

Unsafe abortion: a forgotten crisis

**Safe abortion
is a medical
necessity**



MSF content on risk-free abortion, intended for social networks, created for International Women's Day. © Charmaine Chitate, 2019.

'Safe abortion is a medical necessity'

Abortion without medical guidance or assistance is one of the main causes of maternal mortality worldwide. 97% of abortions performed in this way are carried out in countries with limited resources.

What is meant by 'unsafe abortion'?

An abortion is a medical procedure to terminate pregnancy. It is the result of a deliberate choice made in full knowledge of the facts in cases where a woman is pregnant but does not want to be. There are various ways of performing abortion safely, such as by taking medicines or by means of suction of the foetus.¹

However, there can be a range of different obstacles to safe abortion: restrictive laws or laws which impose penalties, excessive costs, stigmatisation, a lack of trained staff or infrastructure, etc. Where these factors stand in the way, some women or girls who want to have abortions resort to dangerous methods, self-administered, or seek help from somebody who does not possess the necessary skills. **Such abortions are described as unsafe and risky:** in the hope of inducing a miscarriage, the woman may insert sharp objects into her uterus, swallow toxic substances, use plant-based preparations, injure herself by striking herself on the abdomen or falling deliberately, or else by using unsuitable medicines, and so on. Most of these methods are not only ineffective as ways of terminating pregnancy but may also cause lasting damage, bleeding or infections.

¹ <https://www.msf-azg.be/fr/avortement>

What is a safe abortion?

An abortion is said to be safe if the person performing it has been trained, even if they have not necessarily received medical training, and if the intervention is evidence-based and appropriate to the stage of pregnancy.

The staff who receive and care for women and girls who wish to have an abortion must be qualified, first and foremost because the women need the person who deals with them to respect their decision. Medicalised abortion services are not necessarily provided by a doctor; midwives and nurses can practise the two methods of abortion at a hospital or health centre, on condition that they have received the requisite training. In regions where health services are inadequate, health professionals who practise abortion could benefit greatly from additional assistance – **more training, institutional support, advice and supervision.**

Medication abortion, which means abortion induced by taking pills, is regarded as a safe method. It can be made available on an outpatient basis and be carried out discreetly at home. Abortion using pills can be performed perfectly safely in countries with limited resources, including those where ultrasound scans or laboratory tests are not available. It is more than 95% effective and is extremely safe, with less than a 1% risk of serious or fatal complications.²

Minor procedures under local anaesthetic (suction curettage) performed in hygienic surroundings by a qualified practitioner, such as a midwife, are also regarded as safe. Performed in this way, abortion is virtually risk-free for women who opt for it.

Besides an atmosphere of trust and accurate and complete information and instructions, abortion requires good-quality medicines, in sufficient quantities, medical staff with the right training for a surgical procedure (where required) and access to appropriate treatment in the event of complications.



A patient holding the medicines that she has just been given for the purpose of terminating her pregnancy at Kusisa hospital in North Kivu. ©MSF International, November 2019.

² <https://www.msf.org/safe-abortion-care>

Medicalised abortion forms part of a **set of essential health services** provided by MSF:

- prescription of contraceptives
- termination of pregnancy in a medical setting
- treatment of any post-abortion complications

Contraceptives and medicalised abortion are two of the tools which can be used to deal with unwanted pregnancies and maternal mortality. In order to limit the number of unwanted or unplanned pregnancies and to avoid the need for abortion or an unplanned birth, contraception must be readily accessible, and people must be open to discussing it without any taboos. Every woman, every girl, every man and every boy must be free to choose the method that suits them and have access to sound information and to all methods of contraception.

Unfortunately, information and prevention are not sufficient, and unplanned pregnancies will always happen because of poor practices, lack of money and access to contraceptives, or rape. The need for access to safe abortion therefore persists.

Ann Van Haver, a midwife with MSF, talks about her encounter with a patient who has resorted to a risky abortion.

