Abortion

Professor Friday Okonofua
Definitions

Abortion is defined as the voluntary or involuntary termination of pregnancy before the age of viability – normally taken as 28 weeks.

There are two types of Abortion:

• Spontaneous – Involuntary termination of a pregnancy due to some abnormalities

• Induced – the deliberate termination of a pregnancy because it is unwanted or mistimed
Causes of Spontaneous Abortion

First Trimester (<12 weeks) – Genetic Abnormalities

Second trimester (12-28 weeks) – cervical incompetence, infections, co-existing fibriods, etc.
Induced Abortion

• Induced abortion is the main focus of this lecture
• It’s often not realised that women often seek abortion in the same context that they seek fertility and continuation of pregnancy
• Induced Abortion is an issue of major importance to health, rights, and social justice
• It is one of the most pervading issue in reproductive health discourse of all time.
Safe v. Unsafe Abortion

Induced Abortion is further divided into Safe and Unsafe

Safe Abortion: is when abortion is carried out in an environment where abortion is legally allowed. It’s done openly and without inhibition

Unsafe Abortion: is abortion done in countries and local environments where abortion is legally restrictive.

Safety connotes the fact that abortion done with restriction is often associated with several complications (to be discussed later)
Abortion Methods

Surgical Methods – Manual Vacuum Aspiration, D&C

Medical Methods – mifepristone and misoprostol

Abortion methods are now much safer. They only become dangerous and unsafe when they are done clandestine in circumstances where abortion is illegally
Safe Abortion methods

WHO-recommended abortion methods

- First trimester
  - Manual vacuum aspiration
  - Electric vacuum aspiration
  - Mifepristone + misoprostol
  - Misoprostol alone

- Second trimester
  - Mifepristone + misoprostol
  - Misoprostol alone
  - Dilatation & evacuation (D&E)

D&E is main method for second trimester abortion in USA but declining in Europe. Almost all 2nd trimester abortions in Scandinavia are medical abortions (Sweden too few late abortions to maintain D&E skills). Both are safe and effective but big difference for woman/provider.
Samples of Unsafe Abortion Methods Used

- Drinking bleach or tea made with livestock manure
- Inserting herbal preparations into the vagina or cervix
- Placing foreign bodies, such as a stick, coat hanger or chicken bone, into the uterus
- Jumping from the top of stairs or a roof
Unsafe abortion...

- a large health risk for women because of inadequate skills of the providers, unsanitary environments, and hazardous techniques
- increase the rate of complications (e.g.: severe bleeding, abdominal and genital injury) or death
- can lead to further complications (e.g.: haemorrhage, sepsis, genital perforation)
- might need complex tertiary care which is only available at referral public hospitals with the capacity for surgery, blood transfusion, and intensive care
Abortion in Context

• All countries & women of all ages

• Married and unmarried women

• Women with and without children
Reasons for Induced Abortion

A woman may want to have a child, but:

- Pregnancy may threaten the woman’s health or survival

- Fetal abnormality

- Partner, family or community pressure
Reasons for Unwanted Pregnancy

• Health considerations

• Socioeconomic concerns

• Cultural reasons

• End childbearing or space births

• Rape, incest
Unintended Pregnancy

- **222 million**
  - women who do not want to become pregnant but are using no contraceptive method or a traditional method

- **33 million**
  - accidental pregnancies among contraceptive users
Public Health Context

• 85 million
  ➔ unintended pregnancies annually in the developing world

• 40 million
  ➔ end in abortion
Public Health Context

Number of Unsafe Abortions Annually (Global)

- 2003:
- 2008:
Induced abortion in Nigeria

1998 – 610,000 abortions/year
1999 – 1 million abortions/year
2006 – 760,000 abortions/year
2015 – 1.2 Million/ abortions/year
- All are unsafe abortions
References


Public Health Context

Proportion of Unsafe Abortions Annually

- 1995
- 2003
- 2008

Unsafe Abortion
Public Health Context

Unsafe Abortions

- **Developing Countries**: 98%
- **Developed Countries**: 2%
Public Health Context

Induced Abortions in Developing Countries

- Unsafe
- Safe
Public Health Context

Unsafe Abortion in Developing Countries

- Over age 20
- Under age 20

Module 1: Public Health & Human Rights
Proportion of abortions that are unsafe

- Africa: 97%
- Latin America: 95%
- Asia: 40%
- Eastern Europe: 13%
- Developed Countries: 0.5%

Unsafe | Safe
--- | ---
- | -
Proportion of abortions that are unsafe

- South-central Asia: 65
- South-eastern Asia: 61
- Western Asia: 60
- Eastern Asia: 0.5

