



# Abortion

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# Definitions

Abortion is defined as the voluntary or involuntary termination of pregnancy before the age of viability – normally taken as 28 weeks

There are two types of Abortion:

- Spontaneous – Involuntary termination of a pregnancy due to some abnormalities
- Induced – the deliberate termination of a pregnancy because it is unwanted or mis-timed



# Causes of Spontaneous Abortion

First Trimester (<12 weeks) – Genetic Abnormalities

Second trimester (12-28 weeks) – cervical incompetence, infections, co-existing fibroids, etc.



# Induced Abortion

- Induced abortion is the main focus of this lecture
- It's often not realised that women often seek abortion in the same context that they seek fertility and continuation of pregnancy
- Induced Abortion is an issue of major importance to health, rights, and social justice
- It is one of the most pervading issue in reproductive health discourse of all time.



# Safe v. Unsafe Abortion

Induced Abortion is further divided into Safe and Unsafe

**Safe Abortion:** is when abortion is carried out in an environment where abortion is legally allowed. It's done openly and without inhibition

**Unsafe Abortion:** is abortion done in countries and local environments where abortion is legally restrictive.

Safety connotes the fact that abortion done with restriction is often associated with several complications (to be discussed later)



# Abortion Methods

Surgical Methods – Manual Vacuum Aspiration, D&C

Medical Methods – mifepristone and misoprostol

Abortion methods are now much safer. They only become dangerous and unsafe when they are done clandestine in circumstances where abortion is illegally



# Safe Abortion methods

## WHO-recommended abortion methods

- First trimester
  - Manual vacuum aspiration
  - Electric vacuum aspiration
  - Mifepristone + misoprostol
  - Misoprostol alone
  
- Second trimester
  - Mifepristone + misoprostol
  - Misoprostol alone
  - Dilatation & evacuation (D&E)

D&E is main method for second trimester abortion in USA but declining in Europe. Almost all 2nd trimester abortions in Scandinavia are medical abortions (Sweden too few late abortions to maintain D&E skills). Both are safe and effective but big difference for woman/provider.



# Samples of Unsafe Abortion Methods Used

- Drinking bleach or tea made with livestock manure
- Inserting herbal preparations into the vagina or cervix
- Placing foreign bodies, such as a stick, coat hanger or chicken bone, into the uterus
- Jumping from the top of stairs or a roof





# Unsafe abortion...



- a large health risk for women because of inadequate skills of the providers, unsanitary environments, and hazardous techniques
- increase the rate of complications (e.g.: severe bleeding, abdominal and genital injury) or death
- can lead to further complications (e.g.: haemorrhage, sepsis, genital perforation)
- might need complex tertiary care which is only available at referral public hospitals with the capacity for surgery, blood transfusion, and intensive care

# Abortion in Context

- All countries & women of all ages
- Married and unmarried women
- Women with and without children



# Reasons for Induced Abortion

A woman may want to have a child, but:

- Pregnancy may threaten the woman's health or survival
- Fetal abnormality
- Partner, family or community pressure



# Reasons for Unwanted Pregnancy

- Health considerations
- Socioeconomic concerns
- Cultural reasons
- End childbearing or space births
- Rape, incest



# Unintended Pregnancy

- **222 million**
  - women who do not want to become pregnant but are using no contraceptive method or a traditional method
- **33 million**
  - accidental pregnancies among contraceptive users



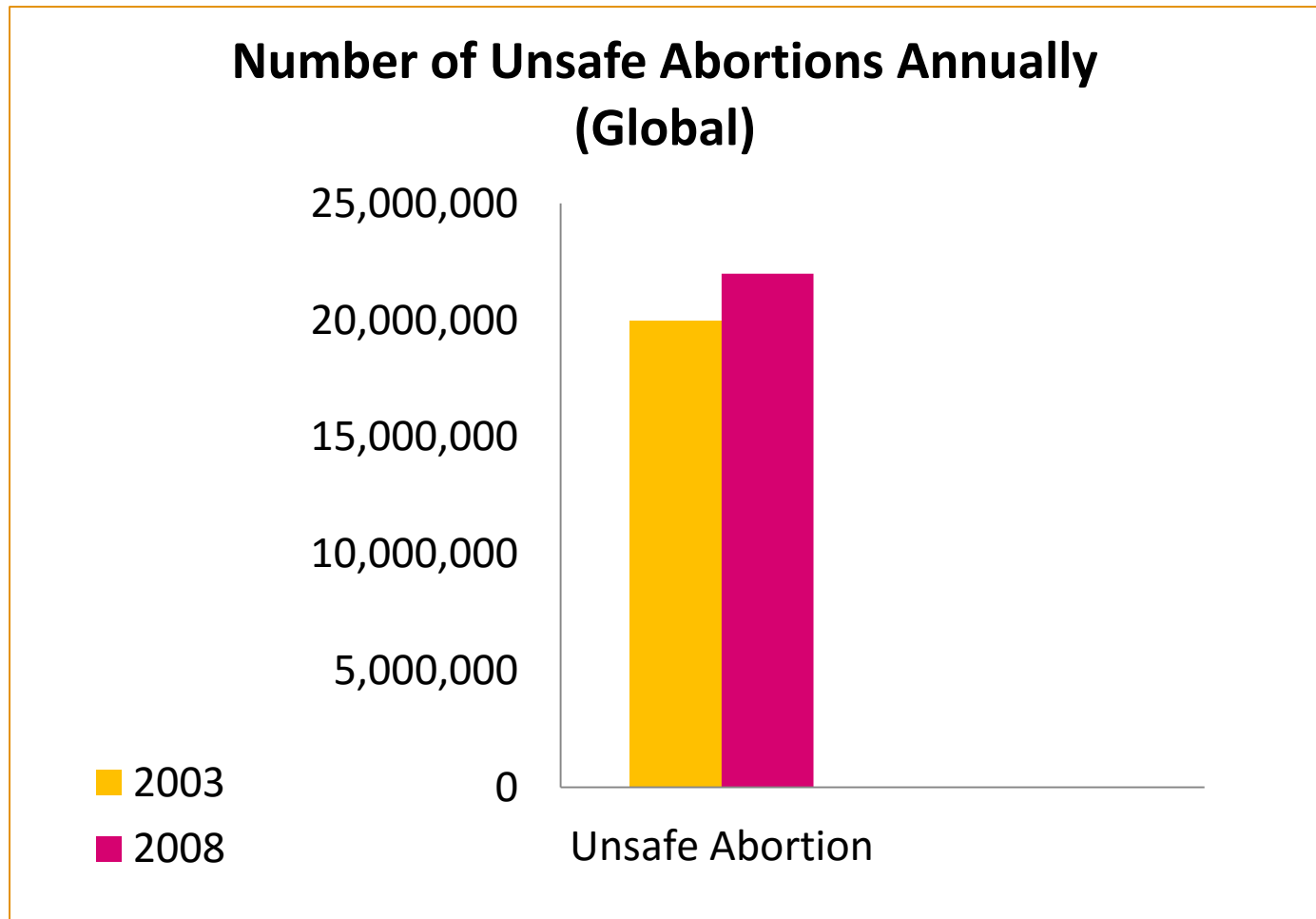
# Public Health Context

- **85 million**
  - unintended pregnancies annually in the developing world
- **40 million**
  - end in abortion





# Public Health Context



# Induced abortion in Nigeria

1998 – 610,000 abortions/year

1999 – 1 million abortions/year

2006 – 760,000 abortions/year

2015 – 1.2 Million/ abortions/year

- All are unsafe abortions





# References



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Sedgh C et al. Unwanted and associated factors among Nigerian women. Int Family Planning Perspectives 2006; 32(4): 175-184.

