

THE FIGO POSITION ON UNSAFE ABORTION

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**ECSA Regional Workshop on Prevention of
Unsafe Abortion**

Addis Ababa, 9th-10th May 2013

How to reduce unsafe abortion and its consequences

- **Primary Prevention:** Less unintended pregnancies and abortions

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- **Secondary Prevention:** Non preventable abortions should be safe

How to reduce unsafe abortion and its consequences

- **Tertiary Prevention:** Unsafe abortions do not complicate and kill the woman

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- **Tertiary Prevention:** Unsafe abortions do not complicate and kill the woman
- **Quaternary Prevention:** Post-abortion counseling and services to prevent repeated abortions

How to reduce unsafe abortion and its consequences

Secondary Prevention:

- Non preventable abortions
should be safe



ETHICAL ISSUES IN OBSTETRICS
AND GYNECOLOGY
by the FIGO Committee
for the Study of Ethical Aspects of
Human Reproduction and Women's Health

OCTOBER 2009



FIGO Committee on Ethical Aspects of Human Reproduction

Abortion for non-medical reasons

Providing the process of properly informed consent has been carried out, a woman's right to autonomy, combined with the need to prevent unsafe abortion, justifies the provision of safe abortion.

FIGO Committee on Ethical Aspects of Human Reproduction

Most people, including physicians, prefer to avoid termination of pregnancy and it is with regret that they may judge it to be the best course, given a woman's circumstances.

FIGO Committee on Ethical Aspects of Human Reproduction

Some doctors feel that abortion is not permissible.

Respect for their autonomy means that **no doctor ...should be expected to advise or perform an abortion against his or her personal conviction.** Such a doctor, however, **has an obligation to refer the woman** to a colleague who is not in principle opposed to **termination**

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FIGO Committee on Ethical Aspects of Human Reproduction

In summary, the Committee recommended that after appropriate counselling, **a woman has the right to have access to medical or surgical induced abortion, and that the health care service had an obligation to provide such services as safely as possible.**

Why FIGO favors greater access to safe abortion services

- Without access, to safe abortion, women with unwanted pregnancies will recur to unsafe abortion**

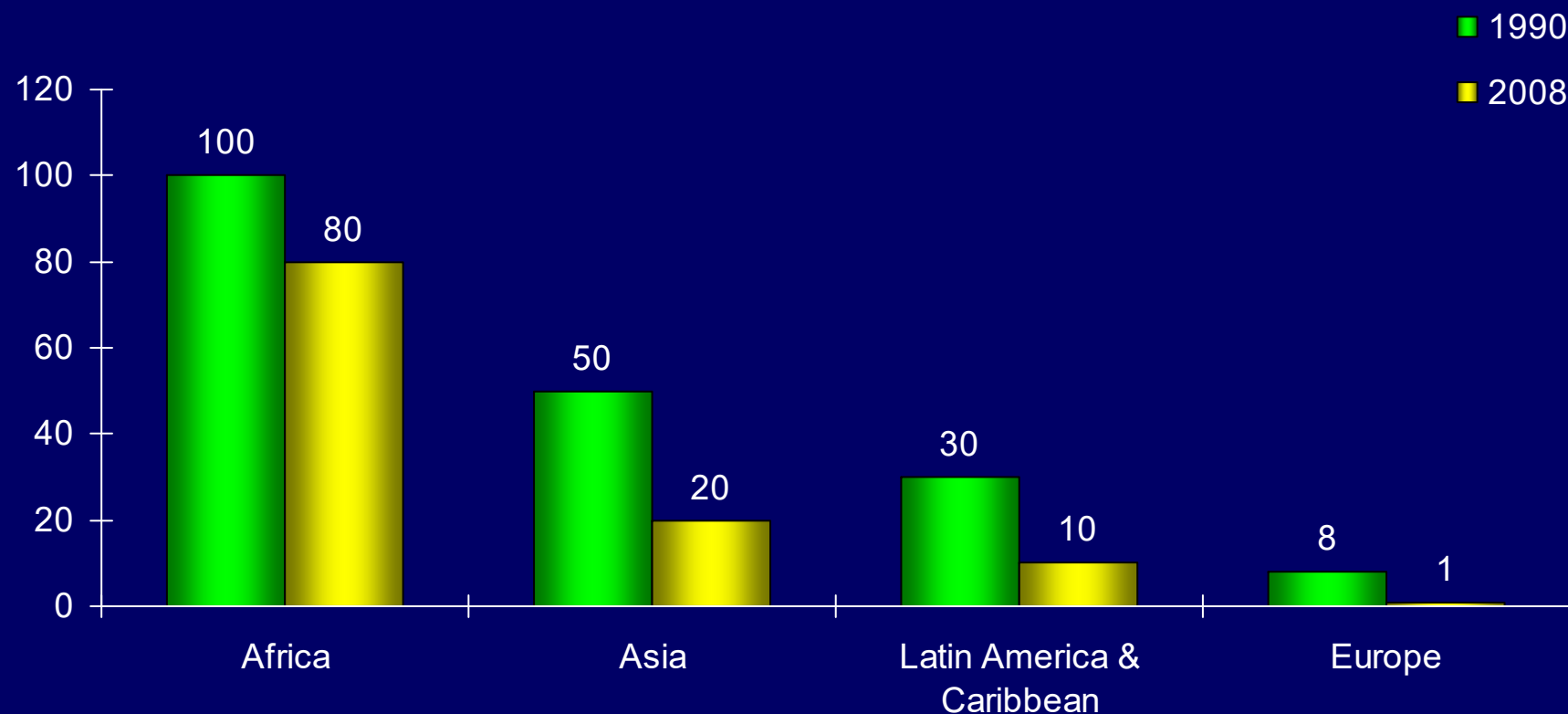
Why FIGO favors greater access to safe abortion services

- **Unsafe Abortions cause suffering and deaths**

Maternal Deaths

Unsafe Abortion is one of the main causes of maternal mortality in the countries **where abortion is illegal**

Unsafe abortion-related maternal deaths per 100,000 live births and annual percent change from 1990 to 2008, major regions



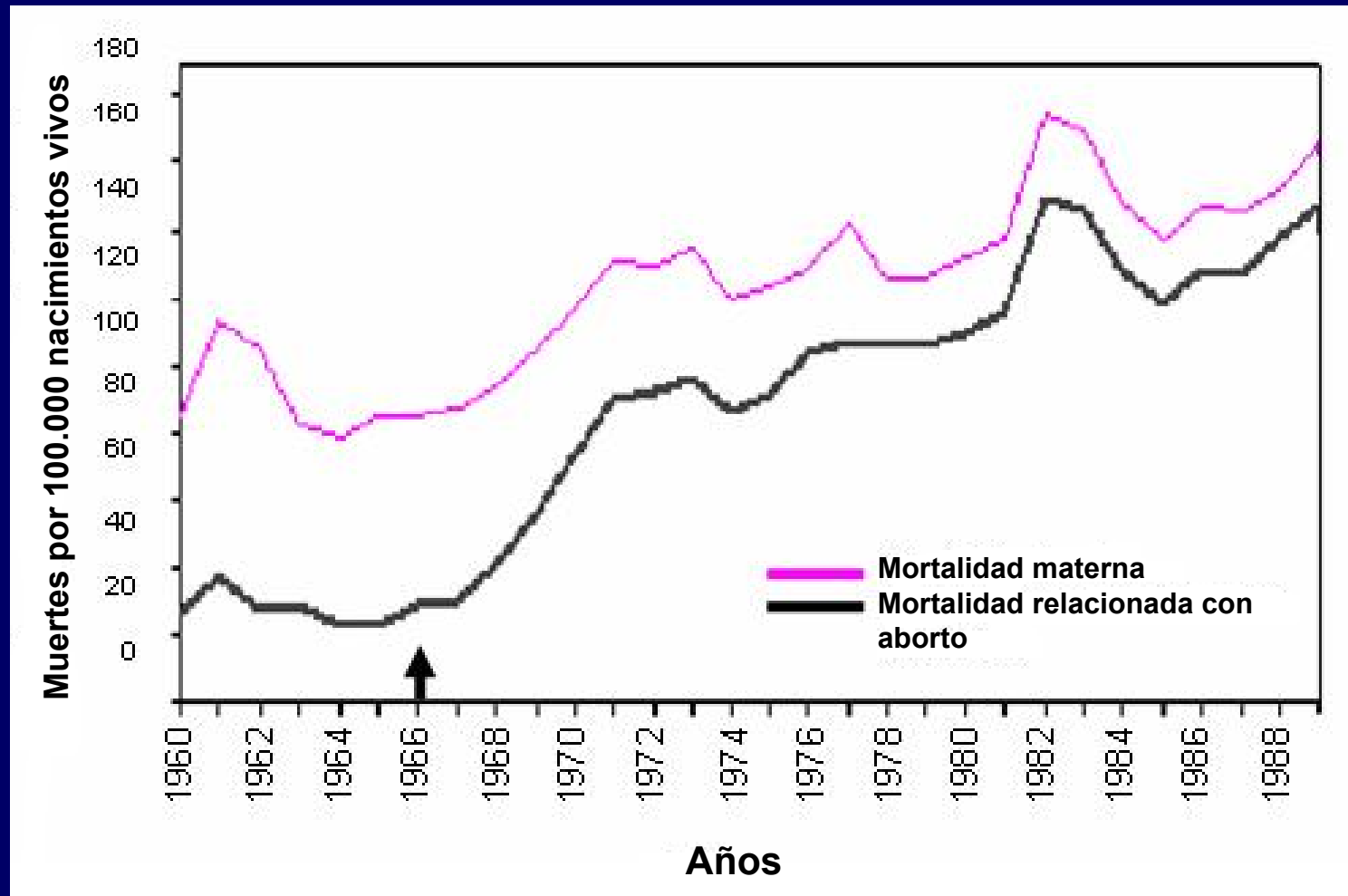
Nota: Japón, Australia y Nueva Zelanda han sido excluidos de las estimaciones regionales, pero se incluyen en el total de las regiones más desarrolladas

