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REPRODUCTIVE HEALTH

Evidence supporting broader access to safe legal abortion

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ABSTRACT

Unsafe abortion continues to be a major cause of maternal death; it accounts for 14.5% of all maternal deaths globally and almost all of these deaths occur in countries with restrictive abortion laws. A strong body of accumulated evidence shows that the simple means to drastically reduce unsafe abortion-related maternal deaths and morbidity is to make abortion legal and institutional termination of pregnancy broadly accessible. Despite this evidence, abortion is denied even when the legal condition for abortion is met. The present article aims to contribute to a better understanding that one can be in favor of greater access to safe abortion services, while at the same time not be "in favor of abortion," by reviewing the evidence that indicates that criminalization of abortion only increases mortality and morbidity without decreasing the incidence of induced abortion, and that decriminalization rapidly reduces abortion-related mortality and does not increase abortion rates.

1. Introduction

A recent assessment of global maternal, newborn, and child health indicated that unsafe abortion continues to exert a heavy toll on women's lives and well-being as it accounts for 14.5% of all maternal deaths globally [1]. These deaths are entirely preventable if women have access to safe legal abortion, as has been shown by the accumulated evidence and abortion reforms in a number of countries, including Guyana, Nepal, and South Africa. Of course, the primary prevention for unintended pregnancy is through consistent use of effective contraception. However, no contraceptive method is 100% effective, resulting in accidental pregnancies that the WHO has estimated to total 33.5 million each year [2]. In addition, many women—mostly young—suffer sexual violence and rape and some become pregnant with an unwanted pregnancy. Thus, the simple means to practically eliminate all unsafe abortion-related complications and maternal deaths is to make abortion legal and institutional termination of pregnancy broadly available and accessible [2,3].

Despite the evidence, abortion continues to be stigmatized, there are still several countries where abortion is strictly prohibited or permitted only to save a woman's life, and access to safe abortion is denied in many countries even when the legal condition for abortion is met. Moreover, one of the main barriers to accessing safe abortion is the resistance of health professionals to provide these services by alleging conscientious objection, although many times the real reason is fear of being stigmatized for providing legal abortion services [4]. Approximately one in five women in South Africa who were aware of the legal status that entitled them to a safe legal abortion did not seek it from the legal services because of the anticipated fear of rude treatment by the medical staff or because of the expected poor quality of service [5]. Little attention is given to the vital recommendation of the FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health, notably: "The primary conscientious duty of obstetrician–gynecologists at all times is to treat, or provide benefit and prevent harm to the patients for whose care they are responsible. Any conscientious objection to treating a patient is secondary to this primary duty" [6].

The FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health also states that: "Abortion is very widely considered to be ethically justified when undertaken for medical reasons to protect the life and health of the mother…" and, when referring to abortion for non-medical reasons, the Committee concludes that "a woman's right to autonomy, combined with the need to prevent unsafe abortion, justifies the provision of safe abortion" [6].

In contrast, only 40% of Brazilian obstetricians/gynecologists were willing to help a patient requesting a safe abortion and only 2% were willing to provide the abortion themselves [7]. In Gabon, health providers, mostly residents in obstetrics and gynecology, grossly delayed the care of severely ill abortion patients in contrast to much faster care provided to women with nonabortion-related conditions [8].

The contradiction between what many of our colleagues believe and practice [7–9] and what the FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health supports [6], is the result of our failure to communicate the evidence supporting the greatest

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possible access to safe abortion, while maintaining the position of promoting the reduction in the number of induced abortions worldwide.

The purpose of the present article is to contribute to a better understanding that one can be in favor of a greater access to safe abortion services, particularly for poor women who depend on public health services, while at the same time not be "in favor of abortion."

2. Why FIGO favors greater access to safe abortion services

Declaring that one is in favor of greater access to safe abortion is not an easy decision for any individual or institution in the current environment of abortion stigma, harassment, and political backlash. It is only after careful evaluation of the evidence and the professional and ethical obligation to protect women's health and lives that an organization such as FIGO can publicly declare to be in favor of women's access to safe abortion. Hence, it is important to make clear the basis for such a courageous position.

The first basic reason to favor broad access to safe abortion is that most women faced with an unintended/unwanted pregnancy resort to abortion, irrespective of the law. Where access to abortion is restricted, women will have no option but to risk their lives and health by resorting to an unskilled clandestine provider performing abortion under unhygienic conditions [3,10]. Unsafe abortions cause suffering and death, as shown by numerous studies worldwide [3,10,11].