(FR) : https://www.youtube.com/watch?v=KXqzbo7jZUo&feature=emb_title

Video: Say no to unsafe abortion // Patricia's story

EN with French subtitles:

https://www.youtube.com/watch?v=L6P8ocYLNsw&feature=emb_imp_woyt



We distribute contraceptives as part of our sexual and reproductive health projects. In some countries or regions, it is not easy to find them. Here, an MSF health promoter is distributing condoms to sex workers in Nsanje, in Malawi.
© Isabel Corthier, January 2019.

Abortion is a human right

Access to safe abortion is a fundamental human right. It is a human right just like the right to life and health, the right not to be discriminated against and the right to self-determination: the right to safe abortion is protected by national laws and many international treaties around the world (<https://safe2choose.org/fr/blog/safe-abortion-and-human-rights>).

However, abortion is still a criminal offence in many countries. Although it is completely prohibited in only a minority of countries, access to abortion continues to be seriously restricted or even illegal in

much of Africa, for example in Djibouti, Egypt, Guinea-Bissau, Senegal and the Democratic Republic of the Congo. Even in some industrialised countries, access to abortion has been made more restrictive recently, for example in Poland, where since 2020 abortion has been permitted only for victims of rape or incest or where the mother's life is in danger, or in the United States, where the Supreme Court has revoked the *Roe v. Wade* judgment, which guaranteed the right to abortion throughout the country. This has enabled states in the USA to ban abortion within their territory, which about ten of them have done,³ although it is proven that legal bans have very little influence on the number of abortions. Meanwhile, the greater the restrictions placed on abortion, the more dangerous it is likely to be.

MSF regards safe abortion services as an integral and essential part of maternal care in all the projects that the organisation carries out around the world. We give women and girls a safe way of terminating a pregnancy if they so wish. By doing so, we save lives and improve the quality of life of thousands of women and girls.

There are many reasons why women may wish to have an abortion

The profiles of women and girls who have unwanted pregnancies are very diverse: married and unmarried women, with or without children, girls who are still at school, graduates, young women from rural areas with little education, etc.

Women opt for abortion for a multitude of reasons, including for example (the list is not exhaustive):

- a method of contraception has failed
- lack of access to contraception because of its cost or the location or opening hours of a clinic
- parents will not allow contraception
- forced pregnancy
- pregnancy caused by rape
- financial or emotional difficulties
- a lack of support from the patient's family or spouse
- the women are still studying
- the child has no father
- the pregnancy is simply unexpected or has not come at the right time
- the woman does not want to have children

Talking about abortion still involves some rather fraught discussions, and women who have abortions can be stigmatised by their families or society. It is therefore difficult for these women to talk about their situation. This means that women face such questions as: Who can I turn to? Where can I get help? What options are available to me? How much will it cost me? Will it hurt? What will happen to me? And what if I can no longer have children? What consequences will it have for me and my family if people find out?

The role of our teams is to listen to these women and give them information and support of the appropriate level, while respecting their decision and not judging them. A consultation with a view to a risk-free abortion gives the woman insight into the various methods available, helps her to

³https://www.lemonde.fr/international/article/2023/06/24/etats-unis-un-an-apres-roe-vs-wade-le-droit-a-l-ivg-etat-par-etat_6179041_3210.html

understand what, in practical terms, is involved in the procedure and when she should seek medical assistance. It enables her to ask questions and plan her abortion with an experienced professional.

