

# **Do we need abortion laws? A public health perspective**

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# “Unsafe Abortion: a global pandemic”

- Unsafe Abortion recognized as a public health imperative for more than 5 decades (WHO, 1967)
- “Provided it’s legality” safety of Abortion affirmed in human rights treaties (ICPD 1994, Beijing 1995, UN General assembly 1999)
- WHO Guidelines for the provision of safe abortion published in 2003
- Unsafe Abortion remains a “persistent, preventable pandemic” and one of the most neglected SRH concerns (David Grimes, Lancet 2006)



# Global Burden of disease

Estimates 2010-2014

- **56 million Abortions**
- 1 in 4 pregnancies ends in Abortion
- Incidence rate of 35/1000 women 15-44
- 88% of Abortion occur in developing countries.

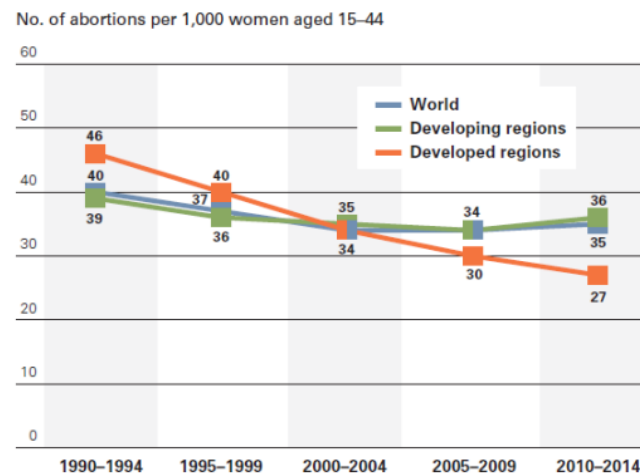
## 25 million Abortions are unsafe

- 6.9 million women treated for abortion complications (60% of abortion complications who receive treatment)
- **8 to 11% Maternal mortality: 28000–31,000 deaths**

Singh S et al., Abortion Worldwide 2017: Uneven Progress and Unequal Access, New York: Guttmacher Institute, 2018;

FIGURE

**2.2** The annual abortion rate has declined significantly in developed regions, but not in developing regions.



# Legal status does not predict overall abortion incidence

**Restrictive laws do not stop women from having abortions.**  
They mainly make the procedure clandestine and often unsafe.



## Abortion rates

Countries where abortion is prohibited altogether or permitted only to save a woman's life

