

# Does legalizing abortion protect women's health?

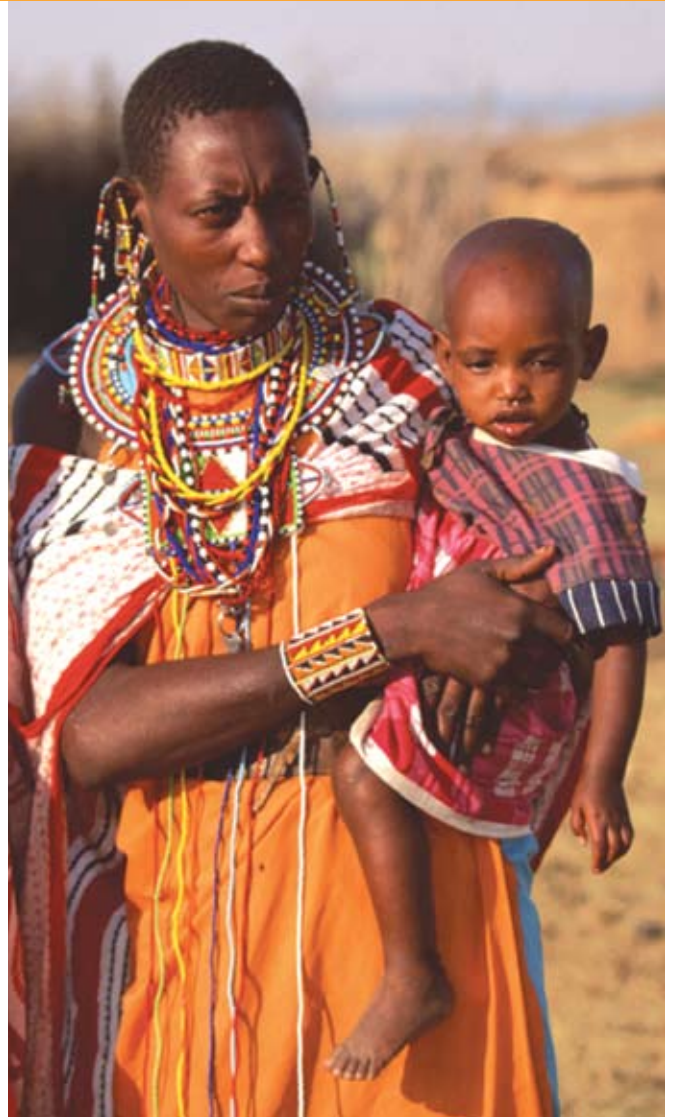
## *Assessing the argument for expanded abortion access around the globe*

The World Health Organization (WHO) estimates that there are 42 million abortions worldwide each year, and 20 million of these are clandestine or illegal. According to WHO, unsafe abortion causes about 65,000 to 70,000 maternal deaths each year,<sup>1</sup> 99 percent of which take place in the developing world.<sup>2</sup>

Based on these figures (which are largely questionable and unreliable<sup>3</sup>), some groups argue that repealing laws prohibiting or restricting abortion would prevent many women from dying or being harmed as a result of dangerous, illegal abortions. “The legalization of abortion and the provision of family planning services dramatically cut abortion-related deaths,” claims the International Planned Parenthood Federation.<sup>4</sup>

But this conclusion is contrary to the available evidence.

**The lack of modern medicine and quality health care, not the prohibition of abortion, results in high maternal mortality rates. Legalized abortion actually leads to more abortions—and in the developing world, where maternal health care is poor, this would increase the number of women who die or are harmed by abortion.**



## The problem of maternal mortality

Maternal conditions, abortion-related or otherwise, cause 1.9 percent of deaths worldwide for women and girls.<sup>5</sup> Maternal mortality remains a serious problem in the developing world.

**In many cases, even basic health care and prenatal care are lacking. Often there is no birth attendant, the medical environment is not fully sanitary, emergency facilities and supplies are absent or inadequate, doctors are not trained or equipped to handle trauma, and basic medical and surgical supplies such as antibiotics and sterile gloves are scarce or unavailable.** These dangers to pregnant women are present whether a pregnancy is ended by abortion or live birth.

