



### Unsafe Abortion and its Ethical, Sexual and Reproductive Rights Implications

*L'avortement à risque et de son éthique, sexuelle et reproductive implications pour les droits*

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#### ABSTRACT

**BACKGROUND:** Unsafe abortion is an important cause of maternal mortality and morbidity, particularly marked in developing countries with restrictive abortion laws. It has both bioethical and human rights implications, violating their key principles and components.

**OBJECTIVE:** To highlight the magnitude of complications of unsafe abortion and examine the legal, bioethical, sexual and reproductive right implications of unsafe abortion as well as to review post abortion care (PAC) in Nigeria.

**DATA SOURCE:** Information derived from online web-search, literature review of articles from learned journals, serials and monographs from local and supra-national agencies working on abortion, and reproductive health.

**RESULTS:** About 20 million unsafe abortions are performed annually globally resulting in about 80, 000 maternal deaths. Asia and Africa have the highest number of maternal deaths. In Nigeria, 760,000 abortions are performed annually. Abortion law in Nigeria is restrictive. Unsafe abortion violates three key bioethical principles at micro and mega-ethical levels. It also violates eleven of the twelve components of sexual and reproductive rights. PAC is approved as an effective approach to reducing abortion morbidity and mortality and promoting women's reproductive rights.

**CONCLUSION:** Stakeholders can promote the ethical, sexual and reproductive rights of women through the following interventions: advocacy, liberalization of restrictive abortion law, training of health workers on PAC services, inter-organisational collaboration, development of right based code of ethics and inclusion into medical training curriculum. Socio-economic empowerment of women, provision of PAC services equipments in health facilities, and improvement of access to quality family planning services will also help promote the rights of women. *WAJM* 2011; 30(4): 245–249.

**Keywords:** Unsafe Abortion, Ethical, Sexual and Reproductive Rights Implications.

#### RÉSUMÉ

**CONTEXTE:** L'avortement à risque est une cause importante de mortalité et de morbidité maternelles, particulièrement marquée dans les pays en développement avec les lois restrictives sur l'avortement. Il a deux implications bioéthiques et des droits humains, en violation de leurs principes et composants clés.

**OBJECTIF:** mettre en évidence l'ampleur des complications d'un avortement et d'examiner les implications juridiques, bioéthiques, sexuelle et reproductive droit de l'avortement non médicalisé, ainsi que pour examiner les soins post-avortement (SAA) au Nigeria.

**SOURCE DES DONNÉES:** L'information tirée de l'examen recherche sur le Web, la littérature en ligne d'articles de revues savantes, des revues et des monographies d'agences locales et supra-nationaux travaillant sur l'avortement et la santé reproductive.

**RÉSULTATS:** Environ 20 millions d'avortements non médicalisés sont pratiqués chaque année au niveau mondial résultant en environ 80 000 décès maternels. L'Asie et l'Afrique ont le plus grand nombre de décès maternels. Au Nigeria, 760 000 avortements sont pratiqués chaque année. Loi sur l'avortement au Nigeria est restrictive. L'avortement à risque viole trois principes bioéthiques aux niveaux micro et méga-éthique. Il viole en outre onze des douze composantes de droits sexuels et reproductifs. PAC est approuvé comme une approche efficace pour réduire la morbidité et la mortalité d'avortement et de promouvoir les droits reproductifs des femmes.

**CONCLUSION:** Les parties prenantes peuvent promouvoir les droits éthiques, sexuelle et reproductive des femmes à travers les interventions suivantes: le plaidoyer, la libéralisation des lois sur l'avortement restrictives, la formation des agents de santé sur les services de SAA, collaboration inter-organisationnelle, le développement de code basé droit de l'éthique et l'inclusion dans programme de formation médicale. Socio-économique des femmes, la fourniture d'équipements des services de SAA dans les établissements de santé, et l'amélioration de l'accès aux services de planification familiale de qualité aidera aussi à promouvoir les droits des femmes. *WAJM* 2011; 30 (4): 245–249.