**37** per 1,000 women aged 15-44

Countries where abortion is available on request

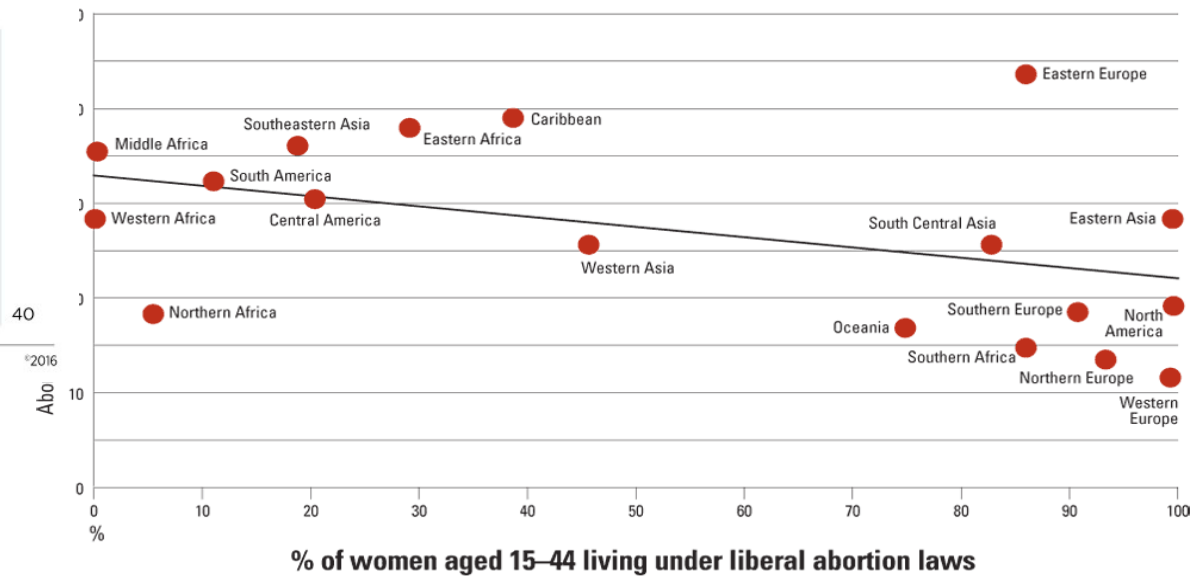
**34** per 1,000 women aged 15-44

0 10 20 30

guttmacher.org

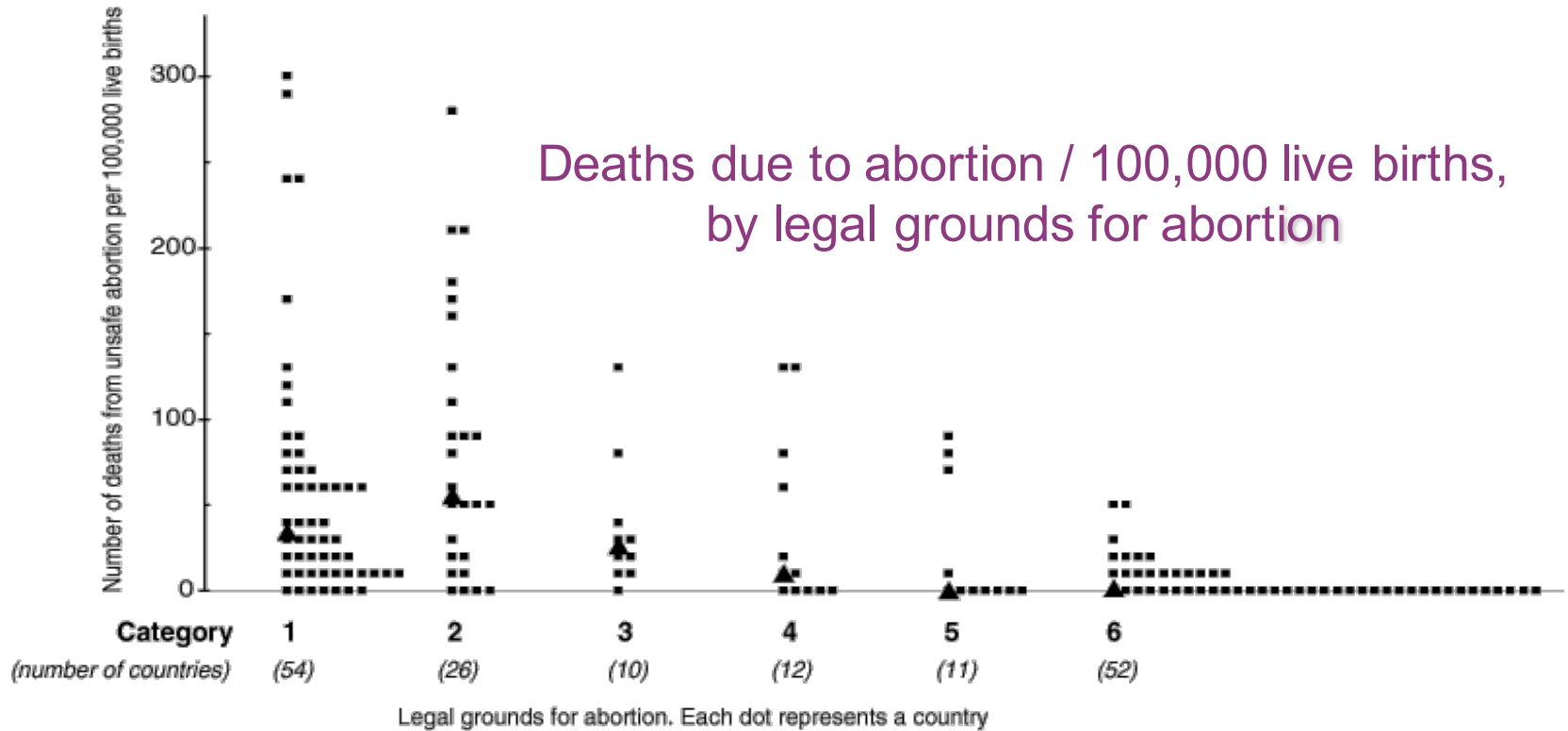
Sedgh J et al., Lancet 2016

**Abortion rates tend to be lower in subregions that have liberal abortion laws.**



Source: Sedgh G et al., Induced abortion: incidence and trends worldwide from 1995 to 2008, *Lancet*, 2012 (forthcoming).

