



The Global Impact of the Dobbs Decision on Abortion Laws, Policies, Legislation, Narratives, and Movements: *Findings from Colombia, India, Kenya, and Nigeria*

Full Report
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| ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPD	Commission on Population and Development
CSW	Commission on the Status of Women
EVA	Education as a Vaccine
FARC	Revolutionary Armed Forces of Colombia
GBV	Gender-Based Violence
GIWYN	Generation Initiative for TWomen and Youth Network
KCPF	Kenya Christian Professionals Forum
KMET	Kisumu Medical and Education Trust
KESWA	Kenya Sex Workers Association
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex and Asexual Plus
MTP Act	Medical Termination of Pregnancy Act
PCPNDT Act	Pre-Conception and Pre-Natal Diagnostic Techniques Act
PWD	People with Disabilities
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics
SRHRJ	Sexual and Reproductive Health, Rights, and Justice
TICAH	Trust for Indigenous Culture and Health
USA	United States of America
USAID	United States Agency for International Development

| EXECUTIVE SUMMARY

Sexual and reproductive health, rights, and justice (SRHRJ) are under threat worldwide because of the actions and influence of several interconnected, strategic, and well-funded anti-rights movements. Fòs Feminista co-developed this study with partners to analyse the influence of these anti-rights networks in the aftermath of the Dobbs decision in Colombia, India, Kenya, and Nigeria. It found that the impact of anti-rights actors and networks varied across the four countries but was growing even in countries with relatively progressive SRHRJ trends. These networks were transnational and acted at national, continental, and international levels. There were active and influential individuals and groups on every continent.¹ While significant funding and support for mobilisation and exerting (political) influence tended to come from groups in Europe and the USA, there was growing tendency towards localisation of the faces and voices amplified. For example, the first March for Life in India was supported by Christian groups in the UK² and the recent anti-LGBTQIA+ parliamentary convening in Uganda was supported by Family Watch International, based in the USA.³

Anti-rights actors similar strategies across contexts. They used emotive imagery to evoke foetal personhood, scientific arguments around viability of the foetus, and spread disinformation on the health and other consequences of pregnancy termination.⁴ They engaged in strategic litigation in Colombia,⁵ India,⁶ and Kenya,⁷ and intimidated service providers to restrict access to care.⁸ They were entrenched in churches (Catholic and Evangelical)^{9,10,11,12} and linked with politicians. While in some countries such as Nigeria and Kenya,¹³ they exerted influence on mainstream narratives, in others, they focussed on influencing marginalised and economically vulnerable communities as their audience, for instance Colombia¹⁴ and India,¹⁵ where they instrumentalised marginalisation from, grievances with, and lack of confidence in State structures. These actors provided shelter, food, education,

and jobs to marginalised and vulnerable population conditional on the acceptance of their religious beliefs and built a sense of community through mutual support and common purpose. In India, Nigeria, and Kenya, they simultaneously espoused anti-imperialism while drawing on and glorifying the (regressive) anti-abortion trends in the USA. They argued that abortion, LGBTQIA+ rights, assisted reproductive technology, and comprehensive sexuality education were imports aimed at destabilising morals, culture, and populations as part of neo-colonial efforts.

Anti-rights actors sought to impose a vision of the world based on anti-abortion and anti-LGBTQIA narratives and a narrow and patriarchal morality. These networks were part of a far-right political project, in which politicians, the private sector, and Christian groups (including the Catholic Church) collaborated, including to groom young people.^{16,17} Unlike human rights actors who made conscious efforts to link issues and movements, they did so naturally, using the accessible and emotive framing of protection of the family.¹⁸ While this mobilisation was rooted in Christian ideologies, these actors aligned with conservative elements in other religions, such as when Family Watch International and the Organisation of Islamic Cooperation signed a memorandum of cooperation to protect and highlight the importance of the ‘family unit as an institution’ and coordinate efforts to address ‘values and beliefs’ that seek to undermine it.¹⁹

The June 2022 Dobbs vs Jackson Women’s Health Organization (“Dobbs”) USA Supreme Court decision ruled there was no federal constitutional right to abortion. In addition to hindering access to safe abortion in the USA, results from this study indicate that this decision impacted dynamics related to abortion and bodily autonomy elsewhere in the world. Despite abortion rights gains in Colombia²⁰ and India,²¹ Dobbs provided inspiration to anti-rights movements that

mobilizing towards change in the long-term, given the fifty years between Roe v Wade and Dobbs vs Jackson, could work.²² Indeed, organizers of India's first March for Life, a (small-scale) anti-abortion protest, drew parallels between India and the USA in terms of desired trajectory.²³

Anti-rights groups also deepened disinformation campaigns and reinforced their anti-abortion narratives, pointing to Dobbs to push the validity of their positions.^{24,25} Several influential people, such as Christian leaders in all four countries,^{26,27} and Moses Wetangula, now the current Speaker of the Kenyan National Assembly,²⁸ celebrated the judgement. The ruling also contributed to the shaping of opinions and narratives of those outside anti-rights groups with people wondering if their own country should follow the direction of the USA.²⁹ In Kenya, respondents saw attitudes to abortion shifting, anti-abortion mobilisation increasing, and new threats against facilities and service providers in some counties although the link between Dobbs and these developments was unclear.³⁰ In Nigeria, a galvanised movement used Dobbs to successfully push for the withdrawal of the Safe Termination of Pregnancy for Legal Indications Guidelines in Lagos State.³¹

Moreover, Dobbs created a chilling effect due to memories of previous anti-abortion stances from the USA and inability to distinguish between the ruling and government policy. Due to their geopolitical, economic, and cultural power and imperialist practices, the United States' government and religious fundamentalists within the country had obstructed access to safe abortion across the world via diplomatic influencing, funding conditionalities, and supporting local anti-rights actors.³² Drawing from the experience of how the Mexico City Policy^a imposed by President Trump (2017-2021) had strengthened anti-

rights groups and destabilised women's rights movements, respondents from Colombia, Kenya, and Nigeria believed Dobbs could similarly affect US funding, and that donors might decide to fund anti-rights rather than women's rights groups. These concerns affected partnerships and alliance building as some civil society organisations distanced themselves from pro-choice groups.³³

Yet, it is important to recognise while not overstating the impacts of Dobbs. It was difficult to disentangle correlation from causation to understand if dynamics and events in Colombia, Kenya, India and Nigeria were caused by Dobbs or just happened to take place after it was made public. The decision converged with national and regional dynamics that were often more important, especially in Colombia and India where the 2022 Constitutional Court ruling which decriminalised abortion in Colombia until the 24th week,³⁴ and the 2021 Indian amendments to abortion law which expanded access,³⁵ had recently upheld rights. Indeed, Colombian respondents expressed pride in recent gains and said strengthening the region's feminist movements was a promising strategy to counteract the global backlash against SRHRJ.³⁶

Furthermore, Dobbs created opportunities for SRHRJ mobilisation. It provided openings for advocates to talk about abortion and raise awareness of national law and its drawbacks. Even though the news agenda moved on afterwards, SRHRJ advocates in all four countries engaged in community,³⁷ and media conversations,^{38,39,40} in the weeks following the ruling. Given high levels of misinformation, respondents welcomed being able to break abortion stigma and taboos.⁴¹

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a The Mexico City policy, also known as Protecting Life in Global Health Assistance or the Global Gag Rule, prevents non-governmental organizations (NGOs) funded by U.S. global health assistance from providing abortion services, information, counselling, referrals, or advocating for the liberalisation of abortion, even with money from non-USA sources. It was last in effect from January 2017 to January 2021.

INTRODUCTION

The mobilization of interconnected, strategic, and well-funded anti-rights movements is one of the main threats to sexual and reproductive health, rights, and justice (SRHRJ) worldwide. In particular, anti-abortion actors^b in Europe and the United States of America (USA) influence narratives and realities across Africa, Asia, the Caribbean, the Pacific, and Central and South America. They leverage existing social networks (often linked to churches and faith organisations) to maintain a patriarchal status quo and/or discourage bodily autonomy and the right to choose. Due to their geo-political, economic, and cultural power and imperialist practices, the government of the United States and religious fundamentalists within that country have particularly hindered access to safe abortion across the world via through a range of strategies including diplomatic influencing, funding conditionalities, and supporting local anti-rights actors.⁴² In June 2022, the Supreme Court of the USA ruled that there was no federal constitutional right to abortion in *Dobbs vs Jackson Women's Health Organization* (Dobbs).⁴³ In addition to impeding access to abortion in the USA, this study shows that this decision has also influenced dynamics related to bodily autonomy elsewhere. Concurrently, recent important victories in Argentina,⁴⁴ Benin,⁴⁵ Cape Verde, Colombia,⁴⁶ and Mexico,⁴⁷ provide entry points for movement building and sharing lessons within and across regions, as highlighted by several respondents to this study.

This study examined the impacts of Dobbs

b Throughout this document, the terms anti-rights and anti-abortion actors will be used. These actors include government, private sector, and non-governmental entities that are against the right to choose whether to carry pregnancy to term. While this right encompasses a number of factors including economic and cultural ones and addresses barriers that prevent or disincentivise continuation of pregnancy, these actors are specifically against access to safe abortion. In addition, they are often against other rights and freedoms (such as those of lesbian, gay, bisexual, trans, queer, intersex, and asexual (LGBTQIA) people). When referring to actors that work to restrict a number of rights, including that to abortion, we will use the term anti-rights actors to foreground this reality so the reader remains aware of their intersectional approach and use the term anti-abortion actors to refer to those that act specifically against abortion rights.

in Colombia, India, Kenya, and Nigeria. These countries were chosen based on existing partnerships, levels of global health assistance funding, and the intention to underscore the diversity of legal restrictions surrounding abortion in these nations, as well as the successful strategies employed by the feminist movement to promote the liberalization of abortion laws.

METHODOLOGY

The goal of the study was to document the impact of Dobbs on abortion laws, policies, and narratives. The specific research questions were as follows:

1. What influence have anti-abortion networks had on abortion laws, policies, narratives (i.e., beliefs, attitudes, stigma, framing), and mobilisation in Colombia, India, Kenya, and Nigeria?
2. What are the emerging impacts of the Dobbs decision on abortion laws, policies, narratives, and anti-abortion movement building in Colombia, India, Kenya, and Nigeria?

After presenting a brief overview of the methodology, this report will present the study's findings, answering each research question for the four countries in turn.

APPROACH AND METHODS

Researchers conducted a literature review,^c interviews, and media monitoring to develop this report, informed by three key considerations:

1. Ensure high quality, integrity, and accuracy of findings.
2. Seek national perspectives and realities from a diverse and intersectional range of actors.
3. Mitigate ethical risks.

c At the time of writing of this report, there was little information published about the impact of the Dobbs ruling globally. This study analysed literature on the influence of transnational networks and information from interviews to answer the first research question.