**Mots-clés:** avortement à risque, l'éthique, sexuelle et reproductive implications sur les droits.

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**Abbreviations:** AHI, Action Health International; CAUP, Campaign Against Unwanted Pregnancy; FIGO, ICM, International Conference of Midwives; ICPD, International Conference on Population Development; IPPF, International Planned Parenthood Federation; PAC, Post abortion care; PPFN, Planned Parenthood Federation of Nigeria; UNFPA, SOGON, Society of Gynaecology and Obstetrics of Nigeria, WHARC, Women Health and Action Research Centre

**INTRODUCTION**

Issues related to abortion usually evoke explosive debate largely on account of the stigma and disdain with which society views the subject. Over many years, in the past, abortion was seen all over the world as a moral and religious issue. It was not until 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt, that for the first time abortion became recognised as a public health problem and the world’s attention became drawn to the need to address the issue with the seriousness it deserves.<sup>1</sup> The toll of morbidity and mortality from abortion complications is more marked amongst countries of the developing world where low socio-economic conditions, legal restrictions, and overall poor development of the health care delivery prevail. In Nigeria for instance apart from the restrictive abortion laws which has driven abortion services underground, hypocrisy, religion, culture and overall low social and economic status of majority of the people have acted in concert to worsen the enormity of the problem in the country. This paper examines abortion – the magnitude of the problem at global and local levels; the law in relation to abortion in Nigeria; as well as the ethical, sexual and reproductive rights infringement of the woman in relation to abortion. It proffers solutions towards mitigating the deleterious impact of abortion and its complications on the individual woman and the society at large.

**Definition of Unsafe Abortion and the Magnitude of the Problem**

World Health Organisation (WHO) defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.<sup>2</sup>

Of the approximately annual 210 million pregnancies that occur globally, about 80 million are unwanted.<sup>3</sup> Millions of women lose their lives annually in an attempt to abort an unwanted pregnancy. Pregnancies may not be wanted for socio-economic, medical, and psychological reasons. WHO estimates that 46 million induced abortions are performed annually, the world over. Each year, for

every 1,000 women of child bearing age worldwide, 35 are estimated to have induced abortion – 20 legally, and 15 illegally. Approximately 20 million unsafe abortions are performed yearly the world over, most of which occur in developing countries. WHO estimated that every day 55,000 unsafe abortions occur all over the world resulting in the death of about 200 women daily.<sup>4</sup> Altogether, approximately 80,000 maternal deaths occur annually from unsafe abortions. Figure 1 shows the global, incidences of maternal mortality from unsafe abortion.

In Nigeria it is estimated that approximately 760,000 abortions are performed annually. Non-physicians are known to perform up to 60% of these abortions, while as high as 87% are performed in private health facilities.<sup>5,6</sup> It is believed that one in every 10 Nigerian women has had an induced abortion. This however varies in proportion amongst different population groups depending on the socio-economic status, religion, marital status, as well as the fertility status of the women.

Complications of unsafe abortion may be early or late. Early complications include haemorrhage, genital tract trauma, trauma to adjacent organs, shock, acute renal failure, sepsis, and death. Late complications include secondary amenorrhoea, Asherman’s syndrome, infertility, ectopic pregnancy, chronic endometritis, and an unquantifiable emotional trauma.<sup>7</sup>

**Abortion Laws in Nigeria**

In Nigeria, there is no body of laws known as abortion law. However, there are sections of the Criminal and Penal codes that relate to miscarriage, and which were culled from the British offence against the person Act of 1861. Miscarriage which can be regarded as a non medical term refers to discontinuation of pregnancy. Summed together the sections of the law related to abortion in Nigeria, can best be described as restrictive, as contained in Sections 228, 229, 230, and 328 of the Criminal Code of Southern Nigeria (Table 1). Section 297 however gives a lee way by permitting the termination of pregnancy for the purpose of saving the life of the mother – and therein lies the restrictiveness of the abortion laws in Nigeria. The Penal Code of Northern Nigeria, Sections 232, 233, 234, 235, and 236 also follow similar pattern, and exhibits the restrictiveness similar to the aforementioned Criminal Code. The implication of these abortion laws is that for termination of pregnancy carried out not explicitly for the purpose of saving the life of the mother, the abortionist, the client, and the supplier of the abortion instrument are all liable to degrees of jail term prescribed for major offences. The consequence of this restrictive abortion law is that abortion services are not readily available to women by skilled personnel and in standard health facilities. This drives the procurement of pregnancy termination