# Legal status significantly affects the incidence of *unsafe* abortion

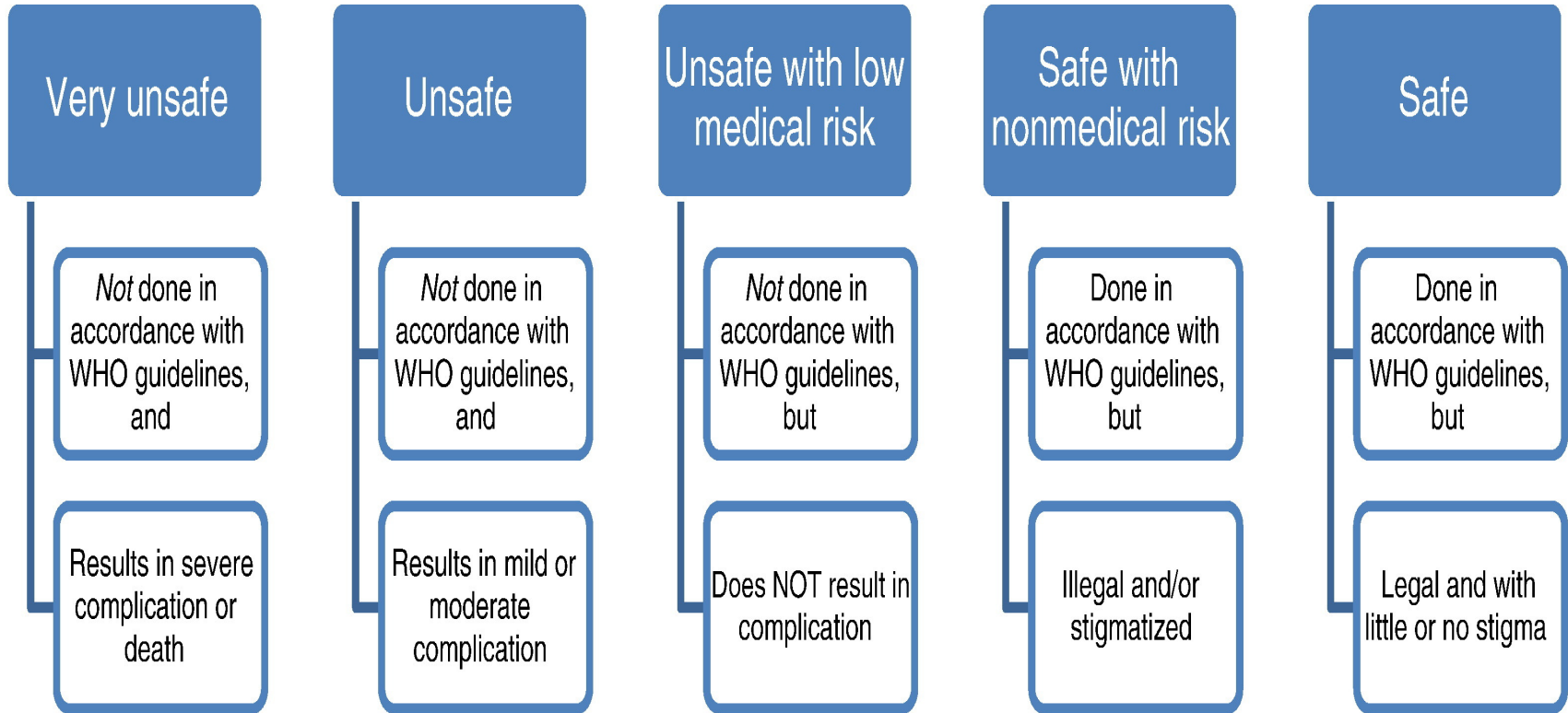


- Category
1. To save the woman's life only, or no grounds
  2. Same as category 1, and also to preserve health (physical and mental)
  3. Same as category 2, and also in cases of rape and/or incest
  4. Same as category 3, and also in cases of fetal impairment
