



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 Statement

Introduction:

The Universal Declaration of Human Rights describes health as a core human right, and that an intrinsic principle of health is autonomy. Sexual and reproductive health and rights are an important aspect of health and wellbeing. IFMSA collective priority is to uphold, promote and protect every person's human rights, including their right to have full autonomy over decisions relating to whether or when to have children. Effective access to sexual and reproductive health care helps to reduce millions of unintended pregnancies and ensures access to safe abortion. Access to safe and legal abortion is an essential part of reproductive healthcare that empowers women to enact their universal right to health and wellbeing.

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 the pregnancy to full term, or not, belongs firstly and unquestionably to the woman, in consultation with a healthcare professional. 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 evidence-based practice and promotes safe abortion on public health, human rights and economic grounds.

Call to Action:

Therefore, IFMSA calls for:

1. Governments to:

- a. Ensure that all laws and policies related to sexual and reproductive rights are inclusive, health-focused, evidence-based and recognize access to safe abortion as a human right
- b. Release all people who are incarcerated as a result of punitive abortion laws.
- c. Make abortion, including abortion self-care, safe, legal, universally available, accessible and affordable by eliminating all restrictive and criminalizing laws and policies that restrict or criminalize access to minimize the number of unsafe abortions and their damaging health consequences.
- d. Ensure that universal health coverage integrates essential package of comprehensive sexual and reproductive health information and services, including abortion, post-abortion care as well as contraceptive services into national programs.
- e. Ensure that in places where conscientious objection is legal and may affect abortion service provision, alternative providers are freely available and easily accessible to all.
- f. 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.
- g. Improve data collection and analysis regarding all topics related to abortion to design strategies and programs to reduce maternal mortality and morbidity and improve the provision of safe abortion.

2. Governments, NGOs and international agencies to:



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- a. Implement an evidence-based and health-focused approach to reproductive health and rights while acknowledging the autonomy regarding reproductive decisions.
- 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.
- d. Promote and implement evidence-based information and education programs on contraception and abortion, and help to connect individuals and communities with sexual and reproductive health services that are free, accessible, age-responsive, nondiscriminatory, and do not require third-party authorization.

3. Health Workers to:

- a. Respect, protect and fulfil patients' human rights, including the autonomy to make decisions regarding their reproductive health.
- b. Acknowledge abortion as a highly safe procedure when performed or instructed by persons with the necessary skills and in an environment that conforms to minimum medical standards.
- c. Provide appropriate medical care, counselling and post-abortion care and practice in a health-focused and evidence-based manner in an environment that conforms to minimal medical standards.
- d. Advocate for the elimination of stigma associated with abortion amongst the health care community, promoting an environment where providers are able to practice without fear of discrimination, occupational burnout and prosecution.
- e. Ensure that when a health-worker cannot provide abortion care a referral is made to another safe, available and accessible service provider who does not conscientiously object.
- f. Promote or advocate for the development of safest, most effective, appropriate and acceptable reproductive health technologies, including a broad choice of contraceptive and abortion methods.

4. Medical Schools to:

- a. Implement in the medical curriculum evidence-based training on reproductive health and rights for everyone, acknowledging their autonomy in sexual and reproductive health issues.
- b. Ensure high-quality, evidence-based and unbiased training regarding all issues surrounding reproductive health, including contraception, family planning and abortion services in medical education.
- c. Support and encourage medical students and their associations in their work and advocacy around high-quality and evidence-based medical education and services.

5. Medical Students and National Member Organizations to:

- a. Reaffirm their commitment and belief that every person 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 and advocate to ensure the full access to sexual and reproductive health and rights, and to prevent legal and policy barriers to information and services, including contraception and abortion.
- c. Design and implement activities that promote awareness, use and availability of voluntary and modern contraception (including emergency and long acting reversible contraception) in order to reduce the rates of unintended pregnancy.
- d. Create and carry out activities for fellow medical students and the general population to raise awareness about all issues surrounding abortion and reduce the stigma accompanying it using clear, evidence-based and unbiased information.



