

# **Analysis of the Uganda Ministry of Health Policy on Abortion**

## **“Reducing Maternal Morbidity and Mortality from Unsafe Abortion in Uganda: STANDARDS AND GUIDELINES”**

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The *Standards and Guidelines* on abortion, published by the Uganda Ministry of Health in April 2015, do not reflect the beliefs, customs, and culture of the Ugandan people, and violate the Constitution and Penal Code of Uganda. The language is not Ugandan, but is typical of foreign and international organizations advocating abortion. The Technical Working Group was dominated by international and foreign funded pro-abortion groups. When a Ugandan expressed pro-life and pro-motherhood view, he was ignored. A look at the different parts of the above document reveals it is very misleading and deceptive, and meant to promote the multi-million abortion industry:

### **Preface** – *misleading premise*

The foundational statement of the policy – “Unsafe abortion is one of the leading causes of maternal morbidity and mortality” – This statement is very misleading. Noting from a number of deaths that are generally known, the actual leading causes are hemorrhage, “medical mismanagement” and denial of the required care, untimely responses and other medical conditions that could be resolved with appropriate health care; a reason for which some women have been dying during child birth. Therefore, the solution is not abortion, but better health care. The best healthcare has historically been provided by private institutions, but where government is providing such services, they should have the political will and commitment to do so well, always in ways that protect, and never destroy, human life. If the organizations below truly cared about protecting the lives of Ugandan women and girls, and their babies (Ugandan posterity), they would redirect their funding to provide genuine health care that could truly reduce maternal mortality and morbidity. The purpose of health care must be to save, not destroy, human life. It is therefore clear that implementation of the Ministry of Health guidelines actually destroys life. Medical ethics for centuries denotes that both the mother and the child in the womb are possible patients that need care and treatment to guarantee life.

### **Acknowledgement** – *primary architects who worked to shape up the guidelines are mostly foreign or foreign funded Organizations.*

Many of the architects and reviewers of the policy were abortion advocates/providers from foreign, or foreign funded, pro-abortion organizations:

- Ipas (9 members) – lead organization developing the policy, is well known for abortion in UK and other countries, which also gives funding to CEHURD

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- CEHURD (9 members) – funded by International Planned Parenthood Federation (IPPF), which recently was found to be selling body parts of aborted babies
- Reproductive Health Uganda (2) – also funded by IPPF
- PACE (3), funded by USAID and other agencies, including government of Uganda
- Marie Stopes Uganda (3) – funded by Marie Stopes International, a worldwide abortion provider
- International Planned Parenthood Federation [IPPF] (3)
- UNFPA (2)
- World Health Organization (1)
- World Bank (1)
- USAID (1)

Although there was leadership and participation from the Uganda Ministry of Health and Ministry of Justice in the first four meetings, in the final meeting of nine experts to finalize the draft policy, there was no one actually from the Ministry of Health; abortion providers took control.

**Glossary of Terms** – *reveal intent and underlying ideology of authors of policy*

The manner in which the authors define their terms reveals their intent to transform Uganda into a nation that views immorality and abortion favorably; requires medical personnel to provide, support or refer for abortions; changes hospitals and clinics nationwide into contraception distributing, and abortion providing or referring centers; and disregards conscience and silences anyone who opposes. For example:

- The term “Abortion” does not distinguish between “spontaneous” (miscarriage) and “induced termination” (choosing to destroy the life of an unborn child).
- The term *Comprehensive Abortion Care* assumes voluntarily “terminating a pregnancy” is an appropriate service of health care.
- The way *Conscientious Refusal of Care* is defined and clarified in the policy (Section 1) violates the rights of conscience guaranteed in the Uganda Constitution (Article 29) – which rights come from God.
- The term *Family planning* asserts the right to control the “timing, spacing, and limiting of the number of children” including *after* they are conceived, and thus to limit “the number of children that are **born**.” But the only way to accomplish this objective once a woman is pregnant is to terminate the life of her innocent child, which is murder, not “family planning.”
- A *High-risk pregnancy* is defined as, “A pregnancy that threatens the **health** or life of the pregnant woman or the foetus.” This word “health” is added to make the definition so broad that it can be used to justify abortion for almost any reason. Should not the intent be to do everything possible to save the lives of both mother and child? Deliberately taking the life an unborn child for “physical or mental health” concerns related to the mother or child, or a possible defect in the child, or because the child was conceived “from rape, incest, or other felonious intercourse,” is murder.

