



Health: Both a prerequisite and an outcome of sustainable development.

[BRIEF] Safe Abortions

Sexual and reproductive health and rights (SRHR) are based on the right and the ability of all individuals to make decisions about their own sexuality and body, and to live healthy and productive lives. Sweden has a long history of championing SRHR, including safe abortions, as part of its work on health, gender equality, human rights and sustainable development.

All people regardless of gender, age, disability, ethnicity or sexual orientation, should be able to enjoy their human rights, including SRHR. Sweden's official position is that access to safe and legal abortion, as well as access to contraceptives, falls within the framework of human rights, and is essential to reduce maternal mortality and to promote gender equality¹. Sweden supports several initiatives to prevent unsafe abortions globally, including training of qualified health staff to perform abortions, advocacy towards liberalization of abortion laws and decriminalization of women who have undergone illegal abortions. Sweden's funding for safe abortion is multi-sectorial and includes support to research, bilateral health sector support, multilateral support through UN agencies, as well as direct support to international NGOs such as Ipas, Marie Stopes International (MSI), International Planned Parenthood Federation (IPPF) and national civil society organizations.

KEY FACTS

- Approximately 56 million abortions are performed each year world wide, the amount of unsafe procedures is not known².
- Between 8 and 18 % of all maternal deaths world wide are caused by unsafe abortion³. In addition, millions of women are estimated to suffer from complications due to unsafe abortion³.
- Globally, 25 % of all pregnancies end in abortion³.
- Abortion rates have declined significantly since 1990 in high-income countries, but not in low- and middle-income countries³.
- Almost half (41 %) of all unsafe abortions in low and middle-income countries occur among women under the age of 25³.
- Sub-Saharan Africa is disproportionately affected, with nearly two-thirds of all abortion related deaths⁴. (The true figure is likely to be higher as deaths resulting from unsafe abortions are grossly underreported due to stigma and fear of punishment.)

1 Dialogue for change – reference material in support of policy dialogue on sexual and reproductive health and rights. 2010

2 Guttmacher: Facts on Induced Abortion Worldwide 2016

3 Framework of Actions for the follow-up to the Programme of Action of the ICPD Beyond 2014

Safe abortion methods

There are two main methods of safe abortion:

Medical abortion, where medication (Misoprostol and Mifepristone) is used to end a pregnancy. It can be initiated as soon as pregnancy is confirmed, through the second trimester of pregnancy and beyond that to induce labor. A medical abortion can either be self administered or administered by a trained health professional up to gestational week 9. After this week, medical supervision is necessary due to the increased risk of complications⁵. In 2005, WHO added Mifepristone and Misoprostol to its Model List of Essential Medicines.

Surgical abortion is a procedure performed up to gestational week 12–14 by a trained professional. WHO recommends Manual Vacuum Aspiration (MVA) as the safest surgical method.⁶

UNSAFE ABORTION AS A PUBLIC HEALTH THREAT

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"*⁷.

Unsafe abortions constitute a serious threat to women's health globally. Unsafe abortions have several negative consequences both at individual and at societal level. Complications from unsafe abortion cause maternal deaths that leave children motherless. Furthermore, it can reduce women's capacity to work, thus increasing the economic burden on families. Post abortion complications also have serious impacts on already fragile and resource-poor public health systems. The provision of contraceptives and safe, legal abortion is considerably less costly than treating the complications of unsafe abortion and loss of income due to temporary or long-term disability⁵.

ABORTION AS A HUMAN RIGHTS ISSUE

Several human rights bodies indicate that women's rights are threatened when their access to contraceptives and safe and legal abortion is restricted, although the right to abortion is not explicitly set out in any of the UN conventions on human rights. **The Human Rights Committee and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee** have made a connection between unsafe and illegal abortions and the right to life³. In 2016 **the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment** issued a report in which the Special Rapporteur argues that states have an affirmative obligation to reform restrictive abortion legislation that perpetuates torture and ill-treatment by denying women safe access and care⁶. Further in 2016,