POSITION PAPER

Background Information

Access to Safe Abortion as a human right

After the second World War, in 1948 The Universal Declaration of Human Rights was created, as a common standard of achievement for everyone [1].

During the International Conference on Population and Development (ICPD) in 1994, a definition of reproductive health was proposed for the first time. Reproductive health was defined as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes”. This definition implies that all people have freedom and autonomy over their individual reproductive decisions [2].

Nevertheless, today people around the world still faces challenges with ensuring and accessing their sexual and reproductive rights. Access to safe abortion is recognized as a fundamental part of human rights and an important public health priority by several leaders in global health, including the World Health Organization [3], the International Federation of Gynecologists and Obstetricians (FIGO) [4] and Marie Stopes International [5].

Abortion and Sustainable Development Goals

Furthermore, advancing reproductive health and rights, including the access to safe and legal abortion, is a priority in accordance with the Sustainable Development Goals for 2030. Specifically, the achievement of the following goals strongly relate to the provision of safe and legal abortion [6,7]:

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). [6, 7]

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. [7]

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. [7]

Abortion and Universal Healthcare Coverage

Universal Healthcare Coverage conveys that all individuals and communities receive the full spectrum of essential quality health services they need, from health promotion to prevention, treatment, rehabilitation, and palliative care [8]; and achieving sexual and reproductive health and rights universal access is considered one of the cornerstones that must be intensely addressed.

The global lack in accessing safe abortion “results in 45% worldwide abortions being unsafe”. Thus, unsafe abortion is a catastrophic public health issue linked to maternal mortality rates up to 13% around the globe. Moreover, the survivors also experience long-term complications, such as infertility [9] Therefore, in order to make Universal Health Coverage (UHC) comprehensive, Sexual and reproductive Health and Rights (SRHR) must be addressed as an integral part of health and well being through inclusion of core SRHR services in essential benefits packages, notably safe abortion and post-abortion care. Many stakeholders exclude or limit the SRHR health services leading to significant accessibility challenges and undermining individuals' ability to exercise autonomy over their sexual and reproductive health [10]



Comprehensive health care services should always involve access to abortion to comply with the achievement of true UHC. Every individual should be empowered should be granted empowerment and autonomy for choices regarding their sexual and reproductive health, including the right to terminate a pregnancy.

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 [11].

The World Health Organization (WHO) defines unsafe abortion as a “procedure for terminating an unintended pregnancy carried out by either person lacking the necessary skills or in an environment that does not conform to minimal medical standards or both” [3].

Each year, 25 million unsafe abortions are estimated to take place and nearly all of them (97%) occur in developing countries [12]. Unsafe abortion results in an estimation of 4.7% - 13.2% of maternal deaths annually [13] and it is, therefore, a major contributor to maternal mortality on a global level. Furthermore, there are an additional 7 million women who suffer from complications such as haemorrhage, infection, and trauma to the genital and abdominal organs [14], 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].

Discussion

Adolescents, Young Women and Abortion

Access to safe abortion overlaps with many other social stigmas affecting pregnant individuals. 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 objectified data incidence of unsafe abortion rates in developing countries, but estimates suggest that 3.2 million adolescents underwent unsafe abortion procedures in the year of 2008 (i.e. 16/1000 women aged 15-19) [15].

There is a clear association between unsafe abortion rates and the abortion criminalization. Regions where most countries criminalize abortion such as Africa, Latin America and the Caribbean, showed extremely high unsafe abortion rates. According to the Guttmacher Institute, the incidence is as follow: “26 unsafe abortions per 1,000 adolescent women in Africa and 25 per 1,000 in Latin America and the Caribbean”.

However, in Asia the rate in 2008 was only 9 per 1,000 adolescents, pertaining to the more liberal abortion laws [15].

