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Article *in* East African journal of public health · December 2010

DOI: 10.4314/eajph.v7i4.64772 · Source: PubMed

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East African Journal of Public Health Volume 7 Number 4 December 2010

THE STORY OF ABORTION: ISSUES, CONTROVERSIES AND A CASE FOR THE REVIEW OF THE NIGERIAN NATIONAL ABORTION LAWS

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Abstract

Abortion continues to be a major public health issue that evokes social, political, legal, cultural and religious sentiments and debates in all societies. This is particularly so in countries with restrictive abortion laws. It is one of the leading causes of maternal mortality and morbidity. Despite variations in the legal status of abortions in favor of restrictiveness in developing countries compared with developed countries, overall rates are quite higher in the developing countries[13]. This review article therefore, examines the historical perspectives of induced abortion as well as the issues and controversies associated with induced abortion. Also, a review of the Nigeria national abortion law is made. We believe that this is capable of identifying useful interventions for designing programs that will lead to a reduction in the burden of unsafe abortion in developing countries.

Key Words: Story, Abortion, issues and controversies

Background

Induced abortion continues to be a major public health issue that evokes social, political, legal, ethical, cultural and religious sentiments and debates in all societies. This is particularly so in countries with restrictive abortion laws[1,2,3]. It is one of the leading causes of maternal mortality and morbidity[4,5]. As many as 53 million pregnancies are estimated to be terminated each year by induced abortion worldwide[6], while in Nigeria an estimated 610,000 abortions are performed yearly[6]. Many of these abortions are unsafe as they are performed by unskilled abortion care providers or in an environment that does not meet the minimal medical standards[7]**,** and these unsafe abortions remain a major reproductive health concern in Nigeria and indeed most other parts of the developing world**[8].** They are also a major contributor to maternal mortality, accounting for as many as 30-40% of maternal deaths in Nigeria and one in eight maternal deaths in the West Africa sub-region as a whole[8-10]. Induced abortion is a response to an unwanted pregnancy that could have been prevented by access to quality family planning services. Yet the contraceptive prevalence rate in developing countries with these dire challenges and disturbing picture of morbidity and mortality due to abortion remains extremely poor[3].

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Recognizing these challenges of assuming the responsibilities of motherhood, stakeholders from across the globe met in Nairobi (Kenya) in 1987 and came up with the *Safe motherhood initiative*. The reduction in maternal mortality by 50% of the 1990 values by year 2000 was one of the key goals of the safe motherhood initiative amongst others[11] and access to family planning services was one of the four major pillars. This was promptly endorsed by heads of developing nations and they pledged their commitments to domesticating the tenets of the safe motherhood initiative. Again, in furtherance of global efforts at making motherhood safe, the 1994 International Conference on Population and Development (ICPD) that held in Cairo produced a programme of action with the major pivot being ensuring access to sexual and reproductive health services for all and protecting reproductive rights as essential strategies for improving the lives of all people[12]. Specifically, its scope included the provision of safe abortion services, post-abortion care and family planning services as one sure way of reducing the burden of unsafe abortion[12]**.** Participating countries in this conference adopted ICPD programme of action including "sexual and reproductive rights as human rights, and affirmed them as an inalienable integral and indivisible part of universal human rights".

In year 2000, following the United Nations millennium summit maternal mortality reduction was one of the eight items on the list of the millennium development goals (MDGs) that were put together as a package for adoption and implementation by countries of the world especially developing nations. Indeed, most developing nations including Nigeria which is a leading Sub-Saharan Africa nation endorsed and signed onto these initiatives. But what is clear is

the selective and often poor implementation of the components of these initiatives with lack of transparent political will and sincerity in most instances to address and domesticate the critical issues relating to abortion which accounts largely for why women die in developing countries. This is so because heads of governments, the legislature, policy formulators and those that implement these policies have often repressed domesticating the principles that will lead to safe abortion practices, due to personal sentiments and biases. These are often due to religious, cultural, moralistic and occasional political considerations[3]. This brings to the fore the concept of "pro-choice" and "pro-life" groups. The earlier being groups of individuals who work to see that most legislative restrictions on abortions are eliminated and the later group work to outlaw most abortions. It is in evidence that the "pro-life" individuals are usually the most vocal and strident opponents of abortion, therefore will usually prevent implementation of policies and programmes that will lead to save abortion practices when they find themselves in vantage positions of governance and authority.

