

From abortion to contraception

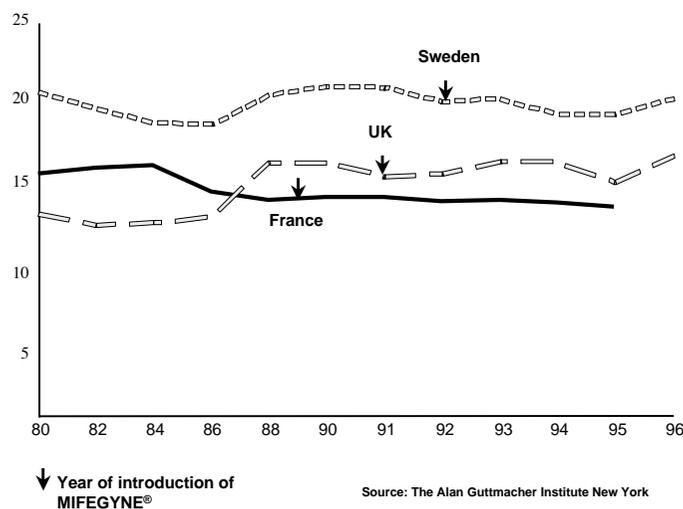
G. Benagiano, M. Farris, C. Bastianelli
Department of Gynaecological Sciences, University
"la Sapienza", Rome

In the whole field of health there is no topic that has, throughout history, created more controversy than the voluntary interruption of an already established pregnancy (VTP).

Indeed, moral judgments of VTP range from considering it "a women's right", to fighting it as "an abominable crime".

Under the circumstances it would seem impossible to find a common ground between those advocating the right to free abortion care and those fighting to criminalize VTP.

Abortions per 1.000 women aged 15 to 45



Already centuries before Christ, the issue was debated and Hippocrates, the great Greek Physician of the Vth Century B.C., placed in his oath the prohibition to induce an abortion in a pregnant woman:

"To no one shall I procure a lethal medicine, not even if requested, nor will I propose such a solution; equally I shall not give women pessaries to procure an abortion"

Decreasing the need to recur to voluntary abortion

Voluntary abortion should not be criminalized because, in most countries, a law that forbids VTP does not cause a decrease in the number of women who recur to the procedure, while it has 3 important negative consequences:

First: It has an adverse effect on the reproductive health of women: illegal abortions are often unsafe and this can have serious negative consequences

Second: Since it is illegal, the VTP "does not exist" and nothing is done to actively reduce the reasons leading to it.

Third: When abortion is legal, it is possible to evaluate the true dimension of the problem and set in motion a process aimed at reducing it.

Unsafe abortion

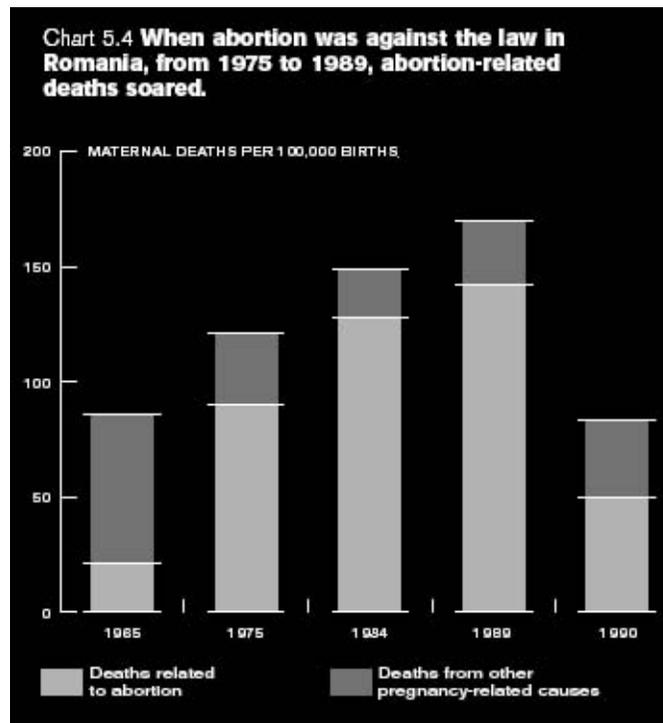
- Of the estimated 600,000 annual pregnancy-related deaths worldwide, about 13% (or 78,000) are related to unsafe abortion
- Mortality due to unsafe abortion is highest in Africa - an estimated 680 deaths per 100,000 procedures

Table 5b. The death rate from abortion is hundreds of times higher in developing than in developed regions of the world.

Region	Deaths per 100,000 abortions
DEVELOPING¹	330
AFRICA	680
SOUTH & SOUTHEAST ASIA	283
LATIN AMERICA	119
DEVELOPED	0.2-1.2

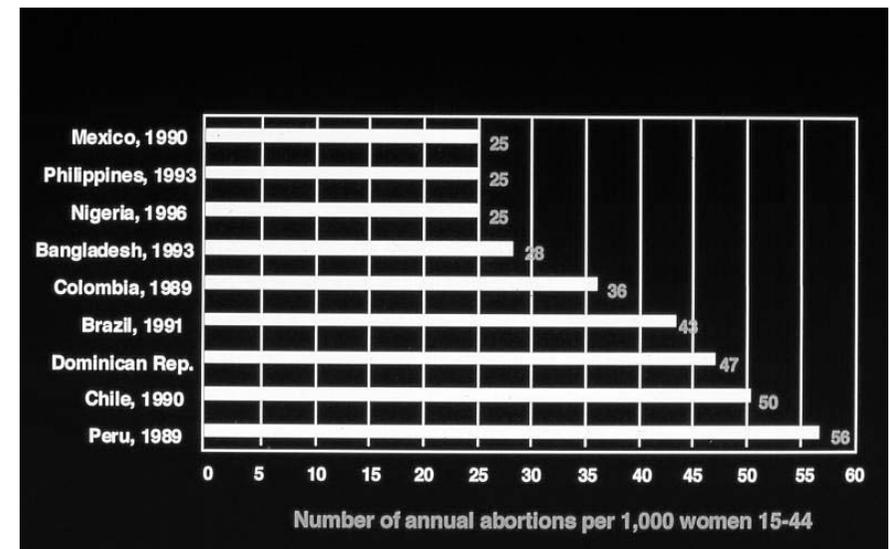
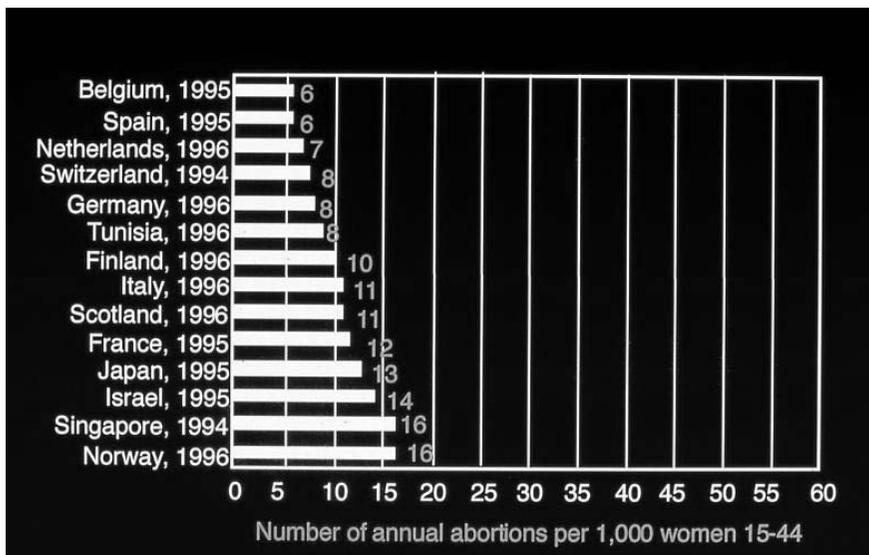
1. Excluding China. Source: reference 17.

