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)
- 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;
Legal status does not predict overall abortion incidence

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

Sedgh J et al., Lancet 2016

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

Legal status significantly affects the incidence of \textit{unsafe} abortion

Deaths due to abortion / 100,000 live births, by legal grounds for abortion

Legal grounds for abortion. Each dot represents a country

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

- **Very unsafe**
  - Not done in accordance with WHO guidelines, and
  - Results in severe complication or death

- **Unsafe**
  - Not done in accordance with WHO guidelines, and
  - Results in mild or moderate complication

- **Unsafe with low medical risk**
  - Not done in accordance with WHO guidelines, but
  - Does NOT result in complication

- **Safe with nonmedical risk**
  - Done in accordance with WHO guidelines, but
  - Illegal and/or stigmatized

- **Safe**
  - Done in accordance with WHO guidelines, but
  - Legal and with little or no stigma
The proportion of all abortions that are estimated to be least safe increases as abortion laws become more restrictive.

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
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.

Benson et al. Reproductive Health 2011
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

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: cmoreau2@jhu.edu