



IFMSA

International Federation of
Medical Students' Associations

IFMSA Policy Document Ensuring Access to Safe Abortion

Proposed by Team of Officials

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Policy Commission

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Policy Statement

Introduction

The Universal Declaration of Human Rights describes health as a core human right, and that an intrinsic principle of health is autonomy. Reproductive health is an important aspect of health and wellbeing. It is a woman's human right to have full autonomy over decisions relating to when and how many children to have. It is our collective priority to ensure that there will be safe avenues for her to enact this choice. The IFMSA recognizes access to safe and legal abortion as an essential part of reproductive healthcare that empowers women to enact their universal right to health and wellbeing. Effective access to sexual and reproductive health care helps to reduce millions of unintended pregnancies and ensures access to safe abortion.

IFMSA position

The International Federation of Medical Students' Association (IFMSA), holds gender equity to be one of its primary pillars. IFMSA is committed to supporting the equal opportunity for all people, regardless of gender, to achieve their full professional and personal potential. Therefore, the IFMSA has adopted the position that the decision to take pregnancy to full term, or not, belongs firstly and unquestionably to the woman, in consultation with her treating physician.

The IFMSA recognizes that there is a wide range of ethical and religious beliefs regarding abortion around the world. Nevertheless, the IFMSA strongly believes in an evidence-based conduct and promotes safe abortion on public health, human rights and economic grounds. The IFMSA is emphatic in its belief that the decision to terminate a pregnancy is a personal matter for individual decision and medical advice.

Call to action

Therefore, IFMSA calls for:

1. Medical Students and National Member Organizations to:
 - a. Reaffirm their commitment and belief that all women should have full access and autonomy over the range of their reproductive and sexual rights, including safe abortion services. These services should be affordable, legal and free of stigma and discrimination.
 - b. Take a leadership role in their communities to prevent restrictions imposed on reproductive health.
 - c. Advocate for and work towards full access and autonomy for reproductive health rights, including abortion services, for members of their community.
 - d. Create and carry out activities that promote awareness, use and availability of contraceptives (including emergency contraception) in order to reduce the rates of unintended pregnancy.
 - e. Create and carry out activities that provide clear, evidence-based and unbiased information regarding all issue surrounding abortion in order to reduce the stigma that accompanies it.
2. Medical Schools to:
 - a. Implement in the medical curriculum evidence-based training on women's reproductive health and rights, acknowledging their autonomy in sexual and reproductive health issues.
 - b. Implement in the medical curriculum and provide thorough training and evidence-based, unbiased information regarding all issues surrounding contraception, family planning and abortion services with a stigma-free approach.



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3. Health Workers to:
 - a. Respect, protect and fulfil women's human rights, including the autonomy to make reproductive decisions.
 - b. Acknowledge abortion as a highly safe procedure when performed by persons with the necessary skills and in an environment that conforms to minimal medical standards.
 - c. Provide appropriate medical advice, including pre and post-abortion care.
 - d. Advocate for the reduction of stigma associated with abortion amongst the health community, promoting an environment where providers are able to practice without fear of discrimination and prosecution
 - e. Practice in a health-focused and evidence-based manner in an environment that conforms to minimal medical standards
 - f. Ensure that in the incidence where a health-worker has the legal right to conscientious objection and chooses to exercise this, a referral is made to another safe, available and accessible service provider who does not conscientiously object.
 - g. Engage in the research and development of newer, safer and more effective contraceptive and abortion methods

4. Governments to:
 - a. Legislate in a health-focused, evidence-based manner and recognize access to safe abortion as a core reproductive right to its citizens.
 - b. Stand against and work to repeal laws that criminalize abortion and remove barriers on women's and girls' access to safe abortion services.
 - c. Release all women and girls and health-care professionals who are incarcerated as a result of punitive abortion laws.
 - d. Make safe, legal abortion universally available, accessible and affordable for all women and girls in order to minimize unsafe abortions, together with its consequences.
 - e. Ensure that in places where conscientious objection is legal and abortion service provision may be affected by this, alternative providers are freely available and easily accessible to all.
 - f. Actively regulate abortion, as with any other medical service under its health-care legislation and ensure the provision of skilled antenatal care.
 - g. Invest in effective preventive measures including comprehensive sexuality education, elimination of gender discrimination and sexual violence, and full access to family planning services and to all modern contraceptive methods in order to reduce the number of unintended pregnancies.
 - h. Improve data collection and review of available abortion provider facilities, number and nature of abortions provided and associated complications - as well as their causes- in order to reduce maternal mortality and improve the provision of safe abortion.

