

Safe abortion



Improving access to safe abortion is a high priority for the Norwegian government because it is an important part of ensuring women's autonomy over their own bodies and sexuality.

As limited decision-making power and poor access to good health care lead women to use dangerous abortion methods, supporting access to safe abortion is also fundamental to realizing pregnant women's rights to life and health. To deny women abortion care in such a situation is equivalent to torture and degrading treatment.

Restrictive abortion laws lead to a lack of safe services that women can afford, to chronic health problems and infertility, and to death. Providing emergency treatment of abortion complications is more costly to health systems than providing safe abortion services. Good access to safe abortion saves money, time and precious lives!

The problem

- It is estimated that 21 million unsafe abortions are carried out each year world wide (and approximately 22 million safe).
- Approximately 47,000 women die each year from abortion complications, of which 29 000 occur in Africa. Nearly half of the deaths occur among young women under age 25.
- 13% of pregnancy-related deaths globally are attributed to abortion complications. In some countries and areas, the proportion is 30-40%.
- More than five million women suffer short- or long-term complications from unsafe abortion each year.
- WHO estimates that 10-50% of women who have an unsafe abortion need medical help.

Photo: Ken Opprann

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Norad, Norwegian Agency for Development Cooperation,
P.O. Box 8034 Dep, NO-0030 Oslo Norway
Phone +47 23 99 00 00



- In countries with high numbers of unsafe abortions, a large number of beds in emergency hospitals are occupied by women with abortion complications. This requires substantial resources.
- In developing countries, two in five unsafe abortions occur among women under age 25.
- Abortion rates are as high or higher in countries with limited access to legal abortion as in countries with liberal abortion laws.

The causes

- Lack of access to contraceptive services and sex education are the leading causes of unwanted pregnancies.
- Many women who decide to terminate unwanted pregnancies are compelled to use dangerous abortion methods because of the shame, stigma and sanctions associated with unwanted pregnancies and abortions.
- In most countries in Africa and Latin America and in some Asian countries, abortion is permitted only to save the woman's life or health, for rape or when the fetus is impaired. Three countries in Latin America have a total ban.
- Where abortion laws are strict, the well-off can buy safe services, while the poor resort to dangerous methods. High costs for treatment of complications force women and their families into even greater poverty.
- In some countries women who have abortion complications risk prosecution if they visit a hospital for treatment. This disincentive to seek care means that more women die or have serious long-term complications.
- In many countries where abortion is legal or not prosecuted, safe abortion services are expensive and inaccessible. This is partly due to lack of skilled health personnel, and limited supplies of equipment and medicines.

The solutions

- Protect and promote women's right and ability to decide about their own bodies, sexuality and fertility.
- Expand the indications for legal abortion on in accordance with human rights and public health principles.
- Train more health professionals in how to perform safe abortions, treat abortion complications, and provide supportive non-judgmental services within existing laws without fear of prosecution.
- Improve access to contraceptive services and sex education, including information on how and where to access safe abortion services.
- Ensure that women with abortion complications are not prosecuted and that they know where to safely seek help.
- Improve access to adequate equipment and medicines and ensure the provision of the safest, most appropriate abortion methods in line with the latest technological advances in abortion care.
- Ensure that women do not have to pay high prices for safe services or treatment of abortion complications.
- In countries with restrictive laws, ensure, at a minimum, the provision of comprehensive post-abortion care, which includes treatment for incomplete abortion, counseling and provision of post-abortion contraception.

Suggested actions

- Support actors who work for the decriminalization of abortion.
 - Promote awareness that the high number of unsafe abortions is a significant public health problem and an indicator of gender inequality, and that criminalization of abortion aggravates the problem rather than solving it.
- Support organizations and networks working to promote sexual and

reproductive rights, and gender equality.

- Contribute to building the capacity of organizations to develop and implement advocacy campaigns in support of a woman's right to choose and of increased access to safe abortion.
- Strengthen networks and alliances for knowledge sharing and capacity building.
- Support rights-based approaches.
 - Human rights are increasingly being used to influence states to offer women with unwanted pregnancies a safe abortion. Many conventions that include life and health are used, including the Convention on Torture and the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW).
 - The UN Special Rapporteur on the right to health and the Human Rights Council have made important statements that can be used calling for decriminalization of abortion as a matter of human rights.
 - Women who have been denied life-saving health services can be supported to take their cases to court.
- Support health sector programs and projects for reducing maternal mortality to address the need for abortion and related services, equipment, medicines and expertise.
 - Contribute to building the capacity of a range of health professionals and support task-shifting to increase the pool of providers willing and competent to offer safe abortion and treatment for incomplete abortion.
 - Contribute to increased, sustainable access to relevant equipment and medicines, including by supporting registration of medical abortion drugs.
 - Encourage the elimination of fees for treatment of abortion complications.
 - Encourage innovative strategies for increasing access to safe and affordable abortion services closest to the communities.
- Contribute to the strengthening of programs for increased access to contraception
- Contribute to the promotion of education in schools about sexuality and gender, and girls' and women's right to decide over their own bodies and sexuality.

