. They cannot help smiling.



5 IN 10 ABORTIONS IN ETHIOPIA
take place outside of health facilities,
often under unsafe conditions.

**ABORTION IS
COMPLETELY BANNED
IN NICARAGUA.**



1/4 OF ALL PEOPLE LIVE
IN COUNTRIES WHERE
ABORTION IS A CRIME.



Nicaragua: Esperanza

A NEEDLESS DEATH

Esperanza hurried home from a morning of classes at the local university. She was glad her husband was at work, because she badly needed to lie down and rest. Six weeks pregnant, she was excited to add a new member to their small family, but recently her light bouts of morning sickness had given way to much sharper pain. It had been okay for a few days, and she was able to hide it from her family.

Today was different though; she could feel the pain grow in her abdomen, and she was afraid. She called her best friend Ana to ask if she would accompany her to the local health center for a check-up. At the health center, a nurse told them that Esperanza needed an ultrasound. The health center did not have ultrasound equipment and they referred her to a specialized hospital. The hospital was several miles away and Esperanza's husband would be using the car until he came home from work later that night. Esperanza spent the night writhing in pain and could barely walk by the time the hospital opened the next morning.

Finally, an ultrasound revealed the source of Esperanza's pain: she was suffering from an ectopic or tubal pregnancy, a medical emergency that needed to be treated immediately. A ruptured ectopic pregnancy would be fatal, unless she received surgery.

When Esperanza and her husband begged the doctor to treat her, he looked very worried and told her that under the law in Nicaragua, that procedure might be considered an abortion, which is illegal, even to save a woman's life. He had five children to feed and could not risk his medical license. He looked at her with tears in his eyes and left her to the care of nurses. Esperanza was too weak, in too much pain and afraid to argue. None of the other medical staff seemed able to help, so her husband took her home. Soon the ectopic pregnancy ruptured, causing more pain and internal bleeding. There was no time to get her to the hospital for lifesaving surgery. Esperanza went into shock and died several hours later, cradled in her husband's arms.



Ipas works in Latin America and the Caribbean to prevent deaths and injuries from unsafe abortion. We advocate for the repeal of laws that ban or severely restrict abortion, and work with the health and legal sectors to raise awareness of the importance of sexual and reproductive health and rights.

Nigeria: Emmanuel

A BROTHER REMEMBERS



Around the world, safe abortion hotlines—as well as mobile apps and text-messaging platforms—are an increasingly effective way for women and girls to get information about their options when facing an unwanted pregnancy. Ipas supports the ongoing innovations by local organizations running such hotlines and mobile apps in the many countries where we work.

For the past few months, Emmanuel has been responding to hotline calls from young women at the university, answering their questions about abortion and other sexual and reproductive health concerns.

As he waits for the next call, Emmanuel recalls how he came to be sitting here, offering his time to young women. Though he was only 10 when it happened, he has not been able to forget the horrified expression on his sister's face as she lay dying from an unsafe abortion. He made a promise to his sister that he would try to prevent other women from needlessly suffering as she had.

The phone rings. A young woman from the university is on the line, pregnant and scared. Emmanuel can hear the fear and desperation in her voice—the fear many women have when faced with an unwanted pregnancy.

"I got your number from a flier on campus," the caller says between sobs. "I was pregnant and then I went to a man. He told me that I'd be okay, but now I'm bleeding... a lot."

Emmanuel knows almost immediately what has happened. Because of Nigeria's prohibitive abortion laws, many women get abortions in unhygienic settings with unqualified providers. Emmanuel knows that this young woman's situation is urgent.

Calming the student with a soothing voice, Emmanuel jots down information in his logbook. This procedure was only a day ago: there is still time to save her life. Emmanuel urges her to immediately go to a nearby facility that provides postabortion care for women like her suffering from unsafe abortion complications. Emmanuel gives her advice on what to say once she arrives at the clinic. He asks the young woman to follow up with him later. He finally hangs up the phone, hoping she will live and that he will hear from her again.