Bankole A, Adewole IF, Hussain R, Awolude V, Singh S, Akinyemi JO. The incidence of abortion in Nigeria. International Perspectives on Sexual and Reproductive Health 2015; 41(4): 170-181.

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Okonofua FE, Omo-Aghoja L, Bello Z, Osughe M, Agholor K. 2010. Self-reporting of induced abortion by women attending antenatal clinics in urban Nigeria. *International Journal of Obstetrics and Gynecology*. 111, 122-125.

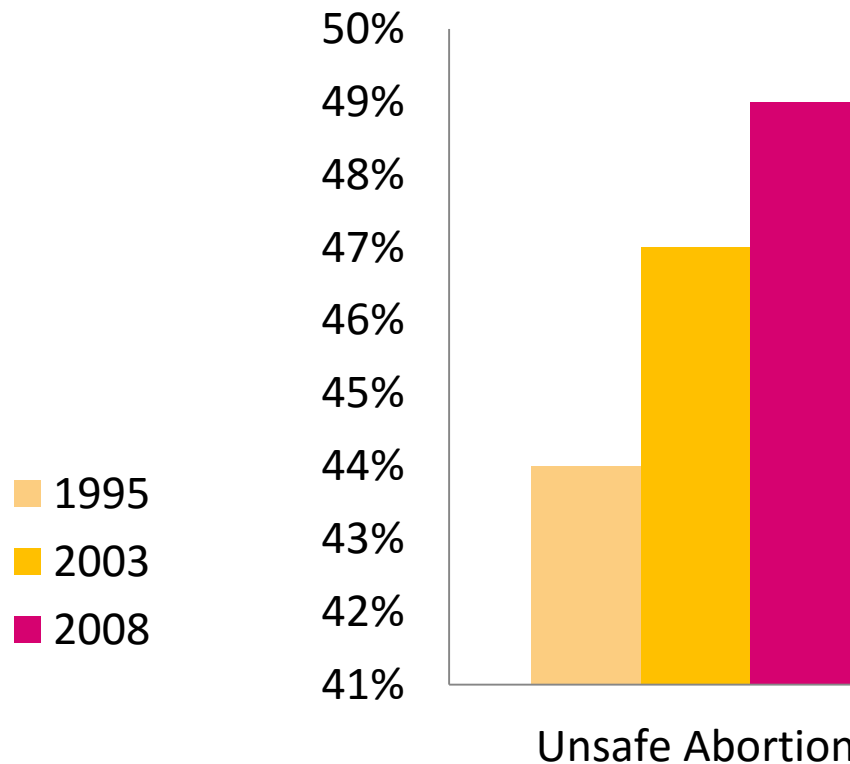
Okonofua FE, Shittu OA, Diop A, Shochet T, Winikoff B. Acceptability and feasibility of medical abortion with mifepristone and misoprostol in Nigeria. *International Journal of Gynecology and Obstetrics*. 2014, 125; 49-52.

Okonofua FE. Is abortion incidence rising in Nigeria? *African Journal of Reproductive Health* Dec 2015; 19(4):9-13

