Maternal Health Without Abortion: Dubious Development or an Ethical Policy?

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Introduction

The Muskoka Initiative, created in June 2010 at the G8 Summit in Huntsville, Ontario, is intended to “address the significant gaps that exist in maternal, newborn, and child health in developing countries.” It includes a relatively comprehensive list of components, stretching from direct obstetric care, such as prenatal care and sexual and reproductive health care and services, to more environmental and preventative elements, such as safe drinking water, basic nutrition, and immunization. Though this a relatively inclusive mandate, the Canadian government drew criticism from other members of the G8 for refusing to include funding for abortion services (under family planning) in the Muskoka Initiative. Reasoning from the government for this decision has simply been that there was “enough other worthy initiatives to support”.

This research seeks to ask the question of whether or not the criticism of the Canadian government by fellow members of the G8 is ethically founded. Is it ethical for the Canadian government to refuse to use development aid to fund abortions abroad, especially within the sector of maternal health? This question will be answered by, first, defining; what abortion is (in terms of the medical community) and what foreign development funding is understood to be and should be. Second, the paper will discuss the ethical dilemmas that accompany an examination of a development policy, particularly the remaining impacts and power dynamics of colonial history and how that impacts the development industries priorities. Next, three varying ethical frameworks will be applied to the question of funding foreign abortions through development projects. The first of these frameworks is a Kantian perspective, employing the categorical imperative. By comparing the Canadian governments stance on abortion domestically and abroad, it is made clear that the current decision of the government violates the categorical imperative. The second framework that is applied is a discursive framework. I examine current discourses of development and who in that discourse represents the vulnerable of society and how that dictates what people should be. Ultimately, the agency-diminishing discursive framing of women as solely mothers is reinforced by the Canadian government’s foreign abortion funding policy, rendering it unethical. The final framework is an empirical approach. This approach investigates the statistical realities of maternal health, unsafe abortion, and maternal mortality, finding that a comprehensive maternal health development strategy includes funding for abortion. Finally, after applying these three frameworks, the reservations raised by cultural beliefs and norms are noted and how these can be accounted for to ensure an ethical decision regarding the funding of foreign abortions. Ultimately, I conclude that the current decision of the Canadian government to not fund foreign abortions in their maternal health development funding is unethical.

2. Ibid.
Defining Abortion and Development Aid

According to the Canadian Federation of Sexual Health, an abortion is “the ending of a pregnancy.” However, a distinction is made between a “spontaneous abortion” – usually referred to as a “miscarriage” – when “the embryo or fetus is spontaneously expelled from the woman’s uterus” and “therapeutic abortion”, in which “the embryo is removed or expelled from the woman’s uterus.” Within therapeutic abortion, there is “medical abortion,” which involves terminating the pregnancy with a designated medication and “surgical abortion” which involves a multi-step surgical procedure that removes the contents of the uterus, assisted by various tools. Given that this research focuses on the ethics of funding abortion services and that therapeutic abortion is the only type of abortion that requires action on the part of the woman or any other person, for the purposes of this paper, “abortion” will be used to refer only to a therapeutic abortion.

In contrast to abortion, foreign development aid is a slightly broader concept. The United Nations Development Programme (UNDP) 1990 Human Development Report (HDR) defines human development as “a process of enlarging people’s choices...[whereas]...[t]he most critical ones are to lead a long and healthy life, to be educated and to enjoy a decent standard of living...[and]...[a]dditional choices include political freedom, guaranteed human rights and self-respect...” The highly inclusive nature of development results in a highly inclusive definition of foreign development aid. By extension of the UNDP definition, this research will take “foreign development aid” to include any kind of resources, tangible or financial, that are earmarked for use in a country that is not Canada, for the purpose of “enlarging people’s” choices. However, the Canadian government tends to publicly designate certain funds as allocated for development aid, such as in the case of projects under the Muskoka Initiative.