  5. Same as category 4, and also for economic or social reasons
  6. Same as category 5, and also on request

Courtesy of P Van Look

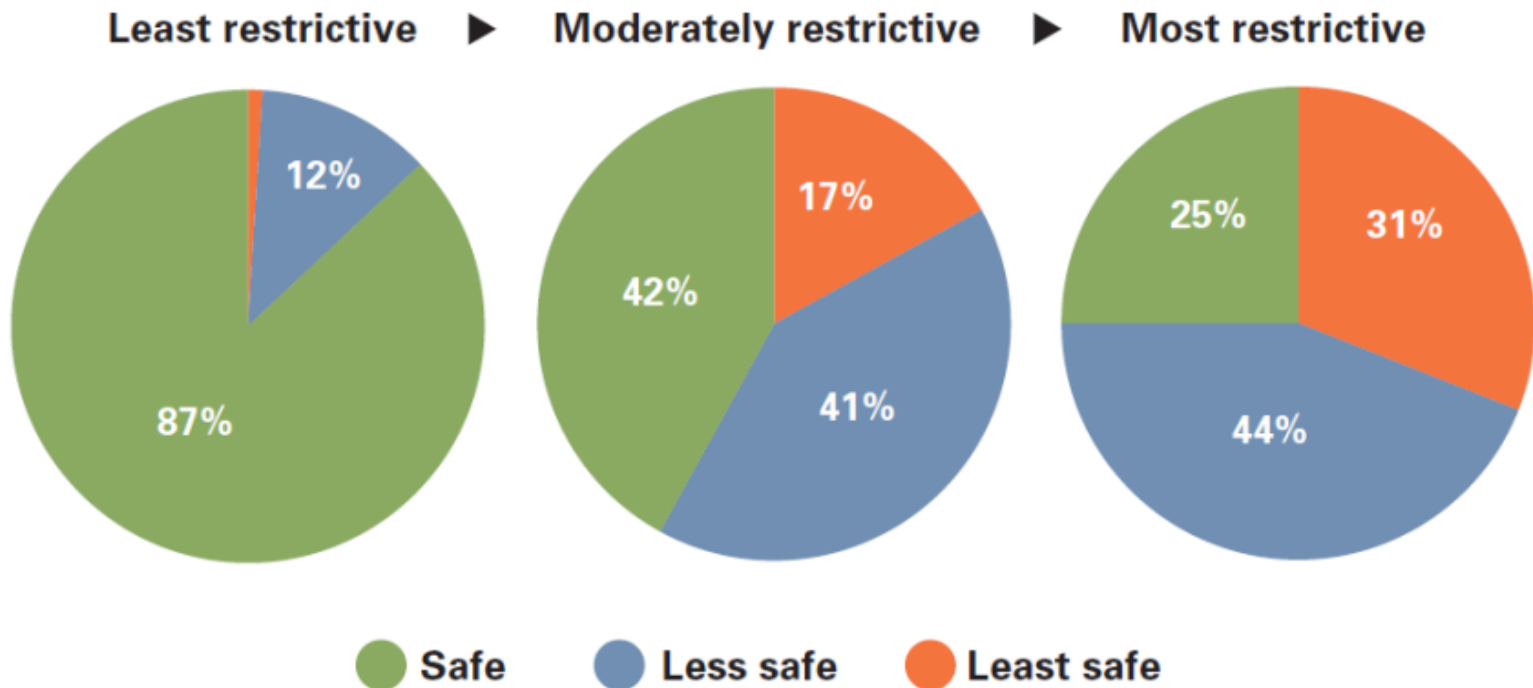


# A revised framework to assess the safety of Abortion



FIGURE

**2.4** The proportion of all abortions that are estimated to be least safe increases as abortion laws become more restrictive.