- The term *Maternal morbidity* is worded to justify abortion for any negative condition in the mother that could be “attributed to or aggravated by pregnancy.”
- The term *Medical methods of abortion or medical termination of pregnancy* would permit giving a woman “abortion-inducing medications” to terminate the life of her unborn child “before 28 weeks gestation,” which violates the Penal Code.
- The term *Surgical termination of pregnancy*, including by “using vacuum aspiration or dilatation and evacuation,” would permit deliberate abortion of an unborn child “before 28 weeks,” which violates the Constitution and Penal Code.
- The term *Unintended pregnancy* is designed to justify destroying the life of any child that was not planned or wanted.
- The term *Unsafe abortion* assumes that “terminating an unwanted pregnancy” is acceptable, unless it is done “by persons lacking the necessary skills” or with poor “medical standards.” In other words, the person must be trained to know how to murder the child without harming the mother.
- The term *Uterine evacuation* reads, “Removal of the products of conception from the uterus” – acknowledging that a baby was conceived. To be accurate, it should read: “Removal of all the parts of the baby from the uterus.”
- The term *Young people* says “All persons aged 10-24,” meaning contraception and abortion services would be provided to children as young as 10. Its design is to persuade Ugandans to fully embrace immorality and abortion as normal; get children sexually active as early as possible, with no thought of marriage or marital faithfulness; and remove obstacles (e.g., babies) and any accountability.

### **Executive Summary**

The Executive Summary quotes many numbers without any specific, verifiable documentation, so the numbers cannot be trusted. It is customary for pro-abortion groups to exceedingly overestimate the number of abortions in developing nations, without any rational or verifiable basis. They do this to create pressure upon governments to authorize abortion. Regarding the tragedy of women dying from so-called “unsafe abortion,” the Ministry of Health should reveal the actual causes. If due to hemorrhage, or lack of needed healthcare intervention to save the mother, then the solution is good healthcare (best provided by private institutions), not elective abortion; and secondly, enforcement of the laws against abortion.

The goal of the document is to “increase access to safe abortion related services, to the extent permitted by law,” but this policy egregiously violates Ugandan law (see Legal Framework section below).

Providing “non-judgmental, youth-friendly” sexual services to youth encourages and facilitates immorality, which is not good for Uganda, and corrupts our youth, nation and government. Also, providing contraception is not a legitimate function of government.

### **Introduction**

The authors claim that “16 women die each day from pregnancy-related conditions,” but do not identify the specific causes or provide documentation for the numbers.

The policy is designed to establish uniform contraception and abortion services “by all facilities” throughout the country. This would require doctors, nurses, and other medical personnel to switch between saving and taking human life.

The assertion that, “Uganda must expand access to safe abortion to protect women’s human rights under international law and agreements,” is false. There is no “right” to abort a child. True human rights never include a right to take the life of another human being, except in self-defense for the purpose of preserving or protecting human life, or for lawful justice. Further, there is no United Nations convention, including the ICCPR, ICESCR, ICPD, CEDAW, or CRC mentioned, that contains a “right” to abortion.

The 1966 International Covenant on Civil and Political Rights (ICCPR) guarantees:

“Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life” (Article 6.1).

The Constitution of Uganda recognizes “an unborn child” as a “human being” (Article 22.2). The Penal Code recognizes the separate existence of the “unborn child,” and a pregnant woman as being “with child” (Articles 141, 142, 143, 212, 224).