PRINCIPLES THAT GUIDED THE STUDY

1. Infuse decoloniality, (intersectional) feminism, and social inclusion, including in overall approach, questions asked, and respondent sampling;
2. Collaborate with partners at Oriéntame (Colombia), CommonHealth and the YP Foundation in India, the Kenya Sex Workers Association (KESWA), Kisumu Medical and Education Trust (KMET) and Trust for Indigenous Culture and Health (TICAH) in Kenya, and Education as a Vaccine (EVA) and the Generation Initiative for Women and Youth Network (GIWYN) in Nigeria;
3. Recognise diversity in each country and ensure context specificity;
4. Implement a robust ethical approach; and
5. Share findings with feminist movements while not revealing information to anti-rights groups that could be used against SRHRJ.

Researchers adapted the research to national context, important given Colombia, India, Kenya, and Nigeria had different SRHRJ histories and dynamics. Table 1 outlines sources of data per country. All interviews occurred between March and April 2023. Focal points in partner organisations developed a list of respondents, with focus on ensuring diversity of experiences and perspectives.^d Researchers also employed snowball sampling by asking respondents to suggest and connect them with others who had useful insights to share. Concurrently, M+R^e conducted media monitoring, creating a global media search on Google News and Muck Rack in English, Hindi, and Spanish. Researchers read these media reports and integrated the analysis into emerging findings. Researchers and partner organisations discussed emerging findings for input and contextualisation throughout the process. Where more information was needed, for example around the mobilisation of anti-rights actors in regional and global spaces, specific questions were asked to contacts to ensure accurate and up to date information.

ACTORS	INTERVIEWS				
	COLOMBIA	INDIA	KENYA	NIGERIA	TOTAL
Government officials	2	2	1	0	5
Healthcare service providers ^f	2	4	4	3	13
SRHRJ Activists and Civil society representatives	8	10	6	12	36
Academics, Journalists, and Researchers	3	4	3	0	10
Philanthropists	1	0	0	0	1
Anti-rights Actors	0	0	0	1	1
Total	16	20	14	16	66

Media monitoring					
NUMBER OF ARTICLES (including reprints)	1,772	437	1,114	124	3,447

^d Respondents included younger and older people, representatives of LGBTQIA and disability rights groups, people from socially excluded backgrounds relevant to the context (e.g., Afro descendants in Colombia and marginalised castes in India), and people who lived and worked in different areas of each country.

^e M+R is an agency that uses online marketing, public relations, and social media for public engagement and fundraising.

^f We recognise that some healthcare providers are also SRHRJ activists but for the purpose of this study, we have made this distinction to call attention to the different perspectives that they bring to the table.

Researchers presented preliminary findings for feedback to colleagues from the Asia Safe Abortion Partnership, CommonHealth, EVA, Fòs Feminista, GIWYN, KESWA, Oriéntame, and TICAH. Following the presentation, they incorporated oral feedback into the draft report which was then shared with the same group for written comments before being finalised.

Researchers followed a robust ethical approach, with systems in place to ensure adherence to the highest standards (from local perspectives and in line with international best practice) throughout the process. For example, they explained the implications of involvement to all respondents and obtained informed consent. Researchers decided where to refer disclosures of violence or safeguarding issues, though no relevant information was shared. They also mitigated any risks to individuals and organisations involved in the research and of worsening pre-existing anti-abortion dynamics.

LIMITATIONS OF THE STUDY

One of the key limitations of the study was identifying government officials that were willing to be interviewed, particularly in Kenya and Nigeria, given the political dynamics during the data collection period. Moreover, understanding of anti-rights movements varied across respondents depending on country. Respondents in Kenya tended to provide the most information while there was hesitation among respondents in Colombia to share material and information and less knowledge among respondents in India and Nigeria. Further, due to time and resource constraints, media monitoring was conducted in English, Hindi, and Spanish only, which was not fully reflective of the languages in which media is produced in partner countries. Indeed, this report is an initial analysis of anti-rights movements and the impact of Dobbs in these countries and serves as a baseline for future research and programming.

ABORTION CONTEXT

COLOMBIA

The abortion landscape in Colombia significantly changed over the past twenty years due to decisions of the Constitutional Court. In 2006, the Court decriminalised abortion in three cases: 1) when the woman's⁹ physical or mental health is at risk; 2) when there is foetal malformation incompatible with life; and 3) when the pregnancy is the result of sexual violence, non-consensual artificial insemination, or incest.⁴⁸ Based on a formal request by Causa Justa por el Aborto/Just Cause Movement (an alliance of feminists SRHRJ organisations) in February 2022, the Court decriminalised abortion and established the right to abortion for any reason up to the 24th week of pregnancy, post which the three exceptions outlined in 2006 would apply.⁴⁹ As a result of these rulings, Colombia had the most progressive legal framework on abortion in the Latin America and Caribbean region.

Governments in power adopted different positions on the 2022 court ruling. The former conservative government of then President Ivan Duque supported a 'pro-life' request to annul the Court decision⁵⁰. The Ministry of Justice wrote to the Court stating they had previously ruled around abortion in 2006 which according to them made the 2022 ruling invalid, however given the lack of legal accuracy of the request, it did not result in any action. When left-wing President Gustavo Petro arrived in office in August 2022, the Ministry of Health issued instructions to healthcare providers and departmental, district, and municipal health secretariats about how to effectively implement the Court ruling.⁵¹ They also compiled constitutional and technical standards to guarantee comprehensive and safe abortion care.⁵² Despite this action, President Petro still has not publicly

g When referring to court rulings, legislation, policy, interviews with respondents, and other sources of data, this report will reflect the terms used by these sources. However, the authors recognise that all people with the capacity for pregnancy have abortion rights and will use this terminology when presenting or analyzing the situation separately from referring to sources.

supported abortion as of the writing of this report. According to one respondent, abortion rights lacked solid political support in Colombia given its high political costs in a polarised environment and deeply rooted conservative and religious society.⁵³ As of the writing of this report, discussion in Congress continues about withdrawing comprehensive sexual education from school curricula and excluding sexual and reproductive rights from the National Development Plan.⁵⁴

This solid legal framework contrasted with barriers to access across the country. On paper, all people—including transgender, non-binary, and migrants—were legally entitled to request an abortion without fearing criminalisation or discrimination, and service providers and health care institutions had to include abortion as an essential health service. However, there were still differences in how institutions interpreted the Court ruling, which often resulted in a lack of service provision. To overcome barriers to access, SRHRJ organisations continued to support women and girls, including through legal action. For example, in the 100 days after the Court ruling (from 22 February to 31 May 2022), La Mesa por la Vida y la Salud de las Mujeres provided legal support to 76 girls, young women and women who had issues accessing abortion services. Somos Jacarandas presented 137 legal actions, 21 guardianship requests, and 60 complaints before the Health Superintendent, 51 complaints before the municipal Health Secretariats, and six complaints before the Medical Ethics Tribunals across the country in support of abortion rights.^{55,56}

Effective implementation of the Court ruling was difficult due to lack of healthcare provision, actions by anti-abortion groups, and the power of religious institutions. Weak or non-existent health systems in many regions, especially in areas that were most remote, rural, or affected by the armed conflict were barriers to accessing abortion.⁵⁷ Healthcare providers' lack of knowledge of and misinformation around the new legal and normative framework, coupled with

religious and personal beliefs resulted in lack of service provision and patient stigma and guilt.⁵⁸ Anti-abortion groups disseminated false information, including to service providers which resulted in some healthcare workers trying to convince people to not have abortions.⁵⁹ In Bogotá and Medellín, an anti-abortion group known as 40 Days for Life protested in front of two private abortion service providers (Oriéntame and Unimedicos) by holding signs and pamphlets with pictures of baby foetuses and claiming the providers were practicing 'infanticide.'⁶⁰ In addition, Oriéntame also faced bureaucratic challenges that put operations at risk, such as delays in assuming land ownership for new clinics and continuous health inspections and audits from the Secretary of Health.⁶¹ Furthermore, Colombia is a heavily Catholic and highly conservative society, and this religious culture imposed a reproductive role on women that often resulted in forced and unwanted maternity.⁶² Most women and girls were afraid of making decisions about their bodies and conservative groups, political parties, politicians, and anti-abortion groups used intimidation and fear to hinder the full exercise of human rights, especially for women, girls and LGBTQIA+ people.⁶³

Certain groups were further constrained by barriers to accessing safe abortion.^h Girls and young women were often pressured by parents or caregivers to continue pregnancies even if they resulted from abuse and sexual violence.^{64,i} In some cases, healthcare workers asked parents or caregivers for permission, which was not necessary according to law.⁶⁵ Indigenous girls and women were identified as facing heightened difficulties with abortion access.⁶⁶ A provider of health services to indigenous communities in Cauca - a region with approximately 84 indigenous reservations - required that respective indigenous authorities be consulted in cases of abortion, which could create a

h Due to research scope and timelines, researchers did not undertake a comprehensive and intersectional mapping of abortion barriers.

i In Colombia, any pregnancy that occurs when the girl is younger than 14 years old is defined as sexual violence.

risk for indigenous women and girls of not accessing abortions due to the fear of being expelled from their communities.⁶⁷ Moreover, travel to get an abortion was often required for women and girls that lived in rural and remote areas, which was not always possible due to cost.⁶⁸ Women and girls that lived in conflict-affected areas also lacked access as some armed groups did not allow talk about abortion.⁶⁹ Women and girls with disabilities were often not perceived as autonomous individuals who could make decisions about their bodies, so families and caregivers often decided if they would get secret abortions or keep the baby as it was interpreted as God's will.⁷⁰ Meanwhile, even if there was lawful access to abortion for migrant women and girls, those without a regular residence permit feared deportation^j if they sought healthcare and so depended on humanitarian organisations (rather than the state) for access.⁷¹

Lastly, respondents working with disability rights, LGBTQIA+, and Afro-descendant organizations reported feeling excluded from discussions and strategies leading up to the Constitutional Court ruling. They also noted that the implementation of the ruling lacks a regional approach that considers the diversity and specific needs of each region. Respondents claimed that the implementation was not intersectional, failing to address the various identities and forms of discrimination that impact abortion access. As an example, the lack of accessible language meant that some people with disabilities couldn't comprehend the ruling. Consequently, their organizations had to allocate limited resources to translate and simplify it, diverting attention from essential priorities like policy inclusion.

INDIA

While not rights centric, Indian abortion law was relatively progressive compared with many other countries and there was no

coordinated, strong, and vocal anti-abortion political majority in the country.⁷² In 2021, the Medical Termination of Pregnancy Act (MTP Act) of 1971 was amended to allow abortion on the advice of one doctor up to 20 weeks. Survivors of rape and incest, and other vulnerable groups required approval from two doctors for abortions between 20 and 24 weeks, and approval from the State Medical Board was required in cases of substantial foetal abnormalities after 24 weeks. The Act also imposed a legal requirement to ensure confidentiality.⁷³ The Supreme Court subsequently ruled that unmarried women were covered by the scope of the Act and extended the provisions for rape survivors to married women who became pregnant due to marital rape.^{74,75} Indeed, Supreme Court jurisprudence on abortion had been progressive even before the Act and respondents expected that to continue.