Unsafe Abortion: the effect of criminali- zation



Safe abortion

Country	Deaths per 100,000 legal abortions
BULGARIA, 1980-1988	1.2
CANADA, 1976-1994	0.1
DENMARK, 1976-1995	0.5
ENGLAND & WALES, 1989-1993	0.4
FINLAND, 1976-1995	0.7
HUNGARY, 1979-1987	0.7
NETHERLANDS, 1976-1983	0.2
SCOTLAND, 1976-1996	1.0
UNITED STATES, 1987-1991	0.6



Data from several industrialized countries indicate that, where contraception is well established and utilised by the vast majority of people and it is associated with a proper sex education, the need to resort to an abortion is substantially decreased.

In western countries, both legal termination of pregnancy and some form of sexual education, no matter how controversial, are a reality.

Under those circumstances, can we establish a dialogue aimed at decreasing the need to terminate a pregnancy between those who consider abortion a great evil and those who believe that women have a right to terminate an early pregnancy?

The answer we propose is a daring "Yes".

Our optimism may seem totally unwarranted by today's reality; at the same time, internationally, there is sufficient consensus that the main goal when dealing with VTP, is to minimize its occurrence.

This consensus is based on the fact that, although the relationship between family planning and abortion is fairly complex, contraception is the cornerstone of any fight to reduce abortion.

Italy: Relationship between OC use and VTP incidence

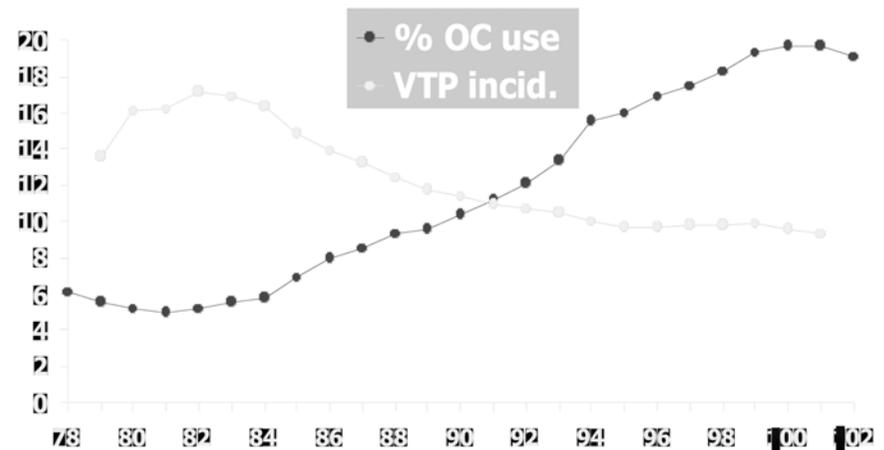
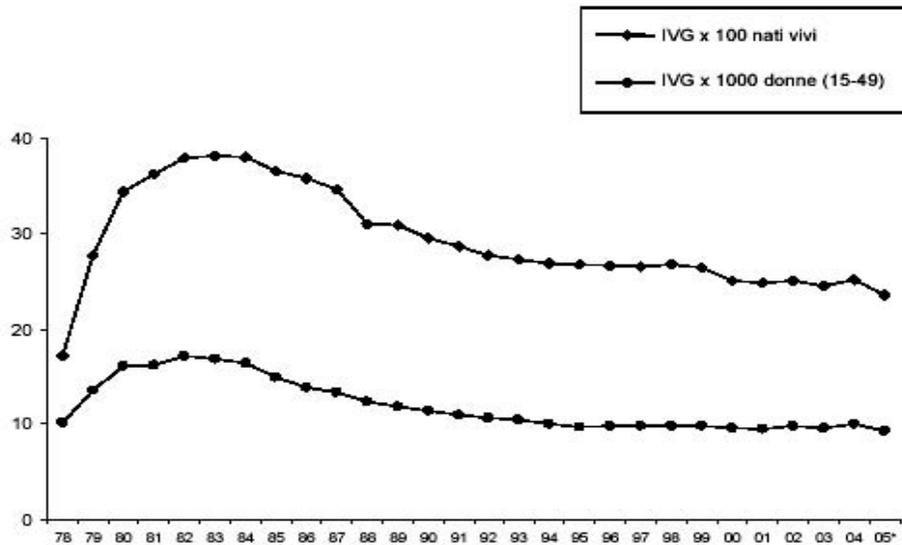
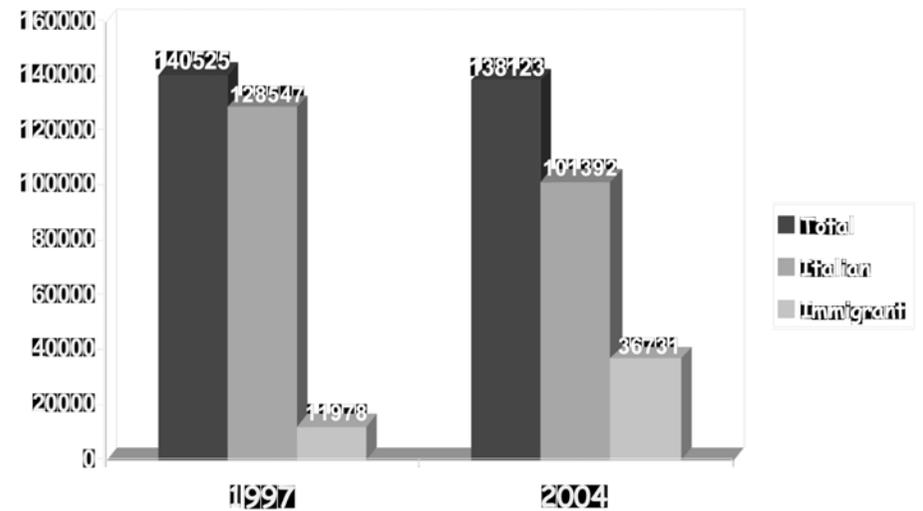