The 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Article 12 addresses “health care services, including those related to family planning,” and “services in connection with pregnancy, confinement and the post-natal period ... as well as adequate nutrition during pregnancy and lactation.” Clearly, the intent of these provisions was to protect women and their babies, especially during or after pregnancy and lactation. There is no mention or thought of abortion.

However, since 1995, the CEDAW and other UN treaty committees have been misinterpreting conventions to push personal sexual “rights” and abortion agendas.<sup>i</sup>

The 1989 Convention on the Rights of the Child (CRC) boldly declares:

“the child ... needs special safeguards and care, including appropriate legal protection, before as well as after birth” (Preamble).

And in Article 6,

“State Parties recognize that every child has the inherent right to life.”

Despite this unambiguous language, the CRC Committee coerces Party Nations to authorize abortion.

### **The Legal Framework for Abortion in Uganda**

The opening paragraphs lay the “legal framework” on false assertions for this policy, trying to change the meaning of Article 22(2) of the Constitution and Section 224 of the Penal Code.

The opening statement that, “The laws that govern abortion in Uganda are quite restrictive but do not prohibit termination of pregnancy,” is misleading and false.

The Constitution of the Republic of Uganda, declares:

22. Protection of right to life.

(1) No person shall be deprived of life intentionally except in execution of a sentence passed in a fair trial by a court of competent jurisdiction in respect of a criminal offence under the laws of Uganda and the conviction and sentence have been confirmed by the highest appellate court.

(2) No person has the right to terminate the life of an unborn child except as may be authorised by law.

Thus the Constitution guarantees that the Government of Uganda, including the Ministry of Health (MoH), will:

- protect the “right to life” of every person within their jurisdiction;
- ensure that “No person shall be deprived of life intentionally except in execution of a (lawful) sentence ... (for) a criminal offense”; and
- ensure that this protection extends to “an unborn child.”

The provisions in the Penal Code Act (quoted below) are consistent with these constitutional provisions in protecting an unborn child, as is the purpose of the one and only exception “authorized by law” in Article 224 of the Code, namely, “preservation of the mother’s life.” The intent must be to protect life or execute justice.

The second paragraph under “The Legal Framework for Abortion in Uganda” intentionally misapplies Article 22 (2) above, claiming it was designed to “permit the legal framework to prescribe instances in which life can be lawfully terminated.” No! Its design was to protect “the life of an unborn child.” But the authors of this policy acknowledge that their intent is to “prescribe instances in which (unborn) life can be lawfully terminated.”

The third paragraph acknowledges that the “Uganda Penal Code Act ... criminalizes abortion,” but then immediately proceeds to justify elective abortion by distorting the meaning and application of Section 224 and other provisions of the Code. Here is a full citation of Sections 141, 142, 143, 212, and 224 of The Penal Code Act, Chapter 120:

141. Attempts to procure abortion.

Any person who, with intent to procure the miscarriage of a woman whether she is or is not with a child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means, commits a felony and is liable to imprisonment for fourteen years.

142. Procuring miscarriage.

Any woman who, being with a child, with intent to procure her own miscarriage, unlawfully administers to herself any poison or other noxious thing, or uses any force

of any kind, or uses any other means, or permits any such things or means to be administered to or used on her, commits a felony and is liable to imprisonment for seven years.

143. Supplying drugs etc., to procure abortion.

Any person who unlawfully supplies to or procures for any person any thing, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, commits a felony and is liable to imprisonment for three years.

212. Killing unborn child.

Any person who, when a woman is about to be delivered of a child, prevents the child from being born alive by any act or omission of such a nature that if the child had been born alive and had then died, he or she would be deemed to have unlawfully killed the child, commits a felony and is liable to imprisonment for life.

224. Surgical operation.

A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his or her benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all the circumstances of the case.

The unmistakably clear intent of both the Constitution and Penal Code provisions is to protect the life of "an unborn child" and his mother by prohibiting abortion by means of surgery, drugs, or any other method. The only exception permitted is an action taken "in good faith and with reasonable care" to save "the mother's life." Thus the intent must always be to preserve human life.