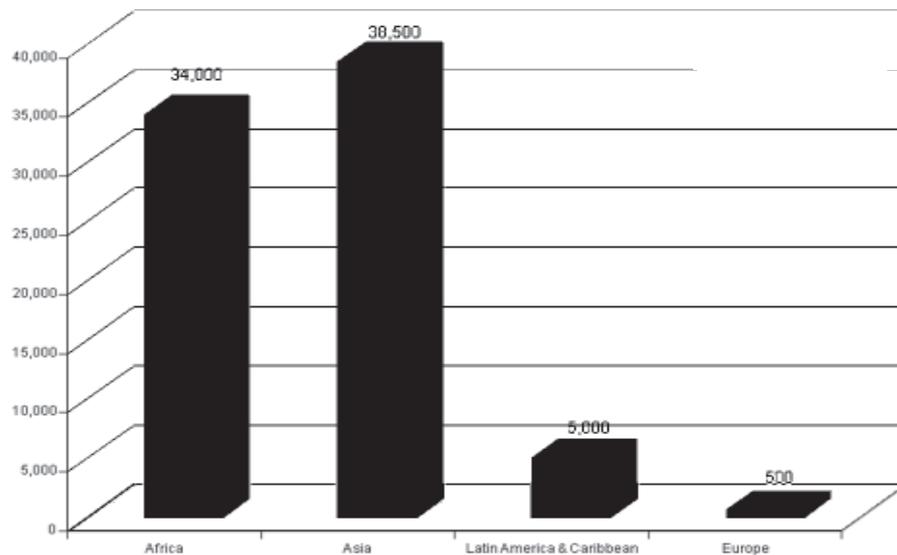


Fig. 1: Regional Maternal Deaths per Year From Unsafe Abortion. Source WHO<sup>4</sup>

**Table 1: Penalties of the Criminal Code on Related to Abortion**

Section	Pregnancy Offence	Penalty
228	Termination of Pregnancy	Felony, by 14-year jail
229	Submission of a woman to termination of her pregnancy	Felony, by 7-year jail
230	Supply of instrumental substances by any individual	Felony, by 3-year jail
328	Prevention of an unborn child from being born	

underground with quacks cashing-in on the resultant service gap to carry out clandestine operations, with attendant high rates of complications. The burden of the complications of unsafe abortion is enormous both to the health system and the society particularly in respect of the economic and social considerations.<sup>5</sup>

#### **Ethical and Human Rights Issues Related to Abortion**

Unsafe abortion and its complications have profound bioethical as well as human rights implications. They violate three key bioethical principles, operating mainly at microethical level – respect for persons with autonomy, whereby the health practitioner respects his client’s right to informed consent and choice on abortion issues while the client in turn respects her healthcare provider’s right to conscientious objection to abortion management; beneficence, whereby the health care provider recognises his client’s right to the benefit of optimum health care; and non-maleficence, which enjoins the health care provider to do no harm, or wrong to

his client.<sup>8-11</sup> Unsafe abortion and its complications can also constitute violation of ethical principles applicable at megaethical level i.e, across international boundaries as is the case with funding restrictions by the United States of America for abortion related programmes, under the ‘gag rule’. According to Tamara Kreinin, Executive Director of Women and Population at the United Nations Foundation, “the impact of the United States withholding funding from UNFPA for the past seven years has had serious implications for women and girls around the world. The 34 million US Dollars that the United States has withheld each year is close to 10 percent of UNFPA’s regular income. This income could have helped UNFPA prevent 2 million un-intended pregnancies, 800,000 abortions, 4,700 mother’s death, and more than 77,000 infant and child deaths”.<sup>10</sup>

In 1994, at the ICPD, in Cairo, Egypt, the concept of women’s sexual and reproductive rights emerged and became recognised as an indivisible aspect of universal human right.<sup>11,12</sup> In furtherance to this the International Planned Parenthood Federation (IPPF) was able to develop from four international human rights treaties a set of concerns that are related to the twelve universal human rights which became known as the components of sexual and reproductive rights.<sup>13</sup> Unsafe abortion and its complications infringe upon as many as eleven out of the twelve components of sexual and reproductive rights, (Table 2).