What are Norway and Norad doing?

Norway has called for the legalization of abortion and improved access to safe abortion in a number of international venues and meetings. This includes the United Nations system (the Commission on Population and Development and the Commission on the Status of Women) and in Human Rights institutions, such as the Universal Periodic Review in the Human Rights Commission.

Norad has for years supported the international nongovernmental organization Ipas, which is

a key player in efforts to legalize abortion and strengthen health systems' capacity to perform safe abortions. The International Planned Parenthood Federation (IPPF) is an important partner for Norway in efforts to promote and deliver better reproductive health care, and safe abortion is one of its five priority areas. The Ministry of Foreign Affairs and Norad have also contributed to the Safe Abortion Action Fund (SAAF).

Norad advises the Ministry of Foreign Affairs and embassies on issues around unsafe abortion and how to improve access to safe abortion, and is in dialogue with both Norwegian and international organizations about this issue.

Arguments, myths and misconceptions

Banning abortion is effective in reducing abortion numbers. **Fact:** A study conducted by the World Health Organization shows that abortion and particularly unsafe abortion is generally more common in countries with restrictive laws than in countries with liberal laws. Women who have unwanted pregnancies will seek abortion services regardless of the law.

Abortion is a health hazard. **Fact:** When abortion is performed by skilled health personnel, the risk of complications is minimal. Statistically, it is more dangerous to carry the pregnancy to term.

Medical abortion is dangerous. **Fact:** Abortion induced by medicines (misoprostol and mifepristone) is a safe option for women who wish to avoid surgical intervention and leads to fewer complications than use of outdated methods such as curettage.

Legalizing abortion means that it is used as a method of family planning. **Fact:** Legalization of abortion should be accompanied by increased access to a full range of contraceptive options which can minimize the need for abortion

services. However, unwanted pregnancies are a fact of life and there will always be a need for safe abortion services.

Terminology

Unsafe abortions: 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.

Legal / illegal abortion: Abortion is rarely totally prohibited. Most countries with restrictive laws allow abortion if there is a danger to the woman's life and health, or if the pregnancy results from rape.

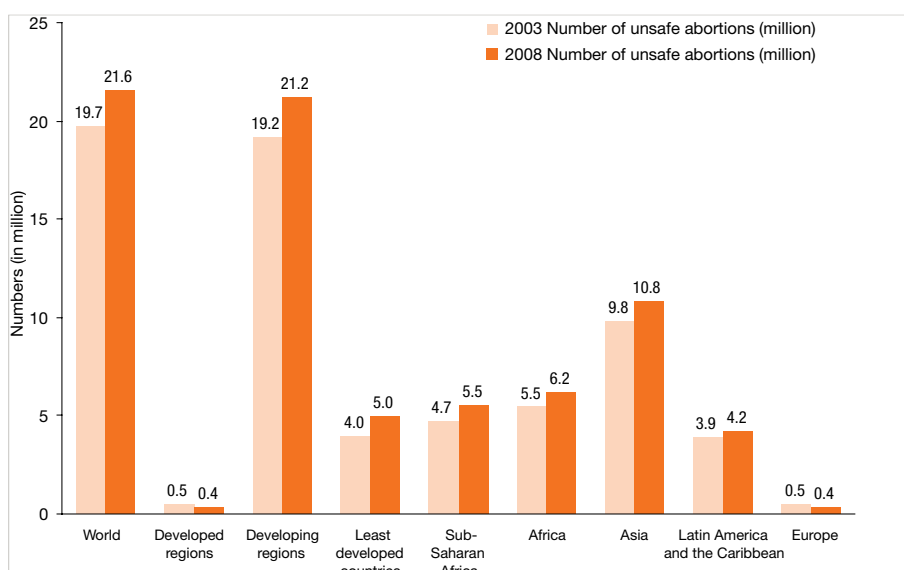
Medical abortion: A non-surgical abortion induced by a pharmaceutical method, for example, a combined regimen of mifepristone and misoprostol.

Post-abortion care: a service delivery strategy built around three elements: emergency assistance for the treatment of complications after spontaneous or unsafe abortion, counseling and provision of contraceptives, and links to comprehensive reproductive health services.

Emergency contraception: a contraceptive method that must be used within 72 hours after intercourse and that does not interrupt an established pregnancy (sometimes mistakenly described as an "abortion pill").

More information about maternal health and reproductive health in general can be found at www.norad.no. The World Health Organization's technical and policy guidance on safe abortion can be found at www.who.int.

Estimated annual number of unsafe abortions, globally and by major regions, 2003 and 2008.



Source: Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. –6th ed. World Health Organisation: Geneva, 2011.