The fourth paragraph under "The Legal Framework for Abortion in Uganda" adds the term "**health** of the pregnant woman," which is *not in the law*. The intent of adding this term is to unjustly justify the taking of the life of "an unborn child" for any reason that could come under the umbrella of "health." Doing so violates the Constitution and Penal Code, no matter how commonly it is done.

After the policy authors recite and describe several of the Penal Code sections prohibiting abortion, they make this irrational statement: "There is therefore no absolute prohibition on termination of pregnancy in Uganda." That is a lie!

*Who should use this document?*

The goal of the MoH is that their policy would supersede the Constitution and Penal Code, and become the "national standards and guidelines that are set within the national health care and legal framework," and be applied uniformly to every person within the medical community and nation.

*Overall responsibility for implementing the Standards and Guidelines:*

The authors intent is to require the MoH to work “through its structures and through” collaborating with other government ministries and “inter-sectorial” entities, to “ensure the implementation of the standards and guidelines” nationwide.

## **Part I: Primary Prevention of Unsafe Abortion**

### *Introduction*

“The first level of care ... is the prevention of unintended or risky pregnancies.” The only way to prevent such pregnancies after a woman is already pregnant is to deliberately destroy the “unborn child” in her womb.

### *Overall Policy Statement for Primary Prevention of Unsafe Abortion*

The only way to “enable individuals and couples to decide freely and responsibly if, when, how often, and how many children to have,” after a woman is already pregnant, is to destroy the “unborn child” in her womb.

The goal of this unlawful policy to authorize elective abortion for any reason, in violation of the Constitution and Penal Code.

Providing “family planning and contraceptive services,” and abortion services, to “Every individual who is sexually active ... irrespective of age or marital status,” encourages and facilitates immorality; discourages purity; dishonors the covenant of marriage; discourages abstinence and being faithful; and formalizes the practice of child murder – all of which violate the beliefs and customs of the people of Uganda, and our laws.

The term, “Irrespective of age” according to this policy means providing children as young as 10 with contraception and abortion information and services.

“Irrespective of ... marital status” puts division between husbands and wives, violates the sacred marriage covenant, and destroys the trust necessary to build and preserve a healthy marriage relationship – especially if the wife is authorized to destroy their “unborn child” without her husband’s knowledge or consent.

### **SECTION 1: Community Education, Sensitization, and Advocacy for Prevention of [=Aborting of] Unintended and Risky Pregnancies**

*“Guiding Principle: All stakeholders, regardless of religion, belief, and opinion, should play their role in preventing [aborting] unintended and risky pregnancies.”*

This “Guiding Principle” for the policy means that the MoH will not respect the “religion, belief, and opinion” of any person who disagrees with this policy, and may force them to “play their role” in aborting the babies of girls and women with “unintended” or so-called “risky pregnancies.”

The Constitution of The Republic of Uganda, 1995, guarantees the following:

29. Protection of freedom of conscience, expression, movement, religion, assembly and association.

(1) Every person shall have the right to—

- (a) freedom of speech and expression which shall include freedom of the press and other media;
- (b) freedom of thought, conscience and belief which shall include academic freedom in institutions of learning;
- (c) freedom to practise any religion and manifest such practice ... in a manner consistent with this Constitution;

The MoH policy violates the Constitution by deliberately choosing *not* to respect the “thought, conscience and belief,” or religion, or “speech and expression” of Ugandans.

*“Standard 1: The government should integrate education and sensitization in the existing administrative structures at all levels for the prevention [aborting] of unintended and risky pregnancies.”*

The author’s goal is that this policy would be integrated by and throughout “all levels” of government and other “administrative structures,” with no one being allowed to oppose the policy or fail to carry out its provisions. This is tyranny!

The subsequent Guidelines under this standard are designed to:

- 1) use “The media” to reprogram the minds of “parents and guardians” to convince them to accept their children being immoral and aborting their grandchildren; and
- 2) use “Community leaders” and other undefined “stakeholders” (including pro-abortion and international groups) to influence Ugandans to make them feel “positive” about immorality and abortion.

