

# Ensuring Women's Access to Safe Abortion:

## A Key Strategy for Achieving Millennium Development Goals

The Millennium Development Goals (MDGs) adopted by governments worldwide in 2000 set quantitative targets for ending poverty, improving health and promoting gender equality by the year 2015. MDG 5, "Improve Maternal Health," now includes two complementary targets: **Reduce by three-quarters the maternal mortality ratio, and achieve universal access to reproductive health.**

Eliminating unsafe abortion is necessary to achieve MDG 5 targets and to ensure fewer maternal deaths and better reproductive health, especially for women in developing countries. Steps required include:

- Increasing couples' access to modern contraception to prevent unintended pregnancy;
- Improving the quality and accessibility of postabortion care;
- Expanding access to safe, legal, voluntary and affordable abortion care.

The ultimate goal of the MDGs — to promote sustainable and equitable development — **cannot be achieved without full attention to sexual and reproductive health and rights.**

### International Conference on Population and Development (ICPD) Programme of Action

"All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services... Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. ...In circumstances where abortion is not against the law, such abortion should be safe." (Paragraph 8.25)

(United Nations 1994)



Conversely, sexual and reproductive rights will be achieved only if they are reinforced by efforts to promote equity and economic justice and to reduce poverty.

## Background

In the past 15 years, beginning with the International Conference on Population and Development (ICPD) in 1994, the international community has committed itself in a series of political and legal agreements to promoting and fulfilling women's and men's sexual and reproductive rights. At ICPD, governments agreed to a definition of reproductive health that includes abortion in circumstances where it is legal under national legislation. The outcome document from the United Nations General Assembly's 1999 review of the ICPD Programme of Action further stated: "In circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible."

Abortion is one of the most common gynecological experiences for women. Worldwide, women terminate about 41.6 million pregnancies every year. At least 95 percent of abortions performed in Africa and Latin America and about 60 percent in Asia (excluding Eastern Asia) are unsafe (WHO 2007A). Unsafe abortion is a critical public health, social and economic justice, and human rights issue.

## Abortion: an issue of public health

Every day, 182 women die from complications of unsafe abortion. Nearly 46 percent of women who die from unsafe abortion are younger than 24 (WHO 2007A). Approximately 220,000 children are orphaned each year when their mothers suffer unsafe abortion-related deaths. In addition, it is estimated that every year at least five million women and girls are hospitalized for treatment of complications of unsafe abortion, which can lead to long-term effects such as infertility (Singh 2006). All in all, unsafe abortions account for about 20 percent of the total burden of maternal mortality plus long-term reproductive ill health (WHO 2007A).

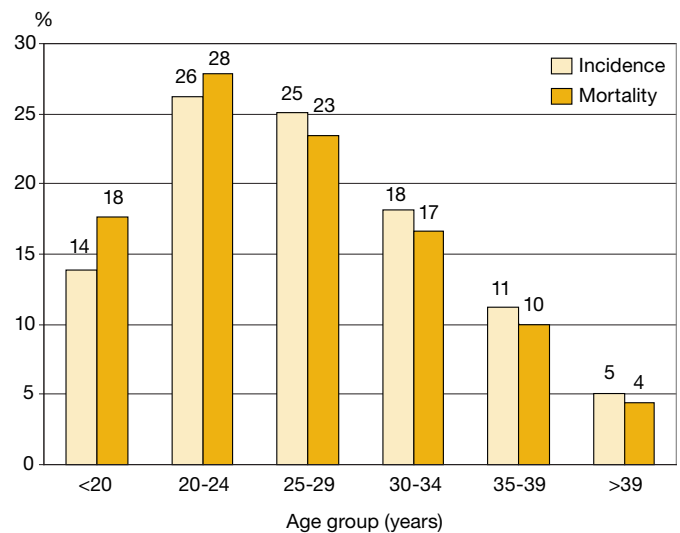
Women in developing countries face a far greater risk of dying from pregnancy-related causes than their sisters in developed nations. In Africa, for example, one of every 26 women will die from a maternal cause, compared with one in every 7,300 women in industrialized countries (WHO 2007B).