# Public Health Context



## Proportion of Unsafe Abortions Annually



# Public Health Context



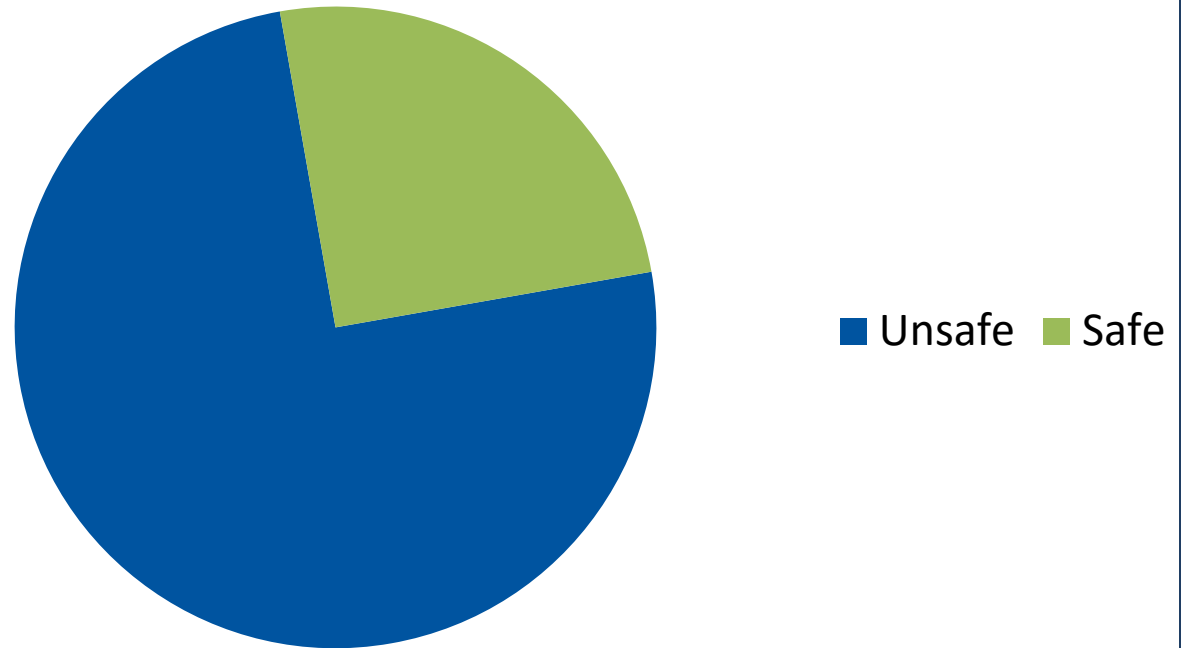
## Unsafe Abortions



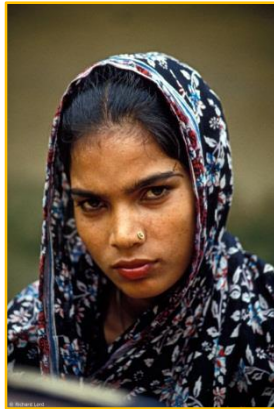
# Public Health Context



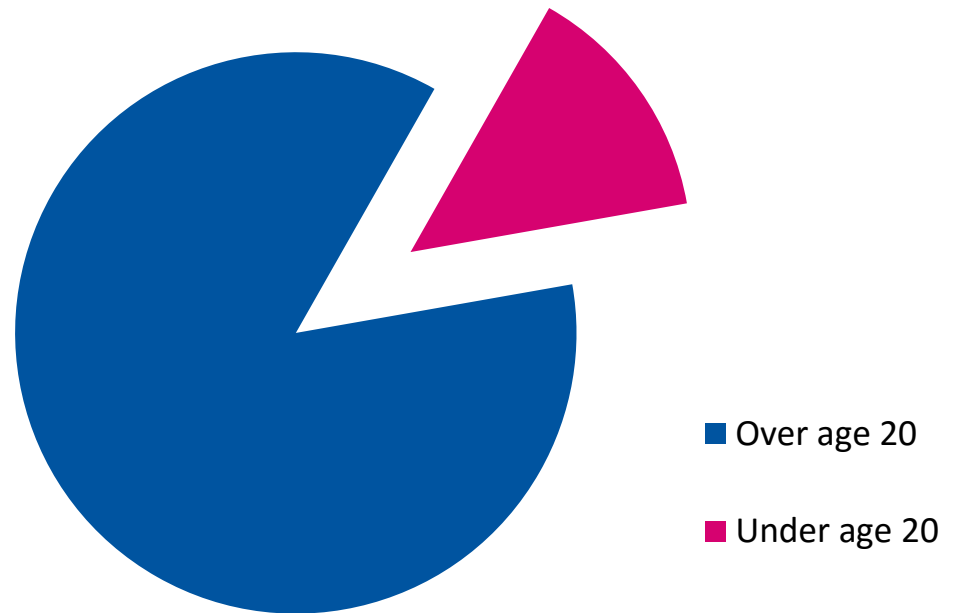