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 provided, leading to a treatment that is neither comprehensive nor addressing the specific needs of a unique patient population. 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 women [15]



To sum up, based on the WHO guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries, the following outcomes have been adopted with a strong recommendation as:

- Reduce marriage before the age of 18 years;
- Reduce pregnancy before the age of 20 years;
- Increase the use of contraception by adolescents at risk of unintended pregnancy;
- Reduce coerced sex among adolescents;
- Reduce unsafe abortion among adolescents;
- Increase use of skilled antenatal, childbirth and postnatal care among adolescents [16]

Barriers to safe abortion services

Women with unwanted pregnancies often resort to unsafe procedures when they face barriers to accessing safe abortion. Barriers to safe abortion include restrictive laws, poor availability of services, high costs, stigma and discrimination, conscientious objection of health-care providers, unnecessary requirements such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorization, and medically unnecessary tests that delay care [13].

4.1 Legal Barriers

In 1994, 179 governments signed the International Conference on Population and Development Programme of Action, signalling their commitment to preventing unsafe abortion [2]. Since this important milestone, legal grounds for abortion have expanded in more than 30 countries in both developing and developed regions. Only 5% of women of reproductive age live in countries that prohibit abortion altogether [17].

Countries with restrictive abortion policies report higher rates of unsafe abortion and higher rates of maternal mortality [18]. Furthermore, decriminalization and regulation of abortions such as the South African example lower rates of maternal mortality [19].

Over time, the evidence-based knowledge, technologies and human rights respect and observance for providing safe, comprehensive abortion care have improved considerably. However, based on data from 2010 - 2014, WHO estimates that there are approximately 25 million unsafe abortions annually, the vast majority of them in developing countries. Unsafe abortion causes 4.7% – 13.2% of maternal deaths each year. [13] One of the factors driving unsafe abortion is the lack of safe abortion services, even when legal. Restriction in access to safe abortion services results in both unsafe abortions and unwanted births. Almost all deaths and morbidity from unsafe abortion occur in countries where abortion is severely restricted in law and/or in practice. In countries where induced abortion is legally restricted and/or otherwise unavailable, safe abortion has frequently become the privilege of the rich, while less privileged individuals have little choice but to resort to unsafe providers. This results in a large number of in high rates of morbidity and mortality, resulting in a social and financial burden for public health systems. [3]

4.2 Limited access to services

Despite the existence of legal frameworks allowing 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 resorting to unsafe abortions due to financial reasons and suffering from complications 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 (such



as unnecessary screening tests) [20]. In addition, lack of knowledge regarding available services and legal conditions by pregnant individuals constitutes an additional barrier. Lack of trained health-care providers, especially in the public sector, limits the availability of the services. Many other logistical factors such as inadequate supplies of commodities and medications, lack of transportation and maldistribution of facilities also restrict access to safe abortion services, especially in rural areas [21, 22]. Stigma also limits availability of safe abortion as it affects both, women and health care providers, who may not perform abortions out of fear of discrimination [23]. Lack of confidentiality and privacy may limit help-seeking behaviours [3].

4.3 Stigma

Stigma is a societal construct meant to punish behaviours outside the societal norm. Stigma around abortion impact pregnant individual as society may view them as inferior individuals in comparison to an ideal figure of womanhood. The stigma surrounding abortion affects primarily women who have had - or want to have - an abortion, leading to completing unwanted pregnancies to term or to seeking 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 providing abortions [24].

Types of stigma relating to accessing safe abortion : [25]

Anticipated (or perceived) stigma:

“The fear of how others will react to a certain condition or situation. The fear of being stigmatized” [25]

Experienced stigma:

“The actual experience of being discriminated against or treated negatively by others. This includes rejection by a spouse, family members, friends and peers; physical, verbal or emotional abuse; being devalued as a wife or mother; and being mistreated in the home, community or health-care setting” [25]

“Internalized” or “self-stigma”:

“When a person unconsciously or emotionally absorbs stigmatizing messages or negative stereotypes and comes to belief that they apply to themselves. Self-stigma can result in low self-esteem, social isolation, depression and withdrawal” [25]

“Discrimination”:

“This is enacted stigma. Discrimination occurs when a distinction is made about a person that results in them being treated unfairly or unjustly on the basis of belonging to or being perceived to belong to, a particular group. Stigma destroys a person’s dignity. It marginalizes affected individuals, diminishes their chances of reaching their full potential and seriously hampers their pursuit of happiness” [25]

Intersecting stigma:

“Stigma exists in the context of existing prejudices and inequalities. Groups who are already marginalized in society [...] are likely to face greater stigma and greater consequences of stigma. Stigma is intricately linked to social inequality because it can limit the ability of stigmatized individuals to access important services and institutions” [25].