Ethical Debates in Development

In order to answer the ethical question that is the subject of this research, there are other ethical issues that must first be addressed. To address the concept of development, one must first recognize the ethical dilemmas that are implicated within “doing development.” Throughout the last several hundred years, colonial struggles that involved the appropriation of peoples, lands, cultures, and resources have been the norm. The end

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result has been a massively disparate global system, with millions of people impoverished, and a complementary development industry, comprised of governments, non-governmental organizations, international institutions, and some private companies.

This development industry generally has a positive public persona, promoting ideals such as equality, health, literacy, and education. However, the benign nature of this industry is far from guaranteed. For example, in an examination of adult literacy programs practiced by the World Bank and the United Nations Educational, Scientific, and Cultural Organization (UNESCO), Wickens and Sandlin argue that these programs actually represent a form of neocolonialism, using neocolonialism as “a situation wherein although many formerly colonized countries have gained geographical and political independence…colonial systems of domination continue…economically, culturally, financially, militarily and ideologically…”10 Specifically, they highlight the propagation of the functionalist, labour-market purpose of literacy and the emphasis of literacy and development for trade and economic prosperity.11

These tensions between (neo)colonialism and development become significantly more pronounced when examining the issues of reproductive rights and maternal health. The emphasis of “choice” and “enlarging choices” within the UNDP definition of development demonstrates a very Western individualist approach to development work. Given the history of colonialism and the power structures that still exist, there is a significant risk within development work of reinforcing colonial ideologies and a very individualistic approach to ethical decisions. Applying this to development work geared at maternal health, this approach does not account for local traditions and cultures that may not place primacy on the wants, needs, and desires of the individual woman or mother, but on those of the family or community. By ignoring potentially varying priorities, ethical decisions made on the basis of individualistic development ideals risk the continuation of colonial oppression. There is concern that development, specifically surrounding issues of maternal health and abortion, could become a tool for perpetuating Western dominance and (neo)colonialism.

While these risks are very real, the provision of funding for foreign abortions minimizes the risk of perpetuating colonialism by making the option for abortion simply available. In theory, this provision can even be considered as a contrast to colonial attitudes. The Canadian government, by making the decision to limit which services will be available to citizens of other countries, would be blocking the agency of those individuals to make decisions for themselves. Whereas, the provision of these scientifically possible services would concede at least some control to local individuals to access which services they want to utilize.

The broader problem of maternal health directed development is the universalization of issues of maternal mortality; a more general question of obligation to action. Peter Singer argues in favour of universalization, claiming that, “if it is in our power to prevent something bad from happening, without thereby sacrificing anything of


11. Ibid., 287.
comparable moral importance, we ought, morally, to do it.” 12 Pogge echoes his sentiments, decrying the incredible levels of current global inequality. 13 While Singer and Pogge use this theory specifically in a discussion of poverty and finances, it is also applicable to maternal health, effectively arguing that work that can be done to promote and sustain maternal health should be done. Wisor, among others, has criticized this approach, claiming that it does not take into account important aspects like agency, context, institutions, and complexity. 14 He also highlights the ease with Singer’s approach can contribute to the ‘white-saviour complex’, which “ignores the causal and historical relationship between wealthy individuals and global poverty.” 15

Concerns regarding Western priorities and the ethics of development in general are extremely legitimate and the debates being held are valid. However, given that this research is examining the ethics of a specific decision within Canadian development policy, with an understanding that Canada and the international development community will continue to do development work, this research will operate on four specific assumptions. (1) Canada will continue to do development work, specifically within the field of maternal health, and (2) that work should be as effective as possible, (3) maternal health is intrinsically positive and should be promoted, and (4) development work should be done in a way that increases women’s agency.

A Kantian Perspective

One of Kant’s better-known ethical concepts is the categorical imperative. Also known as the universal imperative, the categorical imperative dictates that a person should “[a]ct as if the maxim of your action were to become through your will a universal law of nature.” 16 It effectively argues that every action an individual commits should be such that the individual would be unable to raise issue with every other person committing the same action. This categorical imperative invokes the unethical nature of double standards and hypocrisy. It is an extremely useful tool in an ethical evaluation of the Canadian government’s decision to not provide funding for foreign abortions.

