

Influences on where, when, and how women terminate a pregnancy in sub-Saharan African and Latin American countries where abortion is highly legally restricted: A systematic review

Mara Steinhaus, International Center for Research on Women, Washington, DC.

Laura Hinson, International Center for Research on Women, Washington, DC.

Suzanne Bell, Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Claire Twose, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Welch Medical Library, Johns Hopkins School of Medicine, Baltimore, MD

Meroji Sebany, International Center for Research on Women, Washington, DC.

Chima Izugbara, International Center for Research on Women, Washington, DC.

Short abstract

With increasing availability of medication abortion drugs throughout the world, a safer option exists for many women to terminate a pregnancy. However, more than 22,000 women still die each year from complications of unsafe abortion, most often in developing countries where abortion is highly legally restricted. Evidence regarding factors influencing women's decision making around abortion and what barriers restrict some women's use of safer termination methods is lacking. This systematic review will provide important insight regarding the factors that influence women's termination processes in countries where abortion is highly legally restricted in Latin America and the Caribbean and sub-Saharan Africa. Understanding what aspects of available abortion options women prioritize in determining where, when, and how to terminate can enable stakeholders to better meet women's abortion needs to the full limit of the law and ensure access to safer options within a harm reduction framework for abortions obtained outside legal indications.

Extended abstract

Description of the topic to be studied

Rates of induced abortion have declined in developed countries since 1990, while remaining constant in developing ones (Guttmacher, 2018c). Between 2010 and 2014, about one in four pregnancies (24%) in developing countries ended in induced abortion, however, this rate varies by region (Guttmacher, 2018c). In Latin America and the Caribbean, between 2010 and 2014, almost one in three pregnancies (32%) ended in induced abortion – a significant increase from the previous rate of 23% in 1990-1994 (Guttmacher, 2018b, 2018c). In Africa, the percentage of pregnancies that ended in induced abortion has remained relatively stable at 15% between 1990-1994 and 2010-2014 (Guttmacher, 2018a).

While the induced abortion incidence is similar in countries where abortion is highly restricted and those where it is broadly legal, the safety of an induced abortion is related to the legal context of the country in which it takes place, as well as the country's gross national income (Guttmacher, 2018c). Thus, induced abortions that occur in developing countries where abortion is highly legally restricted are the least likely to be safe. Every year, more than 22,000 women die from complications of unsafe abortion, which is equivalent to 8% of global maternal mortality (Guttmacher, 2018c). Most of these deaths occur

in Africa, where only one in four abortions is safe and more than nine out of ten women of reproductive age live in countries where abortion is highly legally restricted (Guttmacher, 2018a, 2018c).

Beyond geographic disparities in abortion-related deaths, evidence suggests that even within a specific geography, vulnerable women disproportionately experience unsafe abortion and subsequent morbidity and mortality (Singh et al., 2018). Understanding what is driving this inequity can identify points of intervention to shift women's choices towards safer termination options. With increasing availability of medication abortion drugs throughout the world, particularly misoprostol, a safer option exists for many women; informal use of these drugs in legally restrictive settings has been associated with decreased abortion-related complications (Faundes et al., 1996; Juarez et al., 2008; Miller et al., 2005). We currently lack a synthesis of the evidence regarding factors influencing women's decision making around their abortion and what barriers restrict some women's use of safer termination methods and sources.

Although researchers have conducted many systematic reviews on aspects of abortion, to our knowledge, no systematic review exists on the factors that influence women's decisions related to when, where, and how to terminate a pregnancy, particularly when they live in a highly legally restrictive setting. Our systematic review aims to synthesize the evidence on this important component of the abortion trajectory and center women's experiences. We hope that this synthesis will reveal avenues for programmatic action and furnish evidence to support advocacy for safer termination options.

Theoretical focus

Previous studies have largely focused on the macro-level factors that may impact women's abortion-seeking, such as the legal or social environment and healthcare policies dictating availability and access to specific methods of induced abortion. In contrast, our review focuses on the micro-level of the abortion-seeking process, synthesizing studies exploring women's individual and intra-personal decision-making processes and the factors that influence them.

We center this analysis within the conceptual framework developed by Coast et al. (2018) of the trajectories of women's abortion-related care, which suggests that abortion-related care consists of the interaction of women's abortion-specific experiences, their individual context, and the international, national, and sub-national context.

Data and research methods

The data for this paper will come from a systematic review. We will conduct the search in the following databases, restricting results to the year 2000 to the present: PubMed, EMBASE, Cochrane, WHO Regional Indexes, Ovid Global Health, JSTOR, POPLINE, CINAHL, AJOL and the Web of Science. Geographically, we will limit results to countries in Latin America and the Caribbean and sub-Saharan Africa where abortion was "highly legally restricted" at the time of the study, according to the Guttmacher-developed categorization (Singh et al., 2018). Topically, we will restrict results to women who have obtained an induced abortion and will exclude women who have not obtained an induced abortion (including those who had a spontaneous abortion), men (including male partners of women who obtained an induced abortion), and providers. We will include studies on all forms of induced abortion that meet these criteria, including legal and illegal and safe and unsafe induced abortion.