Fuente: Shah I, Ahman E. Unsafe abortion mortality: new estimates and trends. IJGO (accepted for publication)

Why FIGO and WHO favors greater access to safe abortion services

- Unsafe Abortions cause suffering and deaths
- Criminalization of abortion only increases mortality,

The effect of criminalization of abortion in Rumania in november of 1965, over abortion related mortality and global maternal mortality



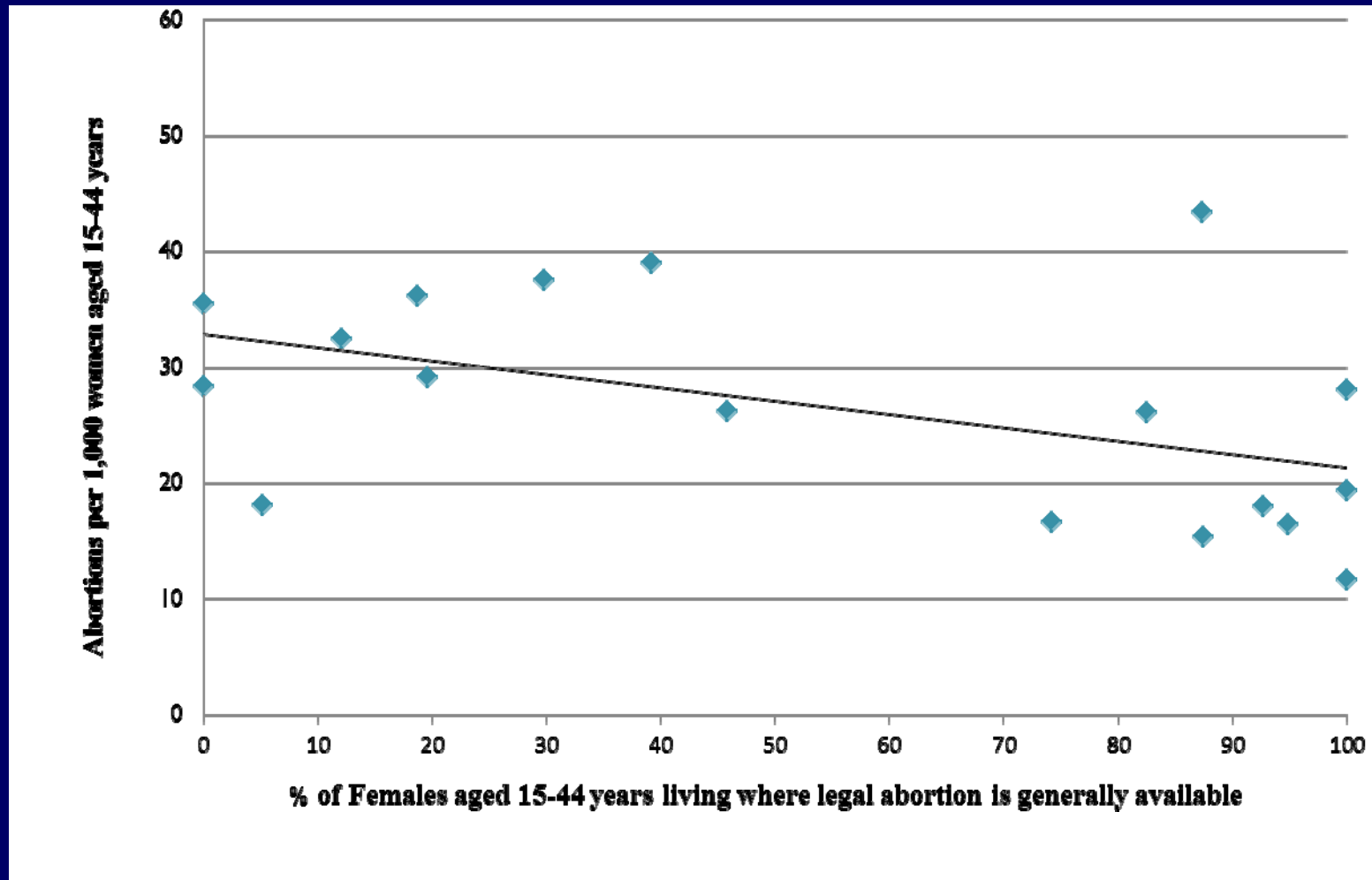
Fuente: Stephenson *et al.*, 1992; WHO, 1997

Why FIGO and WHO favors greater access to safe abortion services

- Unsafe Abortions cause suffering and deaths
- Criminalization of abortion only increases mortality, **without decreasing the incidence of induced abortions**

Abortion rate (per one thousand women 15-45 years) are greater in countries with restrictive abortion laws

Abortion rate by sub-region (per 1000 women 15-44) according to prevalence of liberal abortion laws.



Restrictive

Liberal

Fuente: Sedgh et al., 2012

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Abortion related deaths before and after legalization in South Africa