The need to uphold the ethical and human rights responsibilities of women as concerns abortion-related issues rests not only on the medical practitioner but also on all segments of the society at large. Over the years, several professional bodies have made progress towards the promotion of these ethical and human

rights concerns with respect to abortion through resolutions or guidelines. Notable amongst these are the International Conference of Midwives and International Federation of Gynaecology and Obstetrician<sup>1,14,15</sup> passed a resolution on Care of Women Post-Abortion, a decision that has been implemented in Nigeria through the approval by the Nursing and Midwifery Council of Nigeria of the inclusion of post abortion care into the training curriculum of Midwifery in the country. On the other hand, FIGO established an Ethics Committee that developed ethical guidelines concerning induced abortion while its sexual and reproductive rights project developed ethical responsibilities of health practitioners on sexual and reproductive health to compliment the existing FIGO ethical guidelines.<sup>1,15</sup> Parliamentary groups in various regions have held conferences that deliberated on legislations related to abortion. These include the International Medical Parliamentarians Organisation; Latin American and Caribbean Parliamentarians; the UK All-Party Parliamentary Group on Population, Development and Reproductive Health; and Parliamentarians in Nepal.<sup>1</sup>

In Nigeria few attempts had been made in the past to review the existing archaic abortion laws by legislation without success. A recent reproductive health bill packaged by the Society of Gynaecology and Obstetrics of Nigeria could not go beyond the preliminary presentation stage at the National Assembly – essentially because the Legislators and the citizenry alike, especially the women had not been adequately informed and sensitized on the subject enough to appreciate and accord it the desired attention.

#### **Post-abortion Care**

Post-abortion care (PAC) is an approach to reducing maternal morbidity and mortality from incomplete abortion and its complications, and for promoting women’s reproductive rights and lives. It was first developed by IPAS in 1991 and published by the PAC Consortium in 1995. PAC originally consisted of three elements but was later expanded to five in 2001 by PAC/Community Task Force,

**Table 2: Sexual and Reproduction Rights Infringed Upon by Unsafe Abortion**

- Life
- Liberty and security
- Equality and freedom from discrimination
- Privacy
- Freedom of thought
- Information and education
- Decide on whether or not to get married and found a family
- Decide on whether and when to have children
- Healthcare and health protection
- Benefit of scientific progress
- Be free from ill treatment and torture

on the basis of the experience of non-governmental organisations, and agencies implementing PAC services, the provisions of ICPD, and other similar conferences. The five elements of PAC essentially hinge on partnership between the health provider and the community (Table 3).

Women-centred post abortion care which was developed in 2005 represents a comprehensive approach to meeting each woman's medical and psychological needs at the time of treatment of abortion complications. It is basically the health care providers' responsibility (Table 3). It consists of consideration and the provision of respect and confidentiality for the client; involvement of the client in appropriate decision making towards her treatment; acquainting the client with all available treatment options to enable her make informed choice while ensuring access to chosen treatment modality; and ensuring the upholding of client's right to high quality care.<sup>16,17</sup> PAC represents a response to reducing morbidity and mortality from complications of unsafe abortion.

The challenges of unsafe abortion and its complications are worldwide and invariably involve several stakeholders cutting across professionals, cultural, and even religious leanings. The relevance of unsafe abortion as a public health problem has been adequately captured in Paragraph 8.25 of the Programme of Action of ICPD, excerpts of which state as follows: "All Governments and relevant..... organisations are urged to strengthen

their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority.... Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling..... In circumstances in which abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post-abortion counseling, education and family planning services should be offered promptly". Similarly, in Paragraph 63(iii) of the ICPD+5 Conference document, governments agreed that in circumstances in which abortion is not against the law, health systems have an obligation to "train and equip health service providers and (to) take other measures to ensure that such abortion is safe and accessible".<sup>1,17</sup> These provisions from international conferences have gingered government and non-governmental organisations alike at local and international levels to undertake programmes aimed at the reduction of maternal deaths and disabilities from unsafe abortion and its complications. Notable amongst these organisations include UN Agencies such as UNFPA and UNICEF which have expended tremendously on training and capacity building of several countries on maternal mortality reduction activities,