However, rather than full decriminalisation, the amended Act provided abortion at the discretion of a doctor instead of the woman. SRHRJ advocates had pushed for amendments for 20 years, with resistance partly based on an assumption that they contradicted government attempts to tackle sex selective abortions.⁷⁶ SRHRJ advocates noted disappointment that the amendments did not include an express right to abortion, continued the requirement for involvement of doctors (as opposed to other health workers), and introduced the State Medical Board that would be likely to make decisions based on medical determinations and not necessarily the patient's best interest where no such requirement previously existed.⁷⁷ Moreover, while proactive steps had been taken towards legal and policy implementation in terms of training of providers, buying of commodities, and other actions, the restricted nature of abortion provision constrained the ability of the health system to deliver services.⁷⁸

Access to abortion was challenging, particularly for people who were young, not married, living in rural communities, disabled, sex workers, or LGBTQIA+. Many people did not know that abortion was legal and abortion services were often not available

^j This group was at higher risk of sexual violence and trafficking and of unwanted pregnancy but were unable to make real choices around pregnancy. Additionally, many migrant women and girls thought that being pregnant and having a baby would give them benefits (such as sleeping in a bed and a seat on a bus) along their migration route and so they wanted to keep their 'golden babies'.

in many areas.⁷⁹ For example, in Tamil Nadu, despite relatively good health infrastructure, abortion services were absent from many secondary and tertiary level facilities.⁸⁰ Even in district hospitals, SRHRJ advocates noted high levels of discrimination, stigma, unavailability of services, and the fact that patients were asked to come for repeat (unnecessary) appointments.⁸¹ This lack of care in government-run facilities was noted by many respondents who spoke of how it forced people into the private system which was not affordable for many.⁸² Unmarried women, women living with HIV, and sex workers experienced particularly high levels of service denial based on cost, health workers' moral judgements, shaming of patients, and requesting consent from husbands and other family members.⁸³ Further, all sexual activity involving people under the age of 18 was considered rape and thus required reporting by service providers to the police.⁸⁴ Providers could wait until after the abortion to inform authorities and a medico-legal certificate sufficed⁸⁵ but teenagers tended to either not seek out services or leave facilities once they were informed about this reporting requirement.⁸⁶ In rural areas, there were either no services or people worried lack of confidentiality meant their communities would find out that they had sought abortions.⁸⁷ LGBTQIA+ people also faced barriers to access, including the exclusionary nature of language used by healthcare providers, lack of access to information, and past experiences of discriminatory treatment.⁸⁸ Conversely, people with disabilities risked being deprived of agency, due to lack of knowledge of family members making decisions for them.⁸⁹ This dynamic could either mean that they were denied access to abortion or that they were given abortion pills without their knowledge and consent.⁹⁰ Respondents also noted historical and ongoing emphasis on population control over rights and justice which meant that some groups had easier access to abortion (for example in response to panic over supposedly higher Muslim birth rates) or were subjected to forced abortions (as seen by the forced sterilisation of sugar cane workers, and girls with intellectual disabilities).⁹¹

"The acceptability of abortion in public narratives is declining. It used to be very acceptable, and women would talk about abortion saying if it's necessary, it's necessary. This was matter of fact thinking and there was no moral discussion."

- Respondent #8, SRHRJ advocate, 17 March 2023. Name and other identifying details withheld on request.

Popular narratives around abortion were moralistic, particularly for unmarried women, and there were some signs of increasing anti-abortion sentiment. Common sentiments were that abortion was murder, unsafe, only accessed by promiscuous women, and could cause mental health problems.⁹² Popular culture tended to equate pregnancy to potential parenthood and abortions to guilt or lack of morals.⁹³ While one respondent said the stigma, shame, and taboo around abortion for married couples had decreased in the past 40 years,⁹⁴ other respondents said attitudes against abortion remained the same or had hardened, particularly in certain states and communities.⁹⁵ A young Christian respondent recounted the names of girls and women who had become pregnant outside marriage being read out during church services before they were suspended from church and subsequently ostracised by the community.⁹⁶ Respondents feared that anti-abortion strategies that targeted children and young people could create a generational shift that would be difficult to counteract, with particular implications for future elected leaders.⁹⁷ They were concerned about discussions in seminary colleges and among health training institutions and noted that many colleges and universities celebrated the International Day of the Unborn Child.⁹⁸

"[The PCPNDT Act] creates a whole landscape where abortion is treated as illegal, and people believe that... Many people, when they communicate about female foeticide, do so with graphic images of a baby being killed which creates the idea that foetus is a living being and you're killing it. It's shown as a murder so then, when you talk about the right to safe abortion, it creates a contradiction."

- Respondent #16, gender and health journalist, 24 March 2023.

Laws and campaigns against sex selection were instrumental in shaping abortion narratives and constraining access to it. The Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT Act) 1994 prohibited sex selection and aimed to prevent the use of pre-natal diagnostic techniques for sex determination.⁹⁹ Respondents stated that the imagery and wording of campaigns against sex selection and female foeticide had not only created a connection between second trimester abortions and sex selection, but also propagated ideas of the foetus's personhood, that abortion was killing innocent babies, and of illegality of abortion.¹⁰⁰ One respondent posited that younger people were more likely to believe abortion was illegal than older people in Tamil Nadu, a difference that could be explained due to growing up with anti-sex selection campaigns.^{ci} Moreover, fear of police action and being shut down by the PCPNDT National Inspection and Monitoring Committee created a climate of intimidation among abortion providers who, consequently, had stopped providing abortion services or charged more for doing so.¹⁰² The criminal offence specified by the PCPNDT Act was the sharing of knowledge of the sex of the foetus, not what the person did with this information but the focus of agencies that implemented the Act tended to be on abortion provision.¹⁰³

Reporting of court decisions led to misinformation around the illegality of abortion. The first petition that sought to expand abortion access was filed in 2008 and asked the permission of the Bombay High Court to terminate a pregnancy at 24 weeks. Foetal anomalies had been discovered after the 20 week cut off period for abortion in place prior to amendments to the MTP Act. The petitioner argued that the law had not kept up with developments in scientific technology.^k From then until August 2020, more than 600 cases regarding

pregnancies beyond 20 weeks that resulted from sexual assault or indicated foetal anomalies incompatible with life were filed asking for permission to terminate.¹⁰⁴ From 2016 onwards, 21 such cases went to the Supreme Court which established a medical board to help it in its determination in each case.¹⁰⁵ Over time, not only did these medical boards become part of the 2021 amendments but the media attention around these cases shaped public attitudes, creating confusion and some understanding that court permission was needed for termination. As a result, many of the cases that were filed concerned pregnancies of a length (for example eight or 12 weeks) well within the ambit of the law.¹⁰⁶

"They are not getting the majority vote... so they use anti-abortion rhetoric to separate themselves out from regional parties. They rely on Hindu religious fundamentalist values and arguments that the Islamic community is having more children so, to balance that, Hindus should have more children and not go for abortion... [They emphasise that] we are the only party that promotes tradition and core values of Hindu mythology, but regional parties are secular, concentrate on minorities"
- Respondent #7, SRHRJ Advocate, (India) 17 March 2023. Name and other identifying details withheld on request.

Indian anti-abortion mobilisation was often rooted in religion, but also included advocates against sex-selective abortion, some of whom believed the only way to prevent them was to ban all second trimester abortions.¹⁰⁷ Similar to other countries in this study, anti-abortion and anti-family planning teachings were common in Christian communities, and respondents also noted a link between Hindutva^l and anti-abortion ideology.¹⁰⁸ For example, in Tamil Nadu, Hindutva political parties disseminated family, morality, and traditional values (including anti-abortion) narratives to distinguish themselves from more secular, regional political parties.¹⁰⁹ Recent years had also seen the increased

.....
k This petition was brought by the pregnant person and gynaecologist concerned. The decision of the Bombay High Court refusing permission for a termination was appealed by the gynaecologist to the Supreme Court where the case was still pending at the time of writing.

.....
l "These groups do not promote family planning let alone abortion. They have the idea of the Hindu Rashtra so the more children a Hindu family have, the better".

strength of religious right messages around morality and Garbh Sanskar campaigns that encouraged pregnant women to engage in practices that purported to educate the mind of the foetus to shape mental and behavioural development.¹¹⁰ Some doctors characterised these campaigns as making medical institutions complicit in propagating Hindutva ideologies and ensuring that these ideologies trumped medical education and practice.¹¹¹ Moreover, several religious groups seemed to be engaged in a battle of the womb and argued for larger families among their co-religionists in opposition to perceived increased birth rates and family sizes of other religious groups.¹¹²

While still relatively marginal in India, dedicated anti-abortion groups had started to be more visible against a backdrop of strengthened anti-feminist and religious fundamentalist mobilisation. They deployed campaigns on social media, disseminated anti-abortion materials, organised public meetings, and staged public demonstrations.¹¹³ They tended to be stronger in rural, marginalised Christian communities such as in Kerala and the northeast, and directly referenced sex selection in their communications.¹¹⁴ Concurrently, men's rights activists on Facebook, Reddit, Telegram, and Twitter whose main claim was that anti-dowry, child custody, and other legislation oppressed men also said either that abortion was against Hindu culture so should be criminalised or that men should have abortion rights.¹¹⁵ The Supreme Court ruling that extended the amended MTP Act to unmarried women and in cases of marital rape sparked an online debate about fathers' rights and how this decision would encourage women to have affairs since they could then get abortions.¹¹⁶

Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.'