The Committee on Economic, Social and Cultural Rights adopted a General Comment on the Right to Sexual and Reproductive Health which speaks broadly about the need for safe abortion care and the elimination of restrictive abortion laws⁷. **The 1994 International Conference on Population and Development (ICPD) Program of Action (PoA)** states that when abortion is legal, it must be safe and women must always have access to safe abortion services⁸. **The 1995 Fourth Conference on Women in Beijing** encouraged states to re-examine laws that punish women who have an abortion⁹. At a regional level, human rights bodies are increasingly recognizing abortion as a human rights concern. Article 14 in **The Protocol to The African Charter on Human and Peoples' Rights on The Rights of Women in Africa (The Maputo Protocol 2003)** sets out the African states' obligation to provide legal and safe abortion when a pregnancy is a result of a sexual assault, rape or incest where the mental or physical health of the woman is threatened, or when the woman's or fetus' life is in danger. This is the very first treaty to recognize abortion under certain conditions. It was ratified by the majority of the Africa member states. A General Comment was adopted 2014 and provides interpretative guidance on Article 14¹⁰. **The Montevideo Consensus**¹¹ urges Latin American and Caribbean states to consider amending their laws and public policies relating to the voluntary termination of pregnancy, in order to protect the lives and health of women and adolescent girls.

BARRIERS TO ACCESS SAFE ABORTION

Restrictive laws and unsafe abortion are a cause and consequence of poverty. They are also intimately linked to gender inequality, harmful cultural norms and religious interpretations within societies. These are all factors limiting opportunities for women, girls and families to make choices about their sexual and reproductive lives. Poor women in low and middle-income countries have less access to contraceptives, and scarce resources to pay for safe abortion procedures. They are also more likely to experience complications related to unsafe abortion¹². Service providers may lack awareness, willingness and skills to perform services even when the law permits abortion.

4 The ICMA information package on medical abortion 2013

5 WHO: Safe Abortion: Technical Guidance for health Systems 2nd edition

6 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment 2016

7 General Comment No. 22 on the Right to Sexual and Reproductive Health, UN doc E.C.12/GC/22

8 <http://www.unfpa.org/publications/international-conference-population-and-development-programme-action>

9 The Platform for Action from the Fourth Conference on Women in Beijing 1995

10 General comment No. 2 on Article 14 on the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa 2016

11 Montevideo Consensus on Population and Development 2013

12 IPPF Death and Denial and unsafe abortion 2006

In addition to restrictive laws and weak health systems, abortion-related stigma is a key impediment in ensuring women's access to safe abortion services.¹³ Stigma surrounding abortion must be addressed to increase the possibility for women to access accurate, evidence-based information about abortion and to encourage an enabling environment for the adoption of laws and policies that will increase access to safe abortion services. Young and unmarried pregnant girls are particularly stigmatized and vulnerable. Universal access to non-judgmental sexual and reproductive health services (including youth-friendly set-ups) that respect the rights to confidentiality, privacy and informed consent are needed to address this challenge.

PREVENTION OF UNSAFE ABORTIONS

Comprehensive Sexuality Education (CSE), provision and use of effective contraception, liberalization of abortion laws and access to safe and legal abortions, in combination with prevention and treatment of complications, could prevent almost all abortion related mortality and disability. WHO provides technical and policy guidance for safe abortion that would improve the health of women, if followed by countries⁶.

Some strategies for preventing unsafe abortion are:

- Increased access to a wider range of safe abortion methods (Manual Vacuum Aspiration (MVA) and medical abortions).
- Increased emergency care for abortion related complications.
- Task-shifting to mid-level health care providers (nurses, midwives, auxiliary nurse midwives, and physician assistants).
- Provision of safe post-abortion care (PAC) for those who have had an unsafe abortion.
- Provision of post-abortion and post-partum counseling with a wide variety of contraceptive methods including long acting reversible contraception (LARC) and emergency contraceptives.
- Data collection on abortion for appropriate policy development and decision-making.
- Public/private partnerships for advocacy, public education, and access to services.