Abortion related deaths in public hospitals per year

- 1994 (before) **425**
- 1998-2001 **36**

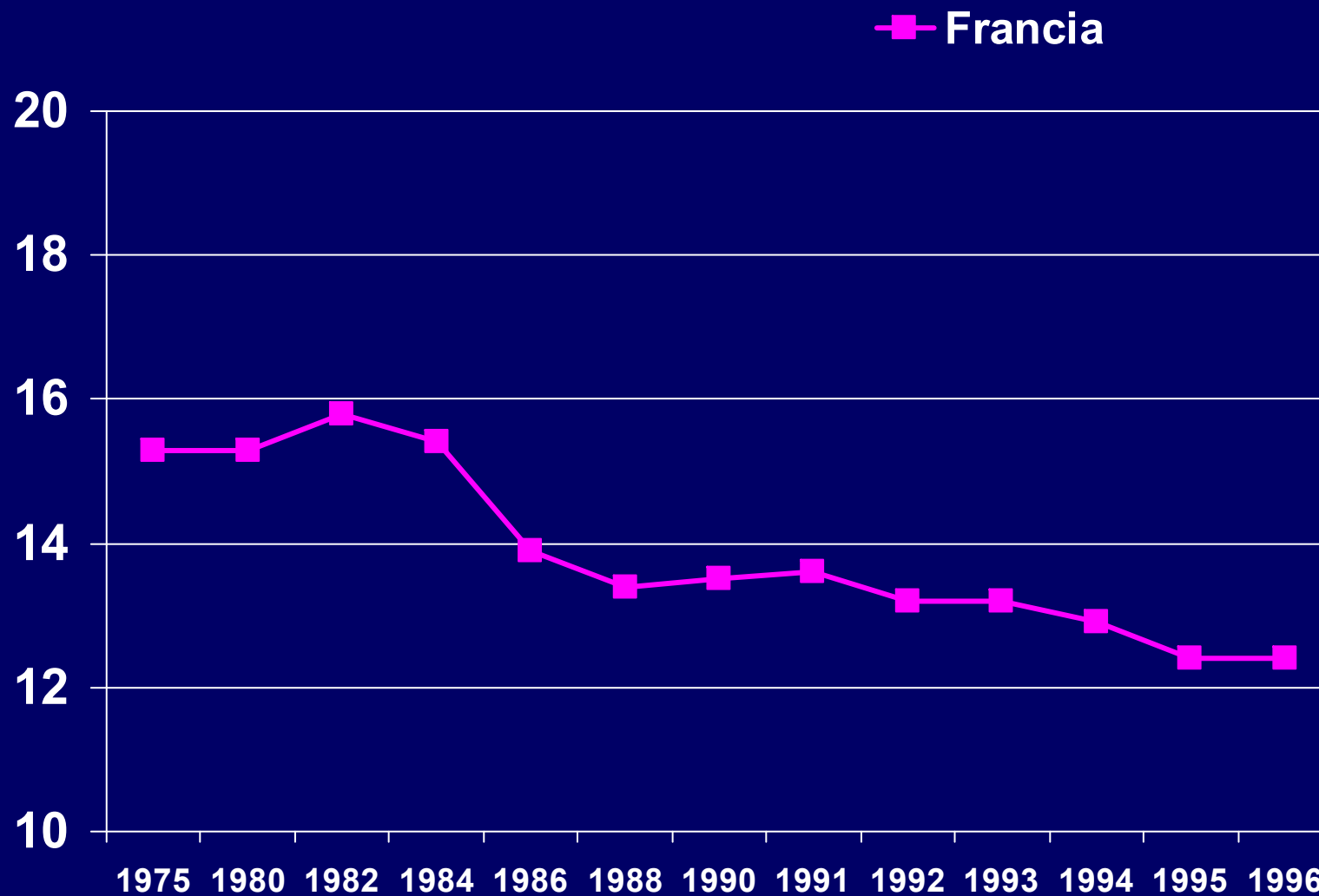
Diff. before/after: -91%

Fuente: Jewkes & Rees, 2005

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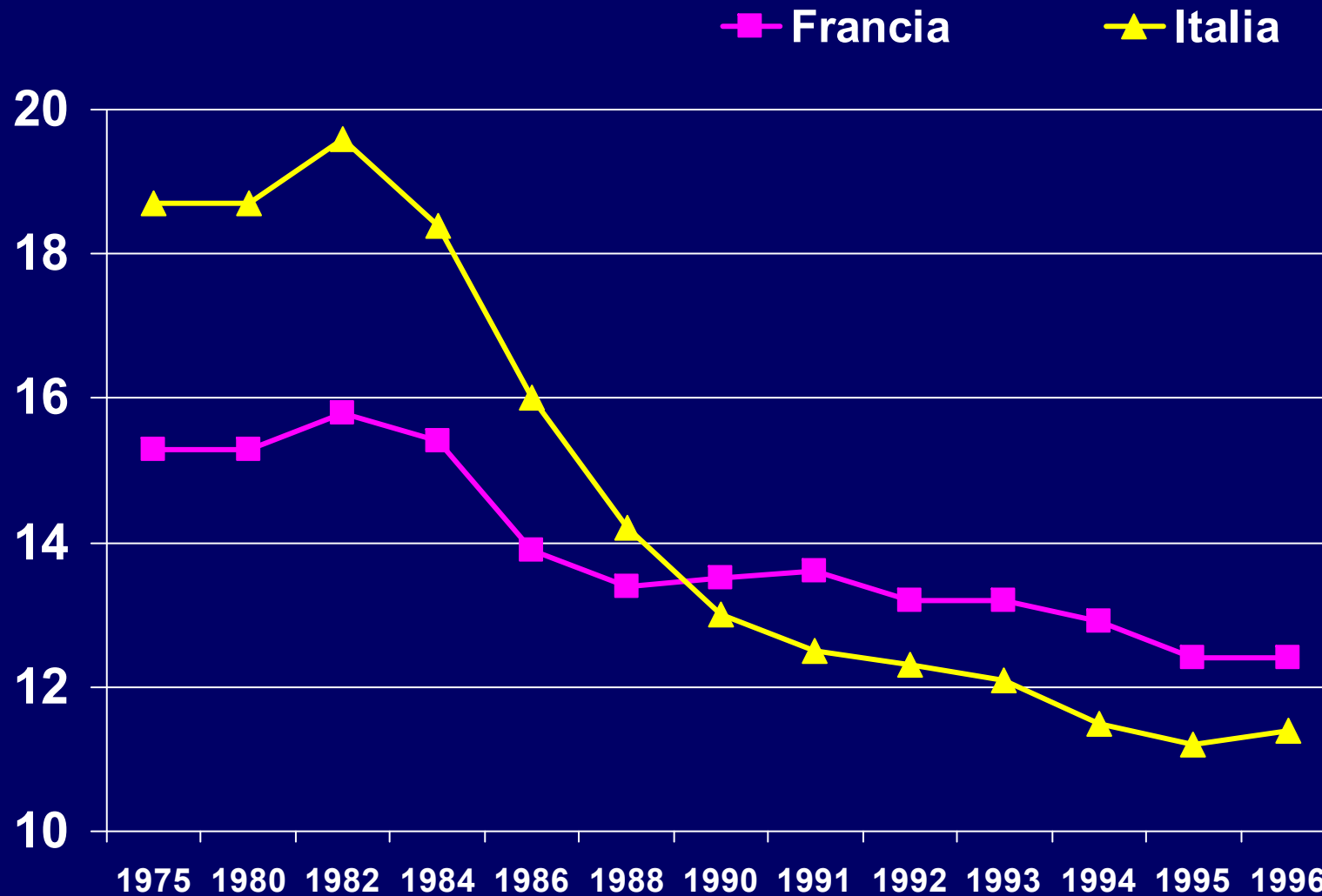
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- **Decriminalization does not increase abortion rate**

Evolution of abortion rate after legalization in France



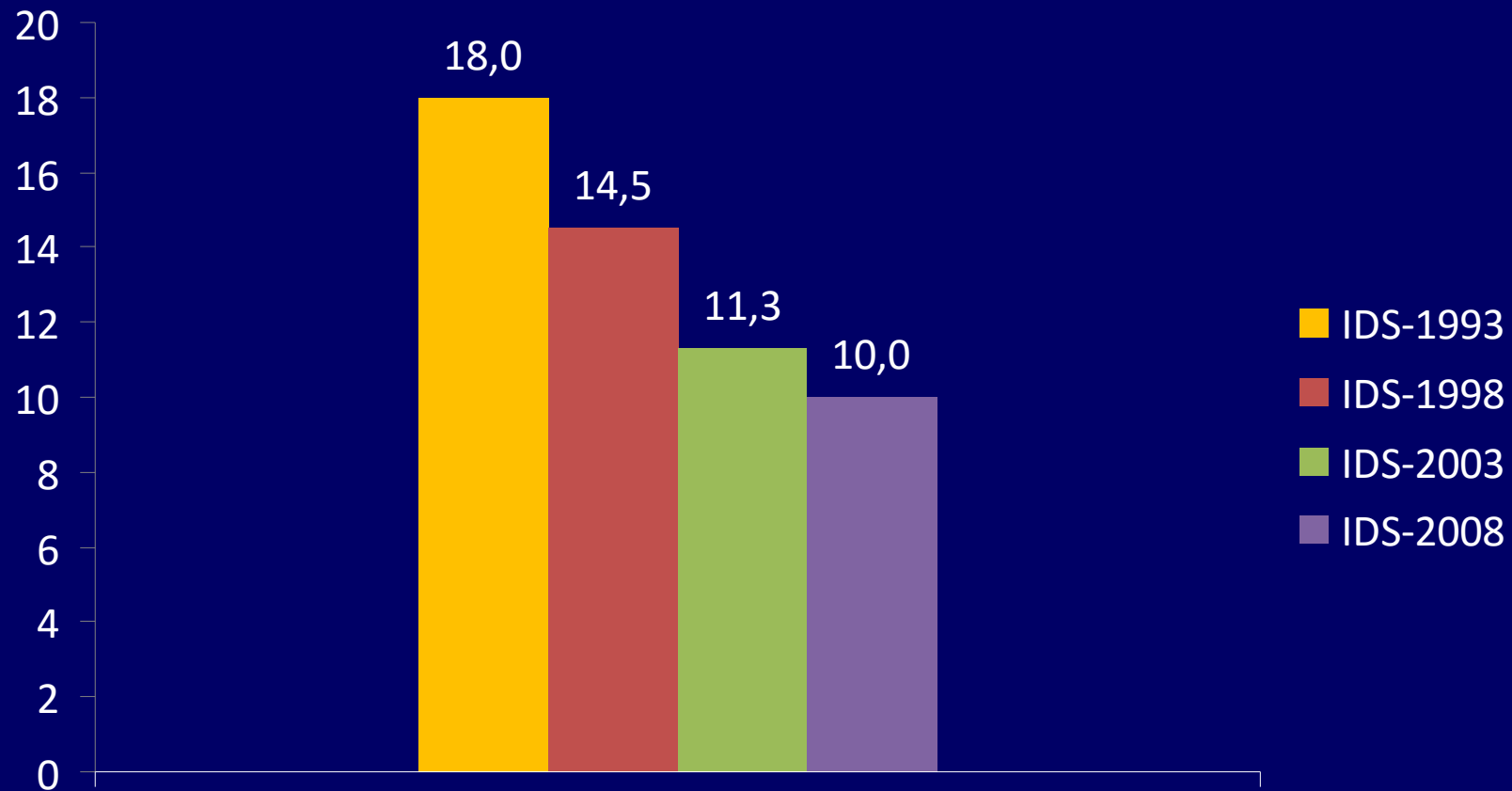
Fuente: The Alan Guttmacher Institute. Sharing responsibility: Women, Society and Abortion Worldwide. New York: The Alan Guttmacher Institute, 1999 .