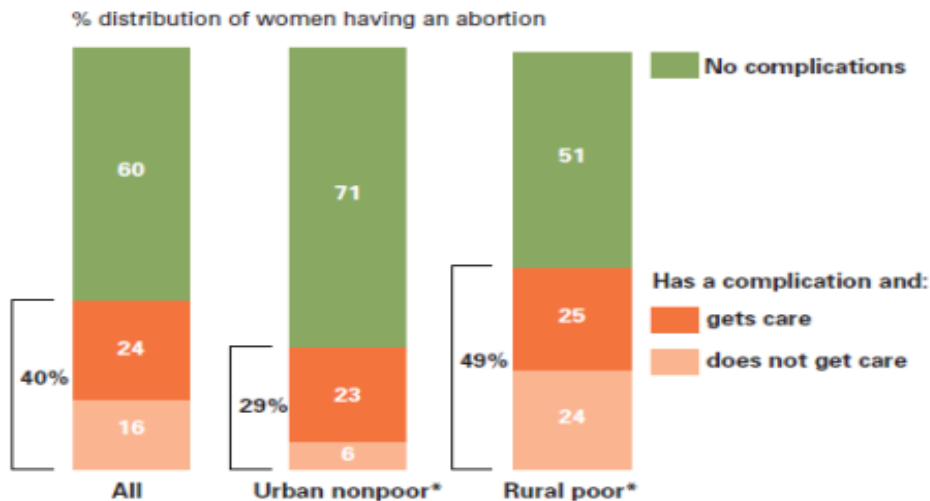
Source: Guttmacher Institute (2017). *Abortion worldwide 2017: Uneven progress and unequal access*  
Ganatra et al. *Lancet*, 2017, 390(10110):2372–2381

# Abortion: a social justice issue at the intersection of law & poverty

In both high- and low-income countries, **poor women** face the most significant burdens of disease, and are more likely to lack resources to prevent and terminate unwanted pregnancies.

FIGURE

**5.3** In 14 countries where unsafe abortion is prevalent, rural poor women are estimated to be far more likely than urban nonpoor women to experience complications.





# Case Study 1: Romania

- **1966:** Ban on abortion led to increased maternal mortality, 87% attributed to unsafe abortion
- **1989:** Abortion restrictions abolished up to 12 weeks, family planning programs improved
- **2001:** Romanian Family Health Initiative increases family planning and SRH services

## Abortion mortality ratio:

**1989:** 148/100,000  
live births

**1990:** 58/100,000

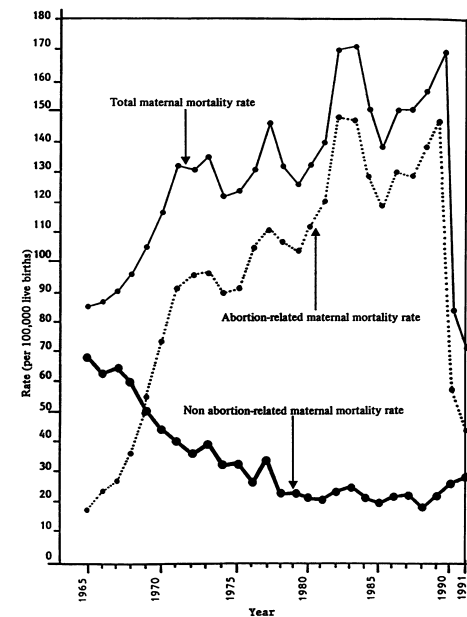
## Abortion complications:

**1989:** 87% of  
maternal deaths

**1990:** 69%

- **2014:** Abortion rate: 20/1000  
Abortion mortality ratio: 5/100,000
- **2015:** MMR: 31/100,000

Benson et al. Reproductive Health 2011



Source. Adapted with permission from Ministry of Health of Romania.<sup>3,4</sup>

FIGURE 2—Abortion- and nonabortion-related maternal mortality rates and total maternal mortality rate, Romania, 1965 to 1991.