Sida-funded research on task-shifting

A study in Rajasthan, India, provides evidence that women in low-resource, low-literacy settings who assess their pregnancy status at home following a medical abortion, with a low-sensitivity urine pregnancy test, are as likely to have a safe and complete medical abortion as those who rely on a clinic follow-up. The standard requirement is that women who perform a medical abortion up to week nine need to attend a follow up visit to detect a continuing pregnancy. However, requiring another visit to the clinic creates yet another barrier for access and acceptability of abortion services from safe and legal providers. The study shows that standard service provider guidelines could be revised to reduce the number of unsafe abortions and increase access for safe abortion services for women living in remote areas in low and middle-income countries¹⁴.

Research in Uganda shows that task shifting is an efficient way of increasing access to safe PAC in low resource settings where maternal morbidity and mortality is high. The shortage of physicians in many low-income countries restricts women's access to post abortion care. By providing midwives with post abortion skills and empowering them to perform the services, access will increase. Task shifting is a cost efficient way of strengthening health systems and could be mainstreamed with health sector support and backing from the medical professions¹⁵.

ABORTION LEGISLATION

Almost all countries in the world permit abortion under some circumstances. As of 2013, **190 of 196 states permitted abortion to save a woman's life; 132 to preserve her health; 126 to preserve her mental health. 99 states allow abortion in cases of rape or incest, 69 states for social or economic reasons and 58 states permit abortion on request**¹⁶. The Vatican State, Malta, Dominican Republic, El Salvador, Nicaragua and Chile do not allow abortion under any circumstances. High-income countries generally have the most liberal abortion laws while low and middle-income countries generally have more restrictive legislation. In countries with restrictive abortions laws, induced abortion rates are usually high and the majority of abortions are unsafe. Since the ICPD in 1994, more than 30 countries have liberalized their abortion laws, while only a few countries have tightened legal restrictions on abortion¹⁷.

Hence, there are many countries with restrictive legislation and disconnect between law, policies and practices. The strategies to counteract these challenges involve advocacy for liberalization of laws and making sure that

13 Seachange: Addressing Abortion stigma through service delivery 2013

14 Iyengar K et al. Self-assessment of the outcome of early medical abortion versus clinic follow-up in India: a randomised, controlled, non-inferiority trial. *Lancet Glob Health* 2015; 3: e537–45

15 The Lancet, 2015: Comparison of treatment of incomplete abortion with misoprostol by physicians and midwives at district level in Uganda: a randomized controlled equivalence trial

16 UN Department of Economic and Social Affairs Population Division: World abortion policies 2013.

17 Center for Reproductive Rights: The Worlds Abortion laws 2015

unsafe abortion is recognized as a major contributor to maternal mortality by policy makers, health-care workers and among faith based leaders.

Ipas – one of Sida's partner organizations

Sida supports Ipas, an international NGO with presence in more than 20 countries. Their engagement is at community, national and global level with advocacy, community mobilization and health system strengthening to prevent death and disabilities due to unsafe abortions. In 2015, half a million women received comprehensive abortion care in 17 countries through their support. Ipas global strategy to remove legal restrictions on abortion and safe abortion services aims at: **promoting informed public identity debate** about abortion law reform; **documenting information** about harmful impact of regressive laws and policies; **promoting youth leadership** and **ensuring abortion is included in policy/ action agendas** of major regional & global institutions⁴.

GLOBAL TRENDS AND CHALLENGES

Liberalization of abortion laws

The global trend over the past 20 years has been to ease restrictions and legalize abortion¹⁸. In line with this trend, the African Commission on Human and People's Rights (ACHPR) recently launched a continental *Campaign for the Decriminalization of Abortion in Africa*. The campaign aims to focus attention on the high mortality caused by unsafe abortion in Africa¹⁸. Despite these positive developments, there are also serious pushbacks in countries, such as Poland and Spain, which have led to public actions and protests around the world.

The anti-choice movement

Anti-choice movements exist in most countries. In recent years the organized anti-choice movements in Europe, USA and Africa have become more visible, vocal and professional. The movements have three key messages: protect life starting from conception, safeguard traditional family values, and defend religious freedom. The majority of the movements derives from a Christian context, in particular the Catholic Church and the Evangelical Church but others belong to nationalist political parties¹⁹. Thus, the debate about the right to CSE, contraception and safe abortion services have been brought to the spotlight and governments have been questioned about their strict regimen when they do not provide the tools for women to control their sexuality and reproduction.

