

## Plenary Presentation

Aaron Tamale

Hello, I'm Aaron Tamale. I'm from Uganda and am an advocate for sexual health and reproductive rights and a community television show host. I'm very excited to be here with all of you and to learn from so many experienced researchers, advocates and policymakers. But today I want to talk to you about something important to me, something I feel passionate about—trusting women.

I am 22. I feel so strongly that women and girls should not have to suffer the consequences of unsafe abortion. In Uganda, contraception is not very available so many women and girls are faced with unwanted pregnancy. There are very religious influences on laws and policies and abortion is very restricted. So what are women's options? I have talked with providers and even police officers through my work who say that women who are desperate to terminate a pregnancy have no idea where to go. They are stigmatized, criminalized and at serious risk of injury or even death. They have little information and few safe options for abortion.

But do you know what could really change this picture? Trusting women. We know women are already using medical abortion on their own. We must truly trust them to be able to make this decision. We can show that trust by giving them the information they need, by making medical abortion drugs accessible and available to them—where they are, when they need them—and by building public and policy support, through evidence, for putting abortion in women's hands.

This is a research to action conference and we will learn more this week about the evidence that has already been built on the safety and effectiveness of abortion with pills. But there's a lot more we don't know. If women don't know about abortion until they need one—then where do they go? They ask their friends and families. Their first stop is not the health system. So the system is not meeting their needs. How can we better understand how to do that?

We need to know how women are getting abortion pills—we need to understand the road they take to the information about medical abortion and what they know about the drugs. We need to understand the safety evidence of women using pills themselves and we need to make sure

women have correct dosage information. Medical abortion needs to be available in places where women go and it needs to be safe. And we need to trust women.

**There are definitely gaps in the evidence. I know many of you here are working to change that. But here's what I know, as someone who isn't a researcher. I know that abortion with pills is a lot safer for a woman than using a stick, or ground-up coke bottles, or omo. I know that.** Now let's document the evidence here—so we build our own confidence and so that advocates and policymakers can use it to frame laws and policies.

Putting abortion in women's hands is the future, the now. We need ways to support this for women, not shut it down.

There are really good examples from around the world, and some from Africa even, that we can learn from. Women using misoprostol for abortion started in Brazil decades ago. Women figured out that they could get cytotec from a pharmacy and it was safe. They told their friends and their neighbors what to get and where to go. The word spread. They were in control of their own abortions. Sadly, the government didn't trust women and clamped down on misoprostol use.

In rural Tanzania, the [Women's Promotion Centre](#) founded a pharmacy to provide misoprostol themselves because no pharmacies were selling it. They trained staff to provide information, counseling and support for women.

In Kenya, the [Aunty Jane Hotline](#) provides safe, reliable, and confidential information on medical abortion in a country where restrictions have only recently been eased and where many women are unaware of their rights.

And Women on Web mails medical abortion pills to women who can't get them.

What all of these examples have in common is that they are built on trusting women to make their own decisions and be active in their own health care. These efforts must be paired with real sex education for young people and widespread availability of contraception for all women.

Maybe we can't make a direct connection but in some parts of the world deaths from unsafe abortion have decreased as medical abortion has become more available. Self use of medical abortion does not equal unsafe abortion. Misoprostol has brought about a new understanding of what safety means and that doesn't always mean a doctor in a hospital in a controlled setting.

In Africa we need to pay attention. Aren't we talking about saving women's lives?

The biggest hurdle to actually making good on our words may be us. How are we making it harder for women instead of recognizing that women need this and using pills on their own for abortion may actually be their preference? Every woman will make her own decision, regardless of laws. We need to make sure they have options that are safe and effective and that respond to their needs. We can't presume that we know better than women. When we set legal restrictions and create barriers, we push them underground.

We are not talking about making a change that's so radical. Many of you in the room think that people are afraid if abortion is legal or made more available that women will actually use it. Why is that wrong? Women are using it anyway! Why wouldn't that be the pinnacle of success if women had all the information they need and were able to access safe abortion on their own terms?

You are the experts, you are the power structure. Do you really trust women? Do we trust women only if they do what we say? What does it mean to really trust women? It means we give them the power to make their own decisions.