and overall health systems' development; IPAS, a supranational agency that emphasises on the promotion of women's sexual and reproductive rights and the combat of maternal mortality from unsafe abortion through the promotion of the use of MVA and women-centered post abortion care. Local NGOs such as Campaign Against Unwanted Pregnancy, Action Health International (AHI), Planned Parenthood Federation of Nigeria, Women Health and Action Research Centre, and Post Abortion Care Network (PAC-Net) have consistently laboured to mitigate the impact of abortion and its complications and women's health focussing on four key thematic areas – training, advocacy, clinical services, and research.

### The Way Forward

Protecting and upholding the ethical, sexual and reproductive rights of women with respect to unsafe abortion require the collective response of all stakeholders through an unbiased and goal-oriented cooperation. Even though the medical practitioner has a prominent part to play through the acquisition of the necessary post abortion care services skill, through training, and strict observance of the ethical guidelines concerning the management of unsafe abortion, governments and non-governmental organisations, the media, the religious, and indeed every other profession also have a part or other to play in this onerous assignment.

Advocacy, taking cognisance of the magnitude of the problem, remains a foremost tool to the performance of this task through informing and educating all the relevant stakeholders – government at both executive and legislative levels; the media, whose responsibilities it is to disseminate accurate and un-biased information on the subject matter; and the citizenry, who would then be enabled through information to participate in making decisions concerning abortion related issues.

It has become necessary to take a second dispassionate look at the restrictive abortion laws in the country with a view to a necessary amendment to make them more liberal – with particular consideration to un-wanted pregnancy

**Table 3: Elements of Abortion Care**

#### Elements of Post-Abortion Care

- Preventing unwanted pregnancy optimum healthcare
- Counselling to respond to the physical and emotional need of the woman
- Treatment of incomplete abortion including use of manual aspirator vacuum
- Contraception and family planning
- Linkages with other reproductive health services

#### Women-centred Post-abortion Care

- Consideration and provision of confidentiality
- Involvement of the woman in decision-making
- Acquainting the woman with treatment options
- Woman;s right to high quality care.

that may result from rape, incest, and medical trait to the life of the mother, to begin with. It is important to note that liberalising the laws on abortion is not necessarily an end in itself but a veritable means towards preventing unsafe abortion and its deleterious consequences. The impact of de-restricting abortion laws in Nigeria can be visible only if other complimentary measures are put in place. Among such measures are women's empowerment through poverty reduction measures, education and reproductive health information to enable access to contraception and PAC services. Others are provision of modern equipments for PAC services in both private and public health facilities; expanding training of health personnel on women-centred PAC and family planning services; and sponsoring research activities to further identify the extent of the problem.

Working with women groups and providing them with the necessary information to reach out to their members at grassroot has the benefit of ensuring a universal access to correct information. Non-governmental organisations have an important role to play in this regard and should in addition conduct advocacy to the youths and adolescents both in-school and out-of-school. Collaboration between government and NGOs, as well as the establishment of linkages between the various organisations will definitely fine tune and fast track programmes and projects related to the combat of abortion morbidity and mortality. There is also the need to develop a human rights based code of ethics to guide health professionals managing abortion and other reproductive health issues, and further incorporate such into the curriculum of medical education.

### Conclusion

Ensuring universal access to contraception is very important and should be explored as much as possible through the provision of a sustained and affordable contraceptive commodities to all women desiring them. This can be

achieved through an articulated contraceptive commodity logistics management system. Religious groups that have profound bias for contraception and abortion related issues should be encouraged to come on board through building their capacity to teach their adherents about the correct and effective use of whatever contraceptive method they choose in order to reduce the incidence of unwanted pregnancy. The right of every individual to safe and responsible sexuality is fundamental. No woman, married or un-married, should therefore be allowed to go through the stress of an unwanted pregnancy, and the risk of an unsafe abortion.

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