A forgotten crisis with serious consequences

Some figures

- Lack of access to safe and legal abortion services affects 700 million women of child-bearing age.
- Every minute, somewhere in the world, a woman or girl undergoes an unsafe abortion. It is estimated that 35 million such procedures are performed every year (some 45% of the total number of abortions). 97% of dangerous abortions are performed in Africa, Latin America and South and West Asia.⁴
- Each year, in developing countries alone, 7 million women and girls are admitted to hospital on account of injuries, infections or bleeding after an unsafe abortion.⁵
- Each year, 4.7% to 13.2% of maternal deaths can be attributed to unsafe abortion, which corresponds to around 22 000 women. Risky abortion still constitutes the main cause of maternal mortality around the world.⁶
- In rich countries, it is estimated that, for every 100 000 unsafe abortions, 30 women die. In developing regions, the figure is higher: 220 deaths per 100 000 unsafe abortions.⁷
- 70% of maternal deaths occur in sub-Saharan Africa

A cause of preventable death

There are five main causes of maternal mortality around the world: severe haemorrhages, serious infections, serious abnormalities of blood pressure, obstructions during the delivery of a child and dangerous abortions.⁸ In the case of the first four causes of maternal mortality, significant progress has been made.

But **non-medicalised abortion continues to be widely ignored, despite the fact that deaths caused by it are entirely avoidable**, and little progress is being made in this regard.

Why does this crisis encounter so much resistance?

There are many reasons for this: there is still too much opposition from institutions, resistance on the part of health workers, ignorance of the subject among political decision-makers, and administrative barriers, because abortion is a sensitive subject and the procedure is still against the law in some countries.⁹ These factors thus hinder the establishment of medicalised abortion services, which means that many women still do not know how to obtain such care.

The consequences

⁴ <https://www.who.int/fr/news-room/fact-sheets/detail/abortion>

⁵ <https://www.msf-azg.be/fr/avortement>

⁶ <https://www.who.int/fr/news-room/fact-sheets/detail/abortion>

⁷ <https://www.who.int/fr/news-room/fact-sheets/detail/abortion>

⁸ <https://www.msf-azg.be/fr/avortement>

⁹ <https://www.who.int/fr/news-room/fact-sheets/detail/abortion>

Yet the **consequences of unsafe abortion** include severe haemorrhage, septicaemia (serious general infections), poisoning, perforation of the uterus and damage to other internal organs.¹⁰ All these complications can lead to death unless the woman or girl receives the right care. When admitted to hospital, patients generally need blood transfusions, major remedial surgery or a hysterectomy, meaning complete and irreversible removal of the uterus, rendering it impossible to have other children. Other permanent consequences may include perforation of the intestine, prolonged anaemia, constant pain when having sex, and so on.

What is MSF doing?

Medicalised abortion services are one of the main fields of action in the medical strategy for 2020-2023 of our operational centre in Brussels. In order to reduce the number of risky abortions, together with the associated maternal mortality and suffering, MSF offers a complete range of sexual and reproductive health services – including access to contraception, medicalised abortion services and post-abortion care.¹¹ In 2021, we provided more than 35 200 safe abortions to women and girls who had requested it in 33 countries, irrespective of whether abortion was legal there, as in Colombia¹², or whether it was not, as in the Central African Republic¹³. MSF also treats complications caused by dangerous abortions, this being part of the overall obstetric care that the organisation provides.

MSF would never encourage anybody to have a pregnancy terminated. If the woman's life is in danger, we perform an abortion with consent. Otherwise, we offer safe abortion after consultation.

In order to **improve access to contraception, post-abortion care and medicalised abortion** for women and girls who do not have access to care or who are victims of a humanitarian crisis, MSF operates with its health workers, local communities, health ministries and other nongovernmental health organisations.

We publicly oppose harmful government policies and we share factual evidence-based information concerning risk-free abortion care. **We advocate that safe abortion should form part of the health care to which all women ought to have access, but that remains a challenge.** Abortion is a sensitive issue in many countries. Accordingly, there are many parameters to be taken into account in order to keep both our patients and our staff safe. We very much take into account the risks that our patients and staff run when taking such decisions. Laws, customs and beliefs must be assessed from project to project and from patient to patient.

We conduct research into the seriousness and treatment of complications arising from risky abortions in conflict zones.