Evolution of abortion rate after legalization in France and Italy



Fuente: The Alan Guttmacher Institute. Sharing responsibility: Women, Society and Abortion Worldwide. New York: The Alan Guttmacher Institute, 1999 .

Proportion pregnancies ended in induced abortion after legalization in Turkey



Porcentaje de embarazos que terminan en aborto voluntario

Effects of liberalization of abortion laws over abortion rate

The reduction in the abortion rates are explained because legal, institutional terminations of pregnancy provides with an opportunity for Family Planning counseling and provision of effective contraception

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Women with induced abortion have the highest risk of inducing another abortion if pregnant again

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That is why post-abortion contraception is so important

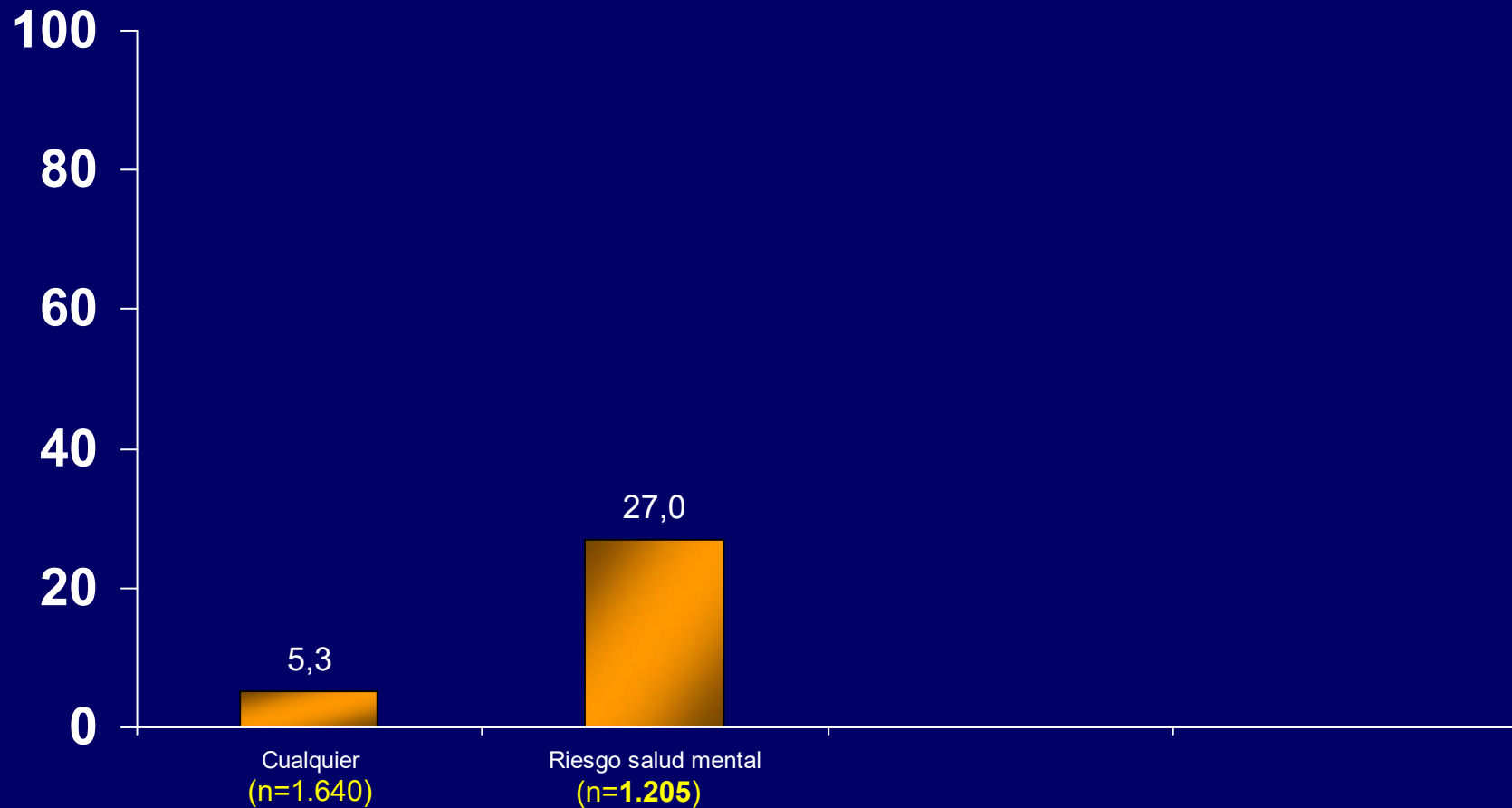
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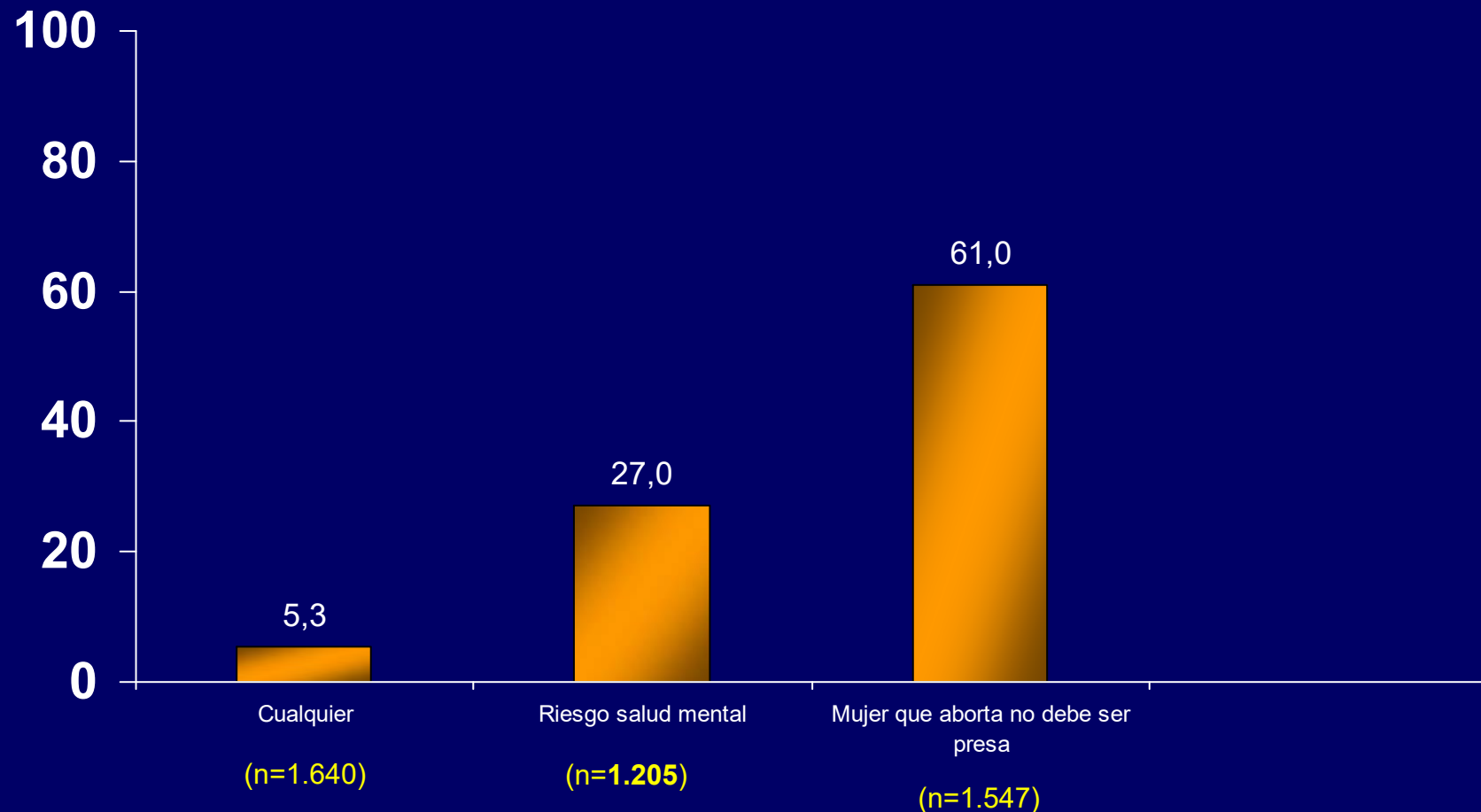
PEOPLE`S OPINION ABOUT PUNISHING WOMEN WHO ABORT