## Induced Abortions in Developing Countries



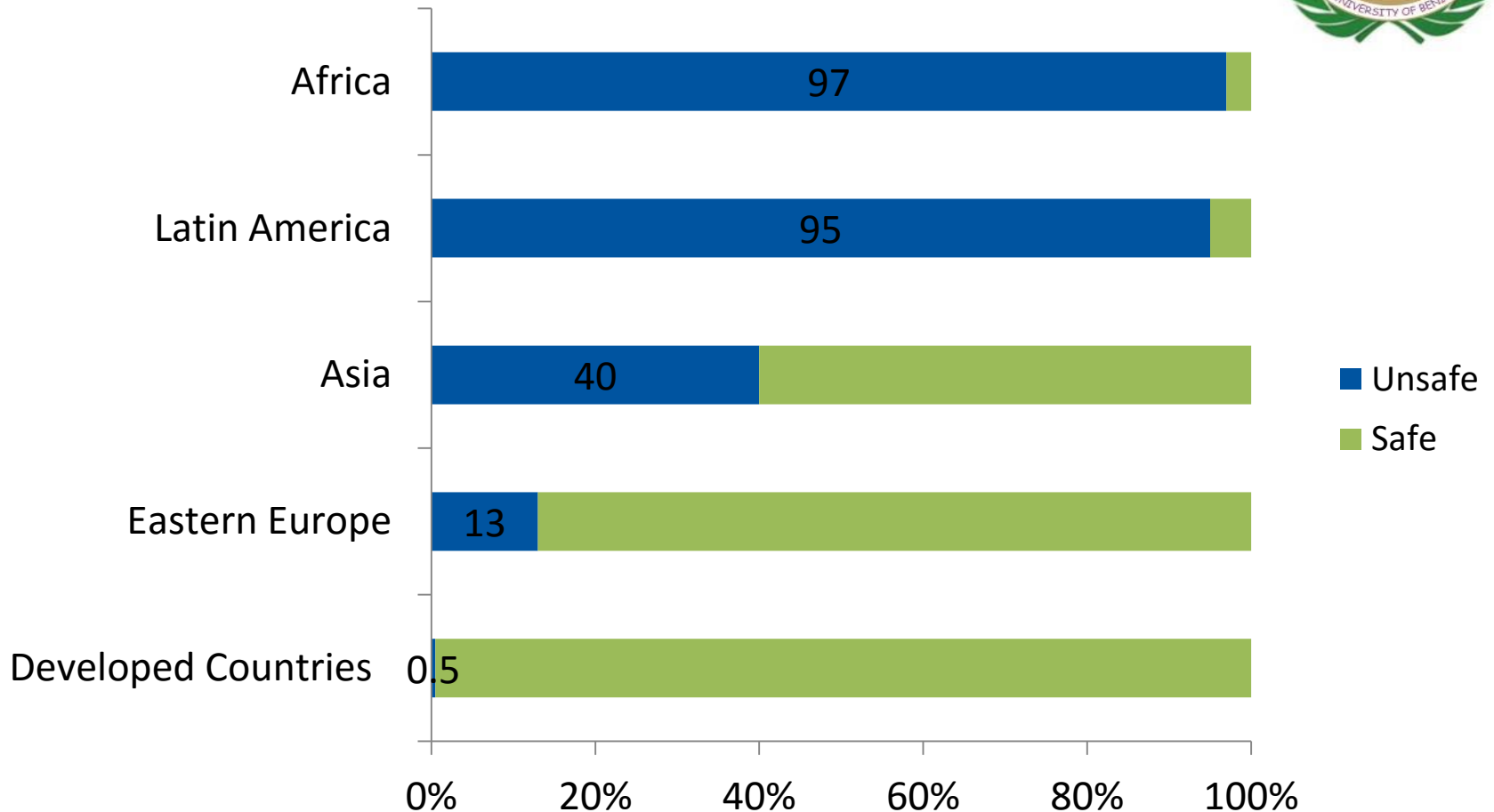
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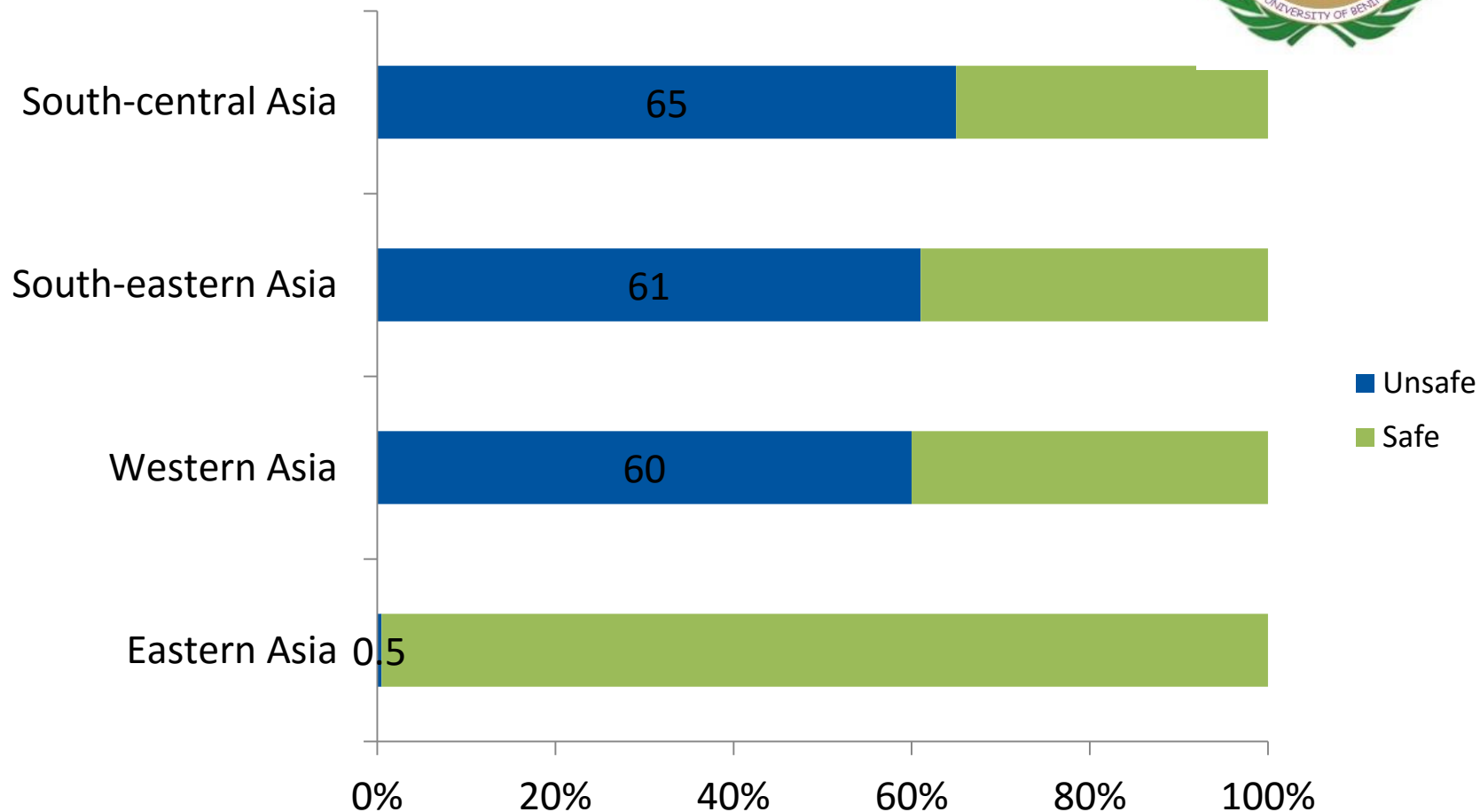
## Unsafe Abortion in Developing Countries