# Case Study 2: South Africa

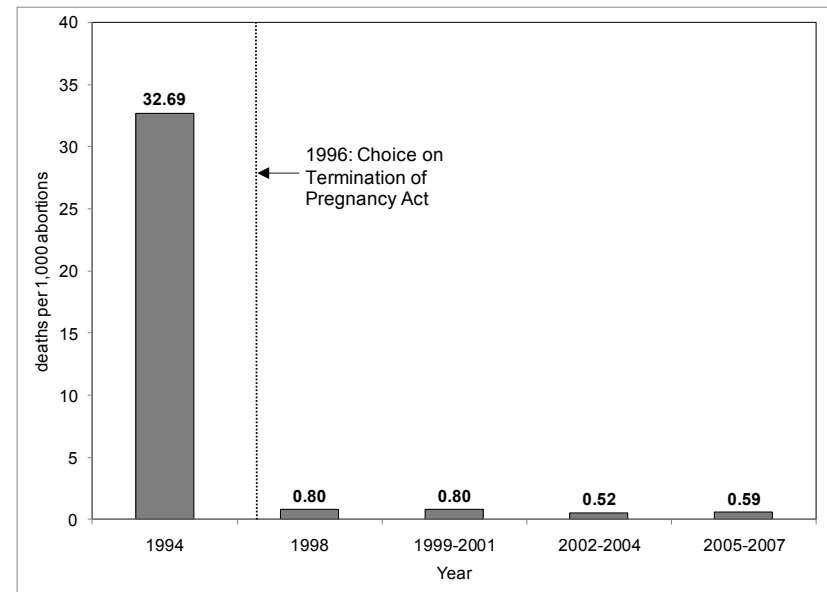
- **1975:** Abortion ban, 120-250,000 annual unsafe abortions (1975-1996)
- **1996:** Choice on Termination of Pregnancy Act: abortion on request up to 12 weeks
- **1998:** National Abortion Care Programme (NACP)
- **2004:** Amendment to improve access