– Art 26(4) Constitution of Kenya 2010

KENYA

Significant developments in the Kenyan abortion landscape over the past fifteen years had resulted in more acceptance of post-abortion care, but abortion itself remained controversial. The Kenyan Constitution, promulgated in 2010, included a reference to abortion in Article 26(4), the scope of which was clarified by the Health Act 2017 which defined several terms.^m In 2012, Standards and Guidelines were published that outlined the law, policies, standards, and guidelines for termination of pregnancy and post-abortion care.¹¹⁷ Due to opposition from the Catholic Church,¹¹⁸ the Ministry of Health withdrew these guidelines and their associated training curriculum, banned health worker training on safe abortion, and banned the use of medabon, a drug used in medical abortion, one year later.¹¹⁹ In 2019, the High Court in *FIDA Kenya and others vs Attorney General and others*ⁿ often known as the *JMM case*ⁿ ruled these Ministry of Health actions to be arbitrary, unconstitutional, and unlawful, and that victims of sexual violence had the constitutional right to abortion if the pregnancy endangered their life or health.¹²⁰ This ruling reinstated the Standards and Guidelines but their implementation remained challenging.¹²¹ Subsequently, the High Court directed parliament to enact a law to align penal law with the Constitution and the Ministry of Health to develop public policy in line with the Constitution, but the government's application to stay implementation of these directions was allowed by the Court of Appeal.¹²²

Erosion of abortion and other sexual and reproductive rights was evident in policy development. Many respondents said that

.....
m Abortion 'means termination of a pregnancy before the foetus is viable as an independent life outside the womb'; health care professional 'includes any person who has obtained health professional qualifications and licensed by the relevant regulatory body'; emergency treatment 'refers to necessary immediate health care that must be administered to prevent death or worsening of a medical situation'; and health 'refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity': s.2 Health Act 2017.

n MM was a 14-year-old girl who had been raped by an older man, unable to access safe abortion, had her pregnancy terminated by an unqualified provider, and did not receive the post-abortion care she needed in a timely manner and died.

the Ministry of Health's 2022 Reproductive Health Policy¹⁵ mostly ignored the inputs of SRHRJ advocates.¹²³ It listed post abortion complications as a key cause of maternal death and as a sub-objective as part of the goal towards expanding universal quality reproductive healthcare coverage but did not mention abortion in its implementation framework.¹²⁴ At the time of data collection, SRHRJ advocates were being excluded from policy discussions to develop the Adolescent and Youth Reproductive Health policy^o with decision-makers instead guided by anti-rights actors.¹²⁵

These dynamics further constrained already uneven access to abortion, particularly for those who were not married, lived in rural communities, poor, or adolescent aged. While care provision had expanded to some extent since 2010 due to the involvement of community health workers, public health teams, and pharmacists, many providers were unsure about the legal status of abortion based on community pushback and disinformation.¹²⁶ They felt threatened,¹²⁷ despite the Malindi ruling that declared that arbitrary arrests and prosecution of patients and healthcare providers that sought or offered abortion services was illegal. Respondents noted threats against abortion providers, such as the online petition that was initiated by Citizen Go that asked the NGO Board to close the International Planned Parenthood Federation (IPPF) as well as attempts to enter and capture recordings at facilities¹²⁸ These actions created a chilling effort for providers, particularly as law enforcement officials were now emboldened to engage in harassment. It was assumed that there would be no adverse consequences for law enforcement and that politicians and other leaders would be in favour of these actions.¹²⁹

Moreover, abortion still attracted high levels of stigma linked to religious and other discourse. While government and civil society had started to shift narratives in some areas, using higher rates of teenage pregnancy and maternal

o This policy makes no substantial commitments about access to contraception for adolescents, and limits support for assisted reproductive technology to opposite sex couples.

mortality from unsafe abortion as entry points, the strength and influence of anti-abortion mobilisation had also increased since 2010, particularly in and around Nairobi,¹³⁰ as will be discussed in the influence of anti-rights actors section below.

'Whoever voluntarily causes a woman with child to miscarry shall, if the miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment for a term which may extend to fourteen years or with fine or with both.'

– s 232 Penal Code Act 1960

NIGERIA

Abortion law in Nigeria was highly restrictive. Both the Penal Code and Criminal Code Act (applicable in northern and southern Nigeria respectively) state that abortion is a felony, and only permissible when the life of the mother was at risk.^p Attempts to reform the law, at federal and state levels, to widen this exception have failed due to religious opposition.¹³¹ For example, in Imo State, the Violence Against Persons (Prohibition) Act 2012 permitted abortion in cases of incest or rape, but was repealed the following year due to pressure from community and religious leaders who termed this gender-based violence (GBV) legislation an 'Abortion Bill'.¹³² Concurrently, reports (denied by the government) that the military conducted a systematic campaign of (forced) abortions in the northeast, with girls and women given abortion pills without their knowledge or consent to prevent them giving birth to babies seen to be at risk of continuing the violence of their 'Boko Haram' fathers, showed the range of threats to abortion rights in the country.¹³³

The National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 existed at federal level but saw little domestication^{17q}

p Sections 232-234 of the Penal Code 1960 that governs northern states explicitly provides that abortion can be performed to save the life of the mother. The Criminal Code Act 1990 is applied in southern states and is more ambiguous, but courts have ruled that it also provides this exception. Its sections 228-230 provide punishment of three (for the seller of drugs), seven (for the patient), and 14 (for the doctor) years for those involved in an abortion.

q Nigeria's federal political system means that some laws and policies passed at federal level need to be domesticated and adopted at state level to be implemented.

in Nigeria's 36 states. These guidelines aimed to build the capacity of medical professionals and 'control the unnecessary death of women who lose their lives as a result of conditions that are aggravated by continuation of pregnancy.'¹³⁴ They were domesticated in Gombe and Jigawa States due to mobilisation by civil society and strong champions in state Ministries of Health.¹³⁵ However, while 'severe depression with suicidal tendencies such as may occur in rape and incest'¹³⁶ was included as one of the conditions that may constitute a threat to life in the federal guidelines, it was often dropped at state level.¹³⁷ Meanwhile, the Standard Guidelines for Medical Management of Victims of GBV, which stated survivors could be granted abortion where there were suicidal indications had been domesticated in Adamawa and Jigawa States and validated but not yet launched in Benue, Borno, and Ogun.¹³⁸

In practice, (unsafe) abortion was common and availability of safe abortion varied depending on access to information, levels of education, location, and socio-economic class. Rates of abortion were highest in the Northeast and South, and lowest in the South West and north central zones.¹³⁹ While 65.6 percent of Nigeria's estimated 1.8 to 2.7 million annual abortions were considered least safe, this number increased to 73 percent least safe abortions for women in rural areas, 81 percent for women with no education and 82 percent for the poorest women.¹⁴⁰

Barriers to safe abortion access included: the current law; misinformation; moral narratives; low levels of access to drugs, information, and legal representation; and fear and lack of legal knowledge among health workers. Providers and hotlines were constrained by the law regarding the information and support they could provide.¹⁴¹ Some health workers were knowledgeable about the law, interpreted it widely, and provided access to safe abortion, while others perceived abortion to be illegal, a sin, or feared police harassment and action.¹⁴² These attitudes depended on religious background, the nature of training received, and whether they had participated in workshops or outreach activities

run by women's rights organisations.¹⁴³ Concurrently, people that sought abortion were concerned about criminalisation and stigma. People with disabilities, sex workers, and women that were not married were more likely to engage in unsafe abortion as they lacked access to care due to moral judgements, lack of resources, and insufficient information.¹⁴⁴ Police arrested and detained girls and women who had sought abortion through safe or unsafe means.¹⁴⁵

"It's like the anti-pro-life people took people unawares so now people are coming up to say this is not how things should be and propagate pro-life. We are now acting in response to the anti-pro-life people."

- Respondent #6, Christian anti-abortion activist, 15 March 2023. Name and other identifying details withheld on request.

Abortion was largely considered from a religious perspective in dominant narratives. While several Islamic scholars agreed that abortion was permitted—though not encouraged—in Islam until 120 days, many Nigerian Muslims believed it to be forbidden.¹⁴⁶ Meanwhile, anti-abortion networks in Nigeria were typically led by Christian churches. Some respondents said that demand for access had started to shift, particularly in southwest Nigeria. More people argued for the right to abortion, largely due to the efforts of civil society and increased accessibility of information via the internet and hotlines.¹⁴⁷ The economy also impacted the narrative, as people had both increased demand for abortion and sympathy for families that could not afford more children.¹⁴⁸ Moreover, while the media was historically one of the strongest opponents of abortion, civil society had begun engaging journalists and editors thus shifting the tenor of reporting to some extent.¹⁴⁹

Backlash in response to these shifts tended to concentrate in geographical locations where there had been progress such as Lagos State. An anti-rights actor said they and others were inspired to spread anti-abortion and pro-morality messages due to changed attitudes and increased access they had seen.¹⁵⁰ Anti-abortion actors

characterised abortions as evil and unsafe, shared graphic and distorted pictures of aborted fetuses, and aimed to increase stigma towards those who had sought abortions and make them feel guilty.¹⁵¹ Anti-rights actors were less vocal in northern Nigeria compared with the south where there were registered anti-rights civil society organisations and coalitions. Lagos was a hub due to its cultural, economic, and social position as well as its influence as a model for other States's policies and practices.¹⁵²

| THE INFLUENCE OF ANTI-RIGHTS NETWORKS

COLOMBIA

Anti-rights organisations and networks greatly influenced abortion dynamics in Colombia. Many Colombian anti-rights groups had transnational support, including from groups in the USA and Spain, such as Atlas Network, Citizen Go, Political Network for Values, and 40 Dias por la Vida. They also received support from far-right political parties like Vox in Spain.¹⁵³ Colombia was part of a landscape where these networks worked with politicians, the media, and the private sector globally to impose a neoliberal, capitalist, and conservative political project¹⁵⁴ in which SRHRJ for women, girls, and LGBTQIA+ people were restricted. Publicly available documents indicated that anti-rights organisations in the USA spent more than one billion US dollars overseas from 2008 to 2017, including at least US\$342 million directed to Central and South America, with the true figure likely to be higher as religious organisations were exempted from reporting funding data.¹⁵⁵

Colombia was an essential reference for transnational, neo-conservative anti-rights groups. President Ivan Duque's government played a crucial role for this political project through its foreign policy and actions in global and regional multilateral areas.¹⁵⁶ President Petro in Colombia represented a challenge for this movement as they considered the region an essential area of influence.¹⁵⁷ Christian churches were linked

to anti-rights organisations and politicians and greatly influenced society in areas where the government was absent. Communities felt supported and Christian churches were able to spread their ideology and mobilise voters. They provided essential services to the most impoverished communities such as shelter, food, and water, and used these programmes to spread their faith which included a negative stance on abortion based on fake information, guilt, and stigma.¹⁵⁸ According to the latest national survey around religious diversity, values and political participation undertaken by Swedish Church Act, the National University of Colombia, the Inter-ecclesial Commission for Justice and Peace and Word Vision, 57.2 percent of respondents identified as Catholic and 19.5 percent as Evangelical,¹⁵⁹ which meant many Colombians, especially Evangelicals, were likely to be exposed to anti-abortion messages through their churches.¹⁶⁰ Christian politicians embedded these values and ideas into politics and gained voters and supporters through Christian congregations. As a result, a new right was shaping the Colombian political landscape via electoral alliance-building between Evangelicals and Catholics, new strategies by conservative Catholics,^{18'} and political mobilisation of evangelical congregations, including the grooming of young people for future political leadership.¹⁶¹

Colombia already had an important precedent on how politicians, anti-rights groups, and Evangelical churches worked together for a political project. In 2016, the Peace Agreement to end a five-decades long armed conflict with the Revolutionary Armed Forces of Colombia (FARC) included a robust gender approach that recognised the disproportionate effect of the armed conflict on women and girls, and urged a non-discriminatory approach and language to guarantee women's and girls' rights

.....
r The 2022 Congress elections showed Catholics and Evangelicals working together against abortion rights. The candidate list of anti-abortion group Unidos por la Vida featured Evangelical pastors alongside Catholic missionaries that spanned six different political parties. These candidates signed a "Pact for Life" that stated they would enact policies against abortion if they were to be elected.

during its implementation.¹⁶² However, a referendum to ratify the final agreement failed because opposing politicians, Evangelical churches and associated anti-rights groups argued that the text promoted a ‘gender ideology,’ which they believed undermined family values and encouraged homosexuality and spread these messages widely in churches.^{163,164}

The Vatican also influenced the anti-rights movement. The Vatican was losing power by involving itself directly discussions about abortion, so it created “Unidos por la Vida,” a secular social organization with financial and human capital to spread anti-rights messages.¹⁶⁵ The Vatican had a robust presence to lobby at the UN and, as an observer, could monitor conversations around SRHRJ. In that role, they were able to block and restrict rights in these spaces, a disadvantage for the rights movements who increasingly face a shirking civil society space in these fora

Anti-rights organisations acted before and after the 2022 Constitutional Court ruling that decriminalised abortion up to the 24th week of pregnancy. They tried to block the decision through individual, systematic interventions before judges that were framed as citizen demands.¹⁶⁶ They circulated anonymous online petitions so massive email chains with anti-abortion messages were sent to judges (but signatories only signed an online message against abortion and never consented to send emails to the Court).¹⁶⁷ They systematically submitted annulment requests to delay the decision. After the Court’s ruling, they proposed two referendums aimed at reversing the verdict, but they failed to gather the required number of signatures, leading to no further action.¹⁶⁸

INDIA

Knowledge of transnational anti-rights networks and their collaboration with Indian counterparts was low. Several respondents expressed concern about sharing experiences as they were not confident that they could give accurate assessments of these links.¹⁶⁹ Fòs Feminista researchers surmised that this

lack of awareness was due to the low legal and policy impact of these groups, the scale of other feminist priorities in the country, and the importance of internal factors that played more prominent roles in determining the country’s abortion landscape.

