

QUESTION: Does the legalisation of abortion decrease the number of illegal abortions?

LITERATURE REVIEW

A common misconception held by many is that liberal abortion laws equate to the eradication of unsafe abortions. While studies have shown a decrease in the number of unsafe abortions in liberal regions, there is evidence that indicates high rates of unsafe abortions in countries where it is legal to abort with or without reason (Singh, Sedgh, Bankole, Hussain & London, 2012). A larger than expected number of women interviewed in South Africa, Nepal and Tunisia spoke up about being denied legal abortion services for a variety of reasons including advanced gestational age, inability to afford the services, lack of staff to perform the procedure and medical contraindications. Some of these women went on to express their intentions to seek out illegal abortion service providers out of desperation (Gerdtts et al., 2015).

When interviewed as part of a study in South Africa, 54% of the women hospitalized with incomplete abortions disclosed that they were unaware of the liberal abortions laws or the legal abortion services available to them. Approximately 17% of these women were aware of the legal services available but were fearful of maltreatment, stigmatization and breach of confidentiality by medical staff. 15% of the participants did not know where to access a legal facility (Jewkes et al., 2005).

RECOMMENDATIONS

Providing accurate and reliable abortion and contraception education (in schools and clinical settings) using relevant methods of teaching allows women and young people to make an informed choice when faced with an unplanned pregnancy. As part of these teachings, women and young adults should be made aware of the abortion laws in their country and where to access legal abortion services.

Health professionals and district health boards should work together to promote public awareness with regards to existing abortion policies and how to access legal abortion services. This can be done in the form of posters, television advertisements, private consultations, and brochures.

A variety of knowledge transfer mechanism will increase the probability of reaching a wider range of people from all walks of life.

INTRODUCTION

In 2013, approximately 60% of the world's population lived in countries with liberal abortion laws. Contrastingly, 26% of the world's population resided in countries with restrictive abortion laws (Reproductive Rights, 2013). The majority of unsafe abortions have been found to be in developing countries, and it is difficult to keep track and account for all illegal abortions because of the often secretive manner in which they are done. (Singh & Maddow-Zimet, 2015).

IMPLICATIONS

Illegal or unsafe abortions have several implications on the woman involved as well as the healthcare system. Influences that have surfaced as a result of incomplete/illegal abortions include post abortion complications, such as septic shock and uterine infection, which cost the healthcare system a significant amount to treat, especially in tertiary level care (Shahbazi, 2012).

CONCLUSION

Lack of access to legal abortion services, stigma, poverty and geographical distance are a few of the barriers that prevent women from accessing safe abortion services despite legal freedom to do so (Sousa, Lozano & Gakidou, 2010; Gerdtts et al., 2015). Legalizing abortion however may not imply that illegal abortion procedures are completely eradicated but a notable decrease in these practices can be achieved. (Singh, Sedgh, Bankole, Hussain & London, 2012).

References

- Gerdtts, C., DePiñeres, T., Hajri, S., Harries, J., Hossain, A., Puri, M., & ... Foster, D. G. (2015). Denial of abortion in legal settings. *Journal Of Family Planning & Reproductive Health Care*, 41(3), 161-163. doi:10.1136/jfprhc-2014-100999
- Jewkes, R. K., Gumedde, T., Westaway, M. S., Dickson, K., Brown, H., & Rees, H. (2005). Why are women still aborting outside designated facilities in metropolitan South Africa?. *BJOG: An International Journal of Obstetrics & Gynaecology*, 112(9), 1236-1242.

Reproductive Rights. (2013). The World's Abortion Laws Map 2013 Update. Retrieved from https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/AbortionMap_Factsheet_2013.pdf

Shahbazi, S. (2012). The consequences of unsafe abortion : a qualitative study. *Journal Of Advanced Nursing*, 68(6), 1247-1255. doi:10.1111/j.1365-2648.2011.05826.x

Singh, S., Sedgh, G., Bankole, A., Hussain, R., & London, S. (2012). Making abortion services accessible in the wake of legal reforms: A framework and six case studies. *Guttmacher Institute*.

Singh, S., & Maddow-Zimet, I. (2015). Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries. *BJOG: An International Journal of Obstetrics & Gynaecology*.

Sousa, A., Lozano, R., & Gakidou, E. (2010). Exploring the determinants of unsafe abortion: improving the evidence base in Mexico. *Health Policy and Planning*, 25(4), 300-310.

SUMMARY

Having been raised in a developing country where abortion was illegal, the topic of abortion was never talked about openly because it was and still is severely frowned upon. The stigmatization and negativity placed on abortion through media and family members led me to wrong ideologies regarding the topic.

Visual aids are a very effective way of presenting and communicating broad and complicated concepts. They are effective in conveying important information to a large and diverse group of people (Garcia-Retamero, Cokely, & Hoffrage, 2015). Visual aids can improve comprehension of health-related information by using a variety of pictures, acronyms, designs, graphs and colour (Garcia-Retamero, Cokely, & Hoffrage, 2015). I chose to use a poster to convey my research to raise public awareness to the reality of abortion and how it affects our society. This poster can be placed in hospital cafeterias, staff rooms, class rooms and in educations facility information walls so that it can reach out to a large and diverse number of people around the country.

PECOT Category	Information Relating to Question	Explanation
Population	Women aged 15 to 44 who have had an abortion illegally.	Women of childbearing age are those at risk of having an abortion and research shows that the age range is between 15 and 44 (Guttmacher Institute, 2016). This will help to develop a clear and more comprehensive picture of the clinical issue.
Exposure	Women who have had an abortion illegally in countries where it is against the law to abort.	In some countries, it is illegal to abort and statistics show a higher incidence of unsafe abortions and post abortion complications in these countries. The most common countries being in Africa and other developing countries (Melese, Habte, Tsimma, Mogobe, Chabaesele, Rankgoane, & Moreri-Ntshabele, 2017).
Comparison	Women who have had an illegal abortion in countries where it is legal to abort.	Although legalisation of abortion has shown a decrease in the number of illegal abortions, there is some evidence that illegal abortion still occurs in countries where abortion is legal (Cohen, 2009). Through research articles and data that have been collected in the last three years, I aim to discover some of the reasons why this is happening.
Outcome	An increased number of illegal abortions in countries where abortion is illegalized.	Illegal abortions are unsafe and can result in long term complications or death for the girl or woman involved. Some of the consequences of unsafe abortion include secondary infertility, anaemia and chronic inflammation of the reproductive tract. These conditions are what end up causing a financial burden on healthcare systems worldwide (Cohen, 2009).
Time	Information and statistics will be compared from data collected in the last 10 years	In order to have a wider overview of the topic, looking at data from the last ten years will be useful especially for comparison purposes.

Note: PECOT table developed from Schneider & Whitehead (2013).

REFERENCES

Garcia-Retamero, R., Cokely, E. T., & Hoffrage, U. (2015). Visual aids improve diagnostic inferences and metacognitive judgment calibration. *Frontiers in psychology*, 6.

Garcia-Retamero, R., & Cokely, E. T. (2013). Communicating health risks with visual aids. *Current Directions in Psychological Science*, 22(5), 392-399.

Schneider, Z., Whitehead., D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence – based practice* (4th ed., pp. 35-56). Sydney, NSW, Australia: Mosby.

Hurley, L. (2013). Inadequate abortion education: Are we failing young people?. *British Journal Of School Nursing*, 8(2), 63-65.