



Review

Legalization, safer and more preventive than restriction: A systematic review of clandestine and unsafe abortion consequences in developing countries versus legal and safe abortion benefits in developed countries

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ABSTRACT

In this systematic review, the goal aimed was to bring out consequences that go along with illegal and unsafe abortion and benefits attached to legal and safe abortion in order to urge countries with restrictive abortion laws to reform their legislations so as to save women's lives from higher morbidity and mortality resulting from unsafe abortion and to protect their health and human rights. In fact, a large number of scholars have established the relationships between developing countries and restrictive abortion laws, restrictive abortion grounds and illegal abortion, illegal abortion and unsafe abortion, unsafe abortion and higher maternal morbidity and mortality. From that, it has been stressed that most of developing countries have restrictive abortion legislation, which fosters a large amount of illicit and unsafe abortions, responsible of such consequences as higher maternal morbidity and mortality. Since restrictive laws, instead of decreasing illegal abortion and its consequences, only increase them and make women run a great risk, it has been demonstrated that legalizing and granting access to safe abortion is the most effective prevention of criminal and unsafe abortions.

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Introduction

Abortions constitute a dramatic public health issue and unsafe abortions more again. The World Health Organization (WHO) numbers nearly 210 million pregnancies among which up to 135 million end up delivering liveborn infants. The 75 million remaining incur stillbirth (spontaneous or intentional). Nearly 42 million abortions occurred in 2003, among which 22 million safe and 20 million unsafe [1]. In fact, each country has its own policy in terms of voluntary pregnancy termination [2], ranging from highly restricted to available on request [1,3]. Within countries granting access on request, since the law authorizes them, legal abortions occur in safety conditions, within equipped facilities and by skilled medical staff [1,4], hence they are said safe abortions and lead to less complications. Contrariwise, in countries with legal restriction, since the law forbids them, illegal abortions occur underground, in unsafety conditions, within less-equipped facilities and by less-skilled medical staff [4], hence they are unsafe abortions and lead to complications enhancement. These unsafe abortions are overwhelming within subregions, where laws are severely restrictive, and resources increasingly limited to afford unsafe abortions complications.

Whereas, those complications due to illegal abortions could be prevented simply in legally approving abortions, since that prohibition does not hinder them to abort [5] but just prevent them from using appropriate facilities, which fosters unsafe abortions.

This paper aims to bring out consequences of clandestine and unsafe abortions, and benefits of legal and safe abortions in order to urge States, that thus far did not do it yet, to legally approve abortions so as to prevent those untoward and avoidable consequences of clandestine abortions. To that end, the paper will describe clandestine abortions in terms of their heavy consequences, and legal abortions in terms of their benefits through a systematic review.

Background

1 Definition and types

Expulsing/extracting a conception product that is not viable defines an abortion [6]. This definition can vary from a country to another according to their medical technological progress [3]. This termination can be unplanned, defining unintended or spontaneous abortions. When the pregnancy termination is planned, it is named intended, induced or voluntary abortion and is the one that matters with regard to the law and thus in this paper, since it depends on women's willingness and laws agreement. Estimations reveal 35 of every 1,000 women between 15 and 44 years of age induced abortion every year worldwide from 2010 to 2014, which represents 56 million abortions every single year, either 25 percent of pregnancies [3,7]. Induced abortions can be classified on basis of many criteria, such as the law and the safety.

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2 Abortion legislation

Regarding the law, two types of abortions can be pointed out: legal abortion and illegal abortion. Whenever the law is permissive toward the abortion, it is said legal, otherwise abortion is said clandestine [3]. The extent to which abortions are permitted depends on countries, and in the same country, on circumstances, ranging from not allowing abortion at all, to allowing abortion on request [8].

Just for the reason of simplifying the text and enhancing the best understanding, in this paper, the classification takes into account only both extremities. Therefore, legal abortion refers to countries that allow abortions on request (which is the ideal and the purpose pursued) or for economic and social reasons (which is a big step towards the reform) and illegal abortion to countries whose laws highly restrict abortion ground or permit it only on medical ground. It has been noted that 70% of developed countries authorize abortion on the pregnant woman's request, while only 20% of developing countries do [9,10].

