

## International Seminar. Decision-making regarding abortion—determinants and consequences

### International Seminar on Decision-making regarding abortion—determinants and consequences

Organized by the Scientific Panel on Abortion Research of the IUSSP  
and the Population Council-Nairobi

Nanyuki, Kenya, 3-5 June, 2014

### *Call for Papers*

**Deadline for submissions: 15 October 2013.**

Online Submissions : <http://www.iussp.org/en/iussp-seminar-submissions>

The objective of this seminar is to share empirical evidence and new research approaches, in order to stimulate and advance research on the decision-making process regarding abortion and its determinants and consequences. This seminar will focus on countries or contexts where access to abortion is restrictive due to legal conditions, high stigma, or poor quality of health system.

The seminar will provide an opportunity for researchers to present results from new studies based on both qualitative and quantitative data, propose new approaches and methodologies, and assess the advantages and disadvantages of existing methodologies, with the goal of advancing and guiding future work in this area. The seminar will include studies that reflect the decision making process of women in a range of contexts around the world—economic, social, cultural, political, and legal. Additional aims of the seminar are to increase networking between researchers and to facilitate linkages and coordination across disciplines, countries and research institutions.

The decision making process regarding pregnancy resolution and abortion is insufficiently documented and poorly understood. In some societies women have no right and autonomy to decide about their own reproduction. For example, maternity may be perceived as the main role and duty of women and their social status may depend on their reproductive capacity. The decision-making process related to pregnancy resolution and abortion may involve not only women but also other social actors such as partners, family or community, and these actors interact with health institutions—facilities and providers, formal and informal—and with legal and religious institutions.

Economic constraints, lack of power, lack of financial autonomy, male domination, values and attitudes regarding abortion, weak provision for ensuring sexual and reproductive rights and poor quality of care are some of the key barriers that prevent women's "free" decision about pregnancy resolution and abortion.

- In many developing countries, there is a large private sector (formal and informal) providing health services: In regard to abortion services, clandestine providers and drug sellers often predominate. Women seek care from these providers because of the greater confidentiality and ease of access, and lower costs, without being aware of the often poor quality of services, which has significant implications for their health.
- Some groups of women—young women (married and unmarried), rural or poor women, those who are marginalized such as ethnic minorities, displaced populations, and those who are HIV-positive—have greater than average difficulty in obtaining a safe abortion, as well as accessing contraceptive services that would have helped them to prevent an unintended pregnancy due to related factors such as stigma, poverty and inadequate access to services.
- The circumstances of sexual encounters could determine pregnancy status: sexual abuse or non-voluntary sexual relations could explain the desire to interrupt an unintended pregnancy. Partners' influence may be linked to the type of relationship (married, consensual or cohabiting union, unmarried).
- Family members and parents may influence the decision to have an abortion due to the stigma and rejection associated with premarital pregnancy.

In societies where access to abortion is totally prohibited or highly restricted, the decision to have an abortion is difficult due to the risks associated with this practice and its costs. Women's access to abortion services is constrained by certain criteria (such as knowledge of where to obtain an abortion, availability of providers, ability to pay and duration of the pregnancy) and the need to obtain permission or authorization (e.g. medical, legal and parents) – all of which contribute to women's difficulties in taking autonomous and free decisions about abortion. The influence and the power of health service or religious or legal institutions may also impede women's recourse to abortion and oblige them to seek clandestine abortions.

Evidence on the determinants of decision making regarding abortion is critical for policymakers, providers and advocates seeking to mobilize resources to improve women empowerment.

#### **This seminar will cover the following topics:**

- The capacity of women to decide about obtaining an abortion: What is the profile (in terms of social, economic and cultural characteristics) of women who have this capacity and how does this vary depending on whether they obtain a safe or unsafe abortion? What are the factors that influence their decision – such as socio-economic factors, stage of reproductive life cycle, and other factors such as employment, as well as the risks associated with the abortion where the law is highly restrictive and/or access to a safe abortion is poor (including health complications, criminal charges, and stigma)?
- The impact of the availability of misoprostol and medication abortion in general (whether through approved sources or black market) in improving women's autonomy and facilitating their decision-making process regarding having an abortion.
- The role of male partners in the abortion decision-making process: How does it vary according to type of relationship? What is the nature of male involvement – is the husband/partner a support or a barrier in the decision-making process?
- The role of family in the decision process: Family members can reject a daughter or other relative who has a premarital pregnancy, oblige a woman to abort or to have an unplanned birth. Who participates in these decisions and what are their consequences? In what specific circumstances do the family members have a very strong role in determining the outcome of a pregnancy?
- The role of medical facilities and staff: Some medical personnel refuse to practice abortion because of conscientious objection, even when it is legal. On

