2014

STRENGTHENING FAMILY PLANING POLICIES AND SERVICES – THE SAFE AND EFFECTIVE WAY TO REDUCE ABORTIONS IN GEORGIA

Policy Brief

May, 2014

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Strengthening Family Planning Policies and Services – the Safe and Effective Way to Reduce Abortions in Georgia

The Policy brief has been prepared with UNFPA support in collaboration with the local experts.

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Summary:

The Policy brief is based on best available evidences generated by international and local researchers and authors and is intended to help decision-makers develop evidence-based and effective policies and interventions directed towards reduction of abortions and improving maternal health.

According to these evidences

- Restricting access to safe abortion does not decrease abortion rates;
- Introducing a waiting period before provision of abortion, or increasing the duration of this waiting period will lead all abortions to take place at a later stage of pregnancy, thus making the procedure more difficult;
- Introduction/increasing duration of waiting period means not recognizing women as competent decision makers, and thus violates the decisions reached at ICPD and Beijing Conference;
- None of the countries which tried to increase fertility rates through restricting access to safe abortion was successful. Restricting access to abortion only led to higher maternal mortality and morbidity, including secondary infecundity;
- Increasing access to contraceptive services, but not restricting/ making more difficult access to abortion is the effective way to decrease abortions. And also it is the only safe way to do so;
- With proper policies in place and the government support and investment in increasing access to and availability of these services a tremendous impact can be achieved on the reduction of abortion rate and improving women's health, without affecting fertility rate.

Outline

Contents

SECTION I: Introduction 4
SECTION II: Key Issues 4
Abortions – International Policies and current regulatory provisions in Georgia 4
Access and Provision of Family Planning Services 5
SECTION III: Policy Options 7
a) Mandatory waiting period and other restrictions to abortion services 7
b) Increase Provision and Availability of Family Planning Services 8
SECTION III: Conclusions and Recommendations 8

Acronyms and abbreviation

CEDAW	UN Committee on the Elimination of Discrimination against Women
CPR	Contraceptive Prevalence Rate
GERHS	Georgia Reproductive Health Survey
FP	Family Planning
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference for Population and Development
ICPD POA	International Conference for Population and Development/ Program of Action
MDG	The Millennium Development Goal
RH	Reproductive Health
STIs	Sexually Transmitted Infections
TIAR	Total Induced Abortion Rate
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
WHO	World Health Organization

SECTION I: Introduction

Despite the progress achieved in the last decade with the 50% reduction in the Total Induced Abortion Rates (TIAR), abortions continue to be widely practiced in Georgia and, more importantly, constitute one of the main family planning methods. There is also a prevailing opinion among some parts of the society that abortions are one of the main reasons of the low fertility rate in the country.

In an attempt to tackle the problem of abortions, the changes in the Legislation have been initiated expanding the waiting time for abortion procedure from three days currently approved by the law to five-day period and, strengthening government monitoring on implementation of pre-abortion counselling services.

While the intention of these legislative changes is positive there are threats associated with this approach related to increased barriers to safe abortion services that can potentially have negative impact on health of women and mothers. Moreover, the multiple country experience suggests that restrictive abortion policies never result in increased fertility rates or improved demographic situation; they increase maternal mortality and morbidity instead. It is therefore important that in addressing these important public health issues policy decisions are based on the best international and country evidences.

SECTION II: Key Issues

Abortions – International Policies and current regulatory provisions in Georgia

The International Conference for Population and Development (ICPD) adopted the Programme of Action and the states agreed that where abortion is legal, it should be safe and accessible through the primary healthcare system.[i] The ICPD Programme of Action recognizes that unsafe abortion is a leading cause of maternal mortality and morbidity, with harmful effects on women and their families.[ii] States committed "to reduce greatly the number of deaths and morbidity from unsafe abortion,"[iii] and to take measures to prevent unsafe abortion, such as by expanding and improving family planning services.[iv]

The World Health Organization recognizes abortion as one of the safest medical procedures, however risks of complications increase as the pregnancy progresses. Legal restrictions, together with other barriers, make women to seek abortions at the later stage, from unskilled providers, or outside medical facilities and often at late stages of a pregnancy. The health consequences of unsafe abortions are tremendous. WHO estimates that annually approximately 47 000 pregnancy related deaths worldwide are due to unsafe abortions and 5 million women suffer as a result of complications following unsafe abortions. According to estimates, in some countries of Eastern Europe and Central Asia region approximately 30% of maternal deaths are caused by unsafe abortion.[v] One in four women who undergo unsafe abortion is likely to develop temporary or lifelong disability[vi] and could result in secondary infecundity. These figures are largely underestimated due to major physiological, financial and psychological stress and stigma associated with unsafe abortion.

Analysis of data from thousands of procedures conducted under safe conditions show that safe abortions (i.e. Abortions provided by skilled providers in appropriate settings) do not provide a threat to women's health. In addition data collected during the last two decades in Eastern European region has shown that increasing access to contraceptive counseling and modern contraception is very successful in decreasing abortion incidence dramatically. Thus increasing access to contraceptive services, but not restricting/making more difficult access to abortion is the effective way to decrease abortions. And also it is the only safe way to do so. [vii]

The legal status of abortion has no effect on woman's decision on abortion but it dramatically affects her access to safe abortion. According to WHO **"whether abortion is legally more restricted or available on request, a woman's likelihood of having an unintended pregnancy and seeking induced abortion is about the same".** WHO therefore emphasizes the importance of availability and accessibility of safe abortion services for "all women, to the full extent of the law."

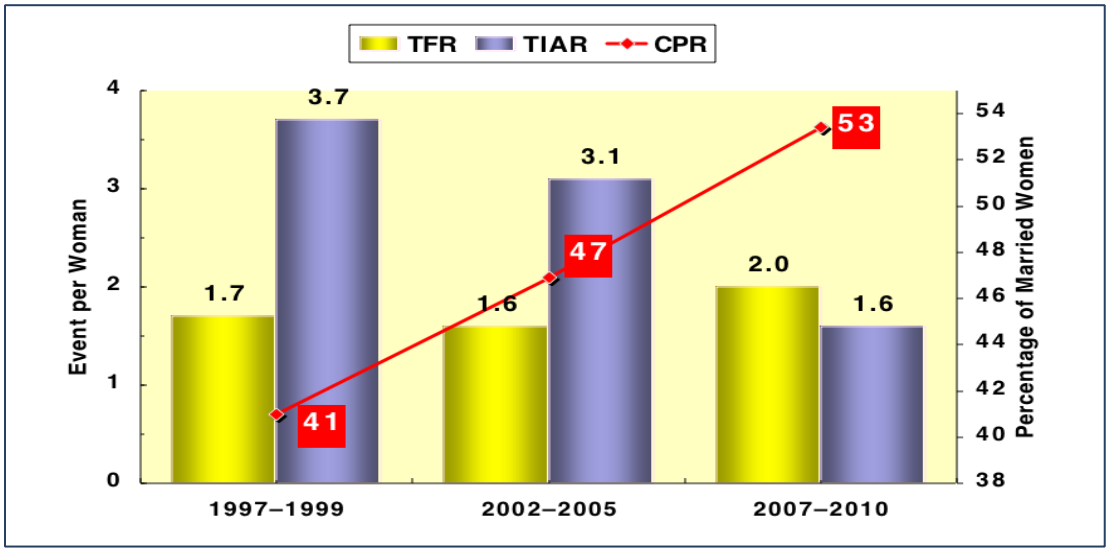
The Georgian Legislation contains some important provisions that are in line with international conventions. The Article 136 of the Georgian Law on Health care states: that "*each citizen of Georgia can independently decide on the number and timing of children to have. The state protects human rights in relation to reproduction in accordance with Georgian Legislation*." The Article 138 regulates the *"production, import, and distribution of contraceptives"* in accordance with "the legislation of Georgia." The Article 139.1 states that "*protection of women's health by decreasing the incidence of abortion*" is a priority of the state.[viii]

According to the law abortion is currently allowed in Georgia within the first 12 weeks of gestation and may be performed upon request only at licensed medical facilities by a specialized provider. A woman must receive counseling before abortion is performed and a 3-day waiting time is mandatorily required. Abortions beyond 12 weeks of gestational age are allowed only under special medical conditions or selected social grounds.