One aim of the Guidelines is “to reduce stigma” that those who commit immorality or are involved in an abortion may feel. A “stigma” can be good or evil. For example, the right sense of conscience that rape is an egregious evil act that should be punished severely through legal means results in a good “stigma” that the community holds against the rapist. This “stigma” flows out of rightly informed consciences and a community that is in agreement. If the rapist is lawfully punished, then these factors work for good to strongly discourage boys and men from committing rape.

By contrast, stigmas against persons born with a physical or mental disability, or different color of skin, such stigmas are evil and should be countered.

But to try to remove a stigma against immorality or abortion is to try to silence the voice of God within each member of the community. Those who have dulled or silenced their own conscience cannot see such activities as sinful and evil. But those whose consciences are rightly informed recognize the Law of God “upon their heart, and upon their mind” (Hebrews 10:16).

## **SECTION 2: Sexual and Reproductive Health of Young People**

*“Guiding Principle: Young people who are empowered with information and skills on sexuality and reproductive health have the capacity to make their own decisions on sexuality and reproductive health including the right to consent to a full range of contraceptive services and abortion care which reduces the risk of unintended pregnancy and unsafe abortion.”*

“Young people who are empowered” to do what? According to this policy, they “are empowered” to practice immorality with whomever they desire whenever they desire, with no responsibility or accountability to anyone, including their own parents; to obtain any form of contraception at will, though they are unmarried; and to murder their “unborn child” at will, without the knowledge of the father or their parents.

In Article 31(4), Rights of the Family, the Constitution of The Republic of Uganda, 1995, guarantees to parents: “It is the right and duty of parents to care for and bring up their children.” The MoH policy violates this God-given duty and the Constitution.

*“Standard 1: Community stakeholders and learning institutions should ensure that a package of age- and developmentally-appropriate information and services on SRH is available to young people.”*

In order to subvert the rightful duty of parents to educate and train their own children, the MoH policy lifts up “Community stakeholders and learning institutions” to be the ones shaping the minds and educating children and youth about sexuality and abortion.

The subsequent Guidelines are designed to:

- 1) Ensure that everyone in the community knows, agrees, and supports the uniform information, education materials, and policies available to “young people,” and that the information is “factually-correct” according to the MoH policy makers.
- 2) Require that everyone providing “sexual and reproductive health information to young people ... be trained” by a uniform, MoH-approved curriculum.
- 3) Parents are viewed as secondary to the curriculum preparers and teachers.
- 4) Referrals for contraception or abortion appear to be required, without respect for rights of conscience, belief, or religion.
- 5) The youth (who lack wisdom) are to be “engaged as participants in designing and delivering” the programs to help them become sexually active before marriage.

*“Standard 2: All centres providing sexual and reproductive health services should be youth friendly.”*

- 1) “Non-judgmental counselling” is to be provided, but it actually means the counselor may not oppose immoral activity or abortion.

4) “No verbal or written consent is needed from a parent, guardian, or spouse.” The intent here is that any child, youth, spouse, or other person could receive contraception or abortion services without the knowledge or consent of their parents or spouse or anyone to whom they are accountable.

***SECTION 3: Contraception and Family Planning.***

The purpose is to ensure “full access” to contraception and abortion “regardless of age or marital status.” The means of doing so include:

- Integrate these services “in the health sector at all levels”;
- Get “religious groups, media, ... leaders, civil society, and educational ... ministries” to promote the services;
- “Standard training” to provide services down to “Village Health Teams.”

***SECTION 4: Rape, Defilement, Incest, & Other Forms of Sexual & Gender-Based Violence (SGBV).***

The primary purpose is to provide “emergency contraception” and other abortion services, without requiring reporting of a criminal act. In other words, the authors think the solution is to kill the child and not hold the offender accountable. That will result in increased rape, defilement, incest and other violence against women. Instead, the solutions should be full enforcement of the law against the offenders to strongly discourage sexual violence, and multiple means of supporting the mother and baby, including counseling and adoption.