- The role of medical facilities and staff: Some medical personnel refuse to practice abortion because of conscientious objection, even when it is legal. On the other hand, even in highly restrictive contexts, some help women to decide and obtain a safe abortion; some providers only treat complications of unsafe abortion. What is the impact in different contexts (social and economic for both the woman and her family and the health system)?
- The role of parents on adolescents' reproductive behavior and choices: Are adolescents obliged to have an abortion to avoid parental rejection? Do parents support their pregnant adolescent daughter's decision – whether to have a child or abort?
- The role of legal institutions and political groups on abortion decision-making: For example, do constitutional changes related to abortion, the missions/authorizations required by law, risk of criminal charges, imprisonment and sanctions directly or indirectly influence decision making?
- The role of community and/or religious groups on women's decision-making regarding abortion: For example, is there pressure to continue with the pregnancy and to give the child in adoption? It is important to consider the arguments and positions of religious leaders and compare them with public opinion and practice.
- The role of the private and informal sector in providing abortion care: How does accessibility and availability of private sector health services influence decision making regarding seeking an abortion? What are the consequences of differential accessibility and availability of private sector abortion services?
- What are important social, cultural and economic factors that influence decision making regarding seeking pregnancy termination? What are the implications for improving quality of care and access to services?
- Does decision-making regarding pregnancy resolution and abortion differ according to women's HIV status (positive or negative) and between women who know their status and those who do not know their status? Have recent changes in abortion laws for women living with HIV influenced their decision making process?
- The practice of sex-selective abortion appears to be increasing in some countries: Is there evidence supporting this, and if so, what are the reasons that lie behind this trend? Is it due to political constraints (for example, only one child is permitted); cultural values (strong preference for sons compared to daughters); economic reasons (social requirement of large dowries for daughters)? What is the role of practitioners in sex-selective abortion in a context where it is illegal?

Papers may be country-specific or comparative, quantitative and/or qualitative. This International Seminar will bring together demographers, public health specialists, sociologists and anthropologists, as well as scholars from other related disciplines interested in exchanging the latest scientific knowledge on decision making about pregnancy and abortion.

The IUSSP Scientific Panel on Abortion invites researchers in the field to submit a short (200-word) abstract AND upload an extended abstract (2-4 pages, including tables) or a full paper, which must be unpublished and not submitted for publication, by 15 October 2013.

**Online Submissions :** <http://www.iussp.org/en/iussp-seminar-submissions>

**Deadline for submissions: 15 October 2013.**

**Participants will be informed whether paper is accepted by: 15 November 2013.**

**Participants must submit their complete paper by: 25 April 2014.**

The seminar will be limited to about 20 contributed papers. If the paper is co-authored, please include the names of your co-authors in your submission form (in the appropriate order). Submission should be made by the author who will attend the seminar, who should select him/herself as “presenting author” in the appropriate field.

Abstracts and papers may be submitted in English, French or Spanish. However, the working language of the meeting is English, and presentations must be made in English.

In addition to dissemination through posting on the member-restricted portion of the IUSSP website, seminar organizers will explore possibilities for publishing the papers, after the seminar.

Current funding for the seminar is very limited; efforts are under way to raise additional funds, but the outcome is at this point uncertain. Participants are therefore encouraged to seek their own funding to cover the cost of their participation in the seminar. If available, funding will be restricted to IUSSP members in good standing and will be contingent upon submission of a complete paper of acceptable quality by the deadline for papers.

For further information, please contact Susheela Singh ([ssingh@guttmacher.org](mailto:ssingh@guttmacher.org)).

#### ***IUSSP Scientific Panel on Abortion:***

Chair: Susheela Singh (Guttmacher Institute, USA); Members: Harriet Birungi, Population Council- Nairobi, Kenya; Agnes Guillaume (Institut de Recherche pour le Développement, France); Ndola Prata (School of Public Health, University of California, Berkeley, USA) and Sabina Faiz Rashid (James P Grant School of Public Health, BRAC University, Bangladesh).

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