Despite variations in the legal status of abortions in favor of restrictiveness in developing countries compared with developed countries, overall rates are quite higher in the developing countries[13]. This review article therefore, examines the historical perspectives of induced abortion, the issues and controversies associated with induced abortion. It also reviews the Nigerian abortion laws. We believe that this is capable of identifying useful interventions for designing programs that will lead to a reduction in the burden of unsafe abortion in developing countries.

Methodology

Databases especially Medline, Elsevier, Medicine and Pubmed were searched for relevant literature for epidemiological evidence including historical facts, clinical studies and case studies. Literature on the subject was also researched using manual library search and articles in journals. The key areas discussed were the historical perspectives of induced abortion, the issues and controversies associated with induced abortion. The review of the Nigerian abortion laws was also made. Personal communications were also made with senior reproductive health personnel both in Nigeria and the Africa sub-region.

What is abortion?

Abortion is the termination of pregnancy and or delivery before the attainment of the age of fetal viability[14,15]. The gestational age of attainment of fetal viability is defined as 24 weeks for developed countries and 28 weeks for developing countries[16,17], though most developing countries are progressively able to salvage fetuses of gestational age approaching that of developed countries due to improvement in their level of medicare. Two broad categories of abortion are recognized – the spontaneous category of abortions and the induced abortions[3;14]. Specifically, spontaneous abortion is delivery occurring before the age of fetal viability, and induced abortion is the deliberate termination of pregnancy in a manner that ensures that the embryo or fetus will not survive.

Spontaneous abortion is reported to be the most common complication of pregnancy[3,14]. Available data suggests that the incidence of spontaneous abortion is 15% for clinically evident pregnancies and 60% for chemically evident pregnancies[3,12]. However, the true incidence of clinically evident spontaneous abortion remains contentious as some patients that present as spontaneous abortion would have self induced an unwanted pregnancy. In all, eighty percent of all spontaneous abortions occur prior to 12 weeks[14]. There are seven subsets of spontaneous abortion – threatened abortion, inevitable abortion and incomplete abortion. Others are complete abortion, missed abortion, septic abortion and recurrent (habitual) abortion[3,14]. The management for each entity is specific and subset dependent.

Induced abortion is either legal (therapeutic) or illegal (criminal) depending on the status of the laws governing abortion in a country or region of a country[3,14]. It is legal in countries with liberal abortion laws and criminal in countries with restrictive abortion laws. Existing evidence indicates that restrictive abortion laws does not reduce the incidence of abortion, rather it drives the act underground, such that it is undertaken by quacks and backstreet professionals in an unhygienic environment thereby making induced abortion unsafe[3]. Regrettably, despite variations in the legal status of abortions in favor of restrictiveness in developing countries compared with developed countries, overall rates are quite higher in the developing countries [13], with high contributions to maternal morbidity and mortality in countries with restrictive laws. Unsafe abortion is the leading cause of maternal deaths and morbidity in Nigeria where the law is restrictive [8,9] and the experience in other West African countries with restrictive laws is similar[10]. Indeed, the fact that abortion especially in untrained hands is extremely dangerous has long been documented as

highlighted by a 1925 Soviet poster (CIRCA) inscription that warned against abortion even in trained hands [18].

Additionally, abortion service providers have often been subjected to serious life-threatening situations, harassment and attacks over time particularly in the United States of America. Historical antecedents of pro-life groups or individuals vividly explains this – a case in question is that of *Eagle Forum* led by *Phyllis Schlafly* which was often physical and violent towards the pro-choice groups or individuals[19]. Another case was the first organized blocking of access to clinics which provided abortion services by *operation rescue*, founded in 1984 by *Randall Terry*[19]. On Christmas day, 1984, three abortion clinics were bombed, and those convicted called the bombing *"a birthday gift for Jesus"*[19].

In this paper, an in-depth review of the historical perspectives, issues and controversies involved in induced abortion is made, with conscious efforts made to outline only the key evidence-based events and trends in the story of abortion.

Historical records of induced abortion:

The practice dates back to ancient times. The first was from Egyptian *Ebers Papyrus* in 1550 BC[20]. A Chinese record between 500 and 515 BC revealed induced abortions amongst China's Royal concubines [21]. According to Chinese folklore, the legendary Emperor *Shennong* prescribed the use of mercury to induce abortions nearly 5000 years ago[22]. Reviews of ancient medical text clearly documented abortifacients – (see contraception and abortion from the ancient world to the Renaissance)[23]. The Greek *Playwright Aristophanes* noted the abortifacients property of pennyroyal in 421 BC, through a humorous reference in his comedy, *Peace*[24]. It is in the literature that *Soranus*, a 2nd century Greek physician, recommended abortion in cases involving health complications as well as emotional immaturity, and provided detailed suggestions in his work *Gynecology*. Diuretics, emmenagogues, enemas, fasting, and bloodletting were prescribed as safe abortion methods, although Soranus advised against the use of sharp instruments to induce miscarriage, due to the risk of organ perforation. He also advised women wishing to abort their pregnancies to engage in energetic walking, carrying heavy objects, riding animals, and jumping so that the woman's heels were to touch her buttocks with each jump, which he described as the "Lacedaemonian Leap"[25,26].

An 8th century *Sanskrit* text instructs women wishing to induce an abortion to sit over a pot of steam or stewed onions[27]. The technique of *massage abortion*, involving the application of pressure to the pregnant abdomen, has been practiced in Southeast Asia for centuries. One of the *bas* reliefs decorating the temple of *Angkor Wat* in Cambodia, dated circa 1150, depicts a demon performing such an abortion upon a woman who has been sent to the underworld. This is believed to be the oldest known visual representation of abortion[28]. Japanese documents show records of induced abortion from as early as the 12th century. It became much more prevalent during the *Edo* period, especially among the peasant class, who were hit hardest by the recurrent famines and high taxation of the age[29]. Statues of the *Boddhisattva Jizo*, erected in memory of an abortion, miscarriage, stillbirth, or young childhood death, began appearing at least as early as 1710 at a temple in Yokohama (see religion and abortion)[30]. *Māori*, who lived in New Zealand before and at the time of colonisation, terminated pregnancies via miscarriage-inducing drugs, ceremonial methods, and girding of the abdomen with a restrictive belt[31]. Another source claims that the *Māori* people did not practice abortion, for fear of *Makutu*, but did attempt abortion through the artificial induction of premature labor[32].

Physical means of inducing abortion, such as battery, exercise, and tightening the girdle — special bands were sometimes worn in pregnancy to support the belly — were reported among English women during the early modern period. Nineteenth century medicine saw advances in the fields of surgery, anaesthesia, and sanitation, in the same era that doctors with the American Medical Association lobbied for bans on abortion in the United States[33] and the British Parliament passed the Offences Against the Person Act. Various methods of abortion were documented regionally in the nineteenth and early twentieth centuries. A paper published in 1870 on the abortion services to be found in Syracuse, New York, concluded that the method most often practiced there during this time was to flush inside of the uterus with injected water. The article's author, *Ely Van de Warkle*, claimed this procedure was affordable even to a maid, as a man in town offered it for $10 on an installment plan[34]. Other prices which 19th-century abortion providers are reported to have charged were much more steep. In Great Britain, it could cost from 10 to 50 guineas, or 5% of the yearly income of a lower middle class household[20]. Abortion was a common practice and evidence

suggests that late-term abortions were performed in a number of cultures.

Earliest practitioners of abortion

Available evidence suggests that induced abortion was primarily in the province of women who were either midwives or well-informed lay people. In his theatus, Plato mentions a midwives ability to induce abortion in the early stages of pregnancy[35,36]. The exact time when medical practitioners took up the practice is still a matter of conjecture, but certainly much later. It is recorded that in the second half of the 19th century, laws were made restricting the practice of abortion to university trained doctors – protecting women from quacks and incompetent practitioners[47].

Theological records of abortion

Biblical records:

The aspects of the holy bible where explicit references were made to miscarriages or abortions are Numbers 5 verse 27, which addresses the law of jealousy and trial by ordeal and Exodus 21 verses 22 to 24 which addresses a situation where people brawling hurt's a pregnant woman and she suffers miscarriage. Additionally, the biblical injunction of thou shall not kill which is sited in many books of the old and new testaments of the holy bible have also been interpreted by pro-life individuals and groups to mean a ban on abortion[37].

Other christian theological records of abortion include the works of *Tertullian*, a 2nd and 3rd century Christian theologian, who described surgical implements which were used in a procedure similar to the modern dilation and evacuation. One tool had a "nicely-adjusted flexible frame" used for dilation, an "annular blade" used to curette, and a "blunted or covered hook" used for extraction. The other was a "copper needle or spike". He attributed ownership of such items to *Hippocrates*, *Asclepiades*, *Erasistratus*, *Herophilus*, *and Soranus*[38]. *Tertullian's* description is prefaced as being used in cases in which abnormal positioning of the fetus in the womb would endanger the life of the pregnant women. Saint Augustine, in *Enchiridion*, makes passing mention of surgical procedures being performed to remove fetuses which have expired in utero[39]. *Aulus Cornelius Celsus*, a 1st century Roman encyclopedist, offers an extremely detailed account of a procedure to extract an already dead fetus in his only surviving work, *De Medicina*[40]. In Book 9 of *Refutation of all Heresies*, *Hippolytus* of Rome, another Christian theologian of the 3rd century, wrote of women tightly binding themselves around the middle so as to "expel what was being conceived[41]. *St. Augustine* believed that abortion of a fetus animatus, a fetus with human limbs and shape, was murder but his belief in early abortion was similar to those of Aristotle, though he could neither deny nor affirm whether such unformed fetuses would be resurrected as full people at the time of the second coming[42,43].

The *DIDACHE (CIRCA 100 A.D)* is another early Christian writing and it says "thou shall not murder a child by abortion or kill the infant already born"[44]. The *Harmony of Contradictory Law by Monk John Gratian (Concordia Discordantium Canonum)* is another theological text in which abortion was documented. This became the 1st authoritative collection of Cannon law accepted by the church in accordance with ancient scholars, it concluded that the moral case of early abortion was not equivalent to homicide[45]**.** It is also in evidence that in 1200, *Pope Innocent the III* wrote that when "quickening" occurred, abortion was homicide. Before that, abortion was considered a less serious sin". Again in 1395, The *LOLLARDS* an English proto-protestant group denounced the practice of abortion in the twelve conclusions of the Lollards. The *Malleus Maleficarum* (THE HAMMER OF WITCHES) a 1487 witch-hunting manual, published in Germany, accused midwives who perform abortions of committing witch craft[46]. *Pope Sixtus V* in 1588 aligned Church policy with St. Thomas Aquinas belief that contraception and abortion were crimes against nature and sins against marriage. Whilst in 1591, *Pope Gregory XIV* decreed that prior to 116 days (approximately 17 wks), Church penalties would not be any stricter than local penalties, which varied from country to country. It was not until 1869 that *Pope Pius IX* declared that abortion under any circumstance was gravely immoral (immortal sin), and, that anyone who participated in abortion in any material way by virtue of that excommunicated themselves from the church[47]. Available records indicate that the earliest Catholic theological objection to abortion and contraception was that abortion and contraception were not sins in and of themselves. Neither of them were considered to be murder since the fetus had no soul (according to Augustine, ensoulment was 40 days for male fetuses and 90 days for female fetuses)[47]**.** These practices were objected to because they hid the true sins: fornication and adultery.

Islam, Judaism, Buddhism and Hinduism are other theological groups with documentation on abortion. *Islam* agrees that a woman should have access to abortion before ensoulment[47]. This is put variously at 40 days, 80 days and 120 days after conception[47]. The view of the Islam has remained so from time and has not undergone such contentious debates/changes like the Christian perspectives. *Judaism* believes that the life of the already born takes precedence over the life of the unborn. The faith therefore allows abortion[48]. In principle therefore, Judaism does not regard the fetus as a full human being. While deliberately killing a day old baby is murder, according to the Mishnah, a fetus is not covered by this strict homicide rule. This position has remained over time without so much controversy that has been associated with Christianity. While *Buddhism* abhors abortion with so much vehemence and indeed believes that abortion is as grievous as murder and one of the five Evil Karma that is difficult to extinguish[71]. This has remained the strong and traditional belief of Buddhism over time. When considering abortion, the Hindu way is to choose the action that will do least harm to all involved: the mother and father, the foetus and society. Hinduism is therefore generally opposed to abortion except where it is necessary to save the mother's life. Classical Hindu texts are strongly opposed to abortion: one text compares abortion to the killing of a priest, another text considers abortion a worse sin than killing one's parents and another text says that a woman who aborts her child will lose her caste. Traditional Hinduism and many modern Hindus also see abortion as a breach of the duty to produce children in order to continue the family and produce new members of society. Many Hindus regard the production of offspring as a 'public duty', not simply an 'individual expression of personal choice'[72].

Abortion and tradition

Various and differing traditions across the different continents of the globe see abortion differently. While some traditions see it as permissible, others see abortion as a taboo. A few traditional beliefs are highlighted below. Firstly, the *Jewish tradition believes* that life begins after birth and therefore supports abortion, usually therapeutic to save the life of the mother[47]. *The Assyrians, Sumerians and Babylonians* had laws that forbade abortion from the earliest times[47]. The *Romans* considered abortion a crime only if the father objected because the crime was depriving the father of an heir, not in murdering a human being. The *Greek Stoics* believed the fetus to be plantlike in nature, and not an animal until the moment of birth, when it finally breathed air. They therefore found abortion morally acceptable[49]. The *African tradition*: abhors abortion and it is believed that it amounts to cutting short the number of children freely given by God, and when such an individual is reincarnated he or she will be punished with barrenness[50].

Hippocratic Oath and abortion:

The Hippocratic Oath is part of the Corpus, which is a collective work of Hippocratic practitioners. It forbids the use of pessaries to induce abortion, it did not prohibit abortion in general. Modern scholarship suggests that pessaries were banned because they were reported to cause vaginal ulcers[51]. This specific prohibition has been interpreted by some medical scholars as prohibiting abortion in the broader sense than by pessaries[23]. One such interpretation was by *Scribonius Largus*, a Roman Medical Writer: "Hippocrates, who founded our profession, laid the foundation for our discipline by an oath in which it was proscribed not to give pregnant women a kind of medicine that expels the embryo of fetus" [52]. Regardless of the oath's interpretation, Hippocrates writes of advising a prostitute who became pregnant to jump up and down, touching her buttocks with her heels at each leap (Lacedaemonian leap), to induce miscarriage[25]. Other writings attributed to him described instrument to dilate the cervix and curette the uterine cavity[53].

Abortion laws in history

These dates back to ancient times and the laws regulating acceptable forms of abortion began with the *Romans*[49]. Widespread regulation began in the 13th century[49]. There were no laws against abortion in the *Roman* republic and early *Roman* empire, as *Roman* laws did not regard a fetus as distinct from the mother's body and abortion was not infrequently practiced to control family size, to maintain one's physical appearance or because of adultery[49]. In 211 AD, at the intersection of the reigns of *Septimus Severus and Caracalla*, abortion was outlawed for a period of time as violating the rights of parents, punishable by temporary exile[49]. However, later *Roman* legislation generally derived from concern for population growth and not an issue of morality.

Widespread restrictive laws were from the 18th century largely because of the socio-economic

struggle between male physicians and female midwives[47]. Early Caucasian laws before the second half of the 19th century permitted abortion before quickening[47]. In the second half, laws were made restricting the practice to university trained doctors – protecting women from quacks and incompetents[47]. By the late 19th century many nations had passed laws that banned abortions.

Abortion laws and their enforcement have fluctuated through various eras. Many early laws and church doctrines focused on "quickening," when the initial motion of the foetus can be felt by the pregnant woman, as a way to differentiate when an abortion became impermissible. In the 18th–19th centuries various doctors, clerics, and social reformers successfully pushed for an all-out ban on abortion. In the 20th century various women's rights groups, doctors and social reformers successfully repealed abortion bans. While abortion remains legal in many Western countries, it is regularly subjected to legal challenges by pro-life groups[54].

Some constitutional scholars argue that abortion and contraception are not appropriate legal questions: they are moral, philosophical and religious questions about a medical procedure – as evidenced by the fact that the most vocal, strident opponents of abortion claim a religious objection to abortion[47]. They deposed further, that if that small faction is allowed to prohibit abortion for other women, then they are in effect forcing those women to abide by religious beliefs which they do not share – a violation of our first amendment rights to the free exercise of religion[47]. Constitutional scholars have often asked the following critical question – if there can be morally justifiable and legal wars, why cannot we have a morally justifiable and legal abortions? As it is in evidence, that a number of wars declared against nations with wanton destruction of life and properties have been by strong opponents of abortion[47]. Certainly the religious and moral grounds based on which they oppose abortion, are even more explicitly stated in the tenets of grounds of objections in cases involving willful murder as in wars.

The real and plausible reasons that can be deduced from available facts for abortion ban include the following: the pro-life group or individuals argue that abortion is an unsafe surgical procedure. However there were other more unsafe surgical procedures at that time and till date that were not banned. The other documented reasons are to control women and restrict them to the role of child bearing as typical male chauvinist believed that women were then assuming greater prominence in public and political life[55], economic struggle between male physicians and midwives, and the need to have white dominance in the USA as the white population was on the decline[55].

To date, it is well known that 61% of the world's population lives in countries where induced abortion is allowed for a wide range of reasons such as protection of the woman's life, preservation of her mental and physical health and for broad socioeconomic reasons[56,57]. By contrast 26% of the world lives in 72 mostly developing countries where abortion is totally prohibited or allowed only to save the woman's life. Most restrictive laws in developing countries emanated from their European colonizers. However, while these European nations have discarded their restrictive laws, many formerly colonized developing countries have held tenaciously to their restrictive laws.

The Nigerian national abortion law, scope of abortion problem and the need for reform

The laws were introduced by the British colonial masters in 1916. They are restrictive except to save the life of the woman. The criminal code was then adopted throughout the country and 43 years later, the penal code was introduced to replace the criminal code in northern Nigeria to reflect the norms of the British law in colonial India being an Islamic country, as this is the predominant religion in northern region of Nigeria. The criminal code is retained in southern Nigeria and the relevant sections are: section 228, 229 and 230 respectively[58]. Section 228 stipulates guilt of felony for the persons that perform the abortion and liable to 14 years jail term. Section 229 prescribes guilt of felony on a woman who induces abortion on herself or submits herself for abortion and liable to 7 years imprisonment. Section 230 prescribes guilt of felony on the supplier of the materials used for the abortion and liable to 3 years imprisonment.

The relevant section**s** of the penal code that operates in northern Nigeria are sections 232, 233 and 234 respectively[59]. Section 232 prescribes 14 years imprisonment or option of fine or both on the person who performs the abortion. In section 233, it stipulated that if the procedure resulted in the death of the woman, the person is liable to imprisonment which may extend to 14 years and also liable to fine. If it was done without the consent of the woman, the person who undertook the procedure is liable to jail term for life or less and also liable to fine. Section 234 prescribes

punishment for some who caused miscarriage unintentionally by force, if it was unknown that the woman was pregnant the person is liable to 3 years imprisonment or fine or both. Knowing that the woman was pregnant may cause the jail term to be extended to 5 years.

A critical question that must be raised is that despite the robust and elegant nature of the Nigeria abortion laws, how many people have been arraigned, prosecuted and convicted for performing the act of abortion in Nigeria? Practically none from available records and yet Nigeria has one of the highest rates of abortion in the world. Worst still it has been and still is a very viable means for the law enforcement agencies to extort money from abortion service providers, and it drives the practice underground with quacks and backstreet professional taking the center stage. Interestingly, the colonial masters who imposed restrictive abortions laws on most of the countries that still hold tenaciously to these laws, have all since liberalized their laws with drop in abortion rates, morbidity and mortality from abortions. Opposition to liberalization of the Nigeria abortion laws have been largely on ethical, cultural and religious grounds. But interestingly, when individuals have an unwanted pregnancy, they do seek abortion because of the odium associated with an unwanted pregnancy particularly when it is of doubtful paternity.

About 53 million pregnancies are estimated to be terminated each year worldwide, over 20 million of these are unsafe[6], while in Nigeria an estimated 610,000 abortions are performed yearly[6]. Worldwide, 38% of the estimated 210 million pregnancies yearly are unplanned and 22% of these end up aborted, while 36% of the 182 million pregnancies occurring in developing countries including Nigeria are unplanned and 20% of these end up aborted. Many of these abortions are unsafe and Nigeria accounts for 20% of global estimates of abortion related deaths[60]. Of the 67,800 women that die from abortion each year, only 300 of these occur in developed countries and others in developing countries[61]. In developing countries, there are 330/100,000 abortion related deaths and 0.7/100,000 in developed countries[62]. Africa has the highest mortality ratio of 680/100,000. Indeed the risk of dying from unsafe abortion in Africa is 1 in 150 and 1 in 1,900 in Europe[62]. These deaths occur in young adolescents, poor women and largely rural women with unmet contraceptive needs largely responsible for why they undertake abortion.

The leading complications of unsafe abortions are maternal mortality, hemorrhage and septicemia. Others include renal failure, spread of HIV/AIDS, Asherman's syndrome, chronic pelvic and infertility. Also, immediate iatrogenic consequences such as uterine perforation and damage to adjacent structures (bladder and bowel) are known disasters especially in unsafe hands[3]. A number of other women are left with long term psychosocial disorders[3].

The impact of antiabortion laws on maternal mortality is best illustrated by data showing the prevalence of unsafe abortion and abortion mortality in countries with restrictive laws compared with those with liberal abortion laws. The prevalence of unsafe abortion is highest in countries with the most restrictive laws, up to 23 unsafe abortions per 1000 women of reproductive age[57,63] while countries that allow abortion on request have a median unsafe abortion rate of two or less per 1000 women. Case-fatality rates from unsafe abortion are also highest in countries where abortion is legally restricted. In such countries, the median ratio for unsafe abortion mortality is 34 deaths per 100,000 live births, compared to one or less per 100,000 live births in countries that allow abortion on request. The reader should be aware that abortion statistics are often hard to obtain, and those statistics that are available are frequently inaccurate. Official abortion statistics are often low due to incomplete reporting particularly in countries with restrictive laws. In contrast, other organizations that provide estimates of abortion statistics may be motivated to inflate the numbers, for example, high numbers of illegal abortions are an element of their rationalization for legalized abortion.

Romania and South Africa are two countries that best demonstrate the effects of liberal abortion laws on maternal mortality. Maternal mortality due to abortion increased in Romania after a restrictive abortion policy was introduced in 1966. By 1989, mortality ratios had risen seven-fold to peak at 148 deaths per 100,000 live births, with abortion accounting for 87% of the deaths[57,64]. When the policy was reversed in 1989, mortality ratio fell by more than half to 68 within one year, and by 2002 the ratio had fallen to as low as nine per 100,000 live births, with abortion accounting for less than 50% of the deaths. Similarly, abortion became legal and available on request in South Africa in 1997[65]. After the law was passed, abortion-related deaths dropped 91% in South Africa from 1994 to 1998-2001[66].

Clearly, liberalization of abortion laws is an important strategy to reduce mortality due to unsafe abortion. In the last 12 years, 12 developing countries have liberalized their abortion laws.

These include Albania, Benin, Burkina Faso, Cambodia, Chad, Ethiopia, Ghana, Guinea, Guyana, Mali, Nepal and South Africa[57]. Although the effects of these laws on mortality have not been systematically quantified in all these countries, for countries where accurate data is available, abortion liberalization has been shown to result in substantial decline in maternal mortality[57].

With the known positive effect of abortion liberation in reducing maternal mortality, it is surprising that many developing countries are still holding on to restrictive antiabortion laws. Two types of arguments are often put forward by those opposed to abortion liberalization in developing countries. The first is that liberalization will increase the rate of abortion and overburden the health-care infrastructure. However, experiences in countries that liberalized abortion laws such as Barbados, Canada, South Africa, Tunisia and Turkey indicate that abortion liberalization has not been associated with increase in abortion[62]. By, contrast the Netherlands, which has unrestricted access to free abortion and contraception, has one of the lowest abortion rates in the world[62].

The second argument, especially for low resource countries, is that women will still not seek safe abortion services even when abortion is liberalized. The examples of India, Zambia and Ghana where women continue to experience poor access to safe abortion care despite liberal abortion laws are often cited to support this viewpoint[67,68]. Factors associated with poor access in such circumstances include women's and providers' inadequate knowledge of the revised law, continued stigmatization of abortion and sexuality due to socio-cultural and religious reasons, and weak health systems in some of the developing countries[69,70]. Addressing these problems as part of abortion law reform, in addition to advocacy and public health education would increase the benefits of liberalization in reducing mortality associated with unsafe abortion[57]**.**

Conclusion

A detailed review of the story of abortion and the issues and controversies there-in has been made in this review clearly espousing the historical records, religious debates, abortion laws in history and ethical issues involved. Additionally, a review of the Nigeria abortion laws was made and the fact that restrictive laws have not been shown to reduce the incidence of abortion was highlighted. Also, it is evident that unsafe abortion procedures, untrained abortion service providers, restrictive laws and high morbidity and mortality from abortion are interlinked. Women in developing countries will always have abortions irrespective of prevailing laws and social prescriptions. It is therefore necessary to advocate for a review of the existing restrictive laws in Nigeria and other developing countries in order to reduce the high morbidity and mortality from unsafe abortion. Advocacy and public health education that would increase the women's and provider's knowledge of the revised law, help deal with the issue of religious and socio-cultural stigmatization of abortion, would certainly increase the benefits of liberalization in reducing mortality associated with unsafe abortion and this is advocated for priority attention.

This is clearly given credence by the final declaration of the London Countdown 2015 Roundtable, attended by 600 individuals from 109 countries, says in part "we cannot end poverty without equitable access to sexual and reproductive health and rights, …… we want a world where women and girls do not die in childbirth and pregnancy; *where they have access to safe and legal abortion;* and where women and men can decide freely and responsibly whether and when to have children". Also Kofi Annan – immediate past Secretary General of UN had this to say: Achieving the Millennium Development Goals (MDGs) will be a mirage except the issues of sexual and reproductive health and *rights* are addressed.

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