Figura 1 – Tassi e Rapporti di abortività – Italia 1978-2005



Abortion in Italy



Abortion and Contraception

Contraceptive methods however, remain controversial: whereas Islam, Judaism and most Christian denominations have accepted the idea of separating the *unitive* from the *reproductive* meanings of sexuality, the Roman Catholic Church does not permit the use of artificial methods of birth control. This represents a major obstacle in creating a common ground to fight the need to recur to an abortion.

Abortion and Contraception

The relation between the use of modern contraception and the extent of recourse to voluntary abortion may seem simple: when the former increases, the latter decreases. But this is not always the case. In certain countries, contraceptive utilisation and abortion rates rose in parallel.

Abortion and Contraception

A mathematical model was used to explain these discrepancies. It appears that the probability for a woman (belonging to a given population, with a given abortion rate) to terminate an unwanted pregnancy can be determined from the number of years in which women are fertile and thus exposed to the risk of a pregnancy, and the prevalence and effectiveness of the contraceptive used.

Bongaarts and Westoff, 2000

Abortion and Contraception

In addition, two other parameters need to be taken into account: the *total fertility rate* (the total number of births, intended or not, a woman would expect to have over her lifetime) in a given population and the *total abortion rate* (the number of abortions she would expect to have, given the country's abortion rate). Obviously, as the various parameters vary, so does the effect on the abortion rate.