# Proportion of abortions that are unsafe

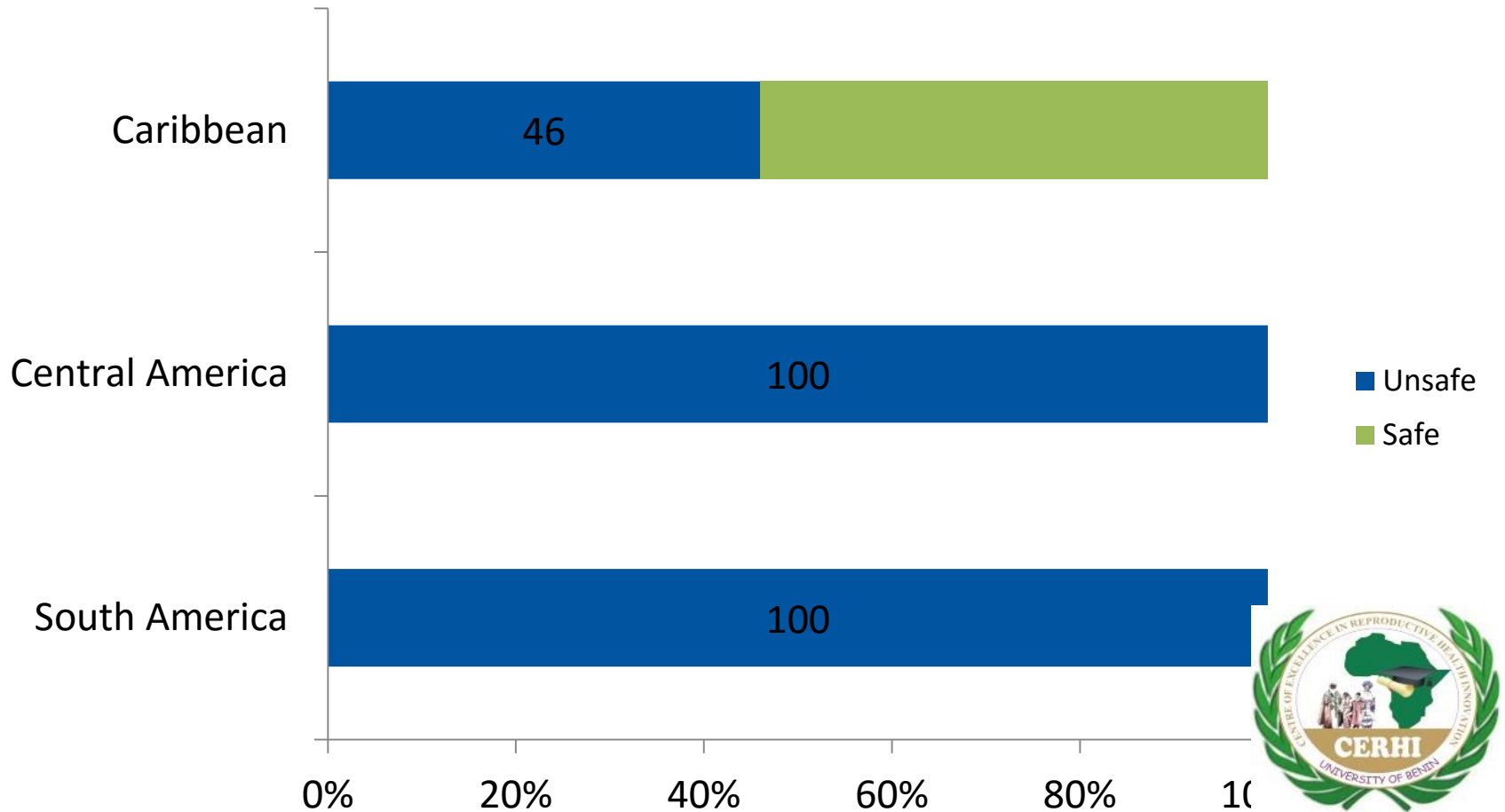


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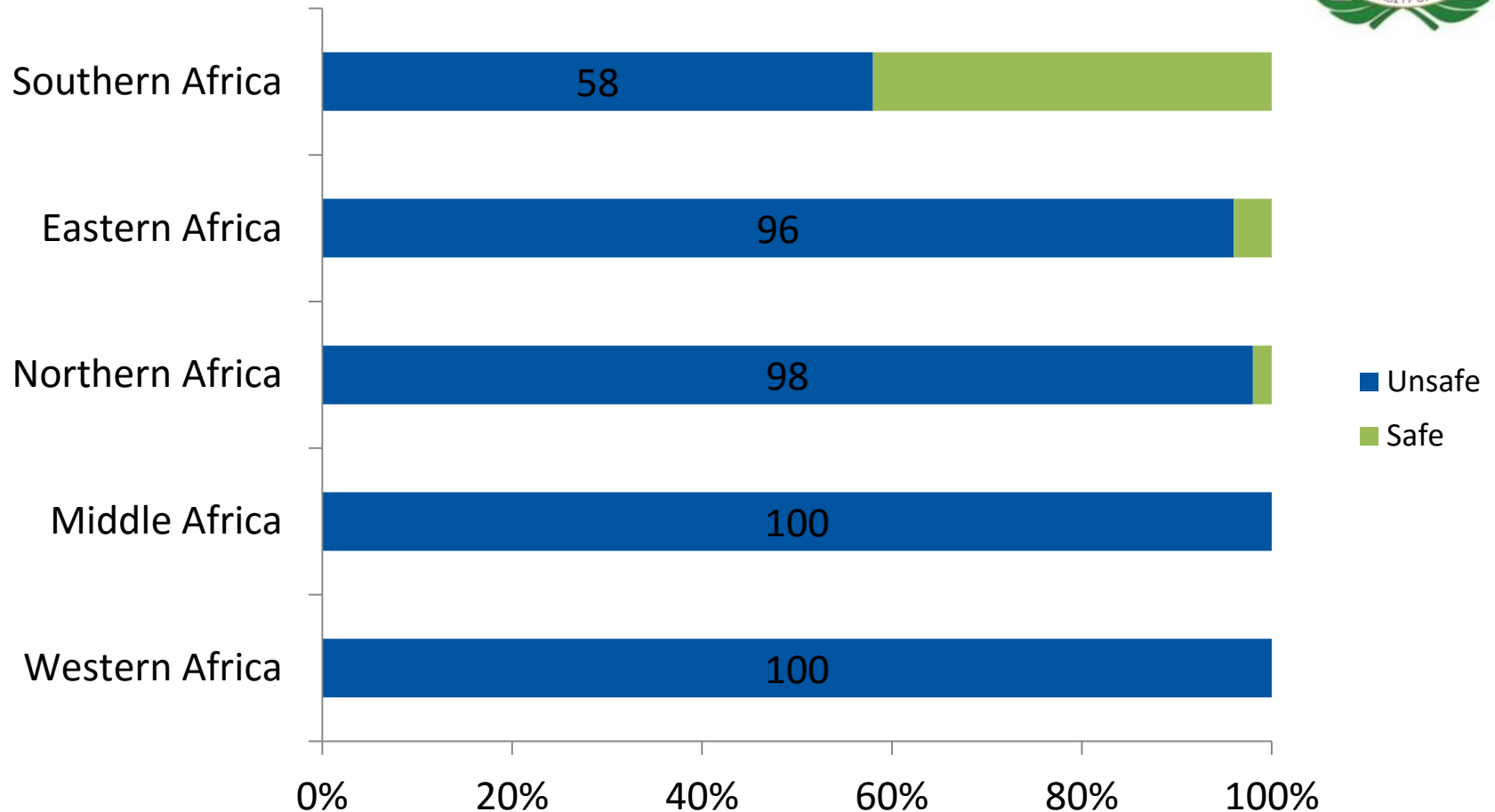




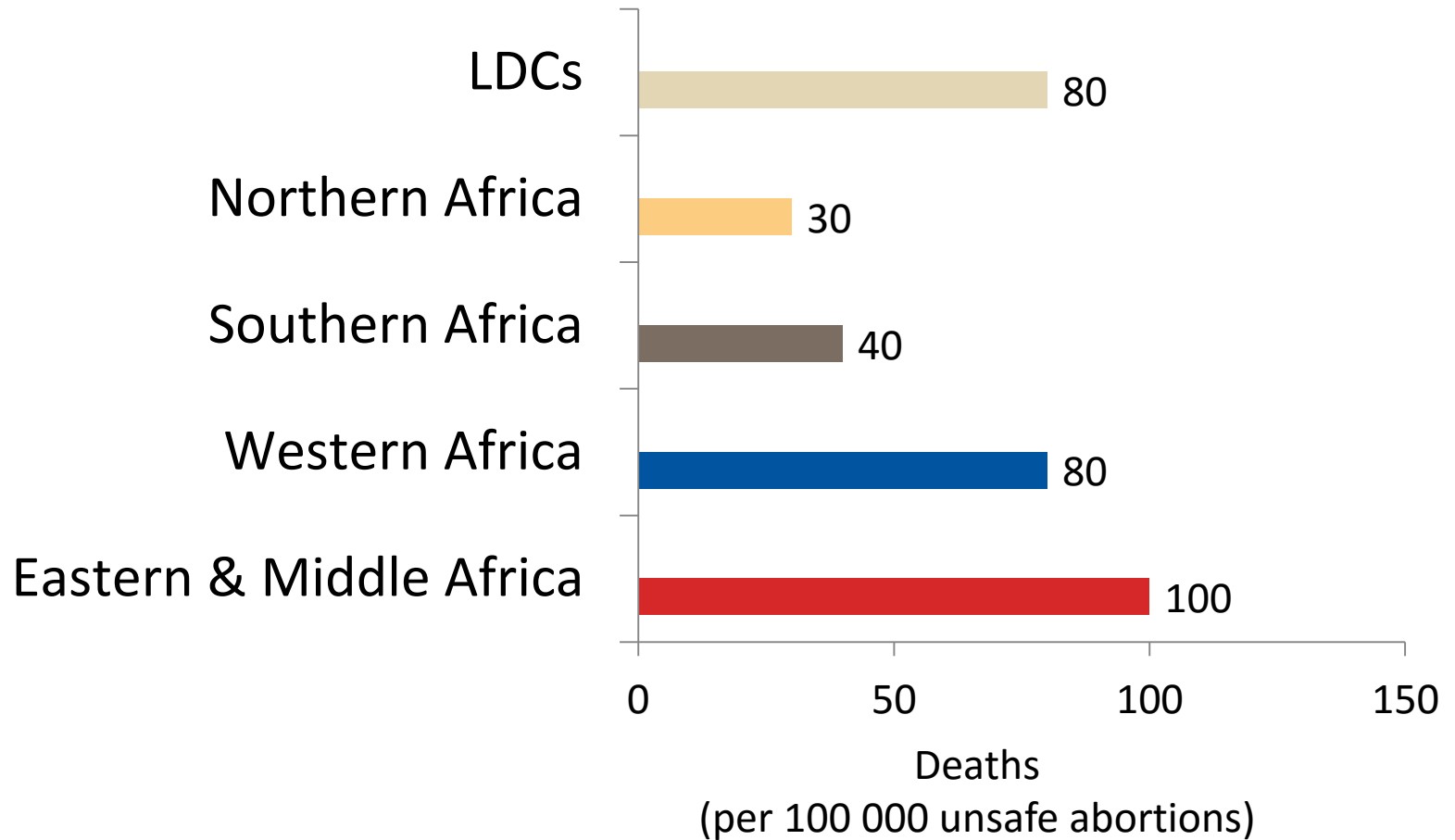
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# Risk of death due to unsafe abortion