Estimations from a study stressed that every year, 5 million women look for healthcare to hospital from complications due to unsafe abortions in developing countries (regions where laws are overwhelmingly restrictive at 93%) [1]. Authors have then supported that that restricting legal abortion grounds entails unwanted births and illegal, unsafe abortion, since almost all morbidity and deaths due to unsafe abortion happen in restrictive-law countries [11]. Therefore, instead of criminalizing abortions, those countries would better liberalize abortions ground so as to prevent women from using inappropriate environment by providing them with sanitary facilities and skilled medical staff.

Abortion safety

Regarding the extent of safety, abortions can be divided into two types: safe abortions and unsafe abortions. The WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. This definition leads to three types of abortions in terms of safety: (1) safe abortions: those meeting both criteria, (2) less-safe abortions: those meeting only one criterion, and (3) least safe abortions: those not meeting both criteria [1]. Unsafe abortions, as pointed out throughout this paper, include less safe and least safe abortions. Based on this classification, it has been found that of all abortions, an estimated 55% are safe; 31% are less safe; and 14% are least safe (whether 45% of unsafe abortions) [10]. Scholars noted the more restrictive the abortion grounds, the higher the rate of least safe abortion. Allowed in developed countries, abortions are safe at 88%, while they are nearly all unsafe at 75% in subregions where they are prohibited [3].

Since 97% of developed countries have liberalized abortion on women's request, and the fact that 88% abortions are safe in those regions, it is obvious that there is link between abortion legalization and abortion safety. The evidence proves clearly that restrictive grounds are highly associated with a higher incidence of unsafe abortion and its health consequences, and abortions in this context of prohibition contribute substantially to maternal morbidity and death worldwide [12].

Abortion motivations

The reason why a woman seek abortion services determines her resoluteness to achieve her goal whatever it may cost her in terms of unsafety and/or judicial sanctions. Most of the time, pregnancies are intentionally terminated because they

are unintended. According to Clarke and Mühlrad, unwanted pregnancies drive to around 46 million pregnancies intentionally terminated each year worldwide, and 25 million pregnant women sought unsafe abortions in 2014, because they were unready for parenthood and resolute to abort, no matter circumstances [13]. The WHO underlines that, "It is a notorious fact that a woman resolved to have an abortion will not be diverted from her objective, in spite of its illegality" [8].

So, the reasons for which a pregnancy is unwelcomed are the main factors that will lead to its intentional termination. Bankole, Singh and Hass reported as most commonly reasons of abortion: (a) To postpone, or stop childbearing ; (b) Socioeconomic concerns : (1) Disruption of education or employment, (2) Lack of support from the father, (3) Desire to provide schooling for existing children, (4) Poverty : unemployment or inability to afford additional children ; (c) Relationship problems with the husband or partner ; (d) Women's perception that she is too young [14].

In general, to ends of resuming, there is not just one reason motivating an abortion, but a combination of many reasons, which explains women's resoluteness to abort. When abortion is legal, there is no problem because they have access to safe abortion. But when it is not the case, two scenarios are possible. First, they can decide to violate the law and seek clandestine, thus unsafe abortion, with all their consequences (the most common and frequent scenario). Secondly, they can comply the legislation while in stressful state, which can affect their mental health and thus their complete health state. So, in this case, it is the country that is violating these women's health and human rights. In both scenarios, women are the ones that undergo heavy consequences. Up to governments to understand women's motivation and determination toward aborting in order to extend abortions ground, which grants them access to safe abortion, saves their lives and respects their core human right to make their own decision about when and how many children to have. Because after all, it is governments accountability to watch over their citizens' well-being and to make good decisions to protect them. Berer stressed that, "If it were up to me, all criminal sanctions against abortion would be revoked, making abortion available at the request of the only person who counts—the one who is pregnant" [16].

