

# UNDERSTANDING SAFE ABORTION

## HOW SAFE IS ABORTION?

Abortion, or the termination of pregnancy, is one of the most common medical procedures in the world.<sup>1</sup>

**When the proper guidelines are followed, abortion carries fewer risks than childbirth.**<sup>2</sup> Yet, unsafe abortion remains a global problem.

Abortion is considered unsafe if it is performed by an untrained provider, under unsanitary conditions, or using outdated or incorrect techniques. **Nearly half of the 73 million abortions estimated to have taken place globally between 2015 and 2019 were unsafe.**<sup>3</sup> Unsafe abortion is one of the leading causes of maternal death.<sup>4</sup>

## THE COST OF UNSAFE ABORTION

**EVERY YEAR, MORE THAN 13% OF MATERNAL DEATHS ARE DUE TO UNSAFE ABORTION.**<sup>4</sup>



**US\$553  
MILLION**

Annual global cost of treating complications from unsafe abortion.<sup>5</sup>

**US\$228  
MILLION**

Yearly cost of treatment for complications from unsafe abortions in sub-Saharan Africa.<sup>6</sup>

## WHAT ARE THE SAFE METHODS OF ABORTION?

**THE WORLD HEALTH ORGANIZATION (WHO) RECOMMENDS TWO METHODS TO TERMINATE A PREGNANCY SAFELY AND EFFECTIVELY.**

**Surgical abortion** is a medical procedure where the canal at the lower end of the uterus, called the cervix, is dilated (a medical term for opened) and the products of conception are removed from the uterus to end the pregnancy. In the first trimester of pregnancy, vacuum aspiration is the recommended procedure; after the first trimester, dilation and evacuation (D&E) is recommended.

**Safe surgical abortion requires:**

- ✓ *A clinical setting.*
- ✓ *Proper and clean equipment.*
- ✓ *A trained and experienced medical provider to perform the procedure.*

**Medication abortion** is an abortion using medication in the form of tablets or pills. It does not require a surgical procedure, clinical setting, or medical equipment, so an individual can select a time and place that best meet their needs. Medication abortion is recommended for first trimester abortion and the medications must be received from a reputable provider.

**Safe medication abortion requires:**

- ✓ *The medication **mifepristone**.*
- ✓ *The medication **misoprostol**. Misoprostol may be taken by itself if mifepristone is not available, but it is less effective.*

**Surgical and medication abortions are simple procedures that rarely lead to complications requiring hospitalization when done properly.** Abortions performed in the first and second trimesters of pregnancy present the lowest possibility of complications, and delays in abortion access increase the risk for people seeking services.

## WHAT ARE THE BARRIERS TO ACCESSING SAFE ABORTION?



**EXPENSE** | In places where abortion is restricted, safe abortion may be accessible only to people with financial means and mobility. High fees or other cost implications, such as travel, can limit access to safe options and increase likelihood that pregnant people will seek out unsafe methods or unskilled providers.



**LACK OF SERVICES** | Abortion may not be readily available at local primary health clinics or hospitals, forcing people to visit specialized hospitals and travel longer distances to access safe abortion. **Safe abortion is even more unattainable during times of crisis or instability, such as natural disasters, health emergencies, and civil unrest.** An estimated 5,000 reproductive health clinics worldwide shuttered in 2020 during the coronavirus pandemic, and lockdowns in many places made it difficult to access care.<sup>7</sup>



**STIGMA AND MISINFORMATION** | People seeking abortion services may face discrimination from their communities or families and may even be mistreated by health care providers.

Unmarried people and youth often have less agency and therefore even less access to reproductive health care, including abortion. If the pregnant person does not feel like they will receive respectful, confidential, and quality care through the formal health care system, they may seek unsafe providers or methods.