## The solution: Better care

Most maternal deaths can be prevented with adequate nutrition, basic health care, and good obstetric care throughout pregnancy, at delivery, and postpartum.

**In the developed world, the decline in maternal mortality rates coincided “with the development of obstetric techniques and improvement in the general health status of women” (from 1935 to the 1950s), according to WHO.**<sup>6</sup> This took place well before the widespread legalization of abortion.

In the United States, abortion was a relatively safe procedure long before it became legal in 1973 (Fig. 1 and 2). Dr. Mary Calderone, former medical director for Planned Parenthood, concluded in 1960 that “abortion, whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians.”<sup>7</sup>

**Dr. Bernard Nathanson, a former leading abortionist and co-founder of NARAL Pro-Choice America, wrote in 1979 that the argument that women could die from dangerous, illegal abortions in the United States “is now wholly invalid and obsolete” because “antibiotics and other advances [have] dramatically lowered the abortion death rate.”**<sup>8</sup>

In England and Wales, the maternal mortality rate fell from a high of over 550 (maternal deaths per 100,000 live births) in 1931 to less than 50 by 1960. The steep fall corresponded with the use of antibiotics, blood transfusions, and the management of hypertensive pregnancy disorders.<sup>9</sup>

According to the World Bank’s *World Development Report 2006*, Malaysia and Sri Lanka have sharply reduced maternal mortality rates by making professional midwives and supervisory nurse-midwives widely available in rural areas and by providing a steady supply of appropriate drugs and equipment, improved communication, transportation, and backup services. In Sri Lanka the maternal mortality ratio—the number of maternal deaths per 100,000 live births—dropped from 2,136 in 1930 to 24 in 1996. In Malaysia it dropped from 1,088 in 1933 to just 19 in 1997.<sup>10</sup>

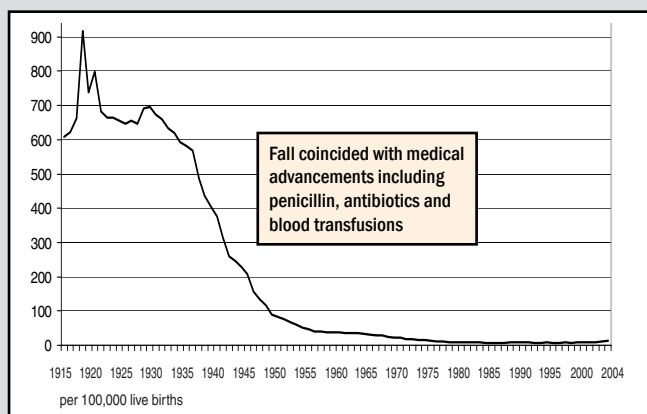
Dr. Neelam Dhingra of WHO testified that severe bleeding contributes to up to 44 percent of maternal deaths in Africa, many of which can be prevented simply through access to safe blood.<sup>11</sup> **Modern medicine and better health care are the key to protecting the lives and health of women.**

## Legal abortion does not mean safe abortion

Contrary to the claims of the International Planned Parenthood Federation and other groups advocating legal abortion, no direct relationship exists between permissive abortion laws and maternal mortality rates. Indeed, legalized abortion does nothing to solve the underlying problem of poor medical care in the developing world.

According to the United Nations Population Division (UNPD), **there has been no substantial decrease in maternal mortality or child mortality since the 1994 International Conference on Population and Development in Cairo and the 1995 Fourth World Conference on Women in Beijing.**<sup>12</sup> This is true even though, in that same period, more women have had access to legal abortion than ever before.

**U.S. Maternal Mortality Rate—1915-2004**

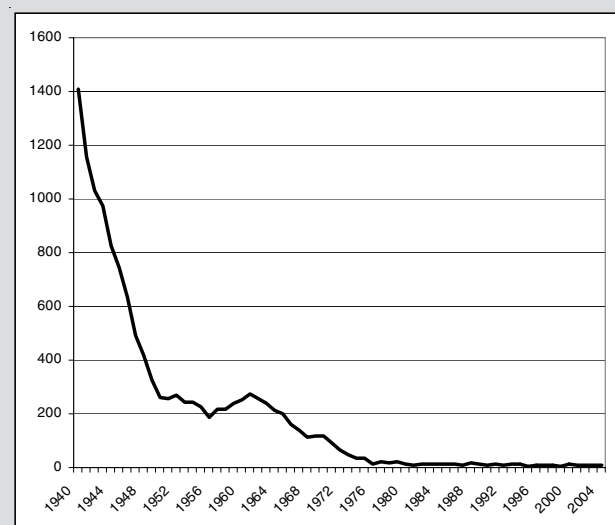


The nationwide legalization of abortion on demand in 1973 had little (if any) effect on the already-plunging maternal mortality rate in the United States.

Source: U.S. Centers for Disease Control and Prevention

Fig. 1

**U.S. Maternal Abortion Deaths—1940-2004**



Source: U.S. Center for Health Statistics and the U.S. Centers for Disease Control

Fig. 2

The examples of Russia, the United States, Ireland and Poland demonstrate that **nations with strong abortion restrictions actually have lower maternal death rates than countries that permit abortion on demand.** The data for Fig. 3 is taken from the *World Mortality Report 2005*, published by UNPD.<sup>13</sup>

In India abortion is broadly legal, but maternal deaths are common due to dangerous medical conditions. According to *Abortion Policies: A Global Review* by the UNPD, **“Despite the liberalization of the abortion law, unsafe abortions have contributed to the high rates of maternal mortality in India [570 maternal deaths per 100,000 live births in 1990].”**<sup>14</sup>

Conversely, the maternal mortality rate in Paraguay is much lower, despite the prohibition of most abortions and the fact that “clandestine abortion is common.” The rate has actually been declining—“from 300 deaths per 100,000 live births in 1986 to the most recent 1995 government estimate of 190 deaths per 100,000 live births.”<sup>15</sup>

**The evidence shows that a country’s maternal mortality rate is determined to a much greater extent by the quality of medical care than by the legal status of abortion. Abortion complications are not a function of the legality of the procedure, but of the overall medical circumstances in which abortion is performed.**

### Legal abortion means more abortion

The legalization of abortion may not make the procedure less risky, but it does have one clear consequence: legalizing abortion increases the number of abortions. In the United States, the abortion number skyrocketed from an estimated 98,000 per year to a peak of 1.6 million following total legalization in 1973.<sup>16</sup> Explains Stanley Henshaw of the Guttmacher Institute (an advocate for legalized abortion), **“In most countries, it is common after abortion is legalized for abortion rates to rise sharply for several years, then stabilize, just as we have seen in the United States.”**<sup>17</sup>

In South Africa, for example, the number of abortions rose from an estimated 1,600 in 1996, the year before abortion was legalized, to 85,621 in 2005.<sup>18</sup> By contrast, when Poland finally prohibited most abortions following decades of government-

funded abortion on demand, evidence suggests that the total number of abortions (legal and illegal) fell dramatically.<sup>19</sup>

**It is plausible to conclude that given a substantial increase in the total number of abortions following legalization, the number (if not the rate) of abortion-related maternal deaths may actually increase, not decrease.**

### Legal abortion is a grave threat

In the developing world, the danger of legalized abortion is especially profound. Jeanne E. Head, R.N., U.N. Representative for the National Right to Life Committee, explains: **“Women generally at risk because they lack access to a doctor, hospital, or antibiotics before abortion’s legalization will face those same circumstances after legalization. And if legalization triggers a higher demand for abortion, as it has in most**

**countries, more injured women will compete for those scarce medical resources.”**<sup>20</sup>

Even in the United States, a world leader in modern medicine,

nearly 400 women are known to have died from legal abortion since the procedure was legalized nationwide in 1973.<sup>21</sup>

Abortion is never entirely safe. **But in developing countries without proper maternal health care and medicine, the increase in abortions brought about by legalization would not only increase maternal mortality, but also would have a devastating effect on the lives and health of women and girls.**

Laws against abortion are necessary to protect not just unborn children, but their mothers as well. Women need care and support, not abortion.