Methods

The present literature search aimed at finding relevant published works in relation with abortions in terms of legislations, consequences related to restriction and benefits related to legalization. Many powerful literature search engines have been used as tools to reach targeted papers, among which PubMed, Google Scholar, EMBase and Google. This broad range of tools helped avoid as much as possible the publication bias. Such search strings/keywords as (abortions OR aborting) AND (legislations OR laws); (clandestine abortions OR illegal abortions OR illicit abortions OR abortions restriction) AND (consequences OR complications); (legal abortions OR abortions legalization OR abortions liberalization) AND (benefits OR advantages); enabled the literature search to focus on targeted works by whittling down hundreds, if not thousands, of published studies not relevant regarding our purpose.

Were included, studies, published in peer-reviewed journal or led by experts in the field, that provided original data on abortions either in developing regions, or in developed regions, or both. This literature review was made within January and March 2020.

Inclusion criteria: (1) abortion-related articles, (2) original data-providing articles, (3) peer-reviewed articles or experts' reports, (4) articles published within the 15 last years.

Exclusion criteria: were excluded, all articles that did not meet the inclusion criteria. The redaction language was not a barrier to studies inclusion. Collected data were recorded thanks to MS Excel for the systematic review considerations.

Results

Fifteen publications on abortions have been retrieved from search engines, among which 4 have been selected in line with the established eligibility criteria. Due to the variability of abortion laws from a country to another and the dynamism of abortion occurrence from a year to another, these 4 retained works report different rates varying on place and time basis.

WHO report

After working on unsafe abortions in 2008 at global and regional levels, the WHO reported that 19.7 million unsafe abortions occurred worldwide in 2003, among which 0.5 million in developed regions and 19,2 million in developing regions, compared to 21.6 million in 2008, with 0.4 million in developed regions and 21.1 million in developing regions. They add that there were 47,000 maternal deaths due to unsafe abortions globally in 2008, with 90 cases in developed regions, versus 46,930 in developing regions. Up to 69% of developed countries allowed abortions on request, versus only 15% of developing countries [1].

Shahbazi et al. study

From their qualitative study on illegal abortions in Iran in 2009, Shahbazi et al. identified four themes as illegal abortion consequences: physical, psychological, socio-political and judicial [4].

Sedgh et al. study

Sedgh et al. worked on abortion incidence between 1990 and 2014 using data from 1096 country-years and estimated that 56.3 million abortions occurred worldwide in 2010-14, from 50.4 million in 1990-94, whether an increase of 5.9 million. In developed regions, 27 millions of abortions took place in 2010-14, from 46 million in 1990-94, whether a decrease of 19 million. Contrarywise in developing regions, 37 million occurred in 2010-14, from 39 million in 1990-94, whether a decrease of just 2 million [7].

UN report

The United Nations found by 2013 that 71% of developed countries authorize abortions on request, versus 16% of less developed and 4% of least-developed countries [9].

Discussion

1. Consequences of abortions restriction

As above-mentioned, there is a link between abortion restriction and unsafe abortion. Aborting being criminal, pregnant women, motivated and resolute to abort because bearing unintended pregnancies, end up soliciting clandestine and outlying facilities where, unfortunately, conditions are under minimal medical standards and/or where providers are less trained and less qualified. Therefore, illegal abortion, performed in such unhygienic conditions, is unsafe and may encompass many untoward consequences, untoward but avoidable. Barriers to legal abortion make women seek illegal process or hesitate to look for healthcare when they urgently needed because of complications from unsafe processes [1]. These consequences can be ranged as follows:

1.1. Sanitary consequences

Complications and deaths resulting from unsafe abortion keep on afflicting plenty women's lives, overwhelmingly in developing regions [1]. Shahbazi et al. identified two medical complications: (1) Physical complications: bleeding (anemia and fall in blood pressure), sepsis (fever, septic shock) and genital trauma (perforation leading to colostomy) and death (in extreme cases), and (2) Psychological complications: mental trauma (feelings of guiltiness about an unethical and unlawful action) [4]. Around 20-50% of all women performing illicit abortions end up being hospitalized, where severe complications from unsafe abortion lead to 367 deaths per 100,000 cases. This can be compared to the risk of death after safe abortion which is 0.7 deaths per 100,000 procedures in United States [4,13,17].