Unsafe abortion is one of the main causes of maternal mortality in countries in which abortion is restricted or is legally permitted but services are not accessible. The unsafe abortion mortality ratio was 1 per 100 000 live births in Europe in 2008, falling from 5 per 100 000 in 1990. In the opposite extreme, the unsafe abortion mortality ratio in Africa was 80 per 100 000 live births in 2008, which showed only a small decline from 100 per 100 000 in 1990 [10,12]. Asia and Latin America and the Caribbean had ratios of 20 and 10 unsafe abortion deaths per 100 000 live births, respectively, in 2008, down from 50 and 30 deaths per 100 000 in 1990 [10,12]. Each year, over five million women are admitted in hospitals because of complications due to unsafe abortion [13] and the loss of productive years of life due to unsafe abortion is estimated at 2.1 million [14]. A systematic review of studies during 1990–2010 showed the median severe complications ratio of 596 per 100 000 live births [15].

These data also show the great inequality in the risk of dying as a result of an unsafe abortion. While the unsafe abortion rate is higher in Latin America than in Africa, the risk of death as a result of unsafe abortion is about 15 times higher for a woman living in Africa than for a woman living in Latin America [12]. It is a rare exception for an abortion-related death to occur in a private hospital providing services to economically privileged women. Almost all deaths occur in public hospitals where poor women receive care or in their own homes, or wherever an abortion practitioner provides a clandestine and unsafe abortion service [16]. Thus, the poorest women in the poorest countries are the main victims of criminalization of abortion and lack of access to safe abortion care.

Deaths are only the tip of a broad-based iceberg, which includes a large number of acute and chronic complications, some of which have important social implications—as in the case of infertility and chronic pelvic pain [17,18]. All of these consequences, which affect the health and well-being of millions of women globally every year, can be prevented if every woman had access to safe abortion when she needed it.

A second reason to favor broad access to safe abortion is that the main factor preventing access is criminalization of abortion, which only increases mortality and morbidity without decreasing the incidence of induced abortions [19].

The effect of criminalization of abortion on abortion-related mortality was dramatically demonstrated in Romania after the abrupt decision to prohibit abortion in November 1965. Criminalization of abortion was followed by a rapid increase in the abortion-related mortality ratio from approximately 15 per 100 000 live births to over 140 per 100 000 in a few years [19]. Although maternal mortality for other causes decreased during that period, the overall maternal mortality ratio increased from approximately 80 at the time of the change in the abortion law, to 170 at the peak of abortion mortality. Mortality declined dramatically when abortion restrictions were removed [19].

While criminalization of abortion has been shown to be efficient in increasing maternal mortality, it has not been efficient in producing the effect expected by the legislators who voted to make abortion a crime: to prevent women voluntarily terminating their pregnancies.

The lowest abortion rates are observed in countries where abortion laws are broadly permissive and access to safe abortion is easy, such as in western European countries; for example, Netherlands, Belgium, Germany, and Switzerland where abortion rates in 2008 ranged from 7–9 per 1000 women aged 15–44 years [20]. Countries where abortion is highly restricted have three- to five-fold higher abortion rates. For example, the abortion rate was 29 in Pakistan, 27 in the Philippines, and 46 per 1000 women of reproductive age in Kenya [21–23]. It is true that the highest abortion rates were found in Eastern Europe [11], where abortion laws are liberal and access is easy, but in this region access to modern contraception was limited until recently, and when methods became accessible, the abortion rate dropped by 50%—from 90 in 1995 to 43 per 1000 women in 2008 [11].

More recently Sedgh et al. [11] showed a clear association between the proportion of women living in countries with liberal abortion laws and the abortion rate in the same regions, which were used as the unit of analysis. They found a significant inverse correlation, with lower abortion rates in the regions where a higher proportion of women lived in countries with liberal abortion laws. These results confirm the inefficiency of criminalizing abortion as a mechanism to reduce their numbers.

The third reason that prompted FIGO to promote access to safe abortion in the framework of more permissive laws is that decriminalization rapidly reduces abortion-related mortality and, consequently, maternal mortality [19,24].

This was dramatically demonstrated in Romania when, after the fall of President Nicolae Ceausescu, abortion law was again liberalized and access to safe abortion became easy. There was an immediate and dramatic fall in abortion-related mortality, resulting in a decline in total maternal mortality from 170 in 1989 to 75 in 1991 [19].

More recently, studies of abortion-related deaths in public hospitals in South Africa showed that the number of deaths fell from 425 in 1994, before the promulgation of the Choice on Termination of Pregnancy Act, to an average of 40 per year—a 91% reduction after the law reform [24]. Portugal had low abortion-related mortality as shown by 14 deaths resulting from abortion over a seven-year period (2001–2007) prior to liberalization of the abortion law. This was reduced to only one death in the six years (2008–2013) following liberalization [25].

The fourth reason for FIGO to defend access to safe abortion in a more favorable legal environment is that decriminalization does not increase the abortion rate, as it is usually assumed [26].

