



TACKLING UNSAFE ABORTION: A PUBLIC HEALTH PERSPECTIVE

Aworinde Olufemi^{1*}, Ogunlaja Olumuyiwa¹, Olufemi-Aworinde Kehinde², Joel-Medewase Victor³, Owonikoko Kola⁴ and Adeyemi Adewale⁴

¹Department of Obstetrics and Gynaecology, Bowen University, Iwo.

²Department of Haematology and Blood Transfusion, Bowen University, Iwo.

³Department of Paediatrics, Ladoke Akintola University of Technology, Ogbomosho.

⁴Department of Obstetrics and Gynaecology, Ladoke Akintola University of Technology, Ogbomosho.

***Corresponding Author: Aworinde Olufemi**

Department of Obstetrics and Gynaecology, Bowen University, Iwo.

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ABSTRACT

Unsafe abortion is a procedure for terminating an unwanted pregnancy, either by persons lacking the necessary skills, or in an environment lacking the minimal medical standards, or both. It is a leading cause of maternal mortality being responsible for about 13% worldwide. In addition to this it leads to reduction in the workforce, loss of man hours and ultimately reduction in a country's gross domestic product. An estimated 21.6 million unsafe abortions occur worldwide. Numbers of unsafe abortions have increased over the years although the overall unsafe abortion rate remains unchanged at about 14 unsafe abortions per 1000 women aged 15–44 years. There is a disproportionately high occurrence (about 98%) in developing countries. The causes of unintended pregnancy include lack of female education, lack of women empowerment, poverty and unmet contraceptive need. Thus, to deal with this health crisis, a public health approach is needed. This involves, enacting enabling abortion laws, providing access to modern contraceptive services, improving access to safe abortion services, providing information about abortion and improving the status of women in the society.

KEYWORDS: Unsafe, abortion, public, health, contraceptive, law.

INTRODUCTION

"..... too many women continue to die from pregnancy related causes. In part, this is because unsafe abortion—one of the leading preventable causes of maternal death—is a public health crisis that is going largely ignored." Sharon Camp, president and CEO of the Guttmacher Institute.^[1]

Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions. It is also a public health concern in many parts of the world. More than one-quarter of the world's people live in countries where the procedure is prohibited or permitted only to save the woman's life. Regardless of legal status, abortions still occur, and nearly half of them are performed by an unskilled practitioner or in unhygienic conditions, or both.^[2] Abortion has for too long been a subject relegated to the shadows of public health. It is a topic within which many emotional, religious and political perspectives have become entwined, each vying to assert their influence on policy.^[3]

According to World Health Organisation (WHO), unsafe abortion is one of the three leading causes of maternal mortality, along with haemorrhage and sepsis from

childbirth.^[4] It is defined as "a procedure for terminating an unwanted pregnancy, either by persons lacking the necessary skills, or in an environment lacking the minimal medical standards, or both".^[5] Almost all unsafe abortions occur in developing countries.^[4] Approximately 6.2 million unsafe abortion procedures are performed in Africa, 10.8 million in Asia, and 4.2 million in Latin America and the Caribbean each year.^[4] Huge gaps persist in our understanding of the incidence, morbidity and mortality of unsafe abortion; because of stigma or fear of legal reprisals, unsafe abortions are grossly under-reported and the complications thereafter are often concealed or attributed to spontaneous miscarriage.^[6]

The mortality and morbidity risks associated with unsafe abortion depend on the facilities and the skill of the abortion provider, the intervention method used; the general health of the woman and the stage of her pregnancy.^[4] Unsafe abortion may be induced by the woman herself, by a nonmedical person under unhygienic conditions or by a health worker outside of designated health facilities.^[4]

Burden of Unsafe Abortion

Each year, throughout the world, approximately 210 million women become pregnant and over 135 million of them deliver liveborn infants.^[7,8] The remaining 75 million pregnancies end in stillbirth, spontaneous or induced abortion. An estimated 21.6 million unsafe abortions occur worldwide. Numbers of unsafe abortions have increased over the years although the overall unsafe abortion rate remains unchanged at about 14 unsafe abortions per 1000 women aged 15–44 years.^[4]

Unsafe abortion is responsible for about 13% of all maternal deaths.^[4] The burden of unsafe abortion deaths is disproportionately much higher in Africa than in other developing regions. For example, while Africa accounts for 25% of all births and 13% of all women of reproductive age in the world, its share of all unsafe abortions was 28%. More seriously, 54% of all unsafe abortion-related deaths occur in Africa. According to conservative estimates, more than 3,000 women die annually in Nigeria as a result of unsafe abortion.^[9,10]