After we have removed duplicate search results, two primary reviewers will independently screen all titles and abstracts of potential articles identified in the search to determine which studies meet the inclusion criteria. Where there is a discrepancy between the two primary reviewers, a senior reviewer will make the final decision about whether or not the paper will be included in the full-text review. Once the title/abstract screening is complete, two primary reviewers will independently conduct the full text review of all potentially eligible articles. Any disagreement between them over the inclusion of an article will be resolved through discussion, involving the senior reviewer to make the final determination when consensus is not achieved.

Data from included articles will be extracted using a standardized form. Two review authors will independently assess the internal validity of each included study using the appropriate [CASP appraisal checklist](#) and assign each paper an overall quality ranking of “low,” “medium,” or “high.” Any discrepancies in these rankings will be resolved through discussion. No studies will be excluded because of this quality assessment.

The qualitative data synthesis will follow the thematic synthesis approach developed by Thomas & Harden (2008). First, we will extract and upload into qualitative analysis software verbatim text from all articles. In stage one, two reviewers will independently, inductively code each line of text. Then, in stage two, reviewers will collaboratively group these codes into a hierarchical structure of descriptive themes. Finally, in stage three, the reviewers will iteratively and collaboratively abstract these findings into analytical themes until a full conceptualization of the descriptive themes has been created.

We do not anticipate finding quantitative data that are sufficiently homogenous to conduct a meta-analysis. Instead, we will separately present quantitative data from each study, identifying conceptual overlaps where possible.

Expected findings

The focus of the review is to understand the factors that influence women’s decision-making on where, when, and how women obtain an induced abortion in sub-Saharan African and Latin American countries where abortion is highly legally restricted. Results may include women’s knowledge of the existence of specific abortion sources and methods; their perceptions of the quality and safety of those sources and methods; the physical and financial accessibility of known sources and methods; the people they get information from or involve in their decision-making process; the external factors that constrain their options; and how their decision-making process evolves if initial abortion attempts are unsuccessful or if they encounter barriers or complications.

We will report external validity of all key findings from the systematic review using the GRADE-CERQUAL confidence rating system, in which review findings are given a confidence rating of “very low,” “low,” “medium,” or “high” based on four components: (1) methodological limitations; (2) coherence; (3) adequacy of data; and (4) relevance (Lewin et al., 2018).

Results will provide important insight regarding the factors that influence women’s termination processes, which impacts the safety of women’s abortions. Understanding what aspects of available abortion options, or lack thereof, women prioritize in determining where, when, and how to terminate can enable stakeholders to better meet women’s abortion needs to the full limit of the law and ensure access to safer options within a harm reduction framework for those abortions obtained outside legal

indications. As such, findings can inform efforts seeking to reduce abortion-related morbidity and mortality.

References

- Coast, E., Norris, A. H., Moore, A. M., & Freeman, E. (2018). Trajectories of women's abortion-related care: A conceptual framework. *Social Science & Medicine*, 200, 199-210.
- Faundes, A., Santos, L., Carvalho, M., Gras, C. (1996). Post-abortion complications after interruption of pregnancy with misoprostol. *Advances in Contraception* 12:1-9
- Guttmacher (2018a). Fact Sheet: Abortion in Africa. Available at: https://www.guttmacher.org/sites/default/files/factsheet/ib_aww-africa.pdf
- Guttmacher (2018b). Fact Sheet: Abortion in Latin America and the Caribbean. Available at: https://www.guttmacher.org/sites/default/files/factsheet/ib_aww-latin-america.pdf
- Guttmacher (2018c). Fact Sheet: Induced Abortion Worldwide. Available at: https://www.guttmacher.org/sites/default/files/factsheet/fb_iaw.pdf
- Juarez, F., Singh, S., Garcia, S. G., Olavarrieta, C. D. (2008). Estimates of induced abortion in Mexico: what's changed between 1990 and 2006? *International Family Planning Perspectives*:158-168
- Lewin, S., Booth, A., Glenton, C., Munthe-Kaas, H., Rashidian, A., Wainwright, M., ... & Carlsen, B. (2018). Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series.
- Miller, S., Lehman, T., Campbell, M., Hemmerling, A., Anderson, S. B., Rodriguez, H., Gonzalez, W. V., Cordero, M., Calderon, V. (2005). Misoprostol and declining abortion-related morbidity in Santo Domingo, Dominican Republic: a temporal association. *BJOG: An International Journal of Obstetrics & Gynaecology* 112:1291-1296
- Singh, S., Remez, L., Sedgh, G., Kwok, L., & Onda, T. (2018). Abortion Worldwide 2017: Uneven Progress and Unequal Access. Available at: <https://www.guttmacher.org/report/abortion-worldwide-2017>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, 8(1), 45. Available at: <https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-8-45>