In some countries there is an initial increase after decriminalization, but it is impossible to determine whether it is a real increase or the result of under-reporting when abortion is criminal, and greater registration after abortion becomes legal and there is no legal reason to hide its occurrence. A few countries, such as Spain, have shown increases in abortion rates following liberalization of the abortion law. These are exceptions however, and consideration should be given to the trend in increased sexual activity, especially among unmarried adolescents, and the increase in unintended pregnancies in cultures where birth outside marriage persists as a social taboo.

In Turkey, data on the frequency of abortion are derived from a series of Demographic and Health Surveys, with women directly responding to a question about their experience of abortion. As it is known that there is underreporting when women are asked directly in population surveys [27], it is expected that such underreporting diminishes and the number of declared abortions increases after legal reform, as was observed in Turkey, for about a decade. After underreporting is corrected, the proportion of all pregnancies terminated by abortion decreased, as found in surveys from 1983 to 2008 [28–33] (Fig. 1).

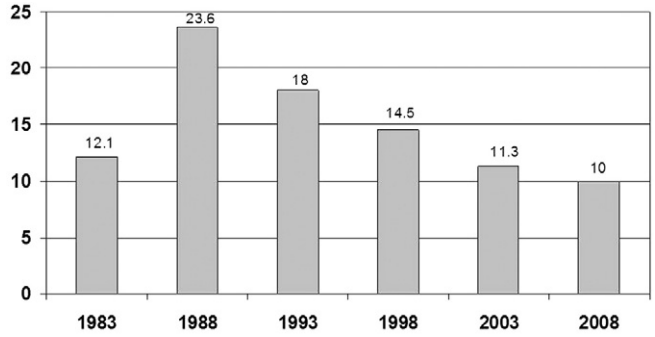

Fig. 1. Number of induced abortions per 100 pregnancies, by year, in Turkey (1983–2008).

In France and Italy the abortion rate per 1000 women of reproductive age showed a minor upward fluctuation during the first two or three years after decriminalization, but fell continuously at least from 1980–1996 [26]. In Portugal, where abortion law became broadly liberal in 2007, the number of abortions remained stable or went down from more than 18 000 in 2008 to 17 414 in 2013. This equates to an abortion rate of 7.3 per 1000 women of reproductive age, which is among the lowest in the world [25].

There is no direct cause — effect relationship between legalization and improved access to safe abortion and a decline in the abortion rate. A reduction in the frequency of unintended pregnancies that lead to abortion is usually the result of improved information and access to effective contraception. A possible explanation is that where abortion is a crime and carried out clandestinely, the abortion providers are primarily commercially motivated and, consequently, not interested in reducing repeat abortion. When abortion is legal and accessible within the health system, there is a motivation to prevent the repetition of abortion and postabortion counseling and provision of contraceptive methods improves, leading to a reduced incidence of repeat abortion. As repeat abortion constitutes at least 40% or more of all induced abortions, its reduction can at least partially explain a drop in the total abortion rate, recalling that women who have an induced abortion are demonstrating that they do not want a baby (or another baby) and will take any risk to avoid an unwanted birth. As such, they are at high risk of aborting again if they get pregnant.

It is not that decriminalization alone will reduce the frequency of abortion, but rather facilitate the opportunities for its prevention. More importantly, it does not automatically increase abortion rates, which is the reason often argued for opposing decriminalization and better access to safe termination of pregnancy.

The sudden and dramatic reduction in abortion rates in Eastern Europe between 1995 and 2008, coinciding with improved access to safe and effective modern contraceptives, is a good demonstration that women prefer to prevent a pregnancy than to abort it, even if termination of pregnancy services are legal and accessible. By making legal and safe abortion care accessible and providing contraceptive information and services, abortion rates can be drastically reduced. In Zimbabwe, women receiving counseling and services had significantly fewer unintended pregnancies and repeat abortion during the 12-month follow-up period than the control group that received no counseling or services [34]. A recent review of evidence indicates that most women initiate contraception following abortion or treatment of abortion complications if contraceptive information and services are provided [35].

3. Conclusions

Analysis of the reasons that FIGO is in favor of greater access to safe abortion should make it clear that it is not “in favor of abortion” or an increased incidence of induced abortion, but on the contrary, it strives to reduce the number of abortions to the minimum possible. FIGO recognizes that the aim of reducing the number of induced abortions will be achieved by not criminalizing its practice or denying care when requested within the limits of the law, as is currently the case in many countries. The number of induced abortions will be reduced through education and access to effective contraception. To criminalize abortion only causes suffering and deaths, particularly in less privileged countries and among the most marginalized sectors of society—exactly the group of women whose health and well-being FIGO has the duty to protect with all its capacity. Making safe termination of pregnancy broadly available is, paradoxically, one of the means that will help reduce the number of abortions.

Conflict of interest

The authors have no conflicts of interest.

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