**Unsafe Abortion**

**Research.** Unsafe abortion is an issue that poses both serious risks to female health and human rights, but also hefty costs to healthcare systems that must accommodate the complications resulting from unsafe abortions (Singh & Shah, 2007). Unsafe abortions, as defined by the WHO, “are a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both” (Grimes, et al., 2006). Unsafe abortions pose drastic risks to women’s health including death, traumatic injury to the reproductive organs and viscera and various infections and sepsis (Grimes, et al., 2006).

Nearly all unsafe abortions, an estimated 97%, are performed in developing countries (Dixon-Mueller & Germain, 2007). Geographically, this means that the highest rates of unsafe abortions take place (in descending order) in Latin America & the Caribbean, Africa, and Asia/Oceania. However, the greatest rates of complications, and therefore costs, take place (in descending order) in Africa, Asia and Latin America (Singh & Shah, 2007).

Mexico, the country I will be addressing with my grant proposal, is significantly affected by this issue, boasting the highest rate of unsafe abortion due to the social stigma and extreme criminalization of abortion that exists there. Until 2007, when abortion was legalized in Mexico City, abortion was heavily restricted in Mexico, making illegal abortion services more accessible to most women (Singh & Shah, 2007). In

**React.** This topic surprised me because I had no idea abortion was such a common thing (an estimated 26% of pregnancies are aborted! (Dixon-Mueller & Germain, 2007)), nor was I aware that unsafe abortion was such a widespread problem. Growing up in a conservative American household one is left with the feeling that abortion is rarely done, usually by “liberal” women who don’t want to be burdened with a child and sometimes by the occasional rape/incest victim or mother whose health is at risk from the pregnancy. The global reality is very different; a large share of abortions are procured by poor women who don’t have very much control over their reproductive choices.

I identify as “pro-life” when it comes to abortion, but now I will certainly be more sympathetic towards the other side of the issue concerning women in developing countries, as they don’t have contraceptive measures as readily available to them given their social and economic surroundings. In all likelihood, though, I might be more critical of “pro-choicers” in America now, because there is little excuse to not be in control of family planning in this country, with so many services so widely available and a relatively sympathetic social climate concerning contraception.

In the future, I will be more likely, when discussing the issue, to point out just how commonplace a practice abortion really is. I will further point out the need for reproductive education services and increasing access to (and social acceptance of) contraception so that abortion can all but extinct as an issue.

**Respond.** The most important strategy to reduce the burden of unsafe abortion, according to Grimes et al, is to legalize abortion and destroy social stigma surrounding it, as “Women have always had abortions and will always continue to do so, irrespective of prevailing laws, religious proscriptions, or social norms… access to safe legal abortion on request improves health.” (Grimes, et al., 2006). Unfortunately, I did not come

Various strategies are being utilized to alleviate the cost of abortion (once unrestricted), making it more accessible, and its complications including: healthcare system improvement strategies, like restructuring (“employing mid-level providers instead of specialists”) and training of care providers, especially in the use of vacuum aspiration rather than curettage (Singh & Shah, 2007).

In Mexico, specifically,

One limitation of these interventions, I feel, is that most do not attempt to reduce the utilization of abortion, with the exception of increasing access to contraception. The best way to mitigate complications would be to eschew the cause of the complications.

**Reflect.**

In Mexico the law defines a joined sperm and egg as a person that is fully