# Consequences of unsafe abortion

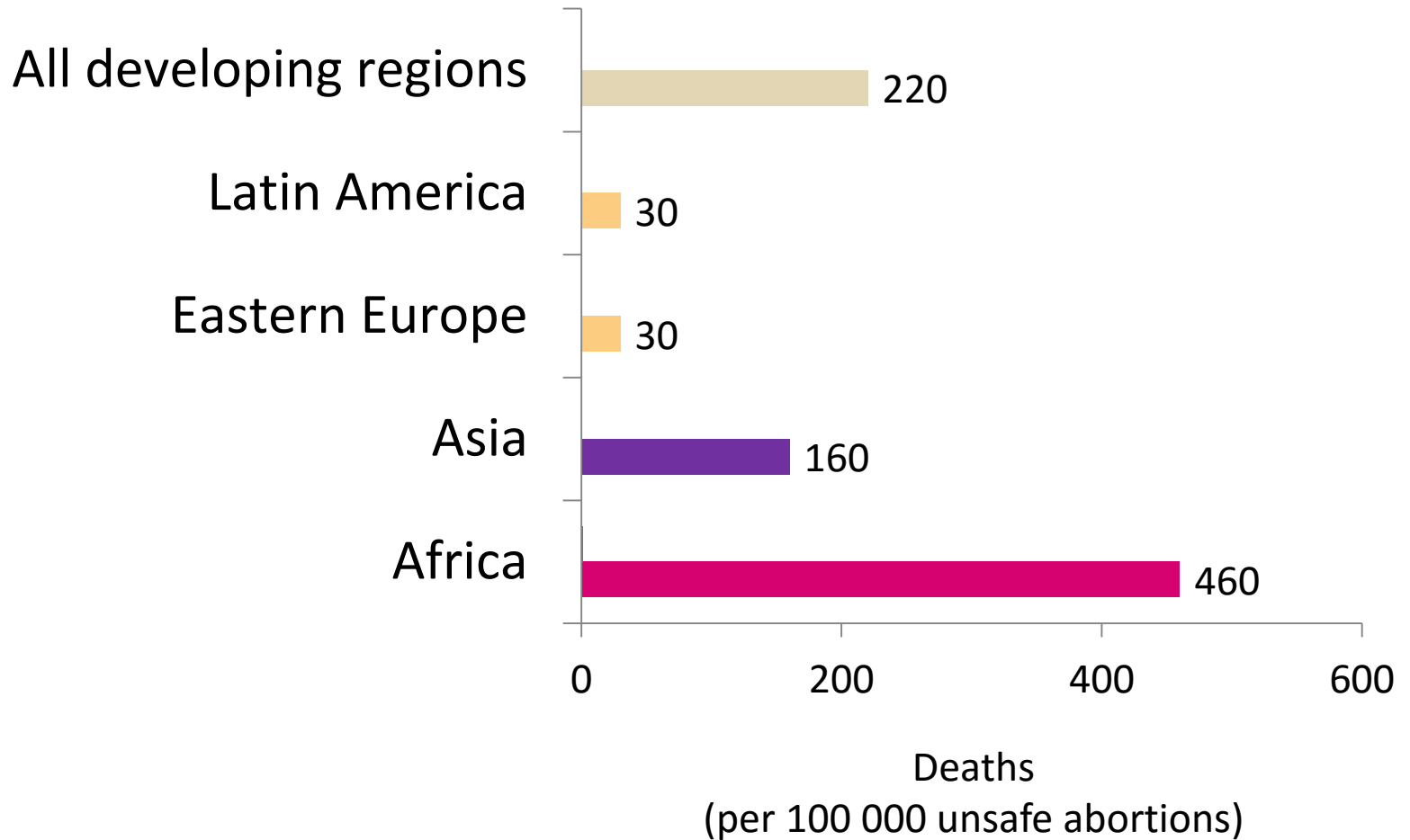


- 47,000 related deaths
- 5 million women with disabilities
- 220,000 children motherless





## Case Fatality Rates: Unsafe Abortion



# Why abortion is unsafe in Africa

- Restrictive laws
- Use of outdated technologies
- Lack of awareness of when abortion is allowed by the law
- Power and patriarchy
- Refusal by health workers to perform abortion
- Economic and social inequality



# The Abortion Conundrum

- Lack of open public support for open debate on abortion
- Religious and cultural fundamentalism that hold sway on abortion issues
- The lack of political will, and fear of the issue by political leaders.
- Inability to promote public health awareness and education about abortion



# Regulatory & policy context

Maternal mortality is:

- Higher in countries with major restrictions to abortion
- Lower in countries where abortion is available upon request or under broad conditions