Unsafe
Safe
Proportion of abortions that are unsafe

- **Caribbean**: 46 unsafe, 54 safe
- **Central America**: 100 unsafe
- **South America**: 100 unsafe

Module 1: Public Health & Human Rights
Proportion of abortions that are unsafe

- **Southern Africa**: 58%
- **Eastern Africa**: 96%
- **Northern Africa**: 98%
- **Middle Africa**: 100%
- **Western Africa**: 100%

**Module 1: Public Health & Human Rights**
Risk of death due to unsafe abortion

- LDCs: 80 deaths (per 100,000 unsafe abortions)
- Northern Africa: 30 deaths (per 100,000 unsafe abortions)
- Southern Africa: 40 deaths (per 100,000 unsafe abortions)
- Western Africa: 80 deaths (per 100,000 unsafe abortions)
- Eastern & Middle Africa: 100 deaths (per 100,000 unsafe abortions)
Consequences of unsafe abortion

- 47,000 related deaths
- 5 million women with disabilities
- 220,000 children motherless
Case Fatality Rates: Unsafe Abortion

- All developing regions: 220 deaths (per 100,000 unsafe abortions)
- Latin America: 30 deaths
- Eastern Europe: 30 deaths
- Asia: 160 deaths
- Africa: 460 deaths

Module 1: Public Health & Human Rights
Why abortion is unsafe in Africa

-Restrictive laws
-Use of outdated technologies
-Lack of awareness of when abortion is allowed by the law
-Power and patriarchy
-Refusal by health workers to perform abortion
-Economic and social inequality
The Abortion Conundrum

• Lack of open public support for open debate on abortion
• Religious and cultural fundamentalism that hold sway on abortion issues
• The lack of political will, and fear of the issue by political leaders.
• Inability to promote public health awareness and education about abortion
Regulatory & policy context

Maternal mortality is:

• Higher in countries with major restrictions to abortion

• Lower in countries where abortion is available upon request or under broad conditions
Legal & Policy Considerations

Only 19% of developing countries allow abortion based on social or economic circumstances
Grounds on which abortion is permitted by region

Developed Countries

<table>
<thead>
<tr>
<th>Grounds</th>
<th>Percentage of countries</th>
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<tbody>
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<td>Physical health</td>
<td>80%</td>
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Asia

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Africa

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Grounds on which abortion is permitted - Asia

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Grounds on which abortion is permitted – Latin America

Module 1: Public Health & Human Rights
Liberal abortion laws & policies → Lower abortion rates

Figure 2. The association of the abortion rate with the prevalence of liberal abortion laws by subregion, 2008.
One in four women who undergo unsafe abortion is likely to develop temporary or lifelong disability requiring medical care.
Clear and Unambiguous

“As a preventable cause of maternal mortality and morbidity, unsafe abortion must be dealt with as part of the SDGs on improving maternal health and other international development goals.”
Public Health & Human Rights

“The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect her health.”
Human Rights

• Free and responsible decision making on sexuality and reproductive health including the number, spacing and timing of children
• Life
• Equality and non-discrimination
• Privacy
Human Rights

• Freely choose a spouse and enter into marriage only with free and full consent
• Enjoy the benefits of scientific progress
• Access relevant health information

(WHO, 2004)
Human Rights Rationale

The new emphasis on human rights can bolster arguments that governments must ensure safe abortion access as part of their commitment to fulfilling international human rights obligations.
Some Rights related to Abortion

- The right to life
- Right to health, reproductive health, and family planning
- Right to be free from discrimination
- The right to liberty and security of the person
- Right to the benefits of scientific progress
Responses to Abortion in Africa

• Promotion of family planning
• Policy support for abortion and post-abortion care
• Medical training and re-training
• Legal Reform
Conclusions

Abortion remains a highly stigmatized, but extremely prevalent, phenomenon in Africa today. The toll of unsafe abortion on women’s lives and its cultural and legal dimensions cause it to be an issue of serious public health concern, human rights abuses, and social and economic inequality. Deep systemic issues of unequal power relationships between men and women, inadequate and under-funded health systems, lack of political will to address the many negative consequences of unsafe abortion, and the increasingly powerful conservative role of religious and other cultural institutions have left women at serious risk. Until these issues are addressed head-on, women, their families, and entire communities will suffer the tragic consequences of deaths and injuries caused by unsafe abortion. Fortunately, we are seeing progress in this regard, which needs to be accelerated and supported vigorously.
Responses to Abortion in Africa

• Promotion of family planning
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• Medical training and re-training
• Legal Reform
Responses to Abortion in Africa

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Recommended further reading

Abortion in Africa, by Charlotte E. Hord.
Responses to Abortion in Africa

- Promotion of family planning
- Policy support for abortion and post-abortion care
- Medical training and re-training
- Legal Reform
THANK YOU!