The deaths are only a tip of the iceberg; for every death, at least 30 women suffer serious illness or debilitating injuries; with 8.5 million women requiring post abortion care.^[11,12] The WHO estimates that about 20–30% of unsafe abortions result in reproductive tract infections and that about 20–40% of this result in upper-genital tract infection and infertility. An estimated 2% of women of reproductive age are infertile as a result of unsafe abortion and 5% have chronic infections. Unsafe abortion could also increase the long-term risk of ectopic pregnancy, premature delivery and spontaneous abortion in subsequent pregnancies.^[13,14]

The treatment of abortion complications in hospital consumes a significant share of resources, including hospital beds, blood supply, medications, and often operating theatres, anaesthesia and medical specialists. Thus, the consequences of unsafe abortion place great demands on the scarce clinical, material and financial resources of hospitals in many developing countries, compromising other maternity and emergency services.^[14,15] The combined regional annual cost of unsafe abortion in Latin America and Africa was estimated to be between US\$159 million and US\$333 million, which have been found to be more expensive than the cost of providing safe abortion with manual vacuum aspiration.^[10,16]

The tragedy of unsafe abortion goes well beyond the injury or death of the individual woman. Losing a mother devastates the lives of children, and losing a healthy woman's contributions to society weakens her community. Her death leads to reduction in the workforce, morbidity results in loss of man hours and inadvertently reduction in a country's gross domestic product; thus, the high level of morbidity and mortality associated with unsafe abortion also translates to indirect economic and social costs that are difficult to

quantify.^[1,17] A public health approach to prevention of unsafe abortion will go a long way in reducing the harm it causes individuals, families and society as a whole.

Why Unsafe Abortion?

Many reasons have been adduced for unsafe abortion. However, we think public health focus should be on why an unintended pregnancy in the first place and why she did not get a safe abortion when she became pregnant? Causes of unintended pregnancy include lack of female education, lack of women empowerment, poverty and unmet contraceptive need. Extensive research shows that the most effective way to prevent unintended pregnancy is through correct and consistent use of contraceptives. Data from the Guttmacher Institute shows that four in five unintended pregnancies in the developing world, occur among women with an unmet need for modern contraceptives; around the world, abortion rates are lowest in subregions where contraceptive use is high. For example, in Africa, rates of modern contraceptive use are low, at approximately 30% and abortion rates are high, at 30 per 1000 women of reproductive age, despite the legal restrictions on abortion.^[18,19]

Restrictive abortion laws, adverse socio-cultural and religious factors, poor access to available safe abortion services and inhibiting service delivery factors make it impossible to have safe abortion when these women get pregnant. In countries where abortion is illegal, or where affordable services are not available, women do not stop having abortions. Instead, they resort to unsafe services at an increased risk to their health and lives. When women feel compelled to obtain illegal abortions, these are more difficult to access, more likely to occur in unsafe conditions, and to be undertaken by unqualified persons. The criminalisation of abortion is therefore linked to increased rates of maternal morbidity and mortality.^[20]

Reducing the Burden of Unsafe Abortion

The International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995 recognised the health impact of unsafe abortion and the moral and public health imperative to address it.^[21] The Special Session of the African Union Conference of Ministers of Health, held in Maputo in September 2006, agreed on what is known as Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007–2010.^[22] The following are among the strategic actions included in the plan of action as related to unsafe abortion: enact policies and legal framework to reduce incidence of unsafe abortion; prepare and implement national plans of action to reduce incidence of unwanted pregnancies and unsafe abortion; provide safe abortion services to the fullest extent of the law; educate communities on available safe abortion services as allowed by national laws; train health providers in

prevention and management of unsafe abortion. More health education, improvement of healthcare services, and changes in the restrictive abortion laws have to occur to reduce the incidence of unsafe abortion and its attendant morbidity and mortality.^[23]

Abortion laws

There is no doubt that one of the most significant considerations for a woman contemplating having an abortion is whether the law permits or prohibits abortion where she lives.^[20] Legalization of abortion can dramatically improve women's health. Several natural experiments reveal the potential. In the USA, for example, the legalization of abortion led to the emptying and then closing of septic abortion wards in major metropolitan hospitals. Conversely, unsafe abortion and related mortality are both highest in countries with narrow grounds for legal abortion. In Romania, maternal mortality increased dramatically between 1960 and 1990, peaking in 1989 at an estimated 170 deaths per 100 000 live births, reflecting the restrictive abortion and contraception laws implemented by Ceaușescu.^[14,24]

The prevalence of unsafe abortion remains highest in the countries with the most restrictive legislations, up to 23 unsafe abortions per 1000 women aged 15–49 years. By contrast, the countries that allow abortion on request have a median unsafe abortion rate as low as two per 1000 women of reproductive age.^[24] When contraceptive use increases and fertility levels stabilise, abortion rates tend to decrease where abortion services are legal and available.^[21]