**1994:** 32.69 deaths /1,000 abortions.

**1998:** 0.80 deaths /1,000 abortions

**91%** drop in deaths due to unsafe abortion from 1998-2001 compared to 1994

**2005-2007:** abortion-related deaths = 3.3% of all maternal deaths.

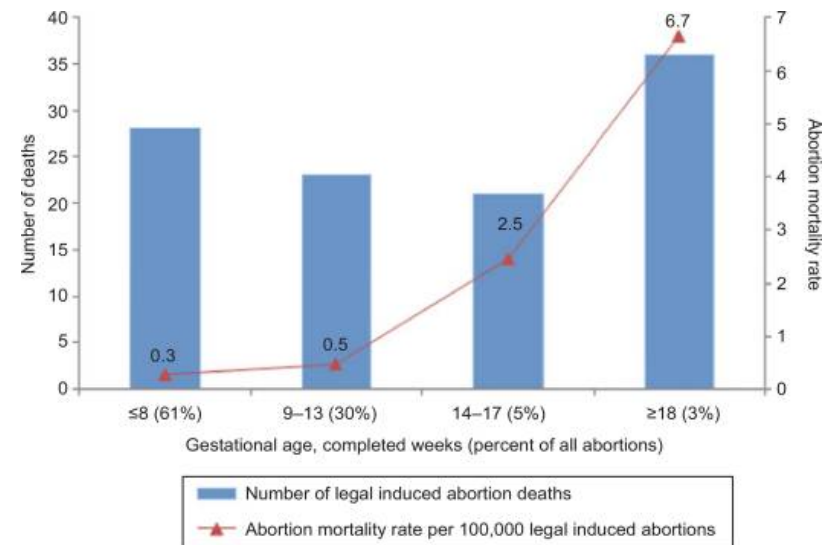
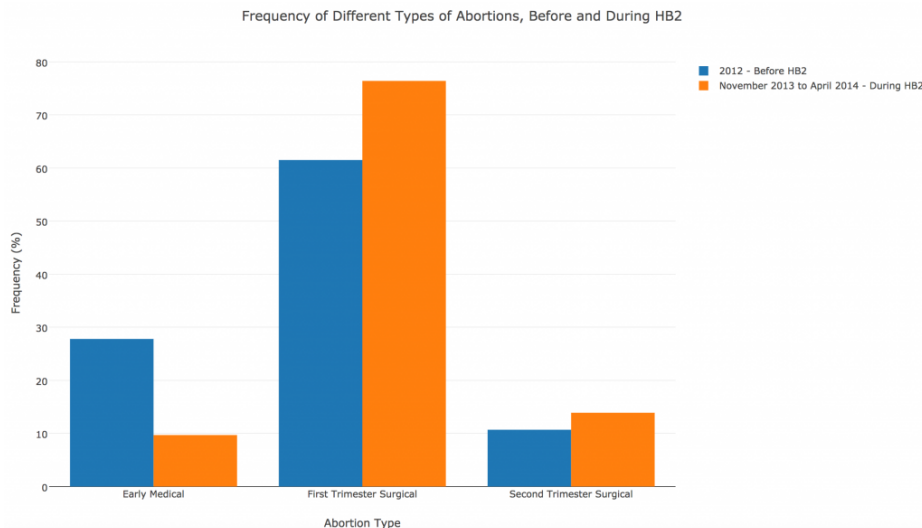
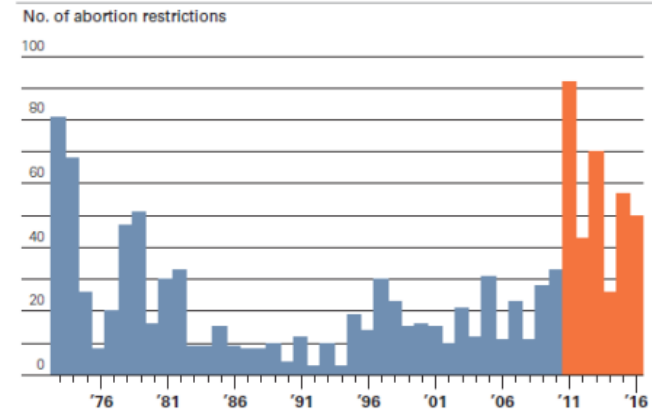


**Figure 3** Abortion-Related Maternal Deaths per 1,000 abortions in South Africa, 1994- 2007: This figure describes the change in abortion-related maternal deaths following the change in South Africa's abortion law in 1996 using a rate of deaths per 1,000 abortions. The data for this figure were obtained as follows: 1994 data from [38]; 1997 data from [83]; 1999-2001 data from [84,85]; 2002-2004 data from [52] 2005-2007 data from [57] The abortion statistics used for the denominator were retrieved from Health Systems Trust <http://www.hst.org.za/healthstats/47/data>. It should be noted that some of the abortion statistics for 2005-2007 are incomplete.

# Case Study 3: United States

- Despite abortion being available on request, US state regulations restrict access in myriad ways
- **2011 – 2017: 401 abortion restrictions** enacted:
  - Reducing gestational age limits
  - Regulating providers
  - Ultrasounds and mandated provision of non-evidence based information
  - Waiting periods

**4.3** In the United States, the total number of state-level abortion restrictions enacted in 2011–2016 greatly exceeded the number in other recent periods.



Grossman et al, Contraception. 2014.

Grossman et al, Contraception. 2014.

# Do we need abortion laws?

- **Yes** – abortion laws are important for expanding and protecting access to safe, accessible services
- But they are insufficient on their own.
  - Stigma prevents women from accessing safe services
  - Infrastructure is needed to support timely access to high quality abortion care
  - Women, providers, health and legal professionals, and community members must know under which circumstances abortion is legal



# Thank you!

For further questions or comments:  
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