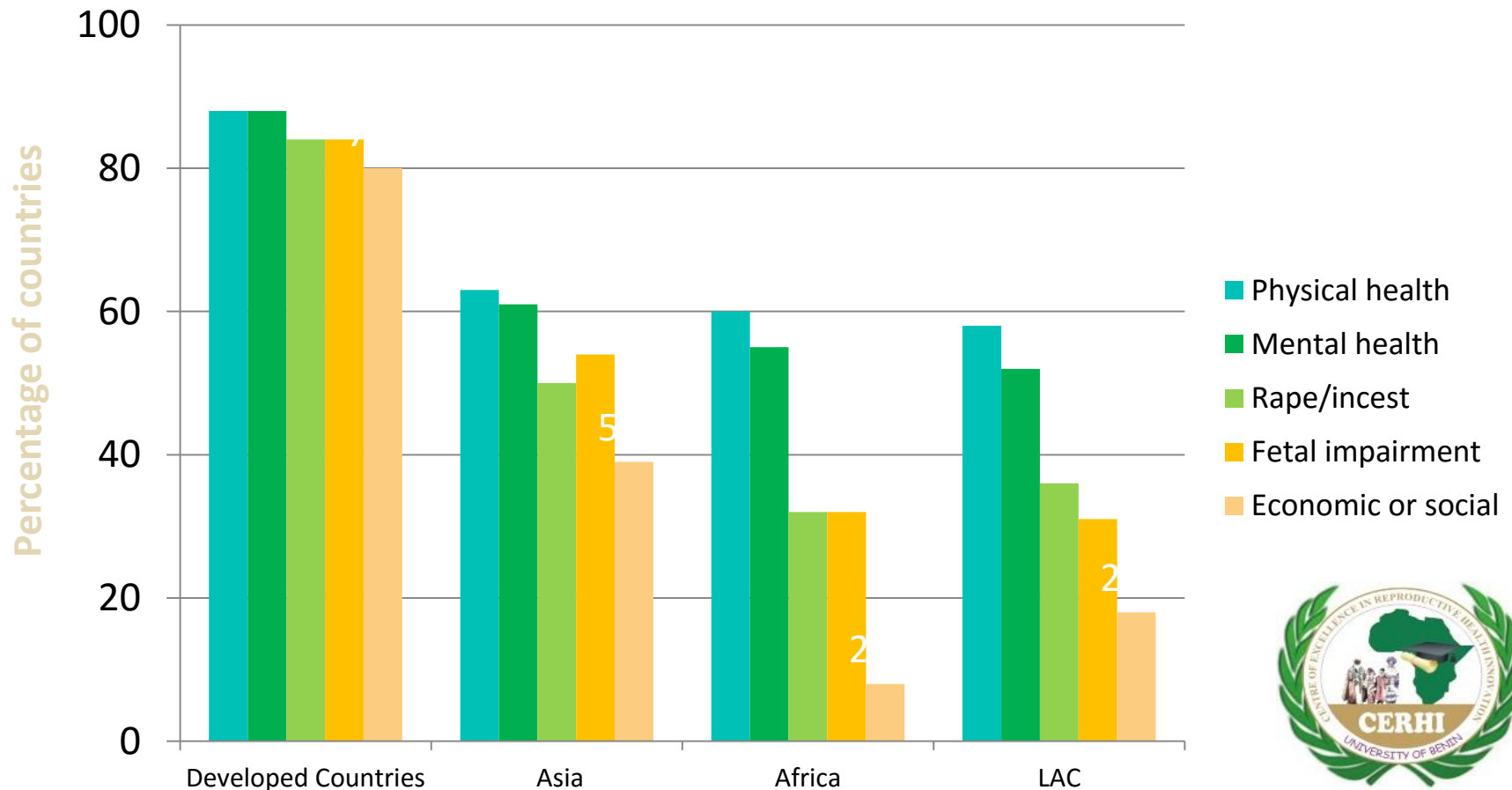


# Legal & Policy Considerations

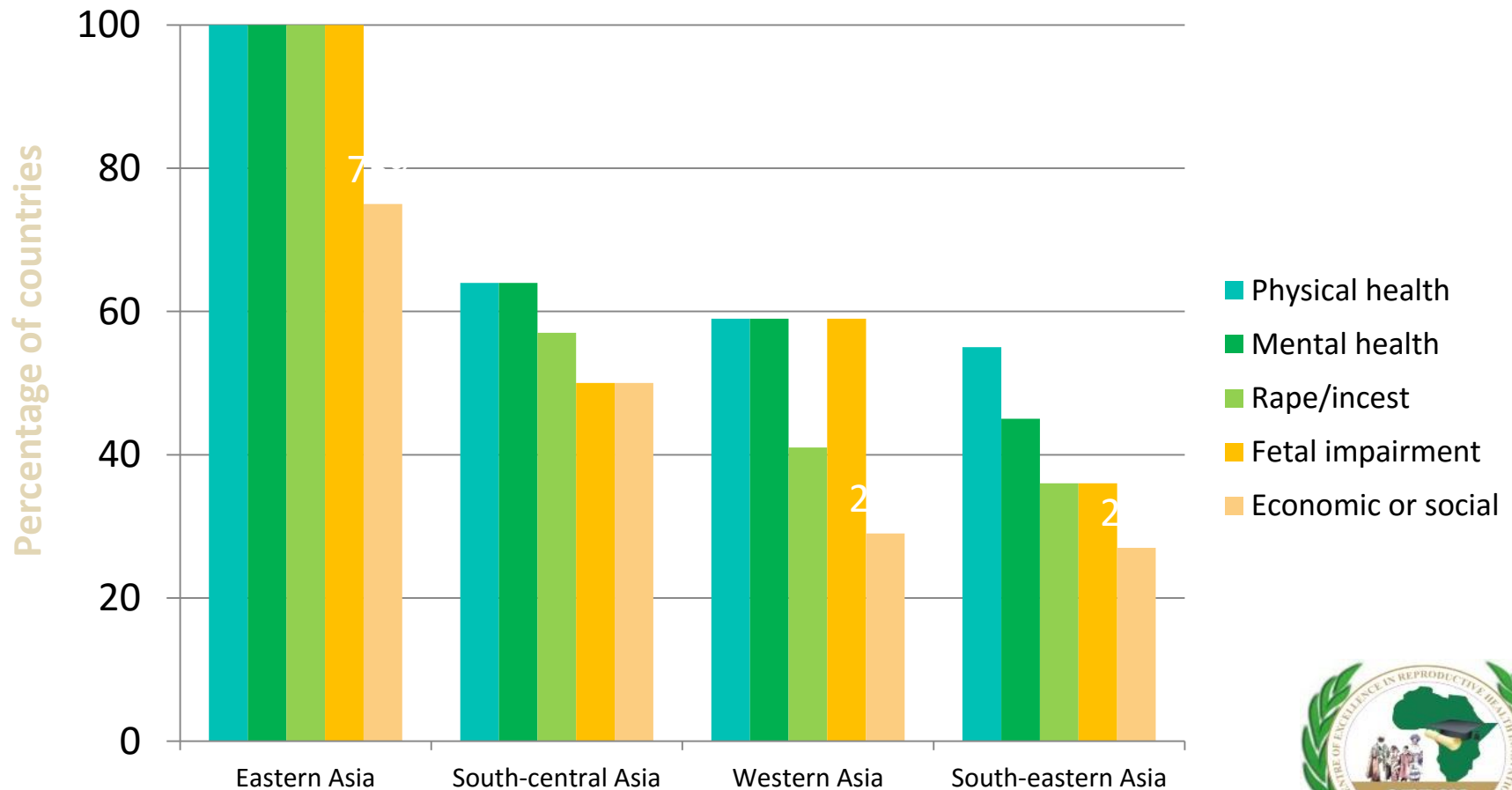
Only 19% of developing countries  
allow abortion based on  
social or economic circumstances



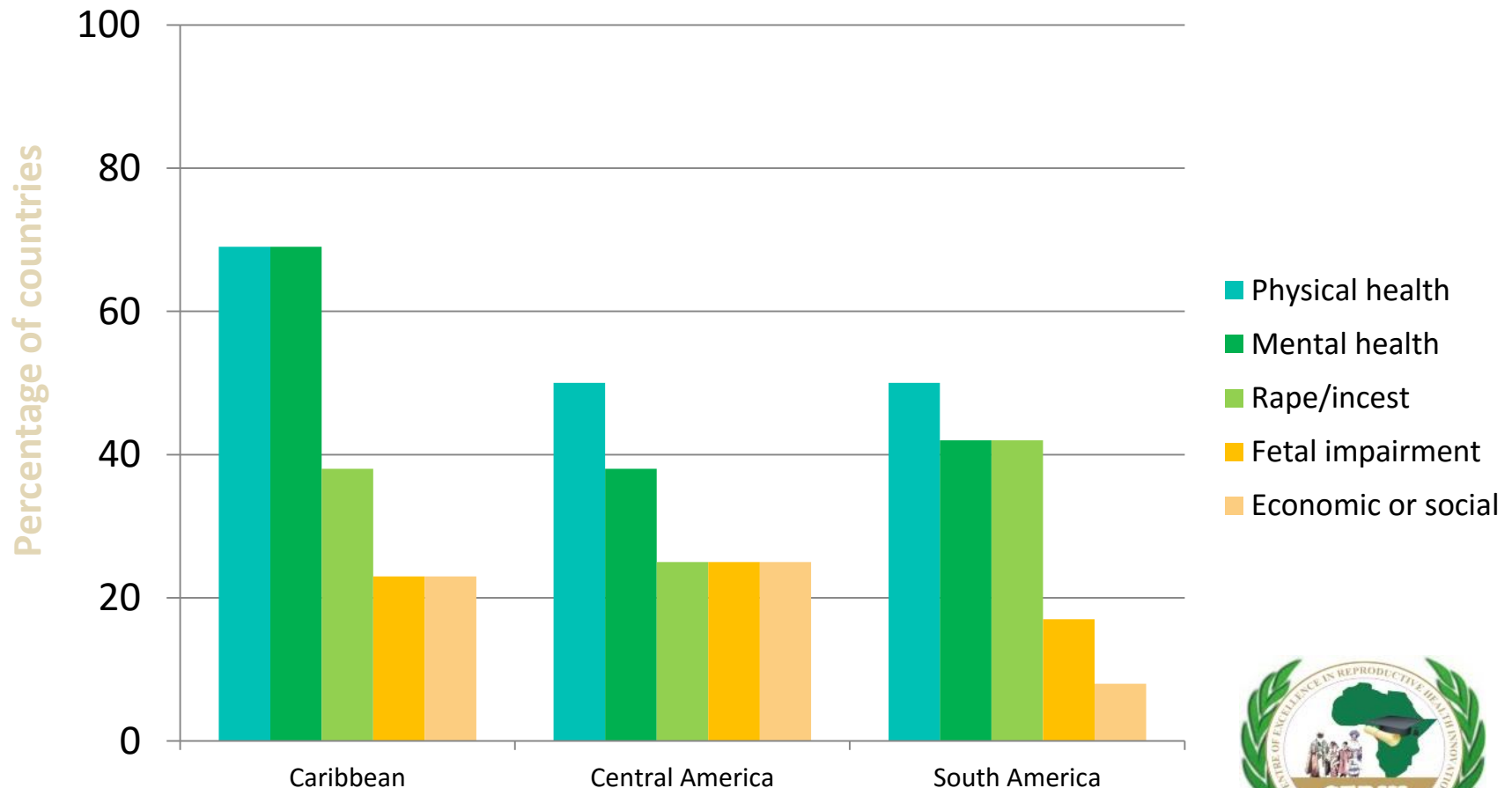
# Grounds on which abortion is permitted by region