Churches in India had transnational links that supported their anti-rights stance. The Silent Scream, an anti-abortion film created in the USA, was shared by evangelists among faith circles to sway opinion against abortion.¹⁷⁰ Christian leaders shared incidents and trends on abortion and LGBTQIA+ rights in other countries from the pulpit in sensational ways, linking natural disasters and violence with liberalisation as manifestations of the wrath of God.¹⁷¹ The August 2022 Right for Life march hosted by anti-abortion faith groups in Delhi mirrored the imagery and messaging of their counterparts in other countries and was supported by Right to Life UK, an anti-abortion and anti-embryo research charity.¹⁷²

“Increased fundamentalism in Christian communities is in response to Hindu fundamentalism. They feel threatened [with the risk of] losing their right to religion so are becoming more radicalised... [and these churches] use the feeling that everyone is out to destroy the local tribal people against drug users, LGBT people, abortion, saying these are all poisons that outside people are putting to destroy local tribal communities...[with] local leaders saying things that if you don’t have children, our tribal society will not continue... [and] using language that if you have abortions, our community will die over time.”
- Respondent #1, SRHRJ advocate, 3 March 2023

Like in other countries in this study, churches provided essential needs to impoverished communities, and in turn received their allegiance. Given the withdrawal of state services, growing privatisation, and shifts in the economic landscape that perpetuated hardship, many marginalised communities saw religious and cultural institutions as their only means of support.¹⁷³ These churches capitalized on these understandable feelings of marginalization in excluded communities, intensified given the majoritarian turn of Indian politics, to perpetuate messages against inter-

religious and inter-community marriages and promote larger families to ensure future continuation of the community.¹⁷⁴

This Catholic anti-rights mobilisation was particularly strong in Kerala. The Catholic Church supported anti-abortion work in its member churches, with the support of Caritas India and transnational funding. Following dictates from the Vatican, they had mobilised following the passage of the MTP Act in 2021 to focus on abortion.¹⁷⁵ The Kerala Catholic Bishops Council petitioned the federal government against the amendments,¹⁷⁶ condemned the subsequent Supreme Court ruling on abortion for unmarried women,¹⁷⁷ emphasised the Church's anti-abortion teachings, and called for larger families.¹⁷⁸ These bishops wrote letters to their member churches and asked for stronger opposition to abortion and family planning.¹⁷⁹ This action resulted in a shift away from general moral values towards focus on abortion as a sin and against family planning in books, marriage preparation curricula, services, and Sunday school.¹⁸⁰

Christian anti-family planning and anti-rights mobilisation had also strengthened in northeast India. Respondents noted that Baptist, Pentecostal, and non-denominational churches were influenced by and collaborated with USA counterparts.¹⁸¹ Due to anti-conversion laws in some states, missionaries concentrated their work in states like Meghalaya with existing Christian communities and without such laws. They established new churches using overseas funding and, part of anti-rights movements while in the USA, attempted to instil and reinforce this messaging.¹⁸² Most non-governmental organisations (NGOs) in these areas were faith-based, and provided critical education and support services, which also impacted abortion narratives.¹⁸³ Due to a number of factors including church mobilisation and power, growing Hindu and Christian fundamentalism feeding one another, higher rates of unplanned pregnancies during the COVID-19 pandemic, the actions of USA missionaries, and tribal communities feeling under threat, there was

increased preaching related to morality and the duties of women, and against abortion and LGBTQIA+ people.¹⁸⁴ Elected local leaders were often members of these new churches or unable to speak against them for fear of electoral and other consequences.¹⁸⁵ The terrain had shifted to the extent that respondents reported the presence of a signboards that read, 'No abortions would take place,' outside even government run clinics in Meghalaya.¹⁸⁶ As a result, people were forced to either engage in unsafe abortion or leave the state to access care.¹⁸⁷ Unlike Kenya and Nigeria, anti-abortion policy from the USA had little impact on India. Most of the government budget came from internal sources and there was little anti-abortion orientation among government officials and comparatively lesser influence from transnational anti-rights networks. As a result, even when NGOs with funding from the USA were subjected to the Global Gag Rule, government officials were able to fill the gaps.

KENYA

Abortion and SRHRJ dynamics in Kenya were affected by developments elsewhere in the region. Respondents said anti-rights groups in Kenya were mobilising with counterparts in Uganda and Tanzania that used similar tactics, such as influencing legislation and attacking abortion service providers, for example by reporting information to encourage arrest.¹⁸⁸ While little had changed in Kenyan abortion legal frameworks in the last 10 years, this uprising of the anti-rights movement across the region was felt at the policy level, influenced statements from politicians, and sparked media and online discussions.¹⁸⁹

Many respondents also noted how non-regional actors impacted the country. Due to its development funding and diplomatic influence, the USA heavily impacted SRHRJ in Kenya.¹⁹⁰ During the Trump Presidency (2017-2021), anti-abortion, anti-contraceptive, and anti-SRHRJ rhetoric; initiation of the Geneva Consensus Declaration on Promoting Women's Health

and Strengthening the Family¹⁹⁵ and the Global Gag Rule destabilised women's rights organisations and movements while strengthening anti-rights actors in the country.¹⁹⁰ These effects continued to have lasting consequences, even after the suspension of the Global Gag Rule.

“Back [in 2012], there was opposition, but it wasn't as strong as it is now. In 2018, after the expansion of the Global Gag Rule, we saw a lot of opposition that was way bolder, and it eventually grew into a very strong movement. Before then, we would get a few individuals here and there who would talk about abortion being illegal or comprehensive sexual education not being acceptable to our children. [The expansion of the Global Gag Rule] emboldened and validated them... so they got stronger and together to fight for a cause they believed in.”

- Nelly Munyasia, Reproductive Health Network, 15 March 2023

Anti-rights activism in Kenya was guided, funded, and otherwise supported by transnational networks.¹⁹² The Catholic Church had strong links with the Vatican and the Anglican church with the Church of England, both of which influenced dynamics in Kenya. While respondents said church structures uplifted anti-rights messaging across the country, the focus of their concern was rather on the actions of anti-rights NGOs, some of which had begun work in Kenya in 2015.¹⁹³ Since then, several of these anti-rights groups and networks had localised, including Citizen Go, Empowered Youth Coalition, Family Watch International, Heartbeat International, Human Life International, Political Network for Social Values, and World Congress of Families.^{t,u}

s Co-sponsored by Brazil, Egypt, Hungary, Indonesia, Uganda, and the USA, this document was not legally binding, but signatories committed to prevent access to abortion. It was signed by 34 countries including Kenya in October 2020. Incoming Presidents in Brazil, Colombia, and the USA with different politics to their predecessors have since withdrawn from the declaration.

t All these organisations, apart from Citizen Go which has its headquarters in Spain, are from the USA. These organisations are closely connected. For example, the Empowered Youth Coalition was co-founded by Jessica Slater Taylor, the daughter of Sharon Slater, the President of Family Watch International. Sharon Slater was also on the Board of Directors of the Political Network for Social Values and the two organisations worked together.

u The World Congress of Families hosts conferences in the region every two years that include national prayer breakfasts and meets parliamentarians, government officials, and Presidents. Due to

They recruited prominent public figures such as Ann Kioko (Citizen Go), Tobias Olekina (Empowered Youth Coalition), and Richard Kakeeto (Family Watch International); funded local organisations such as the Kenya Christian Professionals Forum (KCPF) and World Congress of Families; and staffed local chapters with parish priests (Human Life International) to create credibility and enable arguments related to defending African culture and values.¹⁹⁴

While the World Congress of Families¹⁹⁵ provided financial and technical assistance to Kenyan organisations, Citizen Go and the Empowered Youth Coalition engaged in public health policy. Through advocacy and petition campaigns, they influenced the position taken by parliamentarians on the Reproductive Health Bill in 2021 and East African SRHR Bill in 2022.¹⁹⁶ Human Life International coordinated letters and petitions in Kenya, Uganda, and Tanzania against the East Africa SRHR Bill.¹⁹⁷ Family Watch International funded activities such as Marches for Life and the work of the Empowered Youth Coalition.¹⁹⁸ The Political Network for Social Values convened politicians to promote and defend family values. Citizen Go campaigned against candidates that supported abortion rights and called for the establishment of a Ministry of Family to protect family values.¹⁹⁹ Heartbeat International established crisis pregnancy centres and proclaimed that women were 'natural mothers' whose maternal instinct kicked in once initial anxiety passed.²⁰⁰ Many of these organisations spread disinformation on- and offline, and had expanded beyond abortion, comprehensive sexuality education, and LGBTQIA+ rights to campaign against contraception, surrogacy, in vitro fertilisation, and Human Papillomavirus (HPV) and tetanus vaccines.²⁰¹

These groups focused on abortion, assisted reproductive technology, comprehensive sexuality education, and attacking LGBTQIA

the COVID-19 pandemic, the last conference in Kenya was in 2018 but resumption is expected to take place this year.

rights. During the time of data collection, the focus of anti-rights groups was LGBTQIA rights with the draft Family Protection Bill introduced in Kenya similar to the law passed in Uganda^{22v} with additional provisions against comprehensive sexuality education. It mobilised anti-rights groups against LGBTQIA+ rights based on arguments related to defending the family, protecting parents' roles, and saving children from exploitation.²⁰²

Anti-rights actors were coordinated and mobilised religious arguments, primarily in Christian communities. They worked with church leaders and faith groups who disseminated messages in church, via media campaigns, and on social media. While these groups were mostly based in Nairobi, they had access to churches across the nation through the church's networks.²⁰³ Political leaders were often influenced by doctrine as they attended church services and relied on votes from church networks and constituents who were religious.²⁰⁴ However, while Kenya's Islamic leaders often also expressed anti-abortion sentiments, anti-abortion actors had not mobilised within Islam in the same way.²⁰⁵

