

# Making abortion safer: a vital necessity

Changing methods and mindsets

- According to the World Health Organization (WHO), unsafe abortions cause 8% of maternal deaths worldwide. That is 25 million a year, 97% of which occur in low- and middle-income countries.
- Abortion is a safe and effective medical procedure when performed correctly.
- In contexts where abortion is legally restricted, the informal use of medical abortion and post-abortion care (PAC) reduces the health risks associated with clandestine abortions.

One-third of the 200 million pregnancies per year are unwanted. These are closely linked to difficulties in accessing sex education and effective contraceptive methods. Unwanted pregnancies are a public-health issue: one-quarter of them result in unsafe abortion, often with medical complications.<sup>[1]</sup>

The level of risk associated with an abortion is related not only to its legal status, but also to the health conditions present when it is performed, the method used, and whether the individual who performs it has been adequately trained. However, decriminalization of abortion is still the main tool for improving its safety, even though it remains illegal in most low- and middle-income countries.

In addition, the stigmatization of abortion, as well as socio-economic insecurity, complicates safe access to the procedure, which requires clear and easily obtainable information on how to access it. Many women seeking abortions avoid the formal healthcare sector if they feel that healthcare providers will not respect their anonymity.

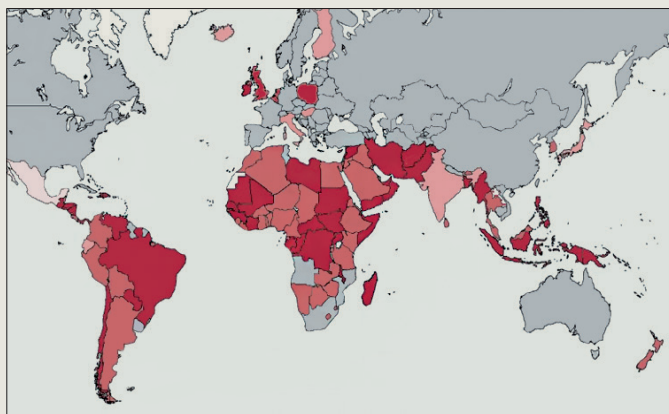
The development of PAC in the 1990s, and the wider use of medical abortion over the last three decades, have led to a significant improvement in abortion-related healthcare.

## Management of post-abortion complications

Unsafe abortions can lead to complications ranging from bleeding and infections to perforation of the uterus caused by the use of blunt objects. PAC has been developed in countries with restrictive legislation, meaning that these complications can be treated by public health services. PAC also includes family-planning services and even screening and treatment for sexually transmitted diseases when resources are available.

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# Policy Brief



- Entirely illegal, or permitted only to save the woman's life
- Permitted to protect the woman's health
- Permitted for economic or social reasons
- Permitted only in cases of rape
- No restrictions
- Data not available

Source: Agnès Guillaume and Clémentine Rossier, "L'avortement dans le monde: État des lieux des législations, mesures, tendances et conséquences," *Population* 73, no.2 (2018): 225–322.

Thus, healthcare providers treat these complications in public healthcare facilities but do not perform abortions, which continue to take place through informal channels. The introduction of PAC has made it possible to reduce the morbidity and mortality rates associated with abortion, despite allowing the much-needed debate on legalization to be sidestepped.

### Medical abortion: A revolutionary method?

Misoprostol<sup>[2]</sup> is an active substance used for both PAC and medical abortions. More recently, its use for self-induced abortions has also expanded, again reducing the harm associated with clandestine abortions in settings where access to abortion is limited, whether by law, by a lack of trained health providers, or both.<sup>[1]</sup> Initially used as an anti-ulcer drug that has been approved to treat several conditions, it can be used for many obstetric and other treatments. It should thus be widely available, and affordable.

However, access to misoprostol is not widespread. Those who know how to access it in settings where abortion is criminalized tend to be the most highly educated or those living in urban areas. Also, users and providers of misoprostol often lack reliable information on how to use it, and there is a risk that tablets will be adulterated.<sup>[3]</sup>

### Improving knowledge of needs and practices

It is essential to improve knowledge of needs and practices, particularly with regard to medical abortion, through providing training to professionals and information to women via toll-free numbers or the internet. In addition, it is fundamental to increase vigilance against the sale of drugs that are claimed to be abortifacients, despite being ineffective in reality.<sup>[3]</sup>

### Improving the abortion care provided by healthcare systems

There is a need to increase the availability of medicines containing misoprostol in pharmacies and other outlets that sell medicine, depending on the specific approvals in each country. Consideration might also be given to delegating abortion-related tasks—whether for medical abortions, which could be handled by pharmacists, for example, or for PAC, which could be handled by nurses and midwives rather than by doctors.

The management of PAC can also be improved through better training for health professionals, the provision of adequate equipment, and the modernization of the methods used. Post-dilation curettage is still widely used in many countries, although it is invasive and costly. It should be replaced by manual intrauterine manual vacuum aspiration or medical abortion.

### Legalizing abortion and ensuring access to safe abortion

Advocacy and awareness-raising at the societal and political levels are essential. Access to safe abortion is a human right. It must therefore be democratized so as to provide equal access to healthcare. Legalization must go hand in hand with guaranteeing affordable access to safe abortion while ensuring patient anonymity.

### Fighting stigmatization

Reducing the stigma associated with abortion improves the safety of the practice. Awareness-raising among healthcare personnel is also essential to ensuring respectful and non-judgmental care.

[1] SINGH, Susheela, and Isaac MADDOW-ZIMET. "Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries." *BJOG: An International Journal of Obstetrics and Gynaecology* 123, no.9 (2016): 1489–1498.

[2] Misoprostol is registered under various trade names worldwide (Cytotec, Cyprostol, Misotrol) and is also contained as an active ingredient in some drugs used to treat joint pain, rheumatism, and arthritis (Arthrotec and Oxaprost).

[3] FOOTMAN, Katharine, Katherine KEENAN, Kate REISS, Barbara REICHWEIN, Pritha BISWAS and Kathryn CHURCH. "Medical abortion provision by pharmacies and drug sellers in low- and middle-income countries: a systematic review." *Studies in Family Planning* 49, no.1 (2018): 57–70.

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