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Creative math

Pro-choice ideology and politics are key components in the math of maternal health

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Is abortion a necessary part of the maternal health initiative? Would funding abortion in the developing world really save 70,000 mothers' lives annually?

These are questions the media are not asking as the number has been repeated in news reports across the country and internationally. The 70,000 is used to show that excluding abortion from a maternal health package means ideology is trumping sound medical care at the expense of women's lives in the developing world.

The reality, however, is quite the opposite insofar as the 70,000 is based on ideology as much as science. A review of how the World Health Organization comes to the number 70,000 for maternal deaths due to abortion reveals faulty methodology based on numerous debatable assumptions and definitions of "safe" and "unsafe" abortion that don't hold water, even with some abortion providers.

SHOW ME THE DATA

Hard data on abortion in the developing world understandably doesn't exist. In fact, World Health Organization reports make it clear that the data is very difficult to find. They caution as a result that their numbers are estimates:

"Abortion statistics are notoriously incomplete… As there are no feasible data collection methods that can reliably reflect the overall burden of unsafe abortion, one is left to work with incomplete information on incidence and mortality from community studies or hospitals…This is then adjusted to correct for misreporting and under-reporting…" [1]

ASSUMPTIONS LAYERED ON ASSUMPTIONS

That abortion is always under-reported is the underlying assumption behind the WHO's "Unsafe abortion" series of reports. This is, however, an opinion and only a cursory defence of this opinion is offered. [2] Given cultural, religious and ideological stigma attