

The economic costs and impact of abortion-related maternal death and ill-health¹

Hilary Standing, Institute of Development Studies, University of Sussex
Summary of the presentation given at EuroNGOs International Conference, 7th September 2009, Riga, Latvia

Unsafe abortion is a powerful proxy for global inequality. WHO estimates that there are almost 20 million episodes of unsafe abortion annually, over 90% of which occur in low-income countries. There are up to 70,000 deaths of women and girls, and many more morbidities. And for every death, an estimated 20 to 30 women suffer permanent damage to the uterus, cervix, fallopian tubes, intestines or bladder. More than five million women require hospital admission for serious abortion-related conditions, with the highest rates in Africa and Latin America. All of these estimates, however, are probably on low side, because it is very hard to research, a subject I will cover later.

Unsafe abortion is a major contributor to maternal deaths in developing countries, for instance, a UNFPA study indicates that in refugee settings, maternal deaths due to unsafe abortions are anywhere from 25% to 50%.

A crucially important point is that, even where services are not restricted, studies show that women seek to end pregnancies that they find intolerable regardless of legal or other restrictions. Access to services is largely shaped by socio-economic inequality. And both where services are legally restricted and where they are available, the better-off are more likely to be able to find and afford safe, or safer, services.

Reasons for resorting to unsafe abortion

Highly restrictive laws and policies, which are particularly prevalent in poor countries, are a major reason given for seeking unsafe abortion. Inadequate and inaccessible contraceptive and safe abortion services are also among the common reasons. Even where safe abortion is available, access to is often restricted by lack of information, shame in coming forward, and reluctance of providers to support or advertise safe services where they exist.

Research has also found that the groups most affected are adolescent girls and women under 25 years of age – particularly in Africa, Latin American and the Caribbean – and in Asia, married women over the age of 30 with existing children who have inadequate access to contraception. Links to girls' difficulties in negotiating non-gender-equal sexual relationships are also a factor. There are also links with gender-based violence and sexually coercive relationships. And incidence is context specific, for example, in Pakistan 40% of seekers of induced abortion are married, there is frequent use of unsafe abortion after spontaneous abortion, and there are high levels of unsafe abortion by qualified medics.

¹ This presentation draws a number of different sources, principally: Michael Vlassoff, Henry Lucas, Jessica Shearer and Damian Walker (2008) 'Economic Impact of Unsafe Abortion-Related Morbidity and Mortality: Evidence and Estimation Challenges', Research Report 59, Institute of Development Studies, University of Sussex; Haris Gazdar (2008) Measuring the Economic Costs of Unsafe Abortion Related Morbidity and Mortality in Pakistan: A Review of Methodology and Approaches. Unpublished Paper; WHO Guide to Identifying the Economic Consequences of Disease and Injury (2009). Department of Health Systems Financing, Health Systems and Services. Geneva, World Health Organization.

Why examine the economic impact/costs of unsafe abortion?

There are three categories of arguments to consider.

- **Impact-based arguments** are based on growing evidence of the impact of ill health at macro and micro levels; economy-level losses of human capital, production, costs of managing health and social consequences; and household shocks in terms of lost livelihoods and welfare.
- **Cost-based arguments** are based on the fact that unsafe abortion is preventable through very cost-effective measures, such as improved access to contraceptive services to pre-empt need and availability of safe abortion services and/or post-abortion services.
- **Strategic arguments** build the case for policy change and for improved implementation, especially where rights-based arguments for safe abortion are less likely to make headway.

Conceptualizing and measuring the economic impact of unsafe abortion-related mortality and morbidity

This is a complex and under-researched issue. It is difficult to determine how to measure impact and cost and at what level (e.g. individual, household, services, or economies?). It is also challenging to determine causality (what causes what?); this is a significant factor in establishing and using evidence effectively. For example, evidence might bring up questions such as 'do poor people have more unsafe abortions? Does unsafe abortion make you poor?'

Another complex issue in terms of measuring impact and cost is 'What should count as a cost? First, there are direct costs and then indirect costs such as transport and work time foregone. Second, research finds that the better off tend to capture the largest share of public services and expenditure is skewed against poor people in many poor countries, so figures on costs to services are often notional (based on what it would cost if the service were accessible) rather than actual in terms of what people do pay.

Finally, what is the comparator or counterfactual for measuring unsafe abortion? What is the timeframe for measuring impact/costs? Abortion carries stigma and is often hidden and underreported, and legal restrictions on abortion make it a 'difficult to research' issue.

Some global and regional cost estimations

The following cost estimations of unsafe abortion globally come from the work of Michael Vlassoff et.al. (see footnote 1). They are subject to the caveats noted above so must be seen as indicative only.

- \$463–\$555 million – health-system costs for post-abortion care (depending on costing approach)
- \$373 million – notional health-system cost of meeting unmet need for post-abortion care
- \$23 million – cost of treating minor complications of unsafe abortion
- \$6 billion – possible cost to treat all post-abortion infertility cases
- \$200 million – out-of-pocket expenses in sub-Saharan Africa for post-abortion care treatment
- \$400 million – out-of-pocket expenses for income lost before, during

- and after treatment
- \$9 million – economic cost, in lower productivity, from mortality due to unsafe abortion
- \$419 million – economic cost, in lost income, from long-term disability due to infertility caused by unsafe abortion
- \$503 million – economic cost, in lost income, from long-term disability due to pelvic inflammatory disease (PID) caused by unsafe abortion.

These figures are substantial, yet they are probably on the low end of estimates. One exception may be the economic costs of women's lost income: there is whole debate about how one measures women's income or women's lost productivity, especially where it comes from non-cash remunerated work.

Unsafe abortion and the economic crisis

While the link between unsafe abortion and economic crisis is compelling, we don't have systematic international evidence of it. However, there is a link that is largely intuitive – for the poorest people, you see an increase in unsafe abortion during economic crises. Some studies, for example, showed that this occurred in Argentina in 2000, and in Timor-Leste in 2009, where there was a lot of anecdotal or case study evidence.

However, it is important to keep in mind that there can be uses and abuses of economic arguments. Just as rights arguments can be appropriated, so can economic arguments. In fact, economic cost arguments are just as prone to ideological appropriation. An internet search on abortion and economic crisis through Google revealed that the top entries were from neo-conservative sources arguing in reasonably respectable academic journals that abortion, whether safe or unsafe, is *causing* economic crisis. The authors of these documents may seem 'way out', but they are getting a publication platform. It is therefore vital to strengthen and 'proof' methodologies that support informed debate.

Evidence-to-policy dialogue

One option that we can explore is using unsafe abortion as a potential barometer/proxy for the impact of economic deterioration on SRHR. It is important to refine and systematize methodologies for assessing impact/costs but it could be a powerful indicator that could be tracked. The SRHR community has found it difficult to engage with other constituencies, including economists, and it will be interesting to explore this further. We need studies which dynamically look at the economic impact, poverty links, and livelihood shocks of issues such as unsafe abortion. 'Safe' comparators are needed to examine costs of unsafe abortion compared to costs and benefits of providing safe abortion in given environments as a basis for a policy case.

From existing evidence, it is also important to protect and increase funding for those services which prevent or mitigate unsafe abortion, with specific attention to those most vulnerable and to equity of access to needed services.