Two weeks later, Emmanuel answers a call. It is the young woman again. This time, her voice sounds more confident.

"The doctors said I would be fine," she said. "They also told me that whoever sent me saved my life."

Emmanuel knows his sister would be proud.

**EACH YEAR, 500,000 WOMEN IN
NIGERIA SUFFER COMPLICATIONS
OF UNSAFE ABORTION THAT
REQUIRE MEDICAL TREATMENT.**

**BUT ONLY 2 IN 5
WOMEN GET THE
CARE THEY NEED.**

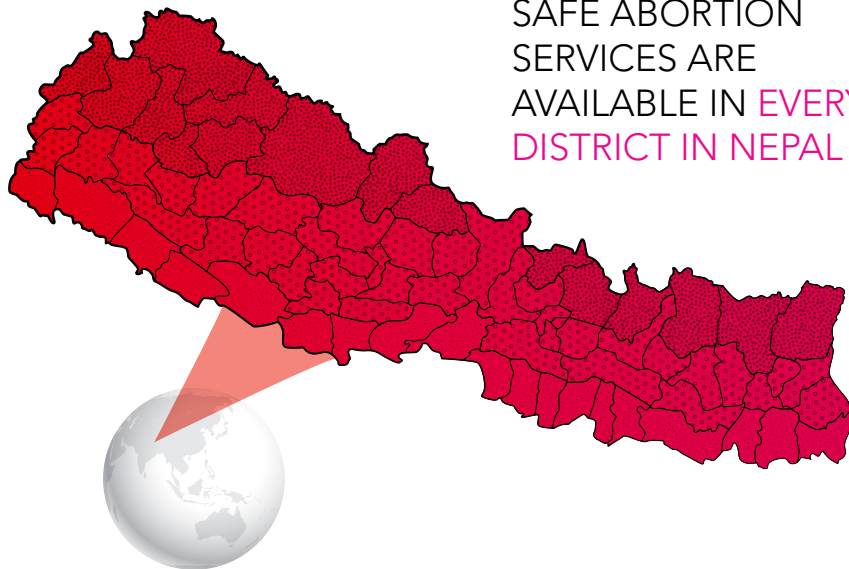




© Richard Lord

Since Nepal made abortion legal in 2002, more than **600,000 WOMEN** have had safe, legal abortions and contraceptive counseling.

SAFE ABORTION SERVICES ARE AVAILABLE IN **EVERY DISTRICT IN NEPAL**



Nepal: Karuna

OFFERING SAFE CHOICES

Karuna is a Female Community Health Volunteer in the district of Dhading, Nepal. As a volunteer health educator, community mobilizer and service provider, Karuna focuses on maternal and child health and family planning issues, including referring women for abortion services.

Today, Karuna is offering urine pregnancy tests to women so that they will detect pregnancies early. As a bridge between government health services and the community, Karuna believes that her involvement in women's health enables them to make more informed decisions about their bodies and their lives.

Karuna approaches the foyer of the next house on her rounds, where a young woman named Rakshita lives. She can already hear the young woman's muffled cries emanating from inside. Karuna knocks cautiously.

"Rakshita, are you ill?" Karuna asks, concerned. Rakshita appears very faint and looks sickly. "Yes... my period was late, so I took some herbs to bring down my blood. But they didn't work."

Karuna is already rummaging through her medical supply bag for a urine pregnancy test. "First," she says, "we have to make sure you're pregnant," gently handing Rakshita the test.

Rakshita returns a few minutes later with a positive pregnancy test in hand. She is distraught. "How horrible! This can't happen! I don't want to be pregnant!" Rakshita cries.

Karuna tries to comfort her. "It's likely that your pregnancy is very early. You have options if you decide to end the pregnancy." Karuna tells her about the available abortion options. She then refers Rakshita to a local provider for treatment.

At the doctor's office, Rakshita is shaky and unsure of herself. Yet, as the doctor explains the option of having an abortion with pills in the comfort and privacy of her own home, Rakshita is familiar with the instructions thanks to Karuna's previous guidance.

