



## Children, Youth and Unsafe Abortion

Adolescent women face a high risk of unintended pregnancies and unsafe abortions<sup>1</sup>, with devastating consequences for their lives and health. Worldwide, every minute, nearly 40 desperate women undergo an unsafe abortion; at least one-fourth of these women are girls aged 15-19. Children too are affected by unsafe abortion: when a mother dies, her family suffers, and her children's risk of dying also increases.

### Maternal Mortality Due to Unsafe Abortion

- Each year, there are an estimated 40-50 million abortions worldwide, 20 million of which are considered unsafe. A conservative estimate of the total number of abortions among adolescents in developing countries ranges from 2 million to 4.4 million annually.
- 95 percent of all unsafe abortions take place in developing countries.
- Every year, over 70,000 women die and millions more suffer injuries as a result of unsafe abortion.
- On average, 13 percent of all maternal deaths are due to unsafe abortion; in some countries this number is as high as 60 percent.
- Because of lack of knowledge and skill in using contraception, adolescents are more likely than adults to experience unintended pregnancies during their first year of contraceptive use.
- Adolescents are more likely than adults to delay an abortion, resort to unskilled persons to perform it, to use dangerous methods and to delay seeking care when complications arise. Adolescents are also more likely to experience complications, such as hemorrhage, septicemia, internal organ damage, tetanus, sterility, and even death.
- Adolescents make up a large proportion of patients hospitalized for complications of unsafe abortions. For example, in Malawi, Uganda and Zambia, adolescent women represent one-fourth to one-third of patients suffering from complications, and in Kenya and Nigeria, more than half of women with the most severe complications are adolescents.

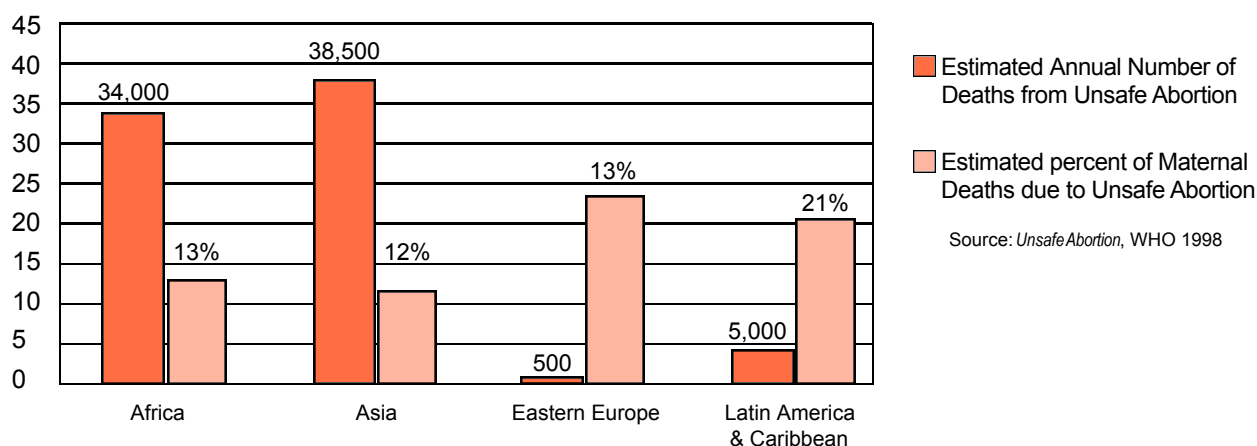
### Facts About Unsafe Abortion

- In many developing countries, hospital records suggest that between 38-68 percent of women treated for complications of abortion are below 20 years of age.
- In Latin America, 21 percent of maternal deaths are due to unsafe abortion.
- Nearly half all deaths from unsafe abortions—38,500 per year—occur in Asia.

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<sup>1</sup> The World Health Organization defines unsafe abortion as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both. WHO acknowledges that data on unsafe abortion are scarce and subject to substantial error due to methodological constraints inherent in abortion-related research.

## Maternal mortality due to unsafe abortion



### KEY ACTIONS

#### *Governments and civil society must:*

- Help adolescents prevent unwanted pregnancy by making available information and education, counseling, and contraceptive services and commodities—including emergency contraception—that are appropriate to their needs.
- In circumstances where abortion is not against the law, ensure that such abortion is safe and accessible by training and equipping health service providers.
- Train and equip health-service providers to manage the complications of unsafe abortions and to provide services that are “adolescent-friendly.”
- Enact and strengthen laws and establish policies to protect health care providers who care for adolescents.
- Review laws containing punitive measures against women who have undergone illegal abortions, as well as health professionals who provide them, and develop a legal framework that includes the particular needs of adolescents.

### Sources:

- A.A. Olukoya, A. Kaya, B.J. Ferguson, C. AbouZahr. Unsafe abortion in Adolescents. Unpublished paper. Geneva: Department of Child and Adolescent Health and Development, World Health Organization, April 2000.
- Population Reference Bureau. *The World's Youth 2000*, PRB 2000
- United Nations. Program of Action of the International Conference on Population and Development, Cairo 1994
- United Nations. Platform for Action of the Fourth World Conference on Women, Beijing 1995
- United Nations. Key Actions for Further Implementation of the Program of Action of the International Conference on Population and Development. New York 1999
- United Nations. The Convention on the Elimination of All Forms of Discrimination Against Women; adopted 1979
- United Nations Population Fund. *The State of World Population 2000*. UNFPA 2000
- World Health Organization. *Adolescence: The critical phase*. WHO 1997
- World Health Organization. *Unsafe Abortion: global and regional estimates of incidence of and mortality due to unsafe abortion with a listing of available data*, Third edition. WHO 1998

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## International Commitments

### *International Conference on Population and Development (ICPD), Cairo 1994 Programme of Action*

**Paragraph 8.25 (also ICPD Plus Five, Paragraph 63(i))** “In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations 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 and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. 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. Postabortion counseling, education and family planning services should be offered promptly which will also help to avoid repeat abortions.”

### *ICPD Plus Five, 1999*

**Paragraph 63(iii)** “In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women’s health.”

### *Fourth World Conference on Women, Beijing 1995, Platform for Action*

**Paragraph 106** “Governments, in collaboration with non-governmental organizations and employers’ and workers’ organizations and with the support of international institutions [should]:

- j. Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development;
- k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development . . . consider reviewing laws containing punitive measures against women who have undergone illegal abortions.”

### *Convention on the Elimination of All Forms of Discrimination Against Women, Article 12*

1. “State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health-care services, including those related to family planning. (...)
2. Notwithstanding the provisions of Paragraph 1 of this article, State Parties shall ensure to women appropriate services in connection with pregnancy, confinement, and post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”

### *CEDAW General Recommendation No. 24 on Article 12 (Women and Health)*

**Paragraph 29** “State parties should implement a comprehensive national strategy to promote women’s health through their lifespan. This will include interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women, and will ensure universal access for all women to a full range of high-quality and affordable health care, including sexual and reproductive health services.”

**Paragraph 31** “State parties should also, in particular: (b) Ensure the removal of all barriers to women’s access to health services, education and information, including in the area of sexual and reproductive health ...; (c) Prioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance. When possible, legislation criminalizing abortion should be amended, in order to withdraw punitive measures imposed on women who undergo abortion; (e) Require all health services to be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice.”