5. Governments, NGOs and international agencies to
 - a. Implement an evidence-based and health-focused approach to reproductive health and rights while acknowledging the autonomy of women regarding reproductive decisions without contributing to current stigmatization.
 - b. Promote the de-stigmatization of abortion and recognize the health consequences associated with stigma and the long term contribution to the mental health burden.
 - c. Improve the information communities receive about the harmful effects of unsafe abortion, through a steady collaboration with religious and community leaders.



Position Paper

Introduction

The Universal Declaration of Human Rights describes health as a core human right, and that an intrinsic principle of health is autonomy. Reproductive health is an important aspect of health and wellbeing. It is a woman's human right to have full autonomy over decisions relating to when and how many children to have. It is our collective priority to ensure that there will be safe avenues for her to enact this choice. The IFMSA recognizes access to safe and legal abortion as an essential part of reproductive healthcare that empowers women to enact their universal right to health and wellbeing. Effective access to sexual and reproductive health care helps to reduce millions of unintended pregnancies and ensures access to safe abortion.

Background

1. Access to Safe Abortion as a human right

Today, everyone around the world still faces challenges with ensuring their reproductive rights. Access to safe abortion is recognized as a fundamental human right and important public health priority by several leaders in global health, including the World Health Organization [1], the International Federation of Gynecologists and Obstetricians (FIGO) [2] and Marie Stopes International [3].

Furthermore, advancing reproductive health and rights, including the access to safe and legal abortion, is a priority in accordance to the Sustainable Development Goals for 2030. Specifically, the achievement of the following goals strongly relate to the provision of safe and legal abortion [4,5]:

- Target 3.1: Reduce the global maternal mortality ratio to less than 70 per 100,000 births (unsafe abortion is a leading cause of maternal death worldwide). [4]
- Target 3.7: Ensure universal access to sexual and reproductive health-care services, including family planning, in order to ensure good health and well-being for women of all ages.
- Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights in order to achieve gender equality and empower women and girls.

2. Abortion and Reproductive Health

In 2012, approximately 213 million pregnancies occurred worldwide. 40% of them (about 85 million) were unintended. Of these, 50% ended in abortion and 13% ended in miscarriage, and 38 % resulted in an unplanned birth with potential negative health, economic, social, and psychological outcomes for both the woman and child [6].

The World Health Organization (WHO) defines unsafe abortion as a "procedure for terminating an unintended pregnancy carried out by either persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both" [1].

Each year, 22 million unsafe abortions are estimated to take place and nearly all of them (98%) occur in developing countries [1]. Unsafe abortion results in the death of an estimated 47,000 women annually, and it is therefore a major contributor to maternal mortality on a global level. Furthermore, there are an additional 5 million women who suffers from complications such as hemorrhage, infection, and trauma to the genital and abdominal organs [1], resulting in severe chronic morbidities.



The provision of safe abortion services is therefore of utmost importance to save women's lives. Besides providing safe and legal induced abortion with appropriate post-abortion care, including timely provision of emergency treatment of complications, these deaths and disabilities can also be prevented by proper sexuality education and access to family planning and effective contraceptives.

3. Adolescents, Young Women and Abortion

Access to safe abortion overlaps with many other social stigmas affecting adolescent girls and young women. Social perceptions and legal barriers prevent them from accessing safe abortion services, and the youth comprise a significant proportion of the deaths due to unsafe abortion. As of today there is no specific incidence of unsafe abortion rates in developing countries, but estimates suggest that 3.2 million adolescent women in developing regions underwent unsafe abortion procedures in the year of 2008 (i.e. 16/1000 women aged 15-19) [7].