They focused on young people, including university students. Citizen Go worked closely with the pro-life chapter at the University of Nairobi.²⁰⁶ The Empowered Youth Coalition created their own curriculum and engaged in university education activities while KCPF paired younger and older professionals to encourage mentorship and exert influence over future counsellors, doctors, and lawyers.²⁰⁷ Anti-rights actors disseminated disinformation via billboards, leaflets, churches, and social media; presented petitions; and engaged in policy making and review processes as the 'voice of morality.'²⁰⁸ In addition to submissions in the JMM and Malindi cases, they filed a case seeking the closure of

all Marie Stopes facilities, restriction of abortion provision to surgical abortions by doctors, and recognition of fetuses as people with all rights and freedoms.²⁰⁹ Further, they had repeatedly prevented passage of a Reproductive Healthcare Bill since 2014 by critiquing its provisions on assisted reproduction, sexuality education, termination of pregnancy, and labelling it as an 'Abortion Bill.'²¹⁰ While this Bill was likely to be tabled again, its success was unlikely given the conservative, religious, and anti-rights stance of the newly elected President Ruto; the mobilisation of anti-LGBTQI public discourse and in favour of the draft Family Protection Bill,^w and the potential for the government to use issues such as abortion to distract attention from economic issues and political contestation.²¹¹

SRHRJ advocates monitored these groups and networks to track their current actions and future priorities and circulated this information within the movement.²¹² They countered disinformation and bullying online and offline through reporting social media accounts that spread myth, prioritised security and safety of activists and service providers, and involved non-traditional SRHRJ actors including religious leaders to ensure a plurality and diversity of voices and skills. They shifted their community messaging to repackage information about abortion so it would be less likely to lead to hostility and backlash. They took proactive action to stop cases against service providers being lodged.²¹³

However, more protection, solidarity, and resourcing for the movement was said to be needed. Respondents highlighted the seemingly infinite funding of anti-rights groups, particularly from groups from the USA to their local affiliates and partners,

.....
w Anti-rights groups (mainly evangelical churches and conservative politicians) mobilised following a Supreme Court ruling that declared that the government's decision not to register a LGBTQIA association was discriminatory and infringed on their constitutional right to association. In the weeks following the decision, anti-rights groups perpetuated hate speech and hate crimes (including evictions and sexual assault) against LGBTQIA people and claimed that the judgment affirmed marriage equality. They participated in marches alongside religious actors, and encouraged the tabling of a Bill that proposed a broader range of offences and harsher penalties against LGBTQIA people and activities.

v The Anti-Homosexuality Act 2023 in Uganda, signed into law by President Yoweri Museveni in May 2023, was aimed at prohibiting any form of sexual relations between persons of the same sex and prohibiting their promotion or recognition. It imposed the death penalty or life imprisonment for certain acts and sentences of up to 20 years for those involved in recruitment, promotion, and funding.

with the struggles of SRHRJ movements given shrinking aid and shifting donor priorities.²¹⁴ They worried that gains made by decentralisation of service provision, training on comprehensive care provision care, and community focused programming would be reversed.²¹⁵ They noted how anti-rights groups had gained in strength and coordination, entered civil society and were able to influence policy,²¹⁶ and had create a chilling effect among service providers,²¹⁷ particularly as law enforcement officials were now emboldened to engage in harassment.²¹⁸ Indeed, while the activities of anti-rights actors tended to concentrate on the national level, some county-level decision makers were starting to be reluctant to speak or act on (unsafe) abortion and Nairobi had tried to block initiatives at county level.²¹⁹

NIGERIA

Nigerian abortion discourse was heavily influenced by donor policy, notably that of the USA, where global health policy fluctuates with its President's politics. Anti-abortion, anti-contraceptive, and anti-SRHRJ rhetoric that was spread during the Trump Presidency (2017-2021) in the USA emboldened anti-abortion actors in Nigeria. The Global Gag Rule stopped many women's rights organisations from advocating for abortion, destabilised and fractured movements, and provided anti-rights groups with leverage to intensify their work.²²⁰ While the Global Gag Rule was in place, the Marie Stopes clinic in Lagos was raided by the police and the doctor on duty was arrested.²²¹ Newspaper articles were published that warned IPAS, one of the most visible abortion rights organizations in the county, to stop promoting abortion, SRHRJ organisations noticed attempted entry of their offices by anti-abortion actors, and some SRHRJ advocates ceased discussions about abortion due to harassment from transnational anti-abortion groups.²²²

Anti-rights actors were coordinated across the continent. They advocated for regressive gender roles and norms and against abortion

and LGBTQIA+ rights. Founded in 2006, the African Anti-Abortion Coalition brought together groups from 53 African countries to fight against abortion, contraception, and same sex marriage.²²³ The African Bar Association (contrary to its name, not an apex body of all countries' bar associations) had recruited members from Nigeria and other West African nations, aiming to have a conservative impact on human rights. A respondent from Kenya predicted that it would develop a curriculum and training programme for lawyers that reflected their regressive ideology, and would attempt to get their members elected or appointed to positions of regional influence.²²⁴ In March–April 2023, parliamentarians across the continent (hosted by the Uganda Parliamentary Forum on Family), gathered in Kampala to discuss and share tactics in the wake of anti-LGBTQIA+ legislation in Kenya and Uganda. This convening was billed as the First African Regional Inter-Parliamentary Conference and Dialogue on the Global Challenges to the Protection of the African Child, the African Family, and African Culture and Values. It was held in partnership with the Foundation for African Cultural Heritage, a Nigerian umbrella group with 17 member organisations that advocated for 'the right to life from conception to natural death'²²⁵ and the African Bar Association, which had many Nigerians in its leadership.²²⁶ These exchanges provided mechanisms for anti-rights actions, discourse, and legislation to transcend country borders and threatened progress in subregional, African, and global spaces.²²⁷

While Africans led these inter-continental convenings, they were supported and funded by fundamentalist anti-rights groups outside the continent. The Uganda Parliamentary Forum was supported by Family Watch International, which also supported the African Bar Association to host meetings in West and Southern Africa and improve policy links.²²⁸ While much of this support came from white people from the USA,²²⁹ these groups claimed to protect Nigerian culture and values, instrumentalising anti-imperial sentiment against SRHRJ activists and framing them as indoctrinated by 'the West' and organisations like the WHO.²³⁰

While there was strong influence of Saudi Arabian actors and discourse on Nigerian Islam, this religious education and enlightenment rarely discussed abortion issues.²³¹ However, Family Watch International was trying to build partnership with the Organisation of Islamic Cooperation (of which Nigeria was a member).²³² In August 2022, the two organisations discussed bilateral cooperation ‘in the field of empowering the institution of marriage and family and preserving its values.’²³³ In December, Family Watch International and International Islamic Fiqh Academy (the academic subsidiary of the Organisation of Islamic Cooperation), signed a Memorandum of Cooperation.²³⁴ In January 2023, Ambassador Tariq Ali Bakheet, the Assistant Secretary-General for Humanitarian, Cultural and Social Affairs of the Organisation of Islamic Cooperation delivered a virtual statement at the opening session of Family Watch International’s twelfth annual global policy forum in Arizona, USA. He highlighted the organisation’s efforts to empower and preserve the values of the institution of marriage and the family.²³⁵ An Ambassador for the Organisation of Islamic Cooperation also made closing comments during one of the 2023 Commission on the Status of Women (CSW) side events hosted by the Nigerian Mission to the United Nations²³⁶ As a result of this nascent collaboration, increasing anti-rights mobilisation between Muslim communities and elites in Nigeria may occur in the months and years to come.

These anti-rights actors drew on an increasingly global playbook. They combined disinformation, mobilised religious arguments and narratives, aligned with prevailing discourse on morality, and sought to influence politicians.²³⁷ They made calls, visited facilities, and attempted to record conversations that involved abortion providers to extort them.²³⁸ They mobilised via online petitions giving interviews and writing opinion pieces for newspapers, radio, and television, and through social media, especially WhatsApp.²³⁹

The Nigerian Mission to the United Nations was a key anti-rights actor on the continental and global stages. Given the economic power of Nigeria and the need to present a unified, African position to European countries and the USA to counter disadvantageous geopolitical dynamics, it was able to mobilise the African Group²⁴⁰ to not only vote against SRHRJ progress but to erode overall gains.²⁴⁰ For example, during the 2023 CSW, the Nigerian Mission to the United Nations, supported by Family Watch International and the Centre for Human Rights and Family, hosted side events in opposition to abortion, LGBTQIA+ rights, comprehensive sexuality education, and the Protocol to the African Charter on Human and Peoples’ Rights (also known as the Maputo Protocol).²⁴¹ They hosted a screening of anti-trans film ‘What is A Woman?’,²⁴² and was influential in advocating against SRHRJ language in the CSW’s agreed conclusion.²⁴³

While anti-rights actors were mobilising effectively in Nigeria and linking with those across and outside the continent, most SRHRJ actors knew little about them. A lack of routine documentation, for example of media coverage, statements made by anti-rights actors, or social media posts, by SRHRJ activists and organizations resulted in limited data that accurately conveyed their influence. SRHRJ actors identified Citizen Go and discussed the power of churches, including through the Christian Association of Nigeria.²⁴⁴ However, respondents did not provide much detail about specific efforts by Citizen Go, did not name other influential anti-rights actors, and did not seem to understand how these groups linked together. One of the aims of this study was to address knowledge gaps like these among SRHRJ advocates.

“We salute the Supreme Court of the United States with great admiration, respect, and affection. We wholeheartedly support these six brave judges who made it possible to win this nearly 50-year

x The Group of African States or African Group is one of the United Nations’s non-binding regional dialogue groups which aims to bring African nations together to discuss regional and international matters, build common positions, and promote the region’s interests.

fight to restore the right to life of unborn babies..... Now it will be possible to call into question this jurisprudence that has become a sort of 'copy and paste' of the 1973 pro-death ruling in the U.S."

- Jesús Magaña, President of Unidos por la Vida,

time, the law was discussed openly with plenty of explainers."