The application of the categorical imperative to the Canadian government’s decision to refuse to fund foreign abortions is rather enlightening as to whether or not that decision is ethical. Typical explanatory examples of the categorical imperative usually involve acts of an individual, such as that of an individual that must choose whether or not to lie to protect someone. However, it is also highly applicable to a governing institution, especially considering that that institution is comprised of individuals, one of which would have made the final decision on a policy decision, usually a minister.

In order to apply the categorical imperative to this decision, a brief examination of abortion within Canada is helpful. The Supreme Court of Canada decriminalized abortion

15. Ibid., 25.
in 1988, with its decision in the case of Henry Morgentaler. Morgentaler was a doctor, challenging the illegality of abortion on the basis that it restricted women’s freedom, granted by the Canadian Charter of Rights and Freedoms. Prior to that decision, abortion was illegal, except in cases “when pregnancy endangered the woman’s life.” Two years later, the Canadian House of Commons passed legislation that would have made “obtaining an abortion punishable by up to two years in jail unless a doctor determined that continuing a pregnancy threatened a woman’s physical, mental or psychological health.” However, the bill did not pass in the Canadian Senate and there has not been any legislation created since. Therefore, currently within Canada, abortion is an unregulated, but Charter-protected right.

In terms of funding, abortions within Canada are publicly funded, with some caveats. Across Canada, abortions that are performed at hospitals are funded through provincial government health insurance. In the provinces of Alberta, British Columbia, Newfoundland, and Ontario, abortions provided at abortion clinics are also covered through this insurance. At abortion clinics in other provinces, the woman seeking the abortion is responsible for some part of the cost. Given that the federal government of Canada assists in the funding of health operations in the provinces through transfer payments, the federal government is effectively funding safe, legal abortions domestically. It is within this context of consent that the categorical imperative can be applied to the Canadian government’s decision regarding funding foreign abortions.

As previously discussed, the categorical imperative argues that a uniform standard should be applied when judging whether or not a decision is ethical. By providing funding to the Canadian provinces, the federal government is funding abortions, implying an understanding that to fund abortions for women that want that service is an ethical decision. In employing a Kantian logic, the argument would be that this funding decision should be made in all cases, which would include funding wanted abortions for women abroad. To refuse to fund abortions for women abroad would be to effectively declare the decision to fund abortions domestically as unethical. To abide by the categorical imperative, the government would be required to halt all funding for domestic abortions, in keeping with their decision to do so abroad.

Abortion has been legal and funded in Canada for more than two decades, demonstrating a governmental and judiciary content with providing abortions. Not only is the comfort in this decision demonstrated by its past, but also by recent tests. In late 2012, Conservative Member of Parliament Stephen Woodworth sponsored a motion in the House of Commons that, if passed, could very possibly have reopened the debate of the ethics of abortion in Canadian politics. The motion, which was defeated with nearly

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18. Ibid.
19. Ibid.
20. Ibid.
22. Ibid.
23. Ibid.
seventy percent of Members of Parliament that voted in the free vote voting against it, proposed to “set up a committee to study how the Criminal Code defines when life begins.” This is evidence of a belief, amongst those that govern Canada, that the assurance of safe, legal, funded abortions is an ethical decision.

As funding abortions domestically has clearly been established as an ethical decision with decades of steadfast support, an application of the Kantian categorical imperative would conclude that the current decision made by the Canadian government is unethical. The ethical decision would be for the Canadian government to support foreign abortions in development funding for maternal health. Furthermore, the Kantian perspective is not the only perspective from which funding foreign abortions through development funding is ethical.

