

# Abortion



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<https://www.pro-memoria.info>

## Overview

## Health Impact

## Role of WHO

Every woman has the recognized human right to decide freely and responsibly without coercion and violence the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health (ICPD 1994). Access to legal and safe abortion is essential for the realization of these rights. One in four pregnancies ends in abortion. Abortions include various clinical conditions such as spontaneous and induced abortion (both viable and non-viable pregnancies), incomplete abortion and intrauterine fetal demise.

Abortions are safe if they are done with a method recommended by WHO that is appropriate to the pregnancy duration and if the person

[https://www.who.int/health-topics/abortion#tab=tab\\_1](https://www.who.int/health-topics/abortion#tab=tab_1)

providing or supporting the abortion is trained. Such abortions can be done using tablets (medical abortion) or a simple outpatient procedure.

Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both. Unsafe abortion procedures may involve the insertion of an object or substance (root, twig, or catheter or traditional concoction) into the uterus; dilatation and curettage performed incorrectly by an unskilled provider; ingestion of harmful substances; and application of external force. In some settings, traditional practitioners vigorously pummel the woman's lower abdomen to disrupt the pregnancy, which can cause the uterus to rupture, killing the woman.

Women, including adolescents, with unwanted pregnancies, often resort to unsafe abortion when they cannot access safe abortion. Barriers to accessing safe abortion include:

- restrictive laws
- poor availability of services
- high cost
- stigma
- the conscientious objection of health-care providers and
- unnecessary requirements, such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorization, and medically unnecessary tests that delay care.

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WHO defines health as complete physical, mental and social well-being not merely the absence of disease or infirmity, with reproductive health being specific to matters relating to the reproductive system and its functions and processes.

The health impact of abortion depends on whether abortion is performed safely. Pregnancies terminated either by persons lacking the necessary skills and or in an environment that does not conform to minimal medical standards can have devastating physiological, financial, and emotional costs to the woman and her family, as well as to her community at large. Complications of unsafe abortion include hemorrhage, sepsis, peritonitis, and trauma to the cervix, vagina, uterus, and abdominal organs. Moreover, one in four women who undergo an unsafe abortion is likely to develop temporary or lifelong disability requiring medical care. The risk of abortion related -death surges when the rates of unsafe abortion increases.

The cost to health systems for treating the complications of unsafe abortion is overwhelming, especially in developing countries.

- The estimated an annual cost of treating minor complications from unsafe abortion at the primary health-care level is US\$ 23 million.
- The cost for treating post-abortion infertility is US\$ 6 billion.
- The out-of-pocket expenses of individuals and households in sub-Saharan Africa for the treatment of post-abortion complications is US\$ 200 million each year.
- The estimated annual expenditure by individuals and their societies for lost income from death or long-term disability due to chronic health consequences of unsafe abortion is US\$ 930 million.

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For the prevention of unsafe abortion and increasing access to quality safe abortion care, WHO provides global technical and policy guidance on the use of contraception to prevent unintended pregnancy, safe abortion, and treatment of complications from unsafe abortion. WHO recommendations for safe abortion can be found in the following publications:

- Safe abortion: technical and policy guidance for health systems (2012).
- Clinical practice handbook for safe abortion (2015).
- Health worker roles in providing safe abortion care and post-abortion contraception (2015).
- Medical management of abortion (2018).

WHO provides technical support to countries to adapt sexual and reproductive health guidelines to specific contexts and strengthen national policies and programs related to contraception and safe abortion care.

WHO is a cosponsor of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, which researches clinical care as well as implementation research on community and health systems approaches to preventing unsafe abortion. It also monitors the global burden of unsafe abortion and its consequences.

**25% of all pregnancies ended in an induced abortion**