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Induced abortions: ignorance or denial of a tragedy?

Aborto inducido: ¿ignorancia o negación de una tragedia?

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Induced abortion is a widespread practice in all countries. The termination of pregnancy is carried out in rural and in urban environments, in different social and ethnic groups, in different generations and age groups, using methods that vary depending on social, economic and cultural factors. The reasons for terminating an unwanted pregnancy also differ, reasons that demonstrate both the heterogeneous scenarios women who abort have to face and their shared profiles.

The illegality of induced abortion, a situation that prevails in most Latin American countries, has raised substantial religious, secular, medical, legal and political debates. As Guillaume and Lerner (1) point out, the consequences of restrictive legislation constitute a discriminatory practice and social injustice that favor a clandestine market and violate women's human rights, especially the rights of those in the poorest classes. The Cairo and Beijing conferences highlighted that health care as well as sexual and reproductive rights are essential to human rights and acknowledged the importance of facing the issue of unsafe abortion as the main cause of death among a large number of women. Twenty years after these conferences, it should be noted that the Millennium Development Goals have made only a tangential reference to reproductive rights, as "improving maternal health" through reducing maternal mortality, increasing the number of births carried out with specialized attendants and increasing the use of contraceptive methods. There are no indicators of rights, a step backwards from the agreements signed in Cairo and Beijing.

In Argentina, although maternal mortality has decreased by 30% in the last 30 years, the rate has remained at levels close to 50 deaths every 100,000 live births since 1990 (2-5). The main cause of maternal mortality is induced abortion, which is one of the most frequent causes of medical admission into intensive care.

Induced abortion is punishable by law in Argentina, except in the case of rape or if the woman's life is in danger. Despite these exceptions, there is no guarantee of access to safe abortion. Physicians of different areas of reproductive health care warn of the fear this issue has provoked in their colleagues; the penal code does not require judicial authorization to perform abortion when the abortion is related to the aforementioned causes, but physicians often ask for such authorization and most of them will not perform abortion without it (6). In

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addition, there are requirements that hinder women's access to safe abortion, even when an immediate medical response is needed, and such unfavorable attitudes increase the gravity of the procedure's consequences.

It is in the moral and ideological aspects of abortion that professionals express a broad range of views (1): most agree with the use of modern contraceptive methods, but this agreement decreases when it comes to abortion, even in extreme situations such as saving the woman's life or protecting her physical and mental health. Providing or failing to provide these services, even in cases authorized by law, will largely depend on the personal opinion of health care professionals or of the authorities of the institutions for which they work, therefore criteria may be strongly influenced by people with highly religious or conservative ideologies.

A survey conducted among intensive care providers regarding abortion revealed that 89% of respondents supported decriminalization in cases of rape; 77% if the woman's mental health were at risk; 48% in the case of unplanned pregnancy; 42% due to economic reasons and 81% if the abortion were performed in the first 12 weeks of pregnancy (7). With similar results, a public opinion poll conducted in the general population stated that over 80% of interviewees agreed with the termination of pregnancy if it were the result of a rape, if the intrauterine development of the fetus were incompatible with life due to abnormalities, or if the woman's life were in danger – causes that have consistently been the most important over the years (8,9).

The findings mentioned above indicate that despite the fact that rape and risk to the woman's life are sufficient reasons to justify abortion, economic problems or contraceptive failure are classified as inadequate justifications. If there are economic problems, "someone will provide," albeit the State, foster parents, or life itself. If the contraceptive method failed, an even more judgmental position is noted: the option is to "take responsibility."

In order to estimate the magnitude of abortion in Argentina, Pantelides and Mario (10) used statistics of hospital discharges due to abortion complications (11) and the residual method (12,13). They concluded that, using hospital discharge statistics, the figure was about 460,000 abortions annually in 2000, whereas the figures based on the residual method in the same year were between 486,000 and 522,000, depending on whether the mean or median breastfeeding period was used. The estimates are valid for women residing in districts of 5,000 or more inhabitants in Argentina in 2004 (84% of the total population of the country).

The weaknesses of the hospital discharges method lie in the poor quality of the records due to the penalization imposed on women and physicians for practicing abortion, which makes it difficult to distinguish between spontaneous and induced abortion. The weaknesses of the residual estimation method (14) – which relates observed fecundity to potential fecundity, the prevalence of unions, the use of contraceptive methods, abortion, and postpartum infertility – lie in the lack of knowledge regarding the effectiveness in Argentine women's use of contraceptives, an unknown piece of data that must be replaced by statistics obtained from another context.

With respect to the methods used to terminate pregnancy, Zamberlin (15) studies the access to abortion with misoprostol in the City of Buenos Aires and concludes that the medicine is available in pharmacies close to public hospitals. The use of this self-induced practice has many advantages – it is much safer, it avoids stigmatization and does not depend on third parties – as well as some risks, like the indiscriminate use of the medication.

At present, many national bills related to abortion are under discussion. These proposals range from the authorization of abortion upon the free request of a woman before the 12th week of pregnancy to an amplification of the causes that allow for abortion practice, such as fetal incompatibility with life or the existence of a risk to the physical or mental health of the woman.

These reflections are based on the verification of a high and persistent level of maternal mortality in Argentina, and its main cause of death, induced abortion, which has remained stable over the years. It should be stated that there is a difference between the treatment of

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unsafe abortion and reproductive rights related to contraception. The latter, although with much to be improved, has seen significant progress in the last years through laws and policies that facilitate the access of the low-income female population to reversible contraceptive methods. In contrast, things have been different with respect to abortion; even in cases where abortion is legally permitted, the medical and legal system find subterfuges to delay interventions to the point that the termination of the pregnancy becomes almost inapplicable, mainly among society's most vulnerable women, those who are the poorest.

Women's movements and other civil society groups have united in the name of sexual and reproductive rights in order to fight to reduce inequities in the access to safe abortion. In response to those demands, greater commitment can be seen in professionals and decision-makers within the health sector. However, conservative political groups in agreement with the official position of the Catholic Church regarding the defense of life in any situation still persist. Few are the politicians who dare risk confronting the Catholic hierarchy. Meanwhile, poor women continue dying due to clandestine and unsafe abortion. In the youngest women, pregnancy and abortion can be traumatic events and a main cause of maternal morbidity and mortality, especially in situations of sexual abuse.

A few words from Jo Asvall, Regional Director of the World Health Organization in Europe between 1985 and 2000, as cited by David (16), serve as a conclusion: Asvall defined abortion as "desperate women, concerned health professionals and scared politicians."

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