1.2. Economic consequences

Unsafe abortion complications have also an impact on the national economy, while they occur overwhelmingly in resources-limited countries. The treatment of abortion complications in hospital consumes a significant share of resources, including hospital beds, blood supply, medications, and often operating theatres, anesthesia and medical specialists. A study found that the cost of management of abortion in legal grounds is lower than in the restrictive grounds. They estimated \$45 the cost of illegal abortion care, compared to \$25 in permissive settings [1].

1.3. Psychosocial consequences

Abortion decision appears much stressful in restrictive grounds, due to law punishment or social stigmatization [3]. It is a given that many countries have not coped with the abortion legalization issue because of religious and moral obstacles, not due to health reasons [8]. Hence, going against these social and religious norms is a source of much psychological pressure and stress that affect the mental and social health (referring to the WHO's health definition). Some can even end up falling in depression or marriage avoidance because of stigmatization in the community [4].

1.4. Demographic consequences

Although contraception methods are more effective, unwanted pregnancy keeps on being a problem in some societies [4]. Unintended pregnancies, in developed and developing regions, are estimated respectively 45 and 65 per 1,000 women aged 15-44, within 2010-2014 [10]. Developing countries, where demographic growth is not under control, are ones that have a big amount of unintended pregnancies, along with highly restrictive legislations. A country, for example, that decided to implement more restrictive legislation than before regarding abortion ground showed, one year later, a remarkable increase of the birth rate [8]. Restricting abortions leads then to uncontrolled demographic growth, along with all its consequences on the country.

1.5. Statistical consequences

As anywhere worldwide and in medical discipline, estimations with regard to abortion incidence are necessary so as to point out this practice reality and to make corrective decisions, like reforms for instance [18]. Unfortunately, illegal abortions, since occurring in secrecy, are really underestimated [19]. Therefore, true values about abortions rates in such regions are quarterly impossible to collect, they are just estimations, calculated from the number of women who consult for post abortion care in restricting areas [20]. So, they can be lower than the reality and thus lead to underestimating the extent of this public health concern. The cases of incomplete abortion, post abortion sepsis, hemorrhage and genital trauma that reach hospital, and the abortion deaths, are the visible consequences of illegal and unsafe abortion. But for every identified hospital case, we can number plenty other women

who have had an unsafe abortion, whereas decided not to look for post abortion healthcare, either because they do not have enough concerning complications or because they fear stigmatization, ill-treatment or law punishment [1]. Consequently, cases that reach hospitals are just the tip of the iceberg.

Overall, these consequences have a real impact on women's lives and their countries. That is why, to prevent them, governments decided to implement highly restrictive legislations. Since this legal restriction does nothing but fostering illegal abortions and increasing same complications accordingly, it is time for developing countries' law makers to recognize, as many authors are supporting, that granting access to abortion on request is the only effective option to be implemented so as to defeat illegal abortion and its untoward consequences, as did 97% of developed countries. The WHO has even supported that fighting clandestine abortions is the main argument of countries that decide to make their abortive laws more permissive [8].

2 Benefits of legalizing abortions

Legal abortion is a safe procedure, since it occurs in hygienic and sanitary environment where trained and qualified providers perform it in facilities meeting at least the minimal medical standards. This safety in aborting procedure is gained thanks to legal framework which encompasses many benefits for the woman aborting but moreover for the country [16].

2.1. Sanitary benefits

Legal abortion is one of the safest medical procedures for women and is twice as safe as natural delivery [4]. From 1994 to 1998-2001, maternal deaths related to abortions declined by 91% thanks to law reform [12].