- Respondent #4, SRHRJ advocate, 15 March 2023

THE IMPACT OF DOBBS

LAWS AND POLICIES

COLOMBIA

There was a mix of opinions around the emerging impacts of the Dobbs ruling in Colombia. While for some respondents the Dobbs decision did not have a major effect in Colombia, for others it was a warning sign as *Roe v Wade* had been a landmark SRHRJ decision and Dobbs ruling was a worrying precedent for a region which had often looked at the USA as a reference.²⁴⁵ It reminded the feminist movement in Colombia, more than ever, that they must continue to talk about abortion, and educate and sensitize people around the Court ruling, a milestone that must be protected.²⁴⁶ For example, a respondent from the Colombian Ministry of Health stated that the Dobbs decision reflected the general importance of having a solid policy and normative framework on sexual and reproductive health and rights to protect the right to abortion.²⁴⁷

One respondent wondered what would have happened in Colombia if the Constitutional Court ruling had occurred after Dobbs.²⁴⁸ The ruling was considered a setback for anti-abortion organisations, and the overturn of *Roe v Wade* motivated anti-abortion actors to revive their efforts.²⁴⁹ According to one respondent, anti-rights actors continued with misinformation campaigns, with reference to the USA and capitalized on media confusion.²⁵⁰

"It did create an opportunity to talk about abortion openly which was not possible before, especially on local social media platforms... Many people were unaware of the legality of abortion and conditions where abortion are allowed [and] positive changes in the recent legislation had not reached the public. When Dobbs came in, we were suddenly talking about abortion for the first

INDIA

In India, the amended MTP Act had been passed one year prior to the Dobbs decision. Like in Colombia, respondents noted that Dobbs created an opportunity for SRHRJ advocates to talk about abortion and raise awareness of Indian law. They leveraged newspapers, radio stations, television, and social media, welcoming the opportunity to educate people of the (new) law given high levels of misinformation as to the illegality of abortion.

The Indian and global media presented India and the USA as heading in different directions²⁵¹ and discussed the potential global implications of the decision in terms of encouraging regressive thinking and action.^{252,253,254} There was some expression of nationalist pride in comparisons of progressive (the MTP Act amendments) versus regressive steps (Dobbs).^{255,256} One respondent described the discourse as "more of a gloating nationalism, that we're better than the US"²⁵⁷ but many news reports highlighted the hypocrisy of this position and the extent of progress still needed.^{258,259} Respondents also noted that Dobbs motivated some to question India's liberalisation of abortion laws, as they were perceived as divergent from the USA.²⁶⁰

While Dobbs, has had no impact on Indian laws or policies, anti-rights actors had been engaged in strategic litigation against abortion rights, often inspired by strategies used by counterparts in other countries including the USA, and incorporating a sophisticated combination of emotive, scientific, and human rights arguments that aimed to use ideas on foetal viability to expand the right to life.²⁶¹ They intervened in progressive strategic litigation cases used by SRHRJ advocates to expand rights. For example, Life for All intervened in the appeal to the 2008 Bombay High Court judgement which is currently pending before the Supreme Court.²⁶² Another group, Cry for Life, filed a petition in the

Kerala High Court that challenged the MTP Act. It was dismissed by the High Court and appealed to the Supreme Court.²⁶³ In September 2022, the Court forwarded the petition to the government for response and, as of November 2023, the response was still awaited.²⁶⁴ Whether strategic litigation will be a tactic increasingly used by anti-rights in the future remains to be seen.

KENYA

Kenya had seen a continuity in influence of the USA that encompassed iterations of the Global Gag Rule, USA abortion discourse, mobilisation, and strategic litigation, and now the Dobbs ruling. At the level of law and policy, Dobbs particularly contributed to public discourse and legal arguments in abortion cases. The High Court's Malindi ruling had been released six weeks before the leak of Dobbs. As Judge Nyakundi had referred to *Roe v Wade* as one example of how other jurisdictions had dealt with abortion rights in his ruling, anti-rights groups used Dobbs to claim that he had relied on 'bad law.'²⁶⁵ These arguments were factually untrue and legally unsound, but effectively created confusion and persuaded the Court of Appeal to agree to the application to stay implementation of Malindi law and policy directions.

In terms of policy development and implementation, based on memories of previous USA anti-abortion stances, SRHRJ activists and policy makers struggled to distinguish between the impact of government policy and a court decision. A respondent expressed fear that Dobbs meant bilateral donors would decide to fund opposition instead of SRHRJ groups, which would disrupt partnerships and alliance building.²⁶⁶ Policy makers were concerned and confused given that funding from United States Agency for International Development (USAID) funded critical healthcare services.²⁶⁷ People did not know what Dobbs meant and there were no attempts to provide clarification, which resulted in the spread of misinformation.²⁶⁸ At the county level, this threatened progress that the SRHRJ movement had been making. For example, in Kisumu County,

policy makers wanted to omit unsafe abortion from the list of key causes of maternal mortality and questioned if it still made sense to focus on safe abortion or to instead try to block it like the USA, just when SRHRJ advocates had been starting to use the COVID-19 related increase in teenage pregnancy rates as an entry point to expand access.²⁶⁹

NIGERIA

Like Kenya, it was difficult to disentangle the impacts of Dobbs in Nigeria from preceding iterations of the Global Gag Rule or abortion discourse, mobilisation, and strategic litigation in the USA. Even though the Global Gag Rule had been revoked by President Biden in January 2021, it had weakened SRHRJ activists and movements and strengthened anti-abortion groups, with long-term consequences and implications for mobilisation of actors in the wake of Dobbs.²⁷⁰ Indeed, people found it difficult to distinguish between government policy and this court decision with some respondents referring to Dobbs as a law (as opposed to a court ruling) and believing it to represent the US government's stance with resulting implication for policy and funding. Although Dobbs did not (as of the time of writing) reflect the position of the current US administration²⁷¹, this thinking created a chilling effect with respondents that expected conditionalities and decreased SRHRJ funding.²⁷²

"What happened in the US brought more attention to what was happening with the guidelines and galvanised anti-abortion actors in Nigeria to take action to prevent it from being implemented."
- Interview with Ronke Modupe, SRHRJ advocate, 29 March 2023.

The most direct way that Dobbs influenced law and policy in Nigeria was its use in arguments against the domestication of the Safe Termination of Pregnancy for Legal Indications Guidelines in Lagos State. Launched on 9 July 2022, the guidelines had been in development for a number of years through a process of consultation with doctors, lawyers, and civil society and aimed to guide healthcare professionals

on the provision of safe abortion services within the ambit of the current criminal law. Within days of their adoption, the Christian Association of Nigeria (led by the Catholic Church), along with Adewale Martins, the Catholic Archbishop of Lagos, asking why the State Government would take this action ‘at a time when even the USA and other more advanced countries were reviewing their positions on the legalisation of abortion as seen in the recent judgement of the Supreme Court of the United States of America on the matter.’²⁷³ Sunnie Ekwowusi, Chair Human and Constitutional Rights of the African Bar Association, wrote influential opinion pieces in *The Guardian* about the guidelines²⁷⁴ and appeared on TV stating (incorrectly) ‘There’s no law in Nigeria that makes abortion legal under any circumstance.’²⁷⁵ Anti-abortion actors mobilised to encourage clergy to preach in churches, recruit people to a pro-life march led by Citizen Go,²⁷⁶ and engage with the media with direct reference to Dobbs. For example, Emmanuel Badejo, the Catholic Bishop of Oyo, stated, “The striking down of the 50-year-old ‘Roe and Wade’ in the United States of America has energised the pro-life movement all over the world. More importantly, it has reversed a grave institutionalised injustice and crime against humanity.”²⁷⁷

Just nine days after the launch, Governor Sanwo-Olu directed the suspension of the guidelines on 18 July. He claimed the suspension was to allot time to ensure consensus was reached through adequate public sensitisation and stakeholder engagement²⁷⁸ However, the Christian Association of Nigeria had threatened to organize public protest and occupy the Governor’s office, which would have created negative publicity during his upcoming re-election campaign.²⁷⁹ This development was particularly disappointing for SRHRJ activists who had planned to leverage domestication of the guidelines to advocate with other State Governments.²⁸⁰

The Lagos guidelines showed how anti-rights actors picked and chose anti-imperialism, using the political, economic

and cultural power of the USA and talking of the need to defend ‘African values’ as it suited them. Both arguments had resonance within the wider public. People viewed the USA (and European countries) as global leaders which should be followed to ensure development success while being bitter about colonisation, natural resource extraction, and continued power imbalance.²⁸¹ This dissonance created space for these actors to argue for the need to follow the US direction on abortion post Dobbs while taking a different path when it comes to LGBTQIA+ rights.

NARRATIVES AND MOVEMENTS

COLOMBIA

Anti-abortion narratives in Colombia combined religious, secular, and scientific arguments. Previously based on the defence of life and protection of the traditional family, anti-abortion narratives strategically included secular and scientific arguments to gain more legitimacy and support in debates.²⁸² According to a respondent and based on its monitoring work of anti-rights movements, this approach mirrored feminist strategies and structures of arguments, and utilized advocacy and litigation in national Courts, the Parliament, and regional and international advocacy spaces.²⁸³

Some respondents monitored these groups and networks to inform their strategies and programs. By staying aware of their movements and narratives, they were better prepared to defend against potential attacks and counteract the dissemination of fake news and arguments against abortion.²⁸⁴ However, not all respondents engaged in this monitoring work, and some were uncomfortable sharing this information. This discrepancy could result in significant protection gaps, as it may lead to a lack of awareness about potential actions by anti-rights groups, unintentional fragmentation among feminist organizations and movements facing attacks, and shortfalls

in resources and strategies for the feminist movement to counter anti-rights actors.

“The north-south dynamics are changing. The Latin-American and Caribbean feminist movement has become a reference for the US movement. They invite us to strategise together on how to counteract the impacts of the Dobbs decision. We are an inspiration source for other countries who have experienced setbacks in their sexual and reproductive rights. The Green Wave will continue to grow, and we must believe we are the ones who have opened the avenues for legal and normative change in our countries.”

- Sandra Mazo, Católicas por el Derecho a Decidir, 23 March 2023

Most international reports from the media monitoring undertaken for this research highlighted Colombia’s example in the wake of Dobbs. Colombia was cited among the countries of focus that pushed towards expanding SRHRJ despite their conservative and religious history.²⁸⁵ Media reports portrayed the Latin-American and the Caribbean experience around abortion decriminalisation as a rising force of the grassroots feminist movement known as the ‘Green Wave’ which could share lessons with activists in the USA.²⁸⁶ Respondents noted that the Colombian Constitution has a stronger human rights framework compared to the USA.²⁸⁷ This was attributed to the country’s prolonged struggle for human rights, which had been shaped by the enduring armed conflict, complex social, economic, political, gender, and climate injustice rooted in a violent past, as well as unequal development across the country which led to recognition of the importance of codifying human rights in the nation’s legal system. Colombia had harmonised most international human rights treaties, including the Convention Against All Forms of Discrimination Against Women (CEDAW), and, unlike the USA, Colombia recognised the Inter-American Human Rights System so there was supranational legal protection to which to appeal.²⁸⁸ Courts had been pioneers in SHRHJ protection and feminist movements had combined political and legal fights using litigation strategies.²⁸⁹ As a result, some respondents felt that not only

did the political, legal, and administrative systems between Colombia and the USA differ, but the robust feminist movement that had been fighting for decades in the region could be an example for the USA on how to counteract the effects of Dobbs.²⁹⁰

However, after the Dobbs’ decision one of the largest Colombian mainstream media outlets published an article by two renowned anti-abortion lawyers from an Opus Dei University that argued that Dobbs exemplified what could happen in Colombia. They argued that court decisions eroded legislative power and opposed people’s will and beliefs, with implications for polarising and politicising the judiciary, fracturing democracy, and dividing society.²⁹¹

INDIA

Indian media reports in the wake of Dobbs included factual reporting and opinion pieces that condemned the decision. They described the overturn of Roe v Wade as a regressive step,^{292,293} provided information on the evolution of Indian abortion laws and access,²⁹⁴ and compared abortion laws globally.²⁹⁵ There had been letters written by influential Catholic leaders in Kerala in the wake of anti-abortion laws in US states prior to the Dobbs ruling ‘saying all of this is happening in the US, why is India not stopping abortion legally, and even if that does not happen, our churches will not allow it’²⁹⁶ and Dobbs was lauded by several Christian leaders. For example, Gerald John Mathias, the Bishop of Lucknow, welcomed the decision, contrasted it with the amended MTP Act, and presented the Church’s teaching on why abortion was ‘intrinsically evil and therefore sinful if done deliberately.’²⁹⁷

Respondents noted a general spike in attempts to test waters and build a groundswell of opposition to abortion, prompted by both national (the amended MTP Act) and global (actors and networks galvanised in the wake of Dobbs) dynamics.²⁹⁸ Online and offline arguments that India should follow the lead of the USA and the positioning of abortion as an import against Indian culture, religion, and tradition

were contradictory but nevertheless found receptive audiences. Social media conversations reflected the ideologies that abortion was murder and people who did not want to become pregnant should not have sex, and perpetuated myths that linked abortion with infertility.²⁹⁹

The pro-life march will “carry on for years to come until the day the MTP Act is completely revoked just like Roe v. Wade was revoked this year.”- Pauline Melite, Catholic Charismatic Renewal Services India, organiser of the National March for Life.