### A matter of justice

Justice requires that the law protect the dignity and rights of every member of the human family, including the unborn and their mothers. The “maternal mortality” argument for allowing abortion fails entirely—legal abortion only leads to more abortions and, as a result, more abortion-related complications for women. Better medical care, not abortion, is the solution to the problem of maternal deaths in the developing world.

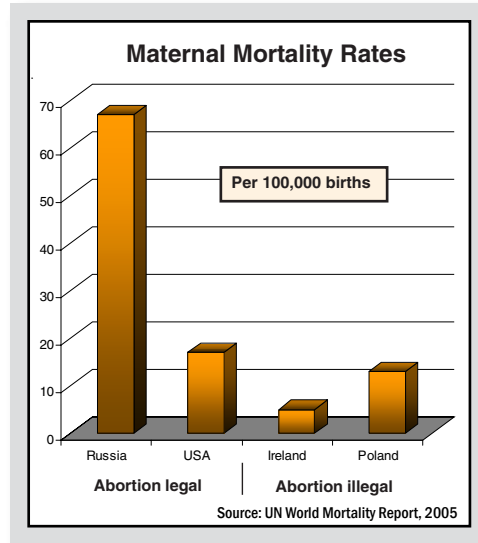


Fig. 3

### How can we reduce maternal mortality?

- The separation of a mother from the fetus, whether by birth or by abortion, is more dangerous in the developing world than in developed countries because of poor general health care for women—particularly the lack of antibiotics, drugs to prevent hemorrhage, and clean facilities.
- We must use our resources to provide for all aspects of the health care needs of women and girls, rather than to legalize abortion and advance a “population control” agenda.
- We should strive to give women in the developing world access to the same standard of care that has been available to women in the developed world for decades—care that results in a healthy outcome for mother and child.

## United Nations documents recognize the rights of the unborn child

“The child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.”

*Declaration of the Rights of the Child*

“Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.”

*Universal Declaration of Human Rights*

### Endnotes

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- 15 United Nations, *Abortion Policies: A Global Review* (New York: United Nations, 2002), Sales No. E.02.XIII.5, 29-31.
- 16 A research team in 1981 used a reliable mathematical model to estimate an average of 98,000 illegal abortions each year in the 32 years preceding legalization. Barbara J. Syska, Thomas W. Hilgers, M.D., and Dennis O’Hare, “An Objective Model for Estimating Criminal Abortions and Its Implications for Public Policy,” in *New Perspectives on Human Abortion*, ed. Thomas W. Hilgers, M.D., Dennis J. Horan and David Mall (Frederick, MD: University Publications of America, 1981).
- 17 Stanley Henshaw, Guttmacher Institute (16 June 1994), Press release.
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- 19 Wm. Robert Johnston, “Data on abortion decrease in Poland,” *Johnston’s Archive*, 26 May 2008, <<http://www.johnstonsarchive.net/policy/abortion/polandlaw.html>> (22 April 2009).
- 20 Jeanne E. Head and Laura Hussey, 56.
- 21 Centers for Disease Control and Prevention, “Abortion Surveillance—United States, 2005,” *Morbidity and Mortality Weekly Report* 57, no. SS-13 (28 November 2008).



Minnesota Citizens Concerned for Life Global Outreach  
4249 Nicollet Avenue | Minneapolis MN 55409 USA  
612.825.6831 | Fax 612.825.5527  
MCCL@mccl.org | [www.mccl.org](http://www.mccl.org)



National Right to Life Educational Trust Fund  
211 East 43rd Street, Suite 905 | New York, NY 10017 USA  
212.947.2692  
NRLC@nrlc.org | [www.nrlc.org](http://www.nrlc.org)