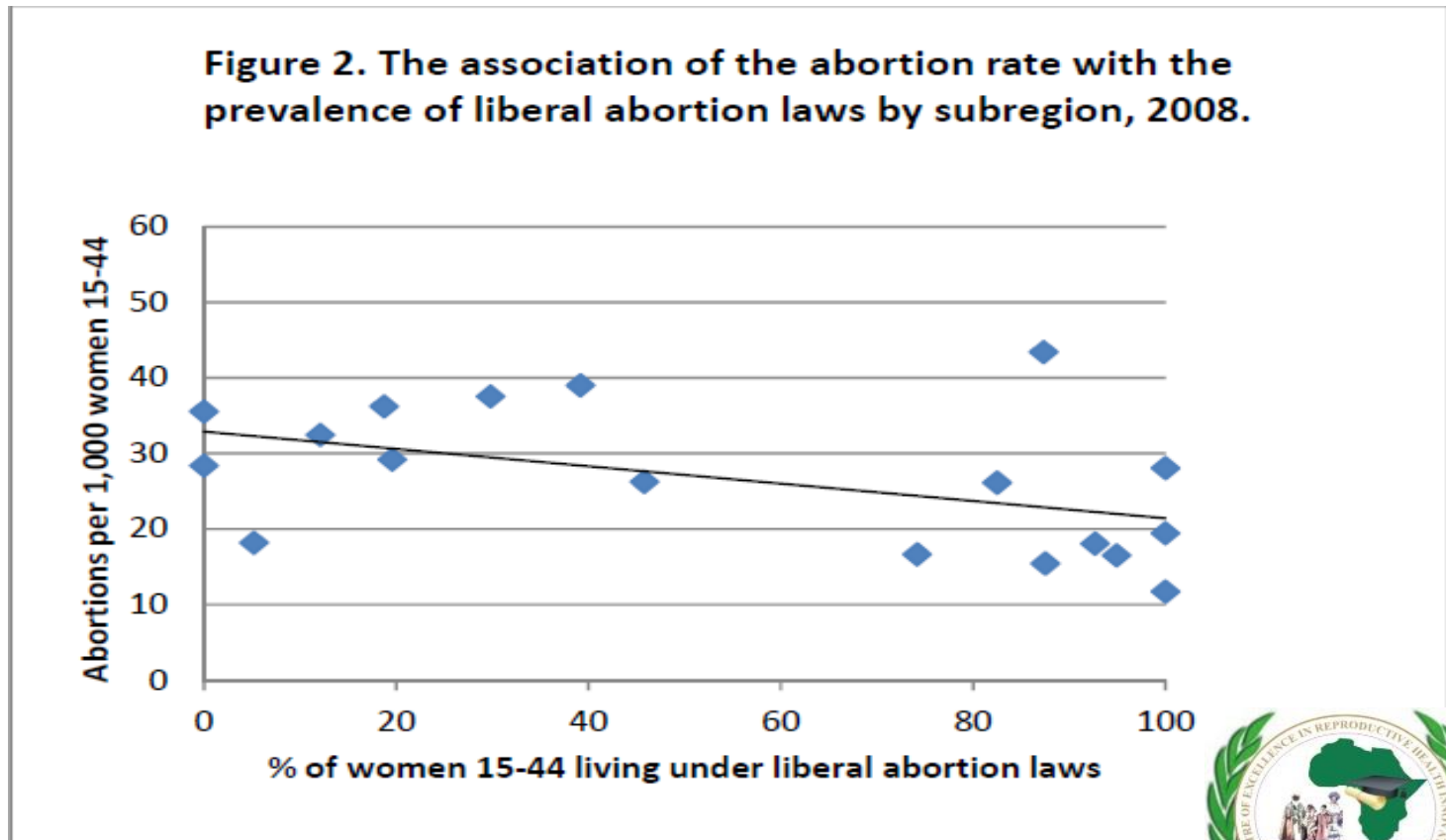
# Grounds on which abortion is permitted - Asia



# Grounds on which abortion is permitted – Latin America



# Liberal abortion laws & policies → Lower abortion rates



# Public Health & Human Rights

One in four women who undergo unsafe abortion is likely to develop temporary or lifelong disability requiring medical care



# Clear and Unambiguous

“As a preventable cause of maternal mortality and morbidity

unsafe abortion must be dealt with as part of the SDGs on improving maternal health and other international development goals.”



# Public Health & Human Rights

“The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect her health.”





# Human Rights

- Free and responsible decision making on sexuality and reproductive health including the number, spacing and timing of children
- Life
- Equality and non-discrimination
- Privacy



# Human Rights

- Freely choose a spouse and enter into marriage only with free and full consent
- Enjoy the benefits of scientific progress
- Access relevant health information

(WHO, 2004)



# Human Rights Rationale

The new emphasis on human rights can bolster arguments that governments must ensure safe abortion access as part of their commitment to fulfilling international human rights obligations.



# Some Rights related to Abortion

- The right to life
- Right to health, reproductive health, and family planning
- Right to be free from discrimination
- The right to liberty and security of the person
- Right to the benefits of scientific progress



# Responses to Abortion in Africa

- Promotion of family planning
- Policy support for abortion and post-abortion care
- Medical training and re-training
- Legal Reform



# Conclusions

Abortion remains a highly stigmatized, but extremely prevalent, phenomenon in Africa today. The toll of unsafe abortion on women's lives and its cultural and legal dimensions cause it to be an issue of serious public health concern, human rights abuses, and social and economic inequality. Deep systemic issues of unequal power relationships between men and women, inadequate and under-funded health systems, lack of political will to address the many negative consequences of unsafe abortion, and the increasingly powerful conservative role of religious and other cultural institutions have left women at serious risk. Until these issues are addressed head-on, women, their families, and entire communities will suffer the tragic consequences of deaths and injuries caused by unsafe abortion. Fortunately, we are seeing progress in this regard, which needs to be accelerated and supported vigorously.

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# Recommended further reading

Abortion in Africa, by Charlotte E. Hord.  
Reproductive Health Challenges in Africa: A  
textbook for students and development  
practitioners. Okonofua FE (eds) 2014,  
publishers: BrownWalker Press, USA

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THANK YOU!