Back at home, Rakshita breathes a sigh of relief. She is by herself, but Rakshita feels bolstered by Karuna's support and compassion. She knows she isn't alone.



In many countries around the world, community health workers who have the trust and respect of their fellow community members are extremely effective at ensuring women have necessary information about sexual and reproductive health and how to access needed services. In Nepal, Ipas partners with the Ministry of Health to help train Female Community Health Volunteers who help women with early detection of pregnancy and referrals to safe abortion care and contraceptive counseling when needed.

United States: Sarah

YOUNG, POOR AND AFRAID



For poor women around the world, U.S. bans on public funding for abortion limit access. In the United States, the Hyde Amendment penalizes low-income women by blocking federal Medicaid funding for abortion care. Internationally, the Global Gag Rule violates women's reproductive rights by restricting organizations that receive U.S. global health funds from using their own private funds or other donor or government funding to provide legal abortion services. Ipas works with partners around the world to help ensure women can still fulfill their reproductive rights in the face of these harmful policies.

Rachel stares out the kitchen window as she finishes washing the dinner dishes. She watches her oldest daughter, Sarah, sitting on the front stoop, kicking up dust from a patch of dry grass and starts to cry. If only she had been more open with Sarah and talked to her about sex and birth control.

Sarah is only 15, but she's pregnant—and she's afraid. Her boyfriend cares for her, but he is too afraid of what his father will do and begs Sarah and her mother not to tell his parents. They all agree that an abortion is the best decision. The family can't afford another mouth to feed. And Sarah needs to finish school and have a chance at making a better life for herself.

Later that week, Rachel and Sarah head downtown to the local health clinic to ask about scheduling an abortion. Getting an abortion will cost about \$480, which Rachel does not have. A single mother of four, Rachel barely gets by each month—her job cleaning houses only affords her the bare essentials for her children. She has health insurance, provided by the government for low-income families like hers, but it won't cover abortion. Rachel must find the money quickly—the longer she waits, the more expensive the abortion will be. Sarah is also desperate to have the procedure as soon as possible—she wants the pregnancy to be over before anyone finds out.

During the next three weeks, Sarah takes care of the younger kids while Rachel cleans as many houses as she has the strength for and saves every penny she can. Sarah's boyfriend scrapes together a few dollars but it's not much. Rachel is unable to pay the utilities, and the family's electricity is cut off. They live in the dark until Rachel is able to put away \$380. But she is running out of time—Sarah is now almost nine weeks pregnant and needs her abortion soon. She calls the clinic to explain her delay in scheduling an appointment and a nurse refers her to an abortion fund, which helps women who need an abortion but cannot afford it. To Rachel's immense relief, the fund provides the missing \$100 and she schedules her daughter's appointment immediately.

Rachel sits next to Sarah during the abortion and holds her hand. The procedure is quick, and Sarah goes home within a few hours. Her boyfriend is there, waiting on the porch.

In the United States, the average cost for an abortion is **\$480**

More than 50% of abortion patients pay out of pocket for their procedures, as many private insurers and state Medicaid plans do not cover abortion.

COULD YOU AFFORD AN ABORTION THIS MONTH?



AVERAGE MONTHLY U.S. EXPENSES



22 million unsafe abortions each year: **WE'RE WORKING TO END THIS**



The five portraits in this booklet reflect challenges that millions of women around the world face every day. But it doesn't have to be this way. Practical solutions and technologies to prevent unsafe abortion exist, and Ipas works with partners across Africa, Asia and Latin America to ensure women and girls have access to high-quality safe abortion and contraceptive care.

HELP US END UNSAFE ABORTION



Speak out in support of
women's right to safe, legal
abortion and contraception



Support policies that make
women's reproductive
rights a reality



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Ipas works globally so that women and girls have improved sexual and reproductive health and rights through enhanced access to and use of safe abortion and contraceptive care. We believe in a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health.

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