- **The results depend on how you formulate the question**

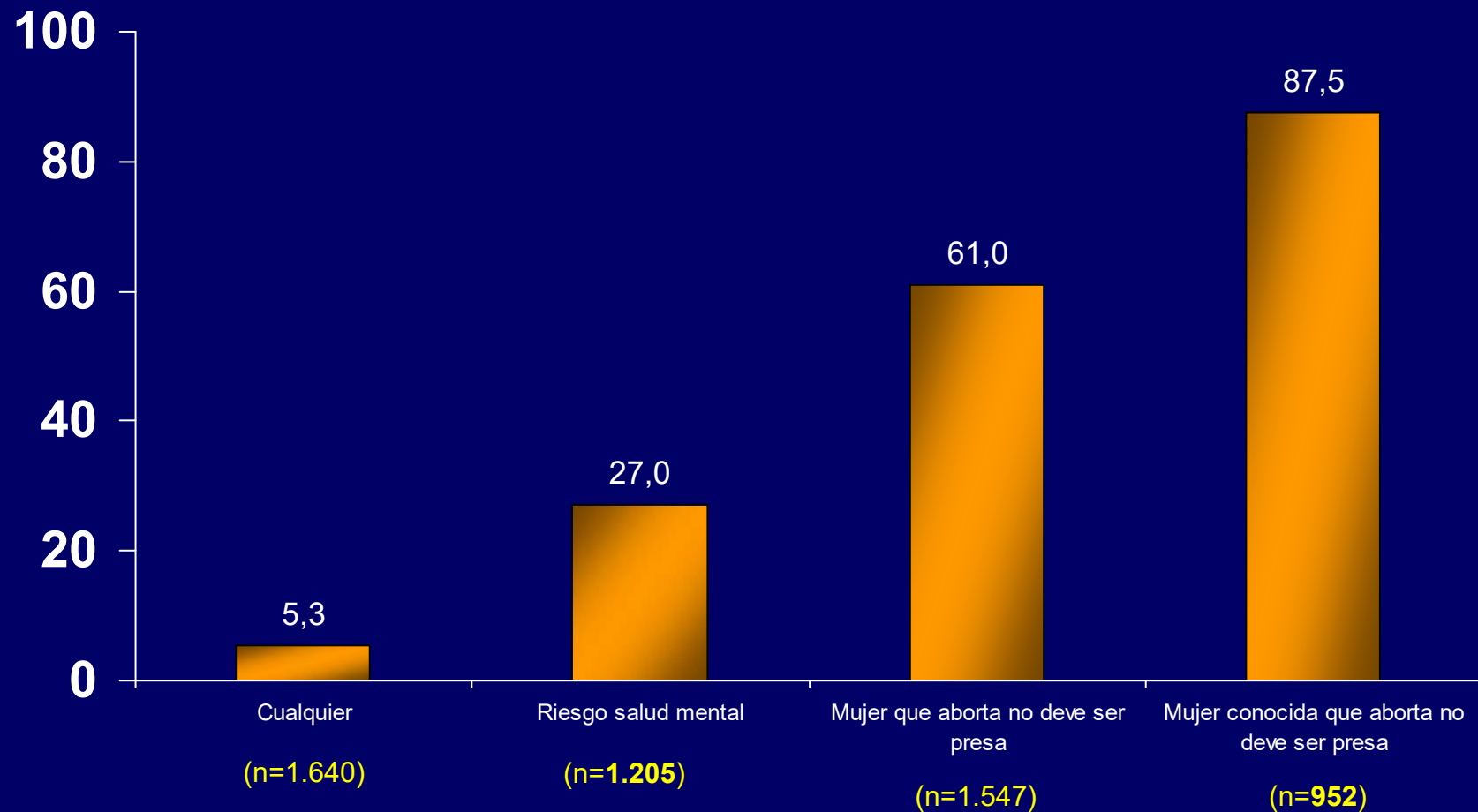
Percentage of public servants in favor of more liberal abortion law, asked in abstract (n=1.660)



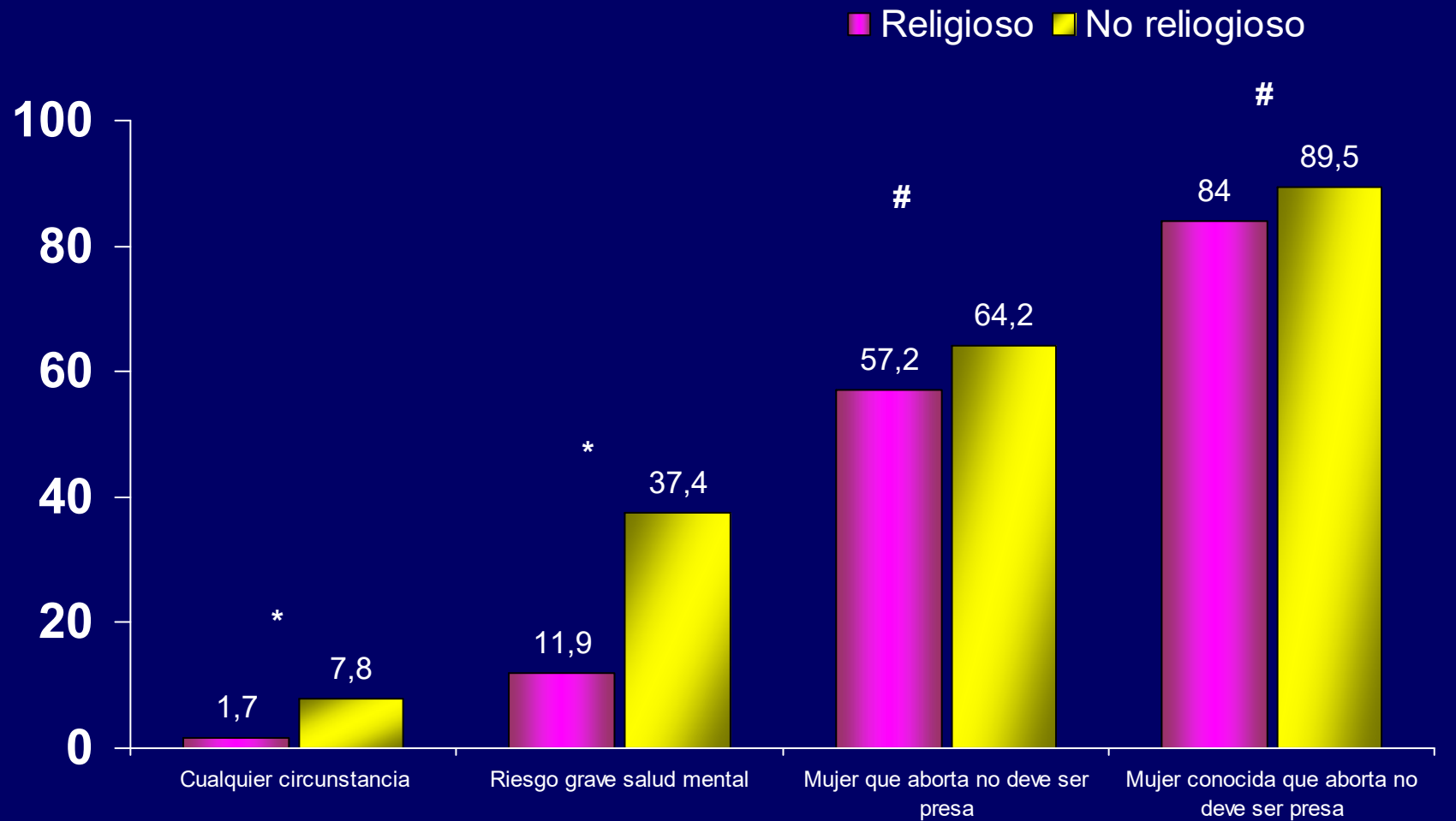
Percentage of public servants in favor of NOT punishing any woman who aborts (n=1.660)