The prevalence of unsafe abortion is one of the main reasons for this discrepancy, which is particularly disturbing because unsafe abortion is the only cause of maternal mortality that is entirely preventable. Legally permitting safe abortion and making abortion services widely accessible, in accordance with guidance from the World Health Organization, has a significant positive impact on women's health and rights in countries with high rates of unsafe abortion and restrictive laws (WHO 2003).

## Abortion: an issue of social and economic justice

MDG 1 calls for eradicating extreme poverty and hunger. Poverty can be defined broadly as the denial of choice, opportunities and human dignity; women who die from unsafe abortion are denied all three. The women most harmed by lack of access to safe reproductive choices are those without financial means or social connections: women who are poor, young, HIV-positive, survivors of sexual violence, refugees or otherwise vulnerable. When women are able to make safe reproductive

*Percentage distributions of estimated unsafe abortions and associated mortality by age, all developing regions, 2003. Source: WHO 2007A*



choices, they can take better advantage of opportunities for education and employment.

Economic class clearly affects reproductive and sexual health: Higher-income women more consistently use contraception, are better able to negotiate circumstances of sex, and have better access than poor women to health services, including safe abortion, regardless of its legal status.

Legalizing abortion can decrease financial barriers to health care, including by reducing the prevalence of black-market services, which often are exorbitantly priced. Making safe elective abortion widely available can also dramatically reduce costs associated with managing complications of unsafe abortion. One study employing a costing model estimated an eight-to-one ratio between the costs of treating complications of unsafe abortion in tertiary settings under restrictive abortion law and providing safe elective abortions in primary health-care centers under liberal legislation (Johnston et al. 2007).

## Abortion: an issue of human rights

MDG 3 calls for promoting gender equality and empowering women, both of which are integral to women's most basic human rights — the rights to health, survival and security. Denying women control over their own reproductive decisionmaking denies them full citizenship, by unduly limiting their self-determination and impeding equal participation in their nations' social, political and economic life.

Laws that criminalize abortion — a procedure sought by tens of millions of women, and only women, each year — constitute gender-based discrimination and must be reformed. Legal provisions for abortion also make governments accountable for the availability and quality of care. Since 1995, 24 countries from all regions of the world have liberalized their abortion laws (Boland and Katzive 2008, Center for Reproductive Rights 2007, Cook et al. 1999).

### Key facts

Globally, 22 million unsafe abortions take place each year<sup>†</sup>; 98 percent of unsafe abortions occur in developing countries with restrictive abortion laws<sup>†</sup>;

Every year at least 66,500 women and girls die from unsafe abortions, accounting for 13 percent of all women's deaths related to pregnancy and childbirth<sup>‡</sup>;

Women and girls make up three-fifths of the world's one billion poorest people<sup>§</sup>;

Up to half of all adult women have experienced violence at the hands of their intimate partners<sup>§</sup>;

Pregnant women living with HIV may be more prone to ill health as a consequence of complications from unsafe abortion than HIV-negative women<sup>¶</sup>.

<sup>†</sup> WHO 2007A

<sup>§</sup> UNFPA 2008

<sup>¶</sup> WHO 2006

Within the United Nations human rights system, Treaty Monitoring Committees periodically assess governments' compliance with human rights conventions they have endorsed. **Increasingly, these bodies have urged governments to ensure women's ability to access safe abortion and postabortion care in accordance with existing laws; they have also recommended that governments review legal restrictions on abortion in light of evidence of unsafe abortion's negative impact on women and girls and potential conflict with human rights commitments.**

## Strategies to ensure women's access to safe abortion

Women's groups, health advocates, human rights organizations and an increasing number of governments are pursuing a variety of strategies to reduce unsafe abortion and to ensure women's access to safe abortion.

In several countries, reform of abortion laws has been undertaken in the context of broader national discussions about women's rights to equality and non-discrimination. Notably, immediately following adoption of its post-apartheid constitution recognizing citizens' civil and political rights, South Africa enacted the Choice on Termination of Pregnancy Act (CTOP), which affirms women's social rights. Nepal's gender-equity law recognizes linkages between the rights to inherit, divorce and safely terminate pregnancies. In Ethiopia,

a coalition of women's groups, medical professionals and legal experts emphasized the health consequences of unsafe abortion and women's right to reproductive self-determination in their successful arguments for liberalizing access to abortion. Courts in **Bolivia, Colombia and Mexico** have further acted to uphold women's right to safe abortion care.