When induced abortion is performed by qualified persons using correct techniques and in sanitary conditions, it is a safe surgical procedure. The death rate from induced abortion is assessed at 0.6 per 100,000 abortion procedures in United States, making it safer than a penicillin injection. Whereas, in developing countries, the risk of death following unsafe abortion may be several hundred times higher due to legal restrictions [1]. Where there are few restrictions on accessing safe abortion, related morbidity and mortality are dramatically reduced [21,22].

2.2. Economic benefits

Authors stressed that abortions legalization enables to reduce the heavy financial burden due to providing women with post abortion healthcare that poor countries' health budgets have to cope with [10]. And as aforementioned, the annual cost to providing post abortion care in all developing regions rises at around \$232 million. If all abortions, nevertheless, were safely provided, this cost would drop more to nearly \$20 million. At the country level, the average cost per patient for post abortion care is around \$93 in Rwanda, \$131 in Uganda and \$429 in Colombia [10]. In providing safe and legal abortion, these developing countries can save much and realize a huge benefit since they are resources-limited countries.

2.3. Judicial benefits

Deciding when and how many children to have is a fundamental human right, the benefits of which reverberate at every level. In Europe, for example, Guillaume and Rossier argued that only two European countries, Malta and Andorra, still do not give women the right to decide to end a pregnancy in the first weeks [3]. The rest of countries give women access to safe abortion for two main reasons, to avoid complications due to unsafe and illegal abortions and to

respect their health and human rights. When it is so made, on one hand the country respects women's health right, and on the other hand, women can abort in sanitary conditions, without fearing to be wedged.

2.4. Demographic benefits

Abortion has always been used most of the time as a tool to regulate births. It then played a remarkable role in the control of rapid demographic growth in certain Asian countries [3]. Abortion became the primary mode of birth control in Japan after legalization. The main form of fertility control was and remains abortion [16]. Estimates highlight that fertility declined by approximately 5-6% in the years that followed the reform in Mexico DF [13]. Legalizing abortion is then regarded as one of means necessary to control demographic growth and optimize its advantages.

2.5. Psychosocial benefits

When it is legal, aborting leads to lower mental pressure than in illegal ground. More, when the community gets used to legal voluntary abortion and understands its motivations, the aborting woman is fewer subject to stigmatization, which affects less her mental health. Therefore, legalizing abortion allows to prevent its effect on women's mental well-being.

2.6. Statistical benefits

In a legal ground, abortions are performed in formal facilities and regularly reported, allowing public health professional and country's decision makers to deal with true and real numbers, instead of estimating from a biased basis.

Conclusion

Illegal abortions are highly performed in developing countries, where abortion laws are overwhelmingly restrictive. These unsafe practices go along with a large amount of consequences that affect as well woman's personal health as all the country. These attitudes demonstrated that restrictive measures on abortive practices have thus far failed and have been regarded as the main cause fostering clandestine and unsafe abortions. Conversely, the liberalization of abortions on request in an overwhelming majority of developed countries has proved that legalization is an effective way to make abortion both legal and safe. Throughout this work, evidences have been pointed out to move law makers' look from restrictive attitude to expansive one so as to trigger law reforms, liberalize abortion on women's request, make abortion safe and legal, respect health and human right, minimize complications due to unsafe procedures and save women's lives. Otherwise, those countries, because of keeping on restricting abortion grounds and pushing women to such a risk, must be held accountable of maternal morbidity and mortality due to unsafe abortive procedure and of no respect of their legal commitment to protect women's rights and health.

Study limitations and further researches

The weakness of this study relates to the fact that we have compared results from studies conducted by different researchers, in different locations, and at different periods of time, which may be the source of results differentiation. Furthermore, one of difficulties encountered during this literature review is the lack of original researches. We recommend thus that further original researches be realized in both developed and developing regions at the same period of time, using the same tools of assessment.

Disclosure

Authors have no potential conflicts of interest to disclose.

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