AGENDA 2030

The Sustainable Development Goals (SDGs), adopted in September 2015, lay out the agenda for health and sustainable development over the next 15 years. The 17 goals are broad and cover a wide range of areas that are essential for sustainable development. However, the most controversial components of SRHR, like abortion, comprehensive sexuality education and LGBT-rights are not directly mentioned. Relevant targets for safe abortion from goals 3, 4 and 5 include:

- Universal access to SRHR.
- A stronger global framework for maternal health, with a focus on maternal mortality reduction.
- Enforceable legislation for gender equality²⁰.

¹⁸ Campaign for the Decriminalization of Abortion in Africa 2016

¹⁹ Datta, Neil. Keeping It All in the Family. Europe's Antichoice Movement. (2013). Conscience. The Newsjournal of Catholic Opinion VOL. XXXIV-NO.2

²⁰ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

Country case study – Democratic Republic of Congo

Sida is funding a four-year SRHR programme – implemented by UNFPA in consortium with Pathfinder and Médecins du Monde – in the Democratic Republic of Congo (DRC). In the DRC maternal deaths account for 35% of all deaths of women aged 15–49. This is due to several factors, including low availability, accessibility and quality of services, low status of women, and economic, socio-cultural, and legal barriers. To address these challenges, the programme focuses on strengthening the governance, health systems, and community structures necessary to advance young women's SRHR. One of the strategies is to provide comprehensive and quality SRH services. A harm reduction approach is being piloted at three clinics to avert unsafe abortions among girls and young women who become pregnant as a result of sexual violence. **Harm reduction** is a proven and evidence based model that has been effective in many countries. It contributes to community mobilization and supports health providers and human rights advocates to assist women in countries where restrictive laws and policies otherwise force women to carry out unsafe practices. In the DRC program, women in the pilot clinics will be offered pre-and post-consultations with accurate information on safe procedures like medical abortion, how to access misoprostol and how to use it properly²².

KEY READING

- WHO: Safe abortion: Technical and policy guidance for health systems. Second edition 2012.
- Dialogue for change – reference material in support of policy dialogue on sexual and reproductive health and rights 2010.
- Guttmacher: Facts on Induced Abortion Worldwide 2016.
- Guttmacher: Adolescents' Need for and Use of Abortion Services In Developing Countries 2016.
- IPPF: How to talk about abortion 2014. A guide to rights based messaging.
- Center for Reproductive Rights: Briefing paper Abortion worldwide: 20 years of reform 2014.
- Center for Reproductive Rights 2013: The Stakes are high – The Tragic Impact of Unsafe Abortion and Inadequate Access to Contraception in Uganda.
- Seachange: Addressing Abortion stigma through service delivery 2013.
- Ipas 2010. Ten facts. The evidence speaks for itself.
- The Lancet, 2015: Comparison of treatment of incomplete abortion with misoprostol by physicians and midwives at district level in Uganda: a randomized controlled equivalence trial.

OPPORTUNITIES/ ENTRY POINTS FOR DIALOGUE

- Unsafe abortion is one of the four main causes of maternal mortality and morbidity. This is a public health and human rights issue and should be treated as such.
- Poor and young women are most affected by not having access to safe abortion.
- Nearly all deaths and temporary or lifelong disability due to unsafe abortion occur in countries where abortion is severely restricted by law.
- Even in countries where abortion is legal for one reason or another, many women and health-care workers (as well as police and legal officers) do not know what the law allows with regards to abortion.
- The provision of safe, legal abortion is considerably less costly than treating the complications of unsafe abortion.
- The Maputo Protocol establishes the responsibility of African States to provide legal and safe abortion when the pregnancy is the result of sexual violence, when the women's mental or physical health is at risk, or when the women's or fetus' life is in danger.

21 Hymana A et al: Misoprostol in women's hands: a harm reduction strategy for unsafe abortion Contraception 87 (2013) 128–130