Governments in a number of countries, including Ethiopia, Ghana, Zambia, Cambodia, India and Nepal, are acting to increase access for women to safe abortion care through national health systems. The Federal District of Mexico is also implementing free abortion services for women through public health facilities.

### Decreases in hospital admissions and maternal deaths from unsafe abortion following abortion law reform

- In Guyana, within six months of liberalizing the abortion law, hospital admissions for abortion complications dropped by 41 percent at Georgetown Hospital (Nunes and Delph 1997)
- South Africa saw a 91.1 percent reduction in deaths from unsafe abortion from 1994-2001; the Choice on Termination of Pregnancy Act went into effect in February 1997 (Jewkes et al. 2005)

## Abortion and human rights: Selected Treaty Monitoring Committee observations to governments

*Committee on Economic, Social and Cultural Rights, to Kenya, 2008:*

"[Concerned] about...the high number of unsafe clandestine abortions..., [the] Committee recommends that the State party **ensure affordable access for everyone, including adolescents, to comprehensive family planning services, contraceptives and safe abortion services**, especially in rural and deprived urban areas, by eliminating formal and informal user fees for public and private family planning services, adequately funding the free distribution of contraceptives, raising public awareness and strengthening school education on sexual and reproductive health, and **decriminalizing abortion in certain situations, including rape and incest.**"

*Committee on the Elimination of Discrimination Against Women, to Bolivia, 2008:*

"The Committee urges the State party to **adopt regulations to implement existing laws on Bolivian women's right to therapeutic abortion...[and] to afford women access to high-quality services for the treatment of complications resulting from unsafe abortions** with a view to reducing maternal mortality rates."

*Committee against Torture, to Chile, 2004:*

"The Committee recommends that the State party should...**eliminate the practice of extracting confessions for prosecution purposes from women seeking emergency medical care as a result of illegal abortion....** In accordance with World Health Organization guidelines, the State party should **ensure immediate and unconditional treatment of persons seeking emergency medical care.**"

*Committee on the Rights of the Child, to Chad, 1999:*

"The Committee encourages the State party to **review its practices under the existing legislation authorizing abortions for therapeutic reasons with a view to preventing illegal abortion and to improving protection of the mental and physical health of girls.**"

## Call to action

Making safe abortion accessible to women worldwide can contribute significantly to achievement of the MDGs; conversely, reliance on unsafe abortion perpetuates women's poverty and ill health. In this regard, we call on the global community to:

1. **Work to change the conditions that lead to unwanted pregnancies**, including poverty, lack of gender equity, sexual violence and lack of access to contraception;
2. **Establish, preserve and fully implement laws, norms and regulations that make modern contraceptive methods, including emergency contraception, and safe, legal abortion accessible and available to every woman who chooses it**, free from the threat of violence or coercion;
3. **Ensure that postabortion care and safe abortion services are included in both public and private health services**, and that both surgical and pharmaceutical methods can be provided by doctors and midlevel providers;
4. **Implement these recommendations in line with principles of social justice and human rights**, and ensure that services are offered with minimal barriers, as outlined in WHO technical guidance on safe abortion;
5. **Promote multi-sectoral, South-South and South-North collaborations in the field of sexual and reproductive health and rights** in order to ensure that global and local tools and experiences benefit women in all parts of the world;
6. **Ensure that these efforts receive sufficient financial support.**

## Selected resources

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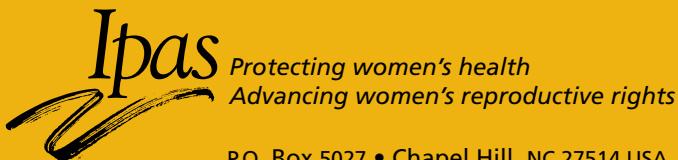
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