Access and Provision of Family Planning Services

Over the last 15 years Georgia has shown significant progress in decreasing the induced abortion rate, which was one of the highest in the world in the 90's. According to the Georgia Reproductive Health Surveys (GERHS 1999, 2005, 2010), with the increase of Contraceptive Prevalence Rate for all methods (CPR) from 41 % to 53%, the Total Induced Abortion Rate (TIAR) fell sharply from 3.7 in 1999 to 1.6 in 2010 along with the increase of Total Fertility Rate (TFR) from 1.7 to 2.0. [Figure 1]

Figure 1: Changes in Fertility, Abortion Rate and Contraceptive Prevalence between 1999 and 2010



These data indicate direct correlation between these indicators: 15 years of experience in Georgia have proved that (a) abortion prevention is possible through the improved access to family planning (FP); (b) to a certain extent family planning methods have replaced unhealthy abortion practices; (c) increase of Contraceptive Prevalence Rate (CPR) does not have any effect on Total Fertility Rate, which is driven by social and economic factors that has been proved by GERHS: the fertility preferences are driven by the number of children in the family and economic conditions. [viii]

While the use of modern family planning methods has increased in 2010 according to the GERHS, it still remains low. Over one third of pregnancies (36%) are not wanted in Georgia (11% were mistimed and 26% were not wanted at all)[viii], which is an improvement from 59% (1999) and 51% (2005), however it is indicative that accidental pregnancies occur frequently.

Moreover, for post-abortion counselling on Family Planning, which is recommended to increase awareness of women and the practice of voluntary family planning, GERHS data suggest that only one third of women receive contraceptive counselling services with only 14% receiving counselling for specific methods.

All this evidence provides valuable information on the need of targeting improvement in contraceptive prevalence rates in order to reduce abortions through promotion of voluntary family planning. At the same time it is important to be aware that restricting access to abortion services does not decrease abortion rates.

The above trends have been documented in case of Romania: First, restricting access to safe abortion in Romania caused a dramatic increase in maternal mortality driven solely by unsafe abortion related deaths. And second, changing policies towards increased access to modern contraception in Romania over the last 15 years has not reduced fertility in the country, but instead has reduced the need for women to resort to abortion. “Countries that increasingly seek to restrict access to abortion and contraception should look and learn from Romania’s example”[ix].

In Georgia, however there are significant gaps in national policies and subsequently service provisions that could help reduce dependence on abortions as the method of family planning. The 2013 UNFPA study[v] revealed substantial weaknesses in the government capacity to provide supportive environment for effective family planning services along with a lack of infrastructure and human resources on the supply side to provide these services. Provision of family planning (FP) services is highly concentrated in an obstetrics and gynecology specialty care with a very limited role of primary health care in the delivery of FP services and thus limited provision of these services to the population. There are also problems on the demand side that is related to low population awareness, knowledge and use of contraceptive methods, that has been only improving slowly according to RH Survey data. **A Lack of knowledge and cost of contraceptives are the main reasons for not using a method.**[x]

SECTION III: Policy Options

a. Mandatory waiting period and other restrictions to abortion services

Since the adoption of the ICPD Programme of Action more than 35 countries worldwide liberalized their abortion laws allowing women to have access to legal abortions[xi]. While in many countries abortions are legal there remain barriers for women to access abortion services. WHO *recognizes that laws and policies that require women to obtain parental or spousal consent, undergo mandatory delays and mandatory ultrasounds, or listen to biased counseling prior to undergoing an abortion are medically unnecessary and hinder women's access to safe abortion services*.[xii]

The American Medical Association in its report on abortion states, "*Mandatory waiting periods [and other barriers] have the potential to threaten the safety of induced abortion. [They] increase the gestational age at which the induced pregnancy termination occurs, thereby also increasing the risk associated with the procedure*."[xiii]

These international reports indicate that restrictive policies reduce access and pose potential threat to women's health. With this regard, the proposed regulatory provisions of expanded waiting time to five days will further increase barriers to safe abortion services and thus elevate risks to women's health by: (a) delaying abortion and thus performing it at a later stage of pregnancy; (b) decreasing access that may potentially lead to seeking unsafe abortion with its highly negative consequences including secondary infertility, that could negatively affect fertility trends and demographic situation.

There are also challenges associated with the reliance on abortion counselling services. The guidelines for pre- and post-abortion counselling have not been developed and implemented and thus health care providers haven't had appropriate guidance and received limited training in provision of pre-abortion counselling. There is a legitimate concern that women have been receiving non-standardized and biased information.

