

FACTS ABOUT ABORTION

Abortion is legal in India, but thousands of women are dying each year from unsafe abortions

In many nations when abortion is legalized, deaths from unsafe abortion decrease dramatically. But in India, where abortion has been legal for more than 40 years, there still are approximately 4,600 deaths from unsafe abortion each year. The lack of accessible and trained abortion providers, lack of knowledge about the legality and availability of safe abortion services, and stigma about abortion result in many women seeking out back-street, unsafe procedures. Of the 6.4 million abortions that women undergo in India each year, 3.6 million (56 percent) are unsafe. In Madhya Pradesh, one of India's largest states, only three percent of Primary Health Centers are 19 percent of Community Health Centers provide safe abortion services (Banerjee 2012).

Abortion is a simple and safe medical procedure

- An unsafe abortion is defined by the World Health Organization as the termination of a pregnancy carried out by someone without the skills or training to perform the procedure safely, or that takes place in an environment that does not meet minimal medical standards, or both (WHO 2013)
- In developed countries where abortion is legally permitted and health-care providers are trained to offer safe services, abortion mortality is low. For example, in the United States of America, there is less than one death a year for every 100,000 women seeking an abortion (WHO 2013)

Restricting access to abortion does not reduce the number of abortions

Abortion rates are roughly equal when comparing world regions, regardless of what the law permits. A Guttmacher Institute survey of 197 countries found that restricting access to legal abortion does not reduce the number of women trying to end unwanted pregnancies (Singh et al. 2009). Unwanted pregnancy and abortion will occur regardless of legality. The World Health Organization states that an estimated 33 million contraceptive users worldwide are expected to experience accidental pregnancy annually while using contraception.

Legalizing abortion makes it safer

- When women have access to safe, legal and affordable abortion, deaths and injuries due to unsafe abortion decrease dramatically. Prior to the liberalization of the abortion law in South Africa in 1996, for instance, an estimated 45,000 women were treated in public hospitals annually for complications of unsafe abortion, with approximately 425 of them dying (Rees et al. 1997). Between 1994 and 2001, abortion-related maternal deaths there declined by 91 percent to 40 per year (Jewkes and Rees 2005)
- Countries with highly restrictive abortion laws—primarily developing countries—have high unsafe abortion rates (Sedgh et al. 2007). Without access to safe, legal abortion services, women are forced to either self-induce or seek clandestine abortions, often provided by unqualified medical providers under unhygienic conditions.

Increasing access to contraception does not eliminate the need for safe, legal abortion but reduces cost

- According to the World Health Organization, an estimated 33 million contraceptive users each year experience accidental pregnancies. Even with perfect provision and usage of birth control, there will always be some women who need one or more abortions.

- It is estimated that if current unmet need for family planning could be fulfilled within the next five years, India can avert 35,000 maternal deaths and 12 lakh infant deaths while saving more than Rs. 4,450 crores. If safe abortion services are coupled with increase in family planning services, the savings would be to the tune of Rs. 6,500 crores (MoHFW, RMNCH+A Strategy Document, 2013)

Induced abortion is a very safe medical procedure

- When performed by skilled providers using correct medical techniques and drugs, and under hygienic conditions, induced abortion is a very safe medical procedure (WHO 2012)
- Scientific studies show that when used correctly, medical methods for abortion (abortion using pills) in early pregnancy are safe and effective. The World Health Organization recommends medical abortion as a safe method of terminating first-trimester pregnancy (WHO 2003, Winikoff et al. 1997)
- Manual vacuum aspiration is a recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks gestation (WHO 2012)

Abortion to save the life of a woman or girl is medically necessary under certain circumstances

- Approximately 94 percent of countries in the world permit abortion to save a woman's life (Singh et al. 2009). A medically necessary abortion is performed to decrease the physical or mental health risk to a woman or girl or in order to save her life. It may also refer to pregnancy termination in instances of rape and fetal anomaly (McNaughton et al. 2003)

Jyoti's story

Jyoti (not her real name) is a 15-year-old unmarried girl who lives in a rural neighborhood in Maharashtra. She was raped by a family member and became pregnant as a result of the rape. To prevent her daughter shame and embarrassment, Jyoti's mother took her to many health facilities, both public and private, in search of abortion care.

But provider after provider turned them down. Because Jyoti is under the age of 18 and also because laws require doctors to report any case of rape or abuse to the police, most doctors did not want to get involved. Eventually, the family reported the case to the police. But the search for a provider was still on as they were dealing with the social stigma and harassment for the family as a result of the information about the rape coming out in public. Jyoti's mother heard of a doctor who might be willing to provide care for her daughter, and took her to him for a consultation. After counseling the young girl and completing a clinical assessment, the doctor provided an abortion.

Although Jyoti and her family still struggle with the aftermath of her rape and the police investigation, they are thankful for the care she received from a compassionate doctor. The search that had started at seven weeks of pregnancy finally ended in the second trimester, at 14 weeks of gestation. This meant the doctor not only had to be questioned by police because the pregnancy had resulted from a rape—he also had to get the opinion of one more physician as is required by Indian law for second-trimester abortions.

Even though India's abortion law was liberalized in 1972—more than four decades ago—Jyoti's story shows the struggles that women, especially young women and women in vulnerable situations, still face in attempting to access the care they are afforded by law.