Worldwide, there are several gaps in the provision of health services related to abortion care. For example, there is often minimal adolescent post-abortion care included in abortion services, leading to treatment that is neither comprehensive nor addresses the specific needs of unique patient populations. Research has shown that adolescents and young women had second trimester abortions more often than adults and are more commonly practicing self -inducing strategies. These practices can be targeted by healthcare professionals to improve the safety and care of these females. [7]

4. Barriers to safe abortion services

Women with unwanted pregnancies often resort to unsafe procedures when they face barriers to access safe abortion. Barriers to accessing safe abortion include: restrictive laws; poor availability of services; high cost; stigma and discrimination; conscientious objection of health-care providers; unnecessary requirements such as mandatory waiting periods; mandatory counseling; provision of misleading information; third-party authorization; and medically unnecessary tests that delay care [8].

4.1 *Legal Barriers*

In 1994, 179 governments signed the International Conference on Population and Development Programme of Action, signaling their commitment to prevent unsafe abortion [9]. Since this important milestone, legal grounds for abortion have expanded in more than 30 countries in both developing and developed regions. Despite this, three countries added additional restrictions and many developing countries made no changes to their restrictive laws and policies. These policy changes have occurred despite knowledge of an inverse relationship between the number of abortions that are carried out in a nation and the liberality of the laws [10, 11]. Moreover, 6 countries still do not permit abortion under any circumstances: Chile, the Dominican Republic, El Salvador, the Holy See, Malta and Nicaragua [12].

Where abortion is broadly allowed, it is usually carried out safely. On the other hand, countries with restrictive abortion policies have much higher unsafe abortion rates, being more than four times greater in 2011 [12]. Furthermore, decriminalization and regulation of abortions, such as in South Africa, generally lead to lower maternal mortality [13].

4.2 *Limited access to services*

Despite the existence of legal frameworks that permit provision of safe abortion services in many countries, access to these services is limited by several factors. Financial restraints represent a relevant problem, as abortion services are unlikely to be covered by national health insurances or have limited availability in public health services, even in countries with liberal legal frameworks. This results in a disproportionate number of low-income women suffering complications from unsafe abortion when compared to women with higher incomes. Furthermore, there are often unnecessary administrative barriers such as requiring spousal or parental consent, signatures from multiple doctors, waiting periods, and strict non-evidence-based requirements. In addition, access to safe



abortion is impeded by the lack of knowledge of women about the availability and legal conditions of these services and by the lack of trained health-care providers, especially in the public sector. Many other logistical factors such as inadequate supplies of commodities and medications as well as lack of transportation also restrict access to safe abortion services [14].

4.3 Stigma

Stigma is a societal construct meant to punish behaviors outside the societal norm. When it comes to abortion, stigma marks women who seek to terminate their pregnancy as inferior to the ideals of womanhood. The stigma surrounding abortion affects primarily women who have had - or want to have - an abortion, leading some of them to carry their pregnancies to term or to seek clandestine, unsafe or economically disproportionate abortion services. This stigma also affects individuals who work in abortion provision, resulting in health-care professionals being unable to receive training in abortion procedures or, if trained, facing barriers to provide abortions [15].

5. Consequences of Unsafe Abortion

The effects from an unsafe abortion can be seen from various points of view. From a medical perspective, septic shock, hemorrhage, perforations and fistulizations are the most common acute complications due to an unsafe abortion. Chronic complications can also present following the procedure, such as weakness and anemia. There is still ineffective communication about the negative effects of unsafe abortion due to the legal barriers found in many countries. There are also economic consequences of unsafe abortion, including the treatment of complications and their respective hospital costs as well as lost income due to mortality or long-term morbidity following an unsafe abortion. The World Health Organization estimates that in 2005, \$680 million was spent globally to treat major complications from unsafe abortion [16] Finally, social consequences are generally the most evident due to the fact that unsafe abortion materializes stigma and discrimination towards women and enhances gender inequality in a socio-political context [1, 17].

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