**LEGAL STATUS AND RESTRICTIONS** | Data show that making abortion illegal does not reduce the number of abortions, but it does reduce the proportion of safe abortions. As of 2019, nine out of every 10 women of reproductive age in sub-Saharan Africa lived in a country with restrictive abortion laws.<sup>8</sup> Policymakers frequently impose unnecessary, non-medical barriers to abortion access, like requiring multiple appointments, mandatory waiting periods, and/or permission from multiple doctors or family members before the procedure can be initiated. These barriers may push pregnant people to seek unsafe options for abortion care.

## HOW CAN JOURNALISTS REPORT ON THIS TOPIC?

**DO YOUR RESEARCH.** Look into **local and national laws** and **medical guidelines** on abortion to understand how they are implemented and enforced. They may reveal common misunderstandings about what rights pregnant people have when seeking abortion and the risks related to unsafe abortion. Research **contraceptive use** and **unintended pregnancy rates** in your community. Unintended pregnancies are more likely to end in abortion than planned pregnancies.

**ASK ABOUT EDUCATION.** Explore the state of school sexuality education in your area. **Comprehensive sexuality education** teaches young people about their bodies, their sexual and reproductive health, and related topics such as consent and privacy. It is not available in many schools, and without it, young people may not learn what causes pregnancy and how to prevent it.

**DIG DEEPER.** Interview health providers to understand their attitudes toward abortion and individuals who seek abortion services. **Stigma and discrimination** from health providers and decisionmakers may dissuade pregnant people from asking about safe abortion, even when it is legal.

## GREATER PROPORTIONS OF WOMEN IN DEVELOPING REGIONS LIVE UNDER RESTRICTIVE ABORTION LAWS

% OF WOMEN AGES 15-44

TOTAL (1.64 BILLION WOMEN)



DEVELOPED REGIONS (244 MILLION WOMEN)



DEVELOPING REGIONS (1.39 BILLION WOMEN)



DEVELOPING REGIONS WITHOUT CHINA AND INDIA (784 MILLION WOMEN)



Source: Guttmacher Institute, *Abortion Worldwide 2017: Uneven Progress and Unequal Access*, March 2018.

## RESOURCES FOR JOURNALISTS

PRB's *Abortion Facts and Figures 2021* is a handbook designed for journalists that presents regional and global data, including information by country on the legal status of abortion, contraceptive use, and abortion access. It is a comprehensive introduction for reporting on abortion in any context.

Guttmacher Institute's sexual and reproductive health profiles includes contraceptive use and reproductive services data for more than 130 countries. Learn how many unsafe abortions might be prevented by ensuring contraceptive access in a specific country.

Guttmacher and WHO's *Abortion Worldwide* shows global and regional unintended pregnancy and abortion incidence and has a companion document focusing on safety; country-level abortion estimates will be available in the future.

WHO's *Global Abortion Policies Database* portal allows research on and comparison of policies affecting abortion around the world.

## References

- Guttmacher Institute, *Unintended Pregnancy and Abortion Worldwide*, July 2020.
- Elizabeth G. Raymond and David A. Grimes, "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States," *Obstetrics & Gynecology* 119, no. 2 (2012): 215-9.
- World Health Organization (WHO), *Preventing Unsafe Abortion*, September 2020.
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- Elizabeth Sully et al., *Adding It Up: Investing in Sexual and Reproductive Health 2019* (Guttmacher Institute, 2020).
- International Planned Parenthood Federation, "COVID-19 Pandemic Cuts Access to Sexual and Reproductive Healthcare for Women Around the World," April 9, 2020.
- Bankole et al., *From Unsafe to Safe Abortion in Sub-Saharan Africa, Slow but Steady Progress* (Guttmacher Institute, 2020).

**A note about the data:** It is important to remember that most of the abortion figures and data in this sheet are estimates. Abortion estimates are measured using a formula with several calculations and data drawn from different sources. Because abortion is so restricted and stigmatized it is hard to gather absolute numbers; therefore we must use estimates.