- ➔ In 2021, we carried out 524 100 consultations on contraception and provided more than 35 200 safe abortions and treatments to 18 300 women and girls to deal with concerns and complications relating to abortion.¹⁴

¹⁰ <https://www.who.int/fr/news-room/fact-sheets/detail/abortion>

¹¹ <https://www.msf.org/safe-abortion-care>

¹² <https://www.msf.org/safe-abortion-care>

¹³ <https://www.msf-azg.be/fr/country/r%C3%A9publique-centrafricaine>

¹⁴ <https://www.msf.org/safe-abortion-care>



Evangeline, an MSF midwife, speaks about family planning with one of her patients at our clinic in Bangui, in the Central African Republic. Family planning is also part of our strategy to reduce the number of risky abortions. © Sandra Smiley

https://www.youtube.com/watch?v=qloXDYUDvA8&feature=emb_imp_woyt

Catrin Schulte-Hillen, a specialist in sexual and reproductive health issues with MSF, talks to us about MSF's experience with abortion:

(FR) https://www.youtube.com/watch?v=brQX3Slg4yQ&feature=emb_title



A person who has undergone a medicalised abortion in the Democratic Republic of the Congo. Many women are stigmatised if they wish to have an abortion, and consequently many of our patients wish to remain anonymous. We also work to promote health and distribute contraceptives. We have our own clinics specialising in family planning, too. Photo: © Davide Scalenghe, February 2020.

Abortion around the world: just a few of the many examples that could be cited

In Colombia, a major amendment to the law on abortion was made in 2006, decriminalising abortion, so that, since 21 February 2022, abortion has no longer been an offence there.¹⁵ However, in the port cities of Buenaventura and Tumaco, MSF found that there was a good deal of ignorance about the true

¹⁵ https://www.lemonde.fr/international/article/2022/02/23/la-colombie-depenalise-l-avortement-une-victoire-de-la-lutte-des-femmes_6114963_3210.html

legal status of abortion. Medical staff who should have been prepared to provide this type of care did not even know that it was among their responsibilities.¹⁶

For women or girls with an unwanted pregnancy, it can be difficult if they are confronted with strong resistance or even a refusal of care on the part of medical staff.

They tell you 'Come back in a few weeks' time' or 'Let us go to the psychology department to check that you are really sure about it.' Dr Alejandrina Camargo, an MSF doctor in Colombia, on the obstacles thrown up by some health professionals.

In the Democratic Republic of the Congo, where the law on abortion was very restrictive, Jean-Paul, an emergency physician, remains shocked by his experiences. See what he has to say:

Video: Falling through the cracks // Jean-Paul's story

FR: <https://www.youtube.com/watch?v=hHEUjTeyVVE&t=6s>

Some women may resort to methods which, in relative terms, are safer, such as the use of medicines purchased on the black market, but the risk of complications persists, whether because of the poor quality of the medicines, wrong dosage, wrong information or a combination of two or three of these factors.

Only access to safe abortion for all women, combined with access to reliable contraception can reduce the number of deaths and the amount of suffering experienced by these women.



MSF's illustrated history:

Two 15-year-old girls in the Democratic Republic of the Congo (DRC) are pregnant but want to continue with their schooling. After receiving advice from their friends, they secretly go into the bush looking for traditional herbs. They prepare the herbs and drink the preparation, thinking that this remedy will induce an abortion. The girls begin to experience abdominal complications. Their stomachs are swollen and they start to feel pain. Their parents take them to hospital, but the two girls die a few minutes apart, poisoned by the plants they have used in an attempt to secure an abortion. This happens very often in DRC.

©MSF, September 2021.