**Discursive Constructions**

The Muskoka Initiative, the context in which the decision to not fund foreign abortions was made, is primarily a development project aimed at improving maternal health. This decision demonstrates and reinforces the highly limiting, unethical nature of the discourse of development and maternal health, and by that nature is itself unethical. These discourses of development effectively paint women in a highly limited role, making space in the development industry only for women that choose to take the path of motherhood, limiting choices.

As previously demonstrated, discourses of development are highly complex. The long-embedded history of colonialism and paternalism has distinguished the relationships between Western countries (often the agents of development) and “developing” countries (usually the recipients of development efforts). These power dynamics have not ceased and desisted with the series of decolonization activities that spanned the twentieth century. The dominance of the West very much still exists within the discourse of development.

War, particularly civil war, is an endemic problem in many developing countries. This is unsurprising, given the tendency of colonial powers to carve out chunks of land regardless of the preferences of the inhabitants. The resultant constructions of citizens in these countries highlight vulnerability. Carpenter examines the tendency of human rights advocates to frame the people of war-torn, developing countries, as “women and children” that are in need of protection. In an examination of documents from various international organizations, Carpenter found that the civilians were usually referred to as “women and children,” significantly more frequently than women were identified individually without an association with children. By discursively associating women and children as a single group or two highly intertwined groups, humanitarian voices are creating a damaging social construction of what women are and what the world expects them to be.

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26. Ibid., 302.
Verbally and textually connecting the two distinct groups of women and children implies a synonymy and perpetuates that women naturally have children accompanying them. This is especially emphasized by the use of the term “woman” instead of “mother”. To use the expression “mothers and children” would be highly logical, given that every mother has a child and every child has a mother. However, by linking “women” with “children”, the implication is that every woman – or the norm for every woman – is to have a child and to be a mother. While this construction may appear harmless on its face, the results of this type of rhetoric are evident in development policy decisions, such as the decision by the Canadian government to refuse to fund foreign abortions.

The perception that those in need, the victims of war and humanitarian disasters, are first and foremost mothers and children suggests that certain maternal and reproductive services are needed over others. It suggests that services such as prenatal and postnatal care are the most necessary services to maternal and women’s health. By fusing the essence of being a woman to being a mother, abortion, the service that prevents a woman from being a mother (or becoming a mother a second time, third time, fourth time, etc.), becomes negligible or unnecessary in the minds of those that “do” development. It seems unconceivable that women, discursively assigned to their “natural” calling of motherhood, would desire any other outcome from a pregnancy.

The social construction of women as exclusively mothers is not solely the responsibility of the development industry’s informational material. The perpetuation of this ideal goes far beyond the constant association of women with children, resonating in global narratives of what “non-Western” culture is. Jaggar challenges the notion that the “poverty [which] constrains women’s autonomy and makes them vulnerable to a range of other abuses, such as violence, sexual exploitation, and overwork” is a result of local cultural traditions. Instead, she suggests a re-examination of global political economic forces and how various Western policies, such as farm subsidies, and the push for the privatization of the “developing world” reinforce the impoverished state of those countries which neoliberalism is theoretically supposed to “help”. Jaggar highlights the disproportionate effect these ideological shifts have on women, who make up that majority of the world’s farmers, and specifically the increased vulnerability that attends the financial disempowerment and removal of social programs that characterize the neoliberal movement. The decision of the Canadian government to not fund abortions abroad is in keeping with this neoliberal framework that has negative effects on women in “developing” countries.

With the removal of social programs (as a result of privatization) and undermining of women’s sources of income, women are left financially vulnerable. This minimizes their bodily autonomy in many ways. Without financial resources, they may have to rely on men or absent government structures and services. They may not have the assets with which to attain satisfactory contraceptives. The existence of this reality within this ideological framework (a neoliberal framework that does not consider the historical context) perpetuates the idea that the disempowerment and subjugation of women and an

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28. Ibid., 63.
29. Jaggar, 63-64.
absence of their autonomy is “natural” to these societies. The decision of the Canadian government to not fund foreign abortions maintains the status quo of removing women’s autonomy. It supports the narrative of women as vulnerable mothers in need of support. This is a narrative that, in the words of Mohanty, paints the picture that the “average third-world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, religious, domesticated, family-oriented, victimized, etc.).”