Consequences of Unsafe Abortion

According to the global incidence, in the years of 2010 - 2014 a number of 25.1 million women had undergone an unsafe abortion annually, making it a continuing significant public health issue. [26]. The World Health Organization classifies unsafe abortion into two categories - less safe and least safe - depending on the methods, medical standards and the skills of the persons performing the abortion. [13]. Severe complications can happen after an unsafe abortions such septic shock,



haemorrhage, perforations and fistulas. In uncontrolled settings, abortion can be incomplete requiring the complete removal of the uterus. Chronic complications such as fatigue and anaemia can result from the procedure. Pain, inflammation and pelvic inflammatory disease can ensue and continue indefinitely, severely compromising women's health. [27] There are also economic consequences of unsafe abortion resulting from the treatment of complications as well as lost income due to mortality or long-term morbidity following unsafe abortions. The World Health Organization estimates that in 2005, \$680 million was spent globally to treat major complications from unsafe abortion [13], with the costs remaining similar in 2006. Social consequences include materializing stigma and discrimination towards women and enhancing gender inequality in a socio-political context. They vary in the context and the environment, reflecting existing conditions of abortion provision, safety and legality. [3,27, 28].

Abortion on Trans men, non-binary people and other individuals with the possibility to gestate

Individuals who were assigned female at birth do not necessarily identify with the same gender. This broad category includes transgender men, gender non-binary people, gender non-conforming individuals and other people with the ability to gestate. Some of these individuals may choose to not affirm their gender, either temporarily or permanently. This might be achieved by avoiding the use of hormone replacement therapy or by choosing not to undergo gender affirmation surgery. Thus, these individuals are capable of becoming pregnant. Such pregnancies might arise through sexual intercourse or through the use of assisted reproductive technologies. These pregnancies might thus be intended or unintended. These individuals face a multitude of barriers to accessing safe abortions. [29] First, health care professionals are largely ignorant of their capability to gestate and of their needs. There is a belief among health care professionals and the general population that these individuals cannot get pregnant as only 'women' are capable of gestation. In a study carried out in 1988, study participants were mislabeled as women and mothers rather than acknowledging their identity as men and fathers and not affirming to their identified gender. [30] Secondly, accessing safe abortion services while already facing stigma and discrimination for their identity faced by members of the community is even more challenging. [31] Legal barriers for these individuals across the world include criminalisation of their identities as well as lack of civil rights (eg. access to free reproductive healthcare due to incorrect gender on their legal documentation). [sidenote the example is unclear and the use of word incorrect can be perceived negatively] Furthermore, some countries apply forced sterilization laws for transgender individuals upon accessing reproductive health services. There is also an unwillingness among some healthcare providers to provide inclusive health care services. The intersections of these barriers result in an unfortunate experience that is exclusive to these individuals when attempting to access safe abortion services. It must be recognized that access to safe abortions is a human right and is universal. Thus, all efforts must be taken to ensure the inclusion of these individuals in safe abortion provision.

Access to Safe Abortion and Gender Equity

Access to safe abortion for all pregnant individuals is a fundamental human right. The right to access safe and legal abortion is grounded in the realization of other core human rights, including the right to high-quality healthcare, gender equality, privacy, self-determination, bodily integrity, and freedom from inhuman or degrading treatment and discrimination, etc. Access to high-quality safe abortion care for all women and adolescent girls is one of the key components for both gender equity and social justice. Enabling individuals to make decisions about their own bodies and lives, including exercising their sexual and reproductive rights, is linked to their improvements in social status, economic opportunity and gender equity. [3]

Safe abortion promotes gender equality and autonomy of individuals by implementing multi-level interventions to change harmful social and gender norms and stereotypes around sexual and reproductive health and by engaging partners, relatives and community members as supportive advocates for sexual and reproductive rights and abortion. [5]



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