***SECTION 5: Use and Abuse of Alcohol and Other Drugs and Substances of Addiction.***

The purpose is the same as the prior section, but related to substance abuse.

***SECTION 6: Sexual and Reproductive Health in Emergency Situations.***

The purpose is the same as above, and is a typical practice of pro-abortion international organizations who focus on sexual services instead of genuine healthcare needs.

**Part II: Management of Unintended and Risky Pregnancies**

A woman “carrying the pregnancy to term” is viewed by the policy authors as not normal, but something she must “opt for.” At least they say “adoption should be offered as an option” (*Section 2*). But the policy is geared toward “safe termination of pregnancy” (for the mother, never the child).

***SECTION 3: Implementation Guide to Safe Termination of Pregnancy.***

***“Guiding Principle: High quality services for termination of pregnancy [ending the life of the unborn child] should be available and accessible to all women and girls, regardless of age and marital status, and should be provided by trained and skilled health professionals in accordance with the law.”***

This guiding principle could be compared to the trained, skilled, professional and systematic way the Nazi’s terminated human life during World War II.

*Standard 1* attempts to redefine the law by using some language from Section 224, but then adding a requirement to “**provide safe abortion services**” to any “pregnant woman or girl ...

in order to preserve her life or **health**"; and in the process conceal the abortion. In the *Guidelines* of this section, "**health**" and "**physical and/or mental health**" – terms which could mean almost anything – are reasons given for abortion.

*Standard 2* and its *Guidelines* allow elective "**Second trimester terminations**" to be done in "licensed health facilities," and seeks to require referrals to other facilities.

*Standard 3* says it requires "prior, free and informed consent" before a woman can have the life of her child terminated. If so, "informed consent" should include making the mother clearly and visibly aware that a child is in her womb and exactly what the abortion will do to her child, as well as subsequent effects and risks to her.

"The best interests of the child shall be paramount" is a standard used only here, in *Guideline 2*, to declare that "children" and "young women" may receive abortions "without involvement of a parent or guardian." The authors of this policy clearly do not care about what is best for the child, her parents, or family, but only about abortion.

*Guideline 5* says that counselors must offer "information on alternatives" to abortion; but requires that "providers must respect the decision of a woman to" abort her child.

*Standard 5* states, "Health care professionals who are authorized to perform legal abortions have a right to conscientiously refuse to provide the procedure"; but double speaks, violating God-given rights of conscience in these ways:

- Requires them, regardless of "moral, religious or other objection," to refer a pregnant woman "to a colleague who is willing to" abort her child, thus making him an accomplice to the murder (2);
- Denies "the right to conscientious refusal" to provide an abortion "where delay would threaten the **health** of the woman," even though the law only allows abortion to save the life of the mother (3); and
- Denies the right of "Conscientious refusal ... to groups, facilities, or an institution," and "to support personnel or complementary services" (4).

#### ***SECTION 4: Implementation Guide to Pre-Procedure Care for Termination of Pregnancy***

*Standard 1* requires medical personnel to confirm that a baby is in the womb, and to know the "Gestational age." This may be done by "Ultrasound," enabling the technician to see the baby and accurately determine his or her age (2). This is important to the abortionist, who increases the charge as the baby grows larger.

#### ***SECTION 5: Implementation Guide to Uterine Evacuation Procedures***

"Uterine evacuation" is destroying and removing a baby from its mother's womb.

*Standard 1* declares that pregnancies may be terminated "**within the first 12 weeks gestation ... by either vacuum aspiration or medical methods.**" *Guideline 2* prescribes which drugs should be used – which would only be for elective abortion and not to save the life of the mother, in violation of Ugandan law.

*Standard 2* and its Guidelines prescribe “**Second trimester uterine evacuations**” by “medical methods or dilatation and evacuation.” The necessity of such a procedure to truly preserve the life of a pregnant women is extremely rare.

*Standard 3* includes a requirement that admits the prior presence of a baby: “Successful uterine evacuation should be verified clinically or by ultrasound if necessary.”