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By including abortion funding in the Muskoka Initiative, an initiative geared at maternal health, the Canadian government would be challenging this narrative of women in developing countries solely as the poor, domesticated mother. By allowing women that are on track to become a mother (read: pregnant), but want to make the choice to not become a mother, the Canadian government would be offering a tool of empowerment and agency, a chance for women to choose for themselves what their role will be. This by no means would rectify the current structural injustices, and the poverty that may drive many women to make the decision to not become a mother. However, it would take a small step towards changing the narrative of a woman’s role, particularly in societies that have been globally coerced towards “traditional” family structures, and then reinforced by development narratives.

By funding foreign abortions the Canadian government would be making an ethical decision, actively working to change the narrative of women in developing countries that consistently removes their agency and their capability to determine their own paths. The provision of these services would open up more options for women and ideally broaden the discourses within development and maternal health, recognizing that terminating a pregnancy is at times the best way to ensure the health of a prospective mother. Not only would this shift be ethical from a discursive perspective, there is also significant empirical evidence that an ethical decision would be to make abortion services available through maternal health development funding.

Efficacy: The Empirical Case

The global situation of maternal health in recent decades has been an unfortunate one. The global dissatisfaction with the status quo and the desire to make maternal health a priority in development was evidenced by the inclusion of Millennium Development Goal 5: Improve Maternal Health in the Millennium Development Goals (MDGs). However, an important part of maternal health that has been excluded, at least in any meaningful way, and continues to be excluded by the Canadian government is abortion. Interestingly, while unsafe abortion is addressed and touted as a cause of maternal mortality, the logical consequent action – making it safe and accessible – has evidently not been the first course of action.

The World Health Organization (WHO) defines unsafe abortion as “a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical


standards, or both”. Abortion legislation varies significantly around the world with some countries allowing it upon request, and others requiring reasons such as saving the woman’s life, preserving mental or physical health, the pregnancy being a result of rape or incest, fetal impairment, and economic or social reasons. As a result, there are many countries in which a legal abortion is not accessible. While the initial assumption relative to this reality might be that women in those countries simply do not attempt to have an abortion, literature shows this assumption is false.

According to the WHO, in 2003 alone, there was an estimated forty-two million abortions performed and twenty million, nearly forty-seven percent, of those abortions were conducted unsafely. This issue has not declining in recent years, as more than twenty-one million unsafe abortions are believed to have taken place in 2008. Furthermore, approximately thirteen percent of maternal deaths are caused by unsafe abortions. These statistics present the conclusion that making safe, legal abortion inaccessible does not remove women’s desire and capability to terminate their pregnancy. The only result of illegality is an increase in maternal deaths. This is particularly demonstrated by the example of Romania. Over a period of approximately thirty years, the Romanian government changed the domestic abortion laws drastically. Romania originally had “the most liberal abortion law in Europe,” which was then reversed to a highly repressive law, and then reversed again with a government overthrow. The maternal mortality rate correlated with the legislation, with maternal mortality rates rising significantly when safe, legal abortion was not available. This trend is mimicked globally. According to Russo and Steinberg, “a larger proportion of abortions are unsafe in countries with restrictive laws.” It is clear that in contexts where governments do not provide safe, accessible abortion services, women will find ways to terminate unwanted pregnancies and the cost is often their lives.