Finally, the mandatory waiting period should be also analyzed from the human rights perspective as it may be viewed discriminatory against women questioning their capacity for

independent decision making. WHO has noted that mandatory waiting periods "demean women as competent decision-makers." [viii] Thus WHO urges states to "ensure that abortion care is delivered in a manner that respects women as decision-makers" including by eliminating waiting periods. [viii] The discriminatory implications of mandatory waiting periods on women's access to abortion were also recognized by the UN Committee on the Elimination of Discrimination against Women (CEDAW).[xiv]

b. Increase Provision and Availability of Family Planning Services

The Millennium Development Goal 5 (MDG 5) - *Improving Maternal Health*, Target 5B aims at achieving by 2015 universal access to reproductive health services. The success is measured by specific indicators, including: increasing *Contraceptive Prevalence Rate* (Indicator 5.3) and reduce *Unmet Need for Family Planning* (indicator 5.6). This framework suggests a direct link between improving maternal health outcomes and effective family planning, thus indicating the need for interventions targeted at improving access and availability of family planning services and the use of contraceptive methods. As noted above this will have direct impact on the reduction of the incidence of abortions, while proved not to have negative impact on fertility rates. Moreover with the improvement in child spacing, family planning will have positive impact on increasing numbers of intended pregnancies with a potential of improving fertility rates as proved by the positive trend observed from 1999 to 2010 (GERHS).

Family Planning interventions have also proved to be highly cost-effective. Studies across multiple countries indicate that "*every USD spent on family planning saves at least 4 USD that would otherwise be spent treating complications from unintended pregnancies*.[xv]

Family Planning is considered by WHO a highly effective public health intervention that has enormous benefits for the well-being of women and children and the population development. These benefits are reflected in (a) preventing pregnancy-related health risks in women by choosing if and when become pregnant; (b) reducing infant mortality through proper child spacing (c) reducing adolescent pregnancies; (d) helping prevent HIV/AIDS and STIs, (e) empowering people and enhancing education, etc.[xvi]

Thus replacing abortions with affordable and accessible Family Planning services can have a tremendous impact on unintended pregnancies, adolescent pregnancies and abortion rates, as well as have a positive influence on women's access to education, employment and subsequently their increased role in public life.

SECTION III: Conclusions and Recommendations

As the conclusion, it is important to emphasize the necessity to ground national policy decisions on the evidence-based data and information. Based on the analysis of the best international evidence, the guidance of the lead international bodies and according to the national data available the following recommendations are provided:

- Reconsider expansion of a waiting period for abortion procedure according to the internationally available evidence and adopted guidelines emphasizing that barriers to access to abortion services do not have any impact on women's decision to perform abortions and, at the same time, create risks of unsafe abortions;

- Ensure sustainable government investments to maintain progress attained and make further steps towards achieving universal access to RH services, including Family Planning, in order to reduce the total induced abortion rate and contribute to reduction of maternal mortality and morbidity;

- Support development and implementation of policies targeted at improvement of availability and access to Family Planning services through their integration at primary health care level and inclusion in the Universal Healthcare basic benefit package;

- Target to improve population knowledge and practice of family planning methods, including implementation of proper post-abortion counselling on family planning, in order to substitute induced abortion with modern Family Planning methods and thus contribute to reduction of maternal mortality and morbidity, including infertility.

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[i] ICPD POA, para. 7.6, 8.19

[ii] ICPD POA, para. 8.19.

[iii] ICPD POA, para. 8.20(a).

[iv] ICPD POA, para. 8.52

[v] WHO - Facts and figures about abortion in the European Region

[vi] Abortion policy and fertility outcomes: the Eastern European experience. Journal of Law and Economics, 2004,XLVII:223-243

[vii] Shah I, Ahman E, Ortayli N. Access to safe abortion: progress and challenges since the 1994 International Conference on Population and Development (ICPD). Contraception 2014

[viii] Gap Analysis of Family Planning Services in Georgia, Final Report, UNFPA, 2013

[ix] The remarkable story of Romanian women's struggle to manage their fertility, Mihai Horga, Caitlin Gerdts, Malcolm Potts, 2013

[x] Georgia Reproductive Health Survey (2010)

[xi] ICPD 2013-Key Messages for Intergovernmental Meetings

[xii] WHO Safe Abortion, technical and policy guidance for health systems, 2012

[xiii] *Id.*

[xiv] CEDAW Committee, *Concluding Observations: Hungary*, para. 31(c), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).

[xv] Family planning, poverty & economic development, Countdown 2015 Europe, Fact Sheet 2012

[xvi] WHO Fact Sheet No 351, Family Planning, May 2013.