### **Part III: Post-Abortion Care (PAC)**

This part contains standards and guidelines for Post-Abortion Care (PAC) that appear to be highly protective of women in such emergency situations, though would be rightly implemented only for true “preservation of the life of the mother.” However, they appear to be designed to provide abortions in non-emergency situations.

**SECTION 2, Standard 5**, lists medical conditions of women treated for post-abortion care:

- Haemorrhage
- Infection and sepsis
- Organ injury
- Shock

If these conditions are the primary causes of maternal morbidity and mortality for post-abortive women, they are treatable! Women’s lives can be saved with immediate and necessary health care. In cases where the woman dies, both the fact that she was post-abortive and the medical cause of death (named above) should be listed in the medical records and on the death certificate.

**SECTION 5** is designed to change the views of Ugandans to accept abortion as a solution to “unwanted pregnancies,” particularly for adolescents, and “reduce abortion-related stigma.” The goal of *Guideline 3* is to “Change negative attitudes toward abortion in the community,” that is, to reprogram Ugandans to ignore their consciences.

### **Part IV: Standards & Guidelines for Audit, Monitoring & Evaluation**

The purpose of this part is to set up “Monitoring and evaluation ... using existing frameworks” of the government for the “management of abortions at all levels.”

The *Guidelines*:

1. List the departments and divisions responsible for certain areas of management:
  - i. “Sexual and reproductive health – Ministry of Health ... in partnership with Ministry of Education ... and Ministry of Gender, Labor & Social Development.
  - ii. “Family Planning and contraception – Ministry of Health ....
  - iii. “Community education, sensitization and advocacy ... Ministry of Health ....
  - iv. Rape, defilement, incest and gender-based violence – Ministry of Health ... Ministry of Gender, Labor and Social Development, Ministry of Justice and Constitutional Affairs and Ministry of Internal Affairs.
  - v. Use and abuse of alcohol, and other drugs and substances – Ministry of Health and Ministry of Internal Affairs.

2. Direct the above government agencies to “create linkages” with academic, professional, “Sexual and Reproductive Health” organizations, “legislators, development partners,” and others to carry out the policy.
3. Require “A clear monitoring and evaluation framework,” with detailed data and information collection.

### **Frequently Asked Questions by Service Providers**

The answers to some of the questions are false, dishonest and misleading.

1. “Is abortion illegal in Uganda?” Each answer is false:
  - “The Constitution of Uganda does not prohibit abortion.”
  - “There is no absolute prohibition on the termination of pregnancy in Uganda.”
  - Abortion “is permitted to preserve the ... health of the pregnant woman ... (including) both physical and mental health.”
2. “Is emergency contraception a form of abortion? No.” The answer is false. Because it is used post-intercourse, its only purpose is to create a hostile environment for a fertilized embryo (a unique, newly created human being in his or her smallest form), and prevent him or her from reaching or attaching within the womb of the mother.
5. “Where can I go if don’t want to continue with a pregnancy?” The question reveals that this policy is designed to authorize elective abortion for any reason, contrary to the Constitution and Penal Code of Uganda.
6. “At how many months of pregnancy is abortion most safe? Abortions are most safe before 9 completed weeks (3 months), second trimester abortions are also safe when performed by a skilled provider using recommended methods.” This question and statement reveal the same as the above question, and deny the reality of countless women injured by abortion, and the serious dangers of second trimester abortions too.
8. “What investigations must I undergo before getting a safe abortion?” The examinations are designed to confirm the pregnancy, “establish the site of the pregnancy, accurately know the age.” Thus, they confirm the presence of a baby, but have no legal basis to authorize destroying the life of that baby.
10. “Does inducing abortion predispose to breast cancer? / Cervical / uterine cancer? No.” This answer denies the existence of studies proving otherwise, as well as the many harmful emotional, physical, psychological effects proven by many scientific studies.

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<sup>i</sup> Select, “Abortion Pressure on Nations,” in “United Nations” section of IDPPC website: <http://www.idppcenter.com/United-Nations.html>

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