The empirical evidence is very clear. By refusing to provide funding for safe abortion services in development funding for maternal health, the Canadian government is effectively making a half-hearted effort to truly combat maternal mortality. The Canadian government pioneered the Muskoka Initiative under the banner of improving maternal health, but the government refuses to utilize the tools at its disposal, an unethical decision given that maternal health is an ethical goal to be striving for. Specifically limiting its capabilities and knowingly disabling its ability to holistically improve maternal health render this Initiative disingenuous. The government presents the

33. Ibid., 3.
36. Ibid., 162.
37. Ibid., 163.
38. Ibid., 163.
39. Ibid., 163.
Muskoka Initiative as “based on a set of core principles for long-lasting results…[including]…sustainability of results…[and]…building on cost-effective, evidence-based interventions.” By excluding abortion funding from the Muskoka Initiative, the government is preventing the Initiative from being evidence-based. To present it as such is an inaccurate portrayal (with no ulterior gain), and an unethical deception of the Canadian (and world) population.

Cultural Differences

A valid concern regarding the provision of abortion services through development funding is the varying cultural opinions on the acceptability of abortion. There is potentially an argument to be made that it would be unethical for the Canadian government to fund abortions in a cultural community that does not support use of the procedure. It could be considered paternalistic and imperialistic.

While many countries in the West, such as Canada, offer funded abortions for their citizens on request, many other countries around the world have more restricted access. These barriers may be on the basis of cultural disapproval, as opposed to legal restrictions, but they are no less real. This was demonstrated by a study conducted of a group of South African nurses. The researcher found that the majority of the interviewed nurses did not approve of abortion. The nurses accused women with unwanted pregnancies of being “irresponsible, careless, unthinking and even promiscuous. They felt that women had no excuse for not using contraception.” Furthermore, when dealing with women with unwanted pregnancies that wanted to discuss their options (read: abortion), the nurses were unwilling to provide the women with resources or information.

This study provides insight into the attitudes of health care providers, or at least of the South African Primary Health Care Nurses that they interviewed. It also illuminates the ethical dilemma presented by funding abortions in unsupportive community settings. There is clearly a social distaste for the idea of abortion among the nurses. Interestingly though, this study also demonstrates that an opposition to abortion may not necessarily be cultural, but dependent on one’s position in society. The nurses were unwilling to assist to provide information regarding abortion, but their patients were asking for assistance, suggesting an acceptance of abortion as a legitimate option and a willingness to attain such a procedure. Therefore, refusing to fund foreign abortion based on an ethical argument that invokes a cultural rejection of abortion would be illegitimate. To describe this culture as not accepting of abortion would be a blanket statement that does not accurately represent the desires and needs of all of the members of the community.

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42. Ibid., 51.

43. Ibid., 57.
Furthermore, the prevalence of unsafe abortions in many regions around the world suggests similar situations globally.

**Conclusion**

Overall, when examining whether or not the Canadian government made an ethical decision in denying abortion funding in the Muskoka Initiative, one must conclude that this decision was not ethical. The necessity of including abortion in maternal health initiatives is constant through three different frameworks of analysis. Under a Kantian ethics and the categorical imperative, the government must include abortion within the Muskoka Initiative or denounce a long-standing domestic tradition of safe, legal, funded abortion. An analysis of the current discourse of development shows that the disempowering portrayal of the people of the “developing” world and the conflation of “woman” with “mother” require an ethical maternal health development policy to break away from the norm and re-appropriate agency to those that lack it. Finally, on the basis that less women dying from unsafe abortions is a positive, ethical goal, an ethical maternal health initiative must include funding for abortion. Even after a consideration of potential cultural animosity towards abortion services, the diversity of opinions and needs within society invoke the necessity of options for those whose lives are at stake. An ethical Muskoka Initiative would include funding for abortion services.

This issue is a reoccurring theme as the Canadian government, since its creation of the Muskoka Initiative, has consistently reiterated its commitment to women’s health around the world, particularly in developing countries. In the Speech from the Throne in 2013, the Governor General, on behalf of the government, highlighted Canada’s ‘leadership role’ in addressing women’s health in the poorest of countries. With the Canadian government’s current development policy on the issue of abortion, this is a questionable label at best. In order to fully fulfil this role that the government clearly purports, this unethical policy – excluding abortion from maternal health and development – must be re-examined.

REFERENCES