Percentage of public servants in favor of NOT punishing a woman they know who aborts (n=1.660)



Percentage of religious and non-religious public servants in favor of NOT punishing any woman who aborts,

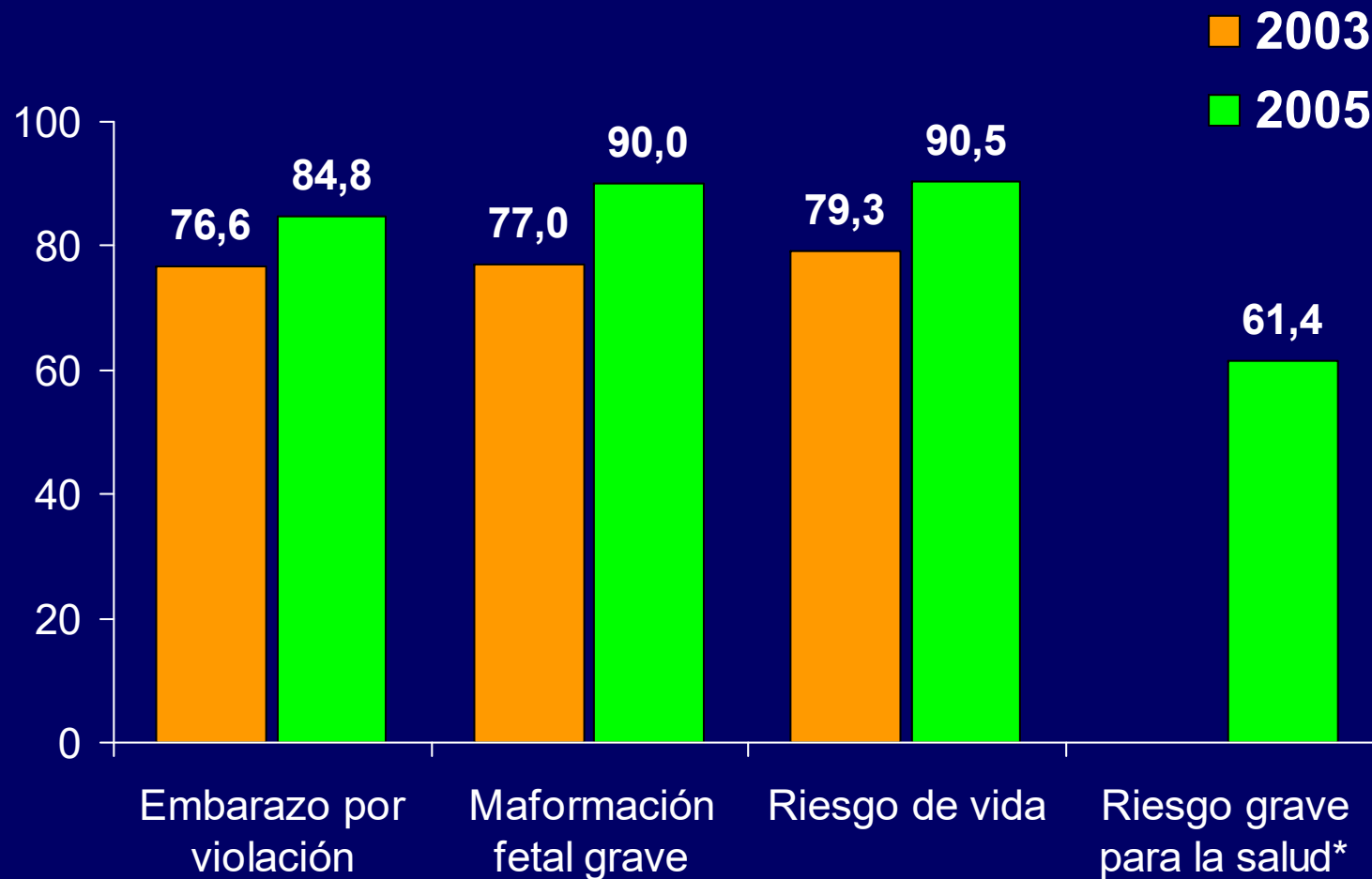


* p < 0,001 # p < 0,01

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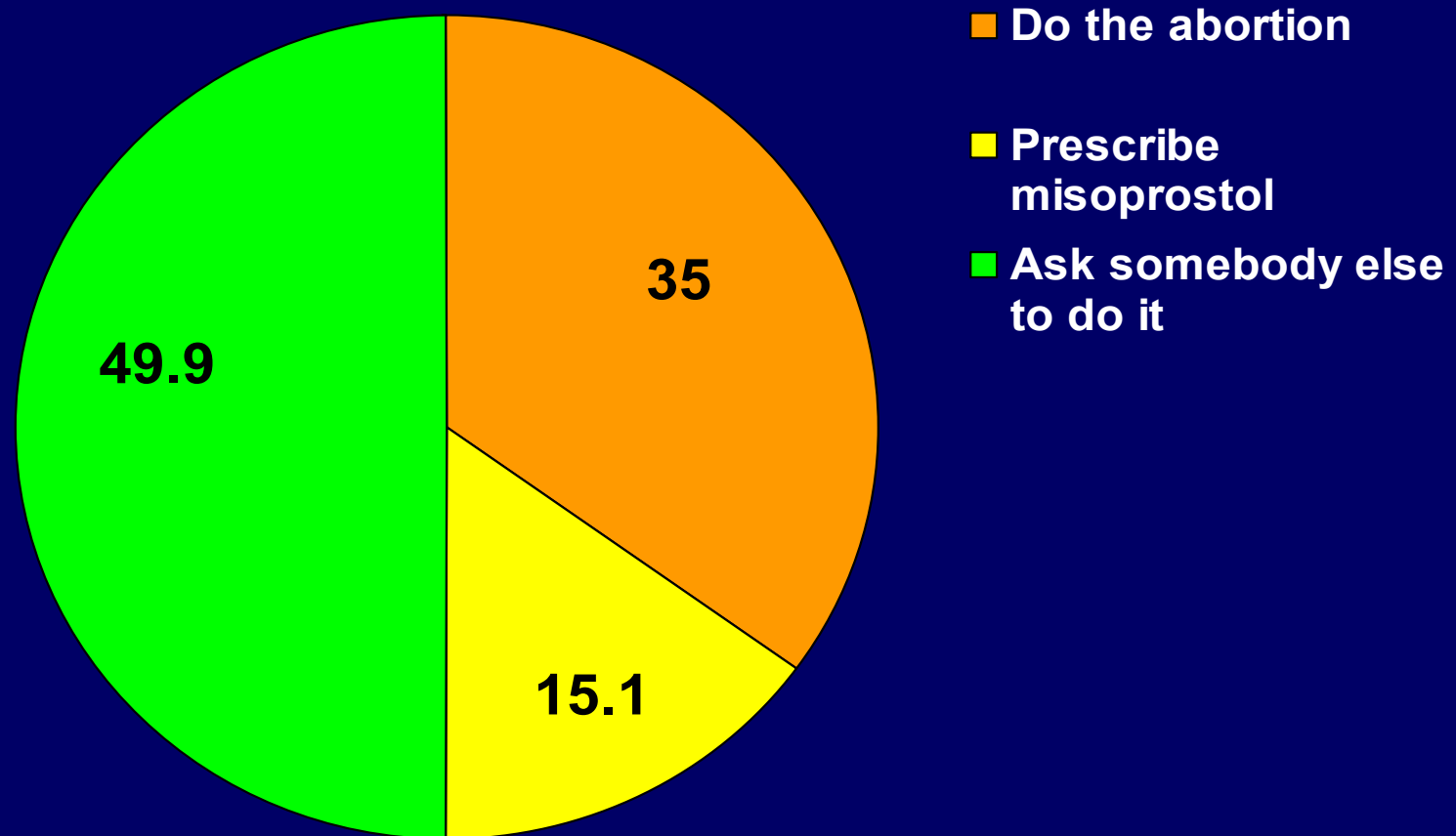
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- **Physicians are afraid of the stigma, but accept the abortion for themselves or those close to them**

Percentage of gynecologist-obstetricians who agree that abortion should not be a crime in certain circumstances. Brazil