Liberalisation of abortion, however, is not completely predictive of access to abortion, especially in low-resource countries.^[21] India has had legal abortion on the books for several decades, as has Zambia. However, in both countries, numerous impediments to care, ranging from requirement for several doctors' signatures to lack of accessible clinics, prevent most women in need from getting care on time.^[25,26] The benefits of legalization of abortion includes; less fear and confusion, better planning and quality of services, improved and more equitable access earlier in pregnancy and improved abortion data collection. It is however good to note that, the more grounds for abortion that are made legal in the law, the more women will be able to get access to safe abortion services, leading to fewer deaths and morbidity.^[25,26]

Access to modern contraceptive services

A reduction in the number of unintended pregnancies is the key issue when attempting to reduce abortion rates. Ensuring access to a comprehensive range of fertility control options is therefore vital to achieving this public health goal.^[27] The failure rates of the various family planning methods are associated with the methods themselves or with their discontinuation. These failures in family planning methods result in a large number of unplanned and unwanted pregnancies, and consequently

in numerous abortions.^[28,29] Nevertheless, reducing the unmet need for contraception will go a long way in reducing the incidence of unintended pregnancies and ultimately that of unsafe abortion. A study in Nigeria, estimated that the cost of contraceptive services that would have enabled women to avoid the unintended pregnancies that ended in unsafe abortions would have been one-quarter that of the post-abortion care provided by health facilities.^[30] Succinctly put, it is cheaper to offer contraceptive services than to withhold when relating it to unsafe abortion.

Improving access to safe abortion services

As earlier mentioned, removing needless barriers to abortion is very important. Women in developing countries go through a lot to get a safe abortion. Problems include the metropolitan concentration of abortion providers, consent to contraceptive sterilization as a prerequisite, lack of an appointment system and hefty charges for services that should be free. Lack of confidentiality of providers regarding minors poses another obstacle for adolescents.^[29] Service providers also need to be less judgemental about clients requesting for abortion since this in its own way also decreases access to safe abortion. The lack of commitment on the part of medical and nursing staff to provide prompt, attentive and emotionally supportive care indirectly dooms women whose lives could easily be saved. Many women who reach medical facilities are met with suspicion and hostility, and their treatment deferred while other more 'accepted' candidates receive medical attention.^[26] In many countries, in addition to limited health infrastructure, there is a shortage of well-trained healthcare providers. The lack of appropriately trained providers adds yet another barrier to accessing safe procedures; even when women with serious complications reach a tertiary facility, there is no guarantee that the providers will have the necessary training and resources to manage the complication.^[21] Post abortion care for a woman who has had an unsafe abortion should be easy to access irrespective of when, where or who did the abortion. This will in no small measure reduce death from unsafe abortion.

Providing information and improving the status of women in the society

Information is an essential element to reducing the burden of unsafe abortion, yet it remains inadequate or inadequately used. Several factors contribute to the information gap and they need to be addressed to reduce unsafe abortion.^[21] Women should know how to prevent pregnancy, where to prevent it and what to do when they have an unintended pregnancy. They should be informed on the legal status of abortion in their community and their options where it is illegal.

Levels of Prevention

There are three levels of prevention. Primary prevention (the domain of public health) protects health by personal and community efforts. Secondary prevention (the

domain of preventive medicine) includes early detection and prompt treatment of disease while tertiary prevention (rehabilitation) mitigates disability.^[14]

Primary prevention includes promotion of effective contraception for women at risk of unwanted pregnancy, especially adolescents and multiparous women; removal of barriers which deny access to contraception to women and provision of post-abortion family planning services. Female education, female empowerment, poverty alleviation, sex education, gender equity and equality impact all decrease the incidence of unwanted pregnancy.

Secondary prevention involves liberalization of abortion laws on request; provision of safe abortion services as permitted within the limits of the law, training of service providers, especially mid-level providers to decentralize care and increase access for women; provision of manual vacuum aspiration and medical abortion, rather than D&C or other harmful methods as well as integration of safe abortion method into training curricula of health professionals.

Tertiary prevention includes promotion of post-abortion care for the treatment of incomplete abortion, organization of services (including referral services) for the management of severe complications of abortion and regionalization of post-abortion care for the management of severe complications of abortion. Unfortunately, it is important to note that tertiary care for complications of induced abortion is needed only when abortions are unsafe, implying that if primary and secondary prevention are effective, tertiary prevention will not be necessary.^[25]

CONCLUSION

There is no gainsaying that unsafe abortion is a public health problem that requires a public health approach. Reducing the burden in the aforementioned ways will reduce pregnancy related deaths; enhance achievement of the millennium development goals thus making the world a better place.

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