Shortly after Dobbs, an anti-abortion protest was held in Delhi, drawing on Dobbs as inspiration for what could be possible in India. To mark 51 years of the MTP Act 1971, a 2.5km prayer walk (termed the first annual March for Life) was held on 10 August 2022, ending with Mass at the Sacred Heart Cathedral.³⁰⁰ Its aim was to ‘spark a pan-India movement in which people unite and champion the cause of the right to life of the unborn,’ with organisers conjuring a direct parallel between India and the USA in terms of desired trajectory.³⁰¹ Syro-Malabar Rite Archbishop Kuriakose Bharanikulangara of the Diocese of Faridabad and Auxiliary Bishop Deepak Valerian Tauro of the Archdiocese of Delhi circulated letters to priests in their dioceses beforehand with Archbishop Bharanikulangara directly referencing Dobbs: ‘I write to you with great joy and exultation at the reversal of Roe v Wade (abortion law) in the United States of America and hope to see a similar day in India in terms of the MTP Act.’³⁰² These letters urged priests to announce details of and encourage participation in the march during Sunday mass and to observe 10 August as a ‘Day Of Mourning’ and ‘offer the Holy Mass for all the aborted souls slaughtered in the womb in the last 51 years in our country.’³⁰³ The press release from the march quoted a spokesperson from Right to Life UK saying, ‘It is an exciting time for the pro-life movement. As we’re seeing, the end of Roe v Wade presents an opportunity and a cause for hope – because it demonstrates to countries like India that such unjust laws can be overturned.’³⁰⁴

“Before Dobbs, the anti-abortion, anti-abortion mobilisation was there but moderate. We could discuss and even have suggestions from them at the county, not national level... Citizen Go and others are more in Nairobi and at that [national] level and we always felt we were safe and should offer the services to women in our communities but after Dobbs, this attack is also in the counties.”
- Monica Oguttu, KMET, 30 March 2023

KENYA

International and USA media coverage contrasted Dobbs with the Malindi ruling that abortion was a fundamental right, highlighted the dangers of lack of access to abortion based on evidence in Kenya, and discussed the implications of Dobbs for other countries.^{305,306} The Kenyan media reported factually on Dobbs, outlined the current law in Kenya,³⁰⁷ and published opinion pieces on the importance of preventing Dobbs from increasing abortion stigma and affecting local service provision.³⁰⁸ Kenyan SRHRJ activists who were interviewed and quoted and wrote opinion pieces.³⁰⁹ However, anti-abortion perspectives were also circulated. The KCPF issued a statement from their chairman Charles Kanjama that applauded the decision. It stated, ‘This will pave the way for greater respect for life at all stages of development from the moment of conception until natural death.’³¹⁰ Moses Wetangula, then Senator, now Speaker of the National Assembly, tweeted, ‘This is a judicial milestone that restores the dignity and respect for human life including that of the defenceless unborn child.’ Religious leaders participated in interviews and delivered sermons to celebrate the actions of other countries that were reviewing their stance on abortion and encouraged Kenya to take action accordingly.

Respondents shared that Dobbs encouraged people to question the desirability of safe abortion provision given that the USA, a ‘more developed country,’ had decided there was no constitutional right to abortion.³¹¹ It was seen to have led to an uptick in morality rhetoric, for example on needing to restrict abortion so women ‘do not go around doing whatever they think they can do’ without

consequences.³¹² They characterised the ruling as emboldening anti-rights groups: “The excitement was that if the US has been able to overturn Roe v Wade , it will be easy for us to act in Kenya... It should be a walk in the park for us.”³¹³

NIGERIA

Abortion developments in the USA (such as the impacts of Dobbs on the midterm results, accessibility of abortion pills, and state laws post Dobbs) were well reported in Nigeria, especially in The Guardian newspaper.³¹⁴ Whether this level of reporting was due to reader interest and associated commercial calculations or reflective of editorial interest and policy was unclear. National media coverage included multiple articles that highlighted the dangers of restricting abortion access, the continued consequences of doing so across the nation,³¹⁵ and tensions between pro- and anti-abortion activists.³¹⁶ International coverage referenced Nigeria when summarising the abortion picture worldwide³¹⁷ and used it as an example of what happens when countries have highly restrictive laws.³¹⁸ Some global and Nigerian coverage also discussed the potential impacts of Dobbs on the continent.^{319,320} However, while reporting in Nigerian newspapers was largely factual and balanced, these same newspapers also printed anti-abortion opinion pieces that celebrated Dobbs^{321,322} and, as outlined above, these pieces were key in the suspension of the Lagos Safe Termination of Pregnancy Guidelines.

The judgement, at least temporarily, created opportunities to influence public discussion and normalised talk of abortion. Discussions took place with a range of views reported and given platform on radio stations, television programmes, and newspaper articles. Abortion was spoken about openly in the media and other public spaces with SRHRJ advocates part of conversations, which helped to break abortion stigma and taboo, even though the news agenda soon moved on to other topics. However, Dobbs was also leveraged by anti-abortion actors to spread myths and disinformation that abortion was immoral, unsafe, and not healthcare online via Twitter and WhatsApp and offline through opinion pieces and TV discussions by anti-rights groups.³²³

RECOMMENDATIONS

The evolution of the dynamics outlined above depend on the actions of national and subnational governments, anti-rights groups, and SRHRJ activists. As recommendations for SRHRJ activists have been shared directly in each country, Fòs Feminista recommends the following actions for the governments of Colombia, India, Kenya, Nigeria and the USA, global donors, and civil society at large.

GOVERNMENT OF COLOMBIA

- Express clear support for the Court Ruling and strengthen the political capital that supports it.
- Implement strategies to disseminate information to the public on the implications of the Court Ruling to combat misinformation, remove barriers to access, and fight social stigma.
- Educate service providers on the legal and technical implications of the Court Ruling, the latest regulations, and best practices for providing safe, legal, and free abortion to all women, girls and pregnant people.
- Ensure the nationwide implementation of the Court's ruling, taking into account the intersecting identities and forms of discrimination that women, girls, and pregnant people may encounter when seeking abortion and paying special attention to the needs of migrants, people with disabilities, and indigenous and Afro-descendant communities.

GOVERNMENT OF NIGERIA

- Expand the grounds for accessing safe abortion to include rape and incest.
- Support the Lagos State Government to reinstate the Lagos State Guideline for Safe Termination of Pregnancy and encourage all other States to domesticate and implement these Guidelines
- Strengthen capacities of health providers to use the Guidelines in the provision of safe and legal abortion, including providing abortion values clarification and attitude transformation workshops.

GOVERNMENT OF INDIA

- Decriminalize abortion
- Create awareness about amended MTP Act, with focus on framing abortion as healthcare, communicating the obligations of abortion service providers, and entitlements of abortion seekers
- Ensure availability of services as envisaged under the amended law through improved training of health workers and inclusion of abortion services in government budgets.
- Revise the language of the MTP Act to go beyond gender binaries.
- Align the Protection of Children from Sexual Offences Act 2012, the National Adolescent Health Programme (RKSK), and the MTP Act, particularly in terms of mandated quality (including confidentiality) under the RKSK and MTP Act and mandatory reporting under the POCSO.

GOVERNMENT OF KENYA

- Reinstate and implement the Standards and Guidelines for Reducing Maternal Mortality and Morbidity from Unsafe Abortion.
- Review the Reproductive Health Policy (2022 - 2032) to include access to safe abortion as envisaged in Art 26(4) of the Kenyan Constitution.
- Ensure health service providers are not harassed and arrested for providing safe abortion services.
- Include commodities for reducing unsafe abortion in reproductive health financing.

GOVERNMENT OF THE UNITED STATES OF AMERICA

- Permanently repeal the Global Gag Rule through legislative action and put in place other mechanisms to ensure future administrations do not weaken SRHRJ rights globally.
- Institute executive action that affirms the Biden administration's support for SRHRJ (including abortion services), comprehensively explains the Dobbs decision (particularly the fact that Dobbs has no impact on foreign assistance), and directs implementing agencies to properly communicate the Dobbs decision and encourages Congress to monitor this communication.
- Increase global funding for SRHRJ in the President's budget, with focus on support for organizations and movements that were weakened because of the Global Gag Rule.

GLOBAL DONORS (governments, multilateral, bilaterals, and philanthropists)

- Provide long-term, flexible, and sustained funding for national feminist organizations and their allies to monitor and counter the anti-rights movement, ensuring funding modalities enable quick action in response to identified trends and trajectories.
- Address the transnational nature of the anti-rights movement by adopting a similarly interconnected approach to SRHRJ movements that fosters cross-border, regional, and global analysis, collaboration, and sharing of experiences and lessons (including but not limited to monitoring of anti-rights actors).
- Fund feminist initiatives driving narrative change to support SRHRJ, recognizing the influence of public narratives on policy.
- Increase funding for SRHRJ feminist movements in the Global South, with particular focus on excluded and marginalised groups and fostering equal collaboration and partnership between them and their Global North counterparts.

CIVIL SOCIETY ORGANIZATIONS

- Capitalize on global moments in SRHRJ, regardless of whether they represent gains or losses, to cultivate support for reproductive justice.
- Take action to mitigate the influence of transnational networks based in the USA.
- Monitor and counter the anti-rights movements, building alliances across movements to work together to mitigate harm and safeguard human rights .
- Build alliances between feminists from different religious backgrounds who are SRHRJ activists to identify and mitigate potential links between anti-rights and fundamentalist actors from different religions.

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