

Abortions in Africa rise despite ban on aid for such procedures

October 10 2011, By Adam Gorlick

(Medical Xpress) -- Two days after taking office as president, George W. Bush did what was widely expected: He adopted a Reagan-era policy that cut cash to all nongovernmental organizations operating abroad that provided or counseled women on abortion.

But medical school researchers have found that the move resulted in a phenomenon his administration likely did not expect: The number of abortions increased in African countries where U.S. support for NGOs was cut the most.

In the first quantitative study to examine the policy — which was created by President Reagan in 1984, upheld by both Bush administrations, and rescinded by Democrats Bill Clinton and Barack Obama — Eran Bendavid, MD, and Grant Miller, PhD, found that the number of women having induced abortions more than doubled between 2001 and 2008 in the African countries most affected by the policy.

Their findings, co-authored with medical school student Patrick Avila, were published online Sept. 27 in the *Bulletin of the World Health Organization*.

“We came at this from a policy perspective,” said Bendavid, an affiliate of Stanford Health Policy at the Freeman Spogli Institute for International Studies and an assistant professor of medicine. “We wanted to see how funding decisions impact health outcomes. We had no idea what the effect would look like, and what we found surprised us: this

policy seems to have unintended consequences.”

With federal funds withheld from NGOs that endorsed abortion as a method of family planning, groups such as the International Planned Parenthood Federation shut down clinics and scaled back some overseas operations.

In sub-Saharan Africa, where NGOs are often the primary provider of family planning services, closing clinics meant women lost access to birth control pills and other modern contraceptives.

Bendavid and Miller argue that the reduction in the availability of modern contraceptives led women to seek abortions as a form of birth control.

“If women use abortion as a substitute for modern contraceptives, then reductions in birth control supply could lead to an increase in abortions,” said Miller, an assistant professor of medicine and Stanford Health Policy faculty member. “Regardless of one’s view about abortion, this result shows that the policy objectives of neither side are being met.”

The researchers focused their study on a sample of 260,000 women between the ages of 15 and 44 living in 20 sub-Saharan countries from 1994 to 2008. The rate of abortions was similar across all the countries while Clinton had rescinded the policy between 1994 and 2000. About 10 in 10,000 women reported having abortions every year during that time.

When Bush reinstated the policy in 2001, abortion rates rose over the next seven years among women living in countries where the impact of the policy was greatest.

“Countries where NGOs were receiving the most U.S. federal money

when the policy was overturned saw the biggest spike in abortions when the policy was turned on,” Bendavid said. “You were two-and-a-half times more likely to see abortions then.”

The policy, dubbed the Mexico City Policy after Reagan announced it during a United Nations population conference held in Mexico’s capital, was motivated by a belief that taxpayer money should not pay for abortion-related services. And while the policy’s implementation or revocation has been determined along party lines, the Stanford researchers’ findings have repercussions beyond the politics of America’s perennial abortion debate.

With few exceptions, abortion is illegal in the countries Bendavid and Miller examined. So when a woman has an induced abortion, the procedure is usually unsafe and sometimes deadly.

“The implications for fertility, population and maternal health are substantial,” Bendavid said. “Unsafe abortions are among the most lethal complications of pregnancies worldwide.”

Beyond the scope of the study, funding restrictions that lead to closure of [family planning](#) clinics could create a void in women’s health care, leaving fewer options for vaccinations, prenatal support and cervical cancer screenings.

“Our hope is that our findings will enter into the decision-making process when administrations weigh their policies on abortion,” Bendavid said. “Regardless of one’s view about abortion, this analysis shows that the stakes in this issue transcend political ideology. Effective foreign policy must now consider the implications for maternal health in places where [abortion](#) is unsafe.”

Provided by Stanford University Medical Center

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