¹⁶ Further information: <https://www.msf.org/women-and-girls-prevented-having-safe-abortion-colombia>

Testimony – an unwanted pregnancy resulting from rape: *‘My name is Marlène. In Haiti, I worked for MSF with patients who wished to obtain safe abortions. Most of the time, these patients come away from their consultation with a sense of relief. But sometimes the situation is more complicated and a greater effort is called for. One day, a teenager, just 14 years old, who was in the 13th week of gestation came to consult me, accompanied by her mother. Seeing that the patient was not well, her mother told me: ‘My husband raped my daughter several times, each time that I was away shopping. He shut her inside and raped her, ordering her not to tell anyone and threatening to kill her if she were ever to reveal what had happened. My neighbour realised what had occurred, and it was she that alerted me to the situation’. After having had an abortion, the girl stayed in hospital for three days. During her stay, her mother had to find somewhere to live away from the family home, as the husband was still living there, and out of a fear of reprisals from him. In the end, the young patient and her mother went off to live with a member of their family.’*

The situation in Mozambique

Where abortion is legal and medical services are available, the number of deaths and disabilities is substantially reduced. In response to this plain fact, some countries have updated their laws. This is the case in Mozambique, where, since 2014, abortion has been permitted free of charge for all women during the first trimester of pregnancy and up to 24 weeks in special circumstances.¹⁷ Abortion is then conducted by qualified professionals at approved clinics. However, this type of amendment to the law sometimes runs counter to public opinion within a country. In Mozambique, for example, **a significant section of the population remains opposed to abortion**. Moreover, **such an amendment to the law does not always guarantee access to medicalised abortion**, as many health systems respond too slowly and inappropriately. In Mozambique, incidentally, the directives on medicalised abortion were issued only in 2017.

Video: A second chance // Amanda’s story – Mozambique (in Portuguese with FR subtitles): https://www.youtube.com/watch?v=qYIBqN2WtBg&feature=emb_imp_woyt

Obstacles to abortion may also be administrative.

In Athens, in Greece, where MSF has helped migrant women and female asylum-seekers and refugees to obtain safe abortions in the public health system, women were required to put their names on a waiting list with a waiting time of more than four weeks just to get a first appointment, followed by other appointments with health professionals. Some patients encountered other obstacles, as they did not have their social security card or were not assisted by an interpreter at the consultation. In Greece, the legal limit for abortion is 12 weeks except in the case of foetal abnormalities¹⁸, so women face a real race against time if they want to have a pregnancy terminated, because of the numerous obstacles they will face along the way.

EN – FR subtitles: Video: At the time when she needs it // Kgaladi’s story
https://www.youtube.com/watch?v=qloXDYUDvA8&feature=emb_imp_woyt

In South Africa

Kgaladi Mphahlele is a nurse responsible for termination of pregnancies and family planning in MSF’s project in Rustenburg, South Africa. The district health services undertake to provide medicalised abortion services, but the staff may have questions about the right methods and the protocol to

¹⁷ <https://www.figo.org/fr/news/plaidoyer-pour-lavortement-securise-travers-les-vagues-au-mozambique>

¹⁸ <https://www.laicite.be/avortement-grece/>

apply. Some of them need moral support to cope with the way in which they are judged and stigmatised by their colleagues. Others, while understanding the importance of this medical procedure, need to overcome their prejudices against abortion. Mutual assistance between colleagues therefore has an important role to play.



Kgaladi Mphahlele is responsible for MSF's activities concerned with termination of pregnancies and family planning in Rustenburg, South Africa. © Gift Radebe/MSF, July 2020.

Further information:

- Web page from MSF International's website on abortion: <https://www.msf.org/safe-abortion-care>
- <https://www.who.int/fr/news-room/fact-sheets/detail/abortion>
- <https://www.who.int/fr/news/item/24-03-2022-first-ever-country-level-estimates-of-unintended-pregnancy-and-abortion>
- <https://www.who.int/fr/news/item/09-03-2022-access-to-safe-abortion-critical-for-health-of-women-and-girls>



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- **+++ Video: the medical necessity of providing safe abortion services** (with FR subtitles):
[https://www.youtube.com/watch?v= 3595Z_5ZQM](https://www.youtube.com/watch?v=3595Z_5ZQM)
With English subtitles:
<https://media.msf.org/AssetLink/g1akbjgr801q3goc488dc80425c4436i.mp4>
- EN: <https://www.youtube.com/watch?v=AveNtVdGU7I>