Unsafe abortion still frequent across the world but less often fatal

ROSSIER, Clementine

Abstract

The frequency of induced abortions fell worldwide in the 1990s, from 35 abortions per 1,000 women of childbearing age (15-44 years) in 1995 to 29 per 1,000 in 2003. But it stabilized in the 2000s (28 per 1,000 in 2008) as the spread of contraceptive use slowed down in developing countries. The proportion of unsafe abortions, defined by the WHO as abortions "performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both," did not fall, however, and still represents nearly half of all elective terminations (49% in 2008). Paradoxically, abortion-related mortality has been falling steadily for two decades, from 60 maternal deaths per 100,000 live births in 1990 to 40 per 100,000 in 2008. The drop has been particularly pronounced in Latin America, even though abortion is still strongly condemned there. This development is linked in part to the spread of medical abortion in countries where it nonetheless remains illegal. Today, illegal no longer systematically means unsafe.

Reference

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Unsafe abortion still frequent across the world but less often fatal

Clémentine Rossier*

The number of induced abortions worldwide has barely fallen in recent years, and half of them are performed illegally. Yet the number of abortion-related deaths has declined substantially over the last two decades. Clémentine Rossier provides an overview of unsafe abortion across the world, and explains the reasons for this paradox.

The World Health Organization defines unsafe abortion(1) as “a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.” In estimating the frequency of the different types of abortion at the world level, the WHO has, until now, counted as safe all abortions done under the cover of liberal (or liberally interpreted) abortion laws; all other abortions have been ranked unsafe. Under this definition, only a small minority of abortions in developed countries are unsafe (6% in 2008) versus slightly over half (56%) in developing countries (Table).

The total number of abortions in the world, safe and unsafe together, has been estimated three times – in 1995, 2003 and 2008 – by the WHO and the Guttmacher Institute jointly (Box 1). Between 1995 and 2008, the abortion rate fell worldwide from 35 abortions annually per 1,000 women of childbearing age (15-44 years) to 28 per 1,000. However, it fell only during the first observation period, between 1995 and 2003. This overall trend reflects a change in abortion frequency in developing countries, where slightly over 80% of the world’s population live. From 1995 to 2003, the abortion rate in those countries fell from 34 to 29 per 1,000, before stabilizing from 2003 to 2008. This stagnation is probably explained by a slackening of family planning efforts. The share of women in a union and using contraception in developing countries rose from 52% in 1990 to 60% in 2000 but stagnated after that, reaching just 61% in 2009. [1] In developed countries the proportion of women in a union and using contraception was already higher at the start of the period and rose slightly, from 69% in 1990 to 72%(2) in 2009.

Abortion rates fell more quickly in developed than developing countries, dropping from 39 to 24 per 1,000 from 1995 to 2008. That fall is primarily due to changed practices in Eastern European countries, where pregnancy termination was one of the main birth control methods up to the 1980s and where contraception did not become widespread until after the dissolution of the USSR. Abortion fell sharply in Eastern European countries over the 1990s, stabilizing between 2003 and 2008 at a level that was nonetheless higher than elsewhere in Europe.

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The distinct trends observed in developed and developing countries raised the proportion of unsafe abortions across the world from 44% in 1995 to 49% in 2008.

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* Institut National d’Études Démographiques and University of Geneva.
(1) Induced abortions only; spontaneous abortions and miscarriages are excluded.
(2) In a given country at any given time, the share of women using contraception seldom exceeds 80%, even when contraceptive use is widespread. A minority of women do not use contraception, either because they know they are sterile or because they are pregnant or wish to become so.
these complications may lead to disability or death. The adverse effects of unsafe abortion on women’s health vary in severity according to the termination method used, the qualifications of the person performing the operation, the gestational age, and the quality of the health system that treats the woman for any post-abortion complications. Whereas induced abortions in developed countries seldom result in death, approximately 0.22% of abortions in the developing world end tragically, according to a 2008 estimate. In other words, for every 100,000 live births in developing countries there are 40 abortion-related deaths, amounting to 13% of all maternal mortality (1 maternal death in 8).

Abortion-related deaths have decreased in the last two decades, from 60 deaths per 100,000 live births in 1990 to 40 in 2008. The downtrend is observed in all regions, but the fastest progress has been in Eastern European countries, followed by Latin America and, further behind, Asia and sub-Saharan Africa. These developments can be attributed in part to improved treatment of maternal health problems.

Yet disparities by region remain large

Abortion mortality varies widely today across developing regions despite their quite similar safe abortion rates (Figure). The relatively low mortality in Asia is probably due to the fact that only about one-third of abortions there (37% in 2008) are performed illegally (and therefore unsafely, according to the standard definition), in contrast to the situation in

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Source: [2]
Note: Only induced abortions are counted (excluding spontaneous abortions).
* Annual number of abortions per 1,000 women aged 15-44 years.

Box 1. How is the number of abortions worldwide estimated?

The World Health Organization’s Department of Reproductive Health and Research (RHR) in Geneva has been estimating the total number of unsafe abortions worldwide since 1990, and collaborates with the Guttmacher Institute in New York to produce world abortion statistics. Safe abortion figures are established on the basis of official statistics, or national surveys for countries that have no statistics or only incomplete data. These figures are adjusted to account for gaps in the data. Unsafe abortion figures, meanwhile, are estimated on the basis of hospital statistics and surveys of women. Local data are adjusted using multipliers and weighting to obtain estimates at the regional scale. Models are used for countries with no information. The ratio between total number of abortions and the population of women aged 15-44 years is calculated for each world region and sub-region to obtain annual abortion rates.

It is even more difficult to estimate the number of deaths resulting from unsafe abortion. Estimates are based primarily on information from hospitals, and in some cases population surveys that indicate the number of maternal deaths attributable to abortion. Models are also used to produce estimates for countries that provide no information.

Fewer deaths from unsafe abortions

Abortions performed in unsafe conditions can cause haemorrhaging, sepsis, and traumatic injury to the reproductive and abdominal organs, and
Africa and Latin America, where 97% and 95% of abortions, respectively, are clandestine. [2] Africa has an extremely high rate of abortion-related deaths compared to other regions. Its alarming figures are explained by the poverty endemic to this continent, and by its poorly resourced health systems (with less access to safe abortion methods, skilled practitioners and effective post-abortion care than in other regions), combined with an abortion rate as high as those in the other developing regions (Box 2).

Illegal medical abortions

Death following an abortion is much less frequent in Latin America than in the rest of the developing world, even though abortion is still strongly condemned in that region. What explains the difference? Moreover, the frequency of severe abortion complications requiring hospital treatment has also fallen there in the last two decades, along with the treatment cost per complication. These positive developments appear to stem from a rise in medical abortions. [5] Two drugs are used for this purpose: Mifepristone, which is still quite expensive and only authorized for sale in a limited number of countries, and Misoprostol, which is cheap,
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