Abortion and Contraception

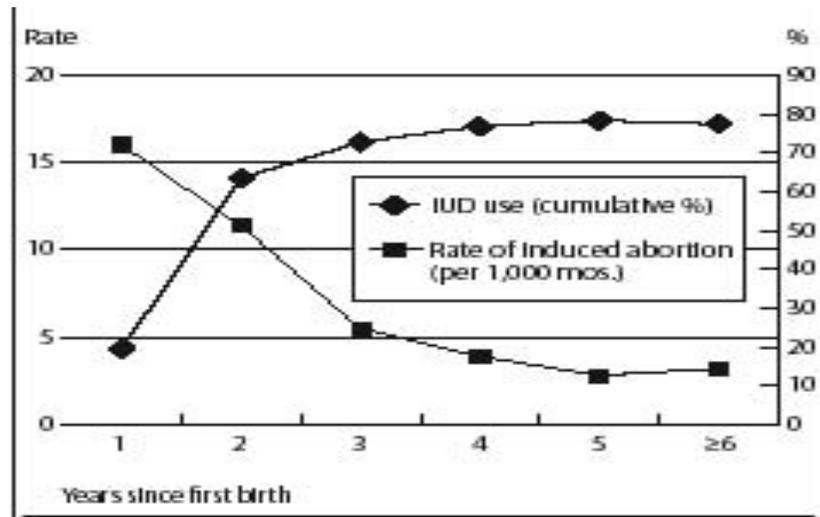
A rise in contraceptive utilisation is correlated to a reduction in abortion rates in countries where levels of fertility are constant, while where fertility rates fall, the increased contraceptive use is unable alone to meet the need for fertility regulation and abortion rates increase. When fertility rates become constant, contraceptive use continues to increase while abortion rates fall

Marston and Cleland, 2003

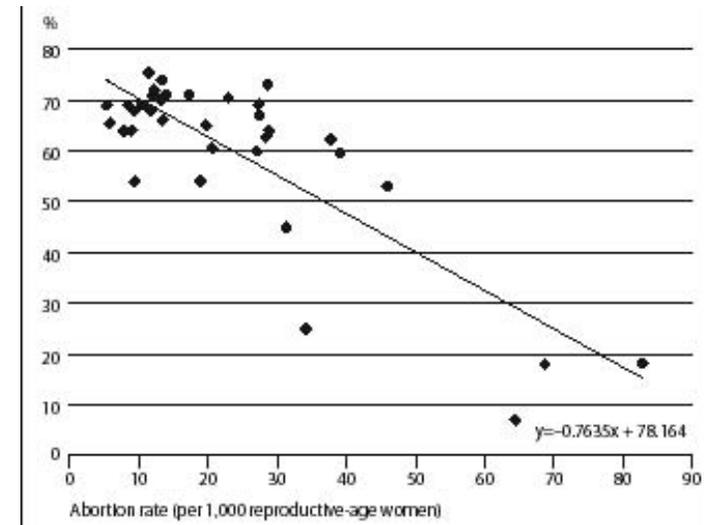
Abortion and Contraception

To successfully move from abortion to contraception, people's attitudes and behaviour must be changed. This requires massive training and education programmes, as well as the will of governments to remove medical obstacles to a wide utilization. In addition, obstacles such as excessive cost, should be removed, especially in countries with no local production, where the need to purchase them with hard currency makes them simply unaffordable.

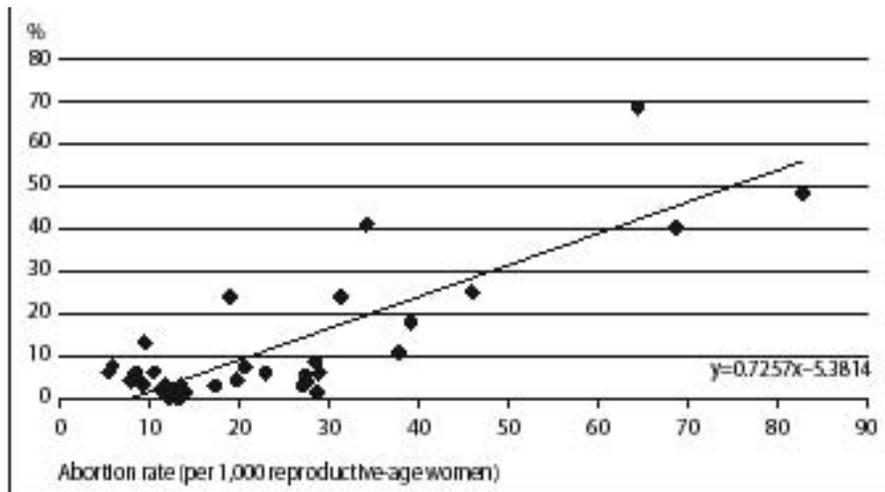
Rate of induced abortion and cumulative percentage of women using an IUD by years since last birth Shanghai, China