* Circunstância apresentada somente em 2005

**BEHAVIOR OF GYNECO-OBSTETRICIANS
CONFRONTED WITH A REQUEST OF LEGAL
ABORTION AFTER RAPE, AT A PUBLIC HOSPITAL.
BRAZIL, 2005 (n = 2.788)**

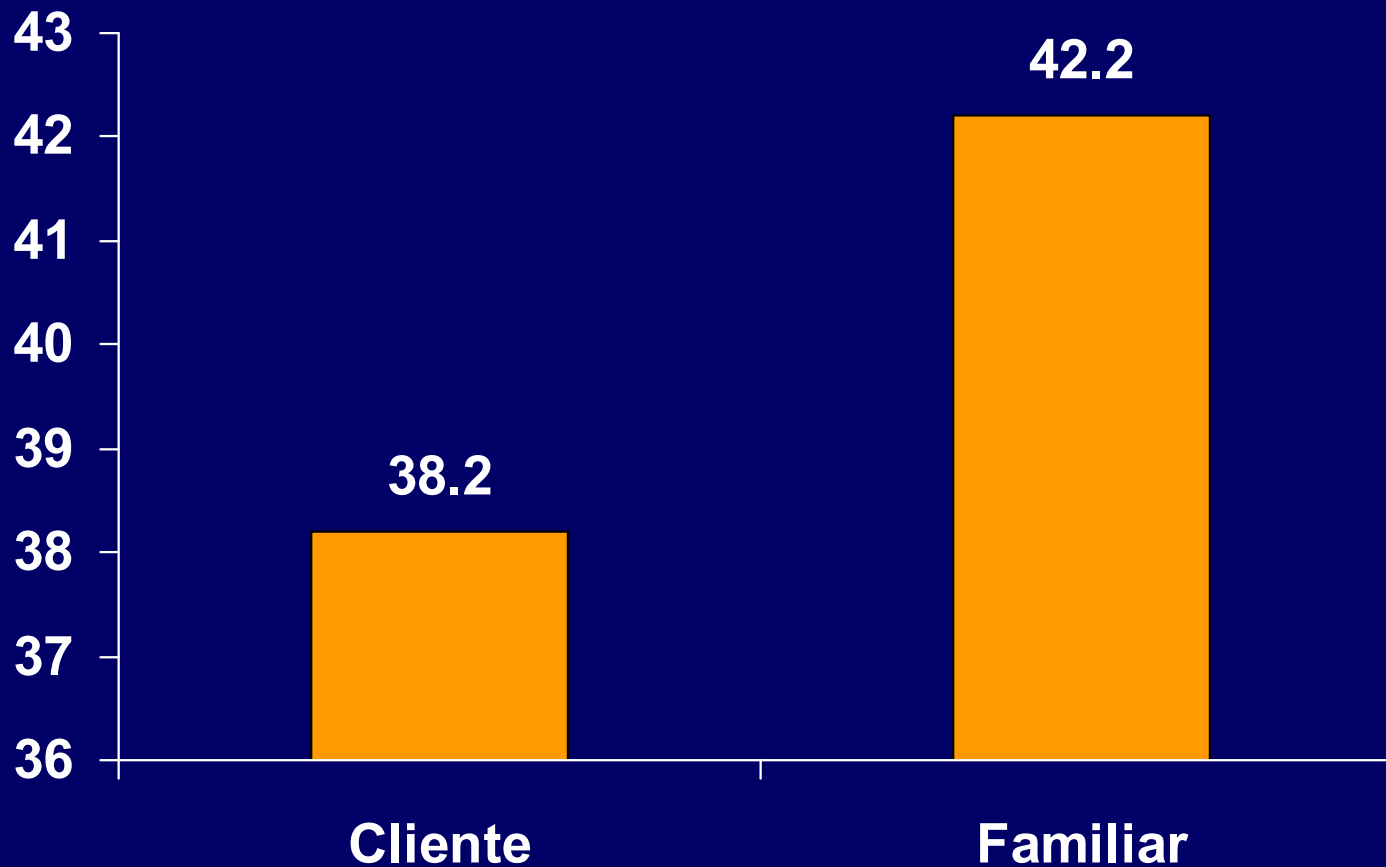


SURVEY AMONG BRAZILIAN GYNECOLOGISTS-OBSTETRICIANS

Did you help a **client or **family member** to have an abortion:**

- ✓ Recommended a colleague known to do safe abortions**
- ✓ Taught to use misoprostol**
- ✓ Did the abortion**

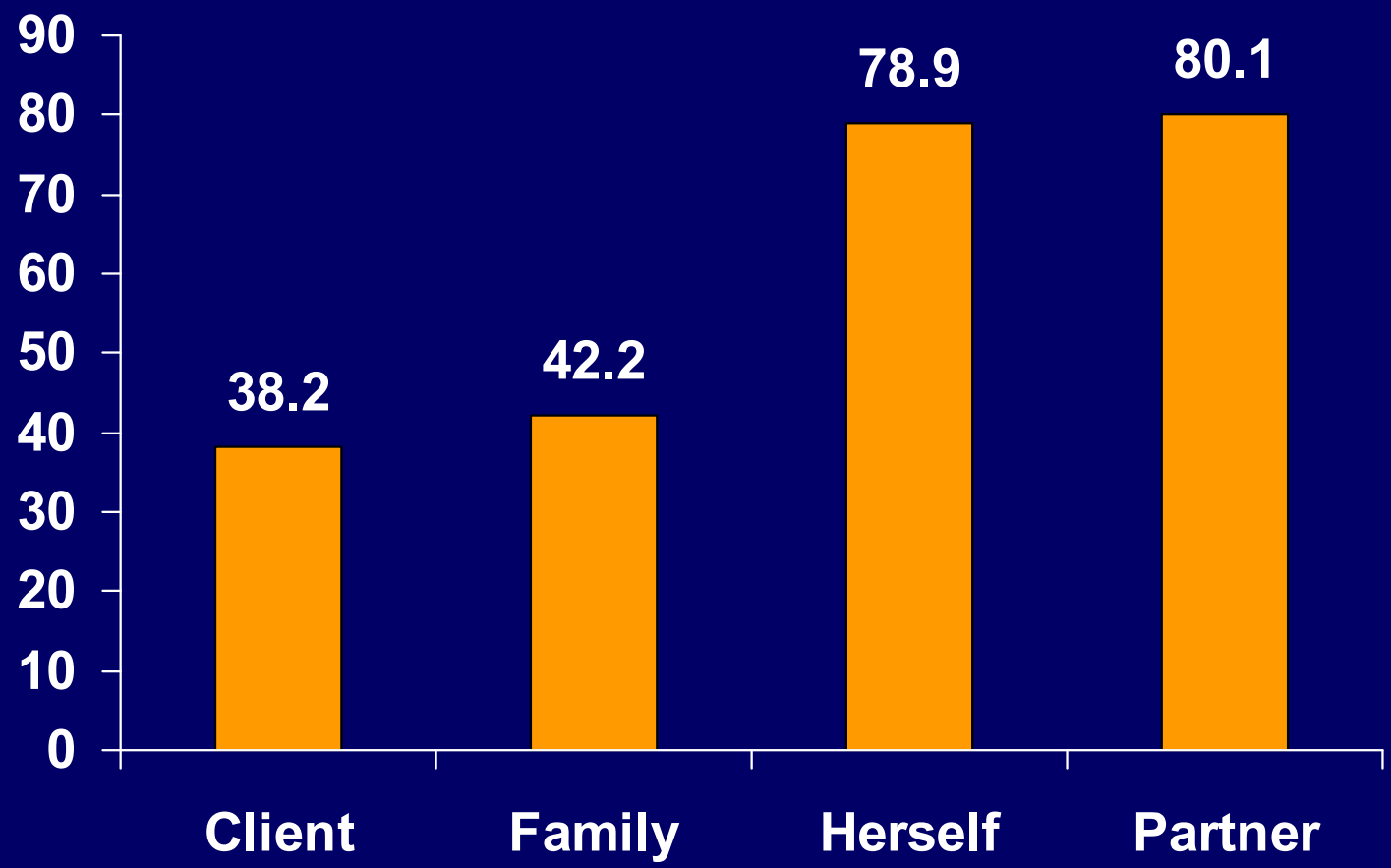
IN CASE OF UNWANTED PREGNANCY, PERCENTAGE OF GYNECO-OBSTETRICIANS WHO HELPED A CLIENT OR FAMILY MEMBER TO HAVE AN ABORTION



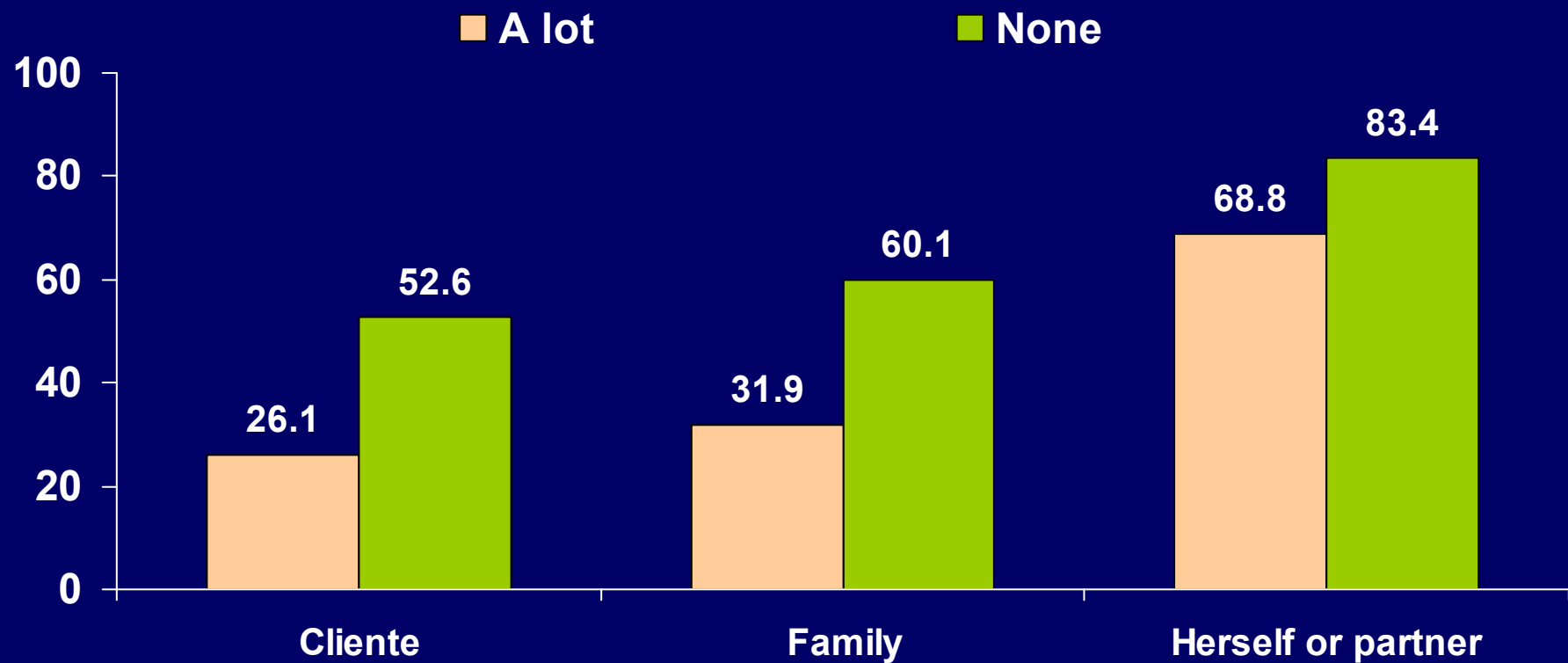
SURVEY AMONG BRAZILIAN GYNECOLOGISTS-OBSTETRICIANS

- ✓ **At anytime you or your partner ha
and absolutely unwanted
pregnancy?**
- ✓ **Did you or your partner had an
abortion?**

IN CASE OF UNWANTED PREGNANCY, PERCENTAGE OF GYNECO-OBSTETRICIANS WHO HELPED A CLIENT OR FAMILY MEMBER , HERSELF OR HIS PARTNER TO HAVE AN ABORTION



IN CASE OF UNWANTED PREGNANCY, PERCENTAGE OF GYNECO-OBSTETRICIANS WHO HELPED A CLIENT OR FAMILY MEMBER , HERSELF OR HIS PARTNER TO HAVE AN ABORTION, ACCORDING TO RELEVANCE GIVEN TO RELIGIÓN



WHAT IS REQUIRED FOR A BETTER UNDERSTANDING OF PROVISION OF SAFE ABORTION

- 1. To make clear that it is not promoting abortion and there will not be less abortion if women are punished**

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- 1. To make clear that it is not promoting abortion and there will not be less abortion if women are punished**
- 2. Recognize that the fetus exists and has moral value**
- 3. To establish clear limits of gestational age**

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**4. Establish the conditions when
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WHAT IS REQUIRED FOR A BETTER UNDERSTANDING OF PROVISION OF SAFE ABORTION

- 4. Establish the conditions when abortion is permitted**
- 5. Promote, at the same time, the interventions with proven capacity to reduce abortions**

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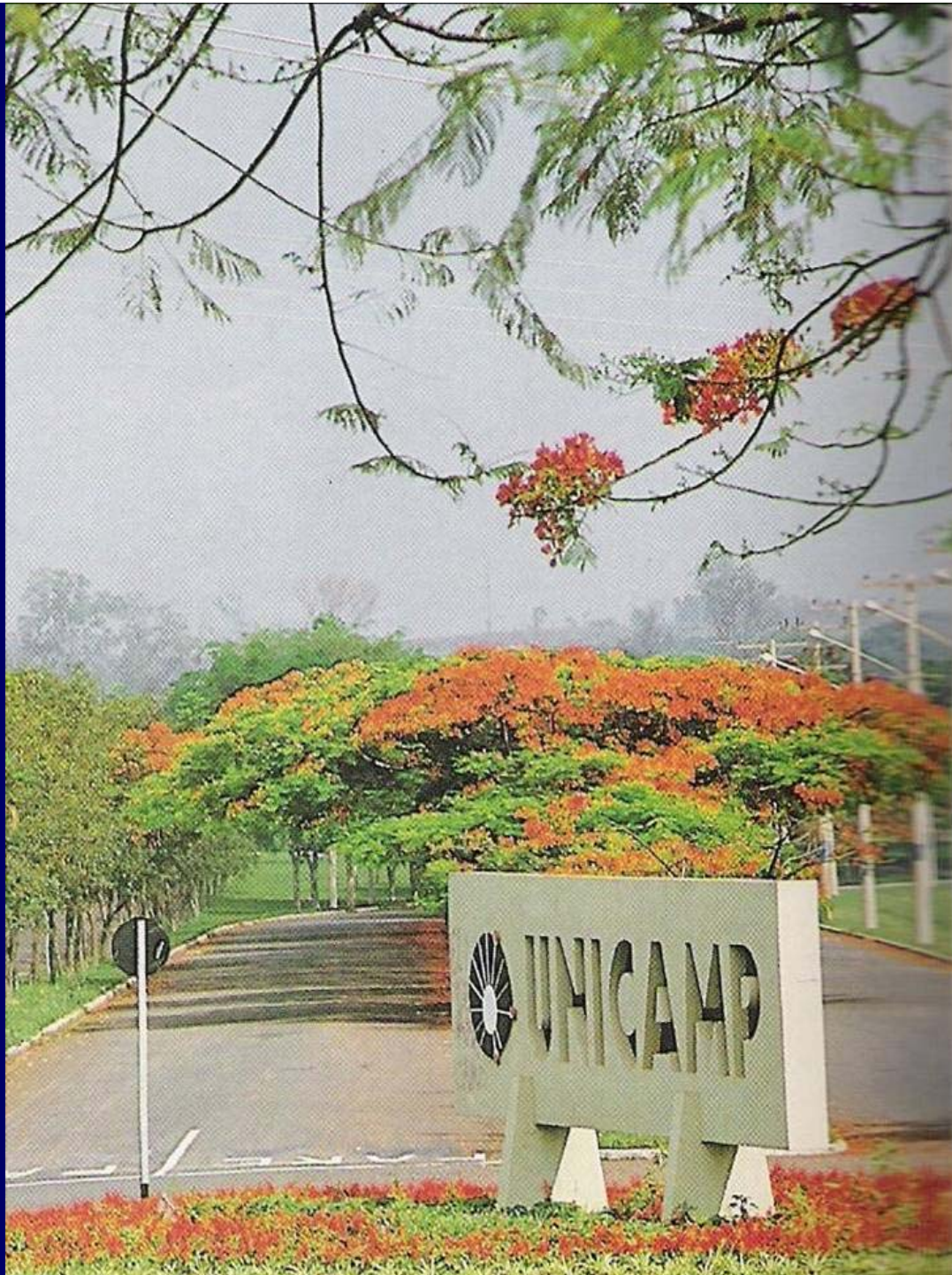
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**THANK
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