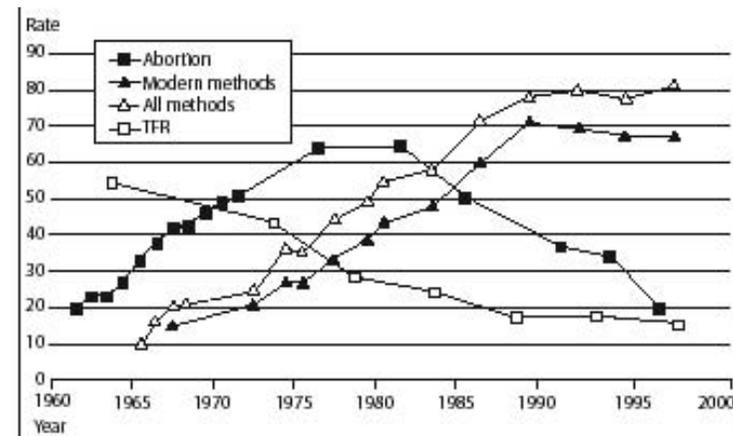
Relationship between % of married, reproductive age women using modern contraceptives and the abortion rate in selected countries at points when total fertility rate ranged between 1.7 and 2.2 births per woman



Relationship between % of married reproductive age women using traditional methods and the abortion rate in selected countries with overall contraceptive prevalence greater than 65% and total fertility rate of 1.7-2.2 births per woman



Trends in abortion rate, use of modern and of all methods and total fertility rate, Republic of Korea 1960-2000



Abortion and Contraception

Education is the key to success: lack of knowledge about the real attributes of individual methods produces low prevalence. Misconceptions about the safety of modern contraceptives must be cleared and more research concerning sexual behaviour and knowledge, attitudes and practice of contraception is needed. Thus, a proper training for providers and educational programmes for consumers are badly in demand.

Abortion and Contraception

To assure good continuation, potential users must be able to choose among methods and feel at ease with their choice.

It must be stressed that ethical considerations influence the choice of strategies aimed at decreasing the need to terminate a pregnancy. A good example is the possibility to recur to emergency contraception.

Emergency Contraception

The World Health Organisation defines "Emergency contraception", as those contraceptive methods that provide a woman with a safe means of preventing an unwanted pregnancy, following unprotected sexual intercourse, or in the event of potential contraceptive failure

World Health Organization. *Emergency Contraception Fact Sheet*, 2000.

Emergency Contraception

Emergency contraception has been criticized for its possible interceptive action and therefore for acting also after fertilisation. The fact remains that its correct use can reduce the occurrence of unwanted pregnancy by 60-93% and therefore can lead to a substantial reduction in the number of voluntary pregnancy terminations.

Emergency Contraception

Emergency contraception has also been heralded as the solution to rising abortion rates. Some have suggested that almost a million abortions could be prevented annually in the US if every woman used EC every time she needed it.

Yet, despite clear increase in the use of EC, abortion rates have not fallen in the UK.

A. Glasier, BMJ, 2006

Emergency Contraception

The experimental evidence that EC is working has been disappointing: 10 studies have shown that giving women a supply of EC, increases use by a 2-3 folds.

At the same time, in 3 studies advance provision had no measurable effect on pregnancy rates or abortion

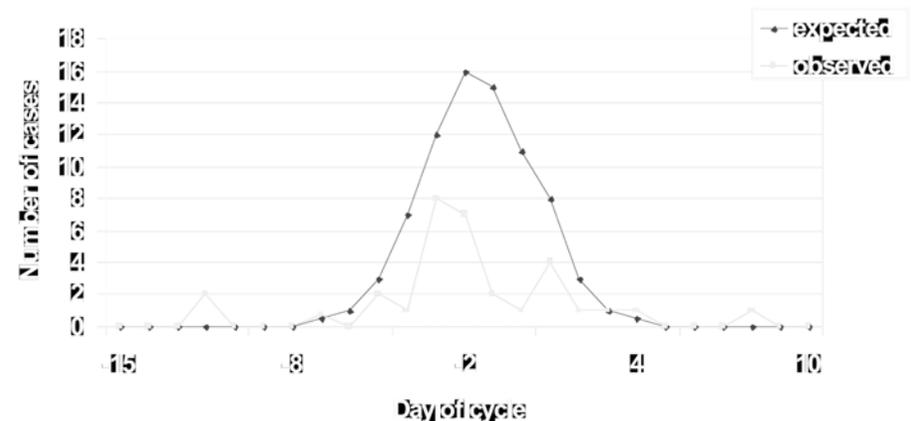
A. Glasier, BJM 2006

Emergency Contraception

If you are looking for an intervention that will reduce abortion rates, EC may not be the solution, and perhaps you should concentrate most on encouraging people to use contraception before or during sex, not after it.

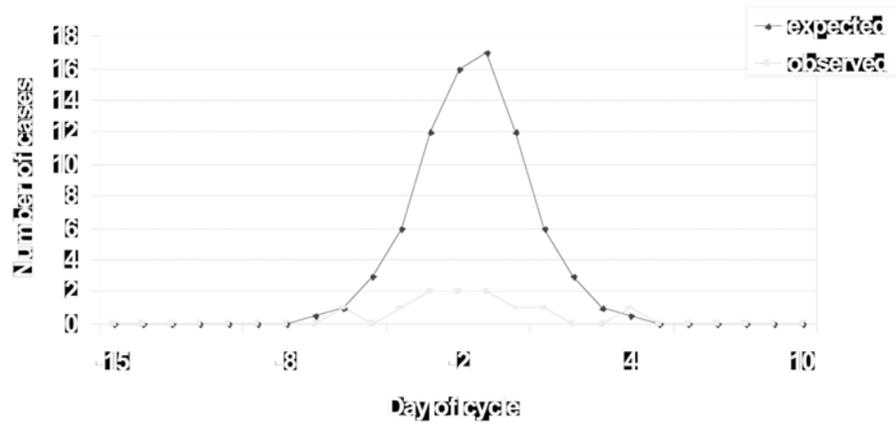
A. Glasier, BJM 2006

Number of expected and observed pregnancy according to intercourse and to ovulation time, combined regimen



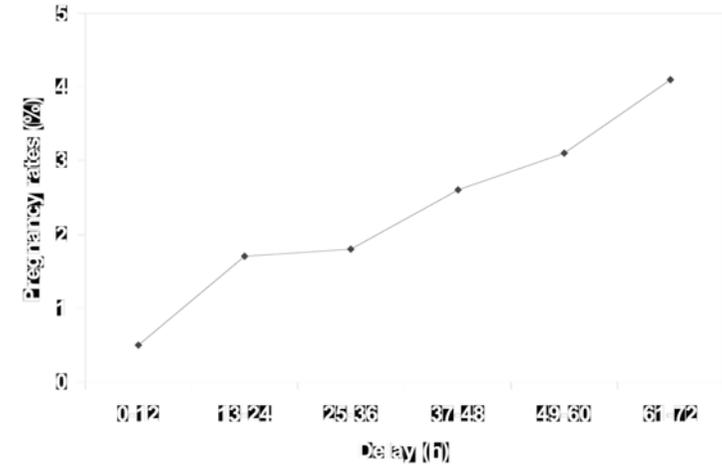
Task force on postovulatory methods of fertility regulation. Lancet, 1998

Number of expected and observed pregnancies according to intercourse and to ovulation time LNG regimen



Task force on postovulatory methods of fertility regulation, Lancet 1998

Effect of delaying treatment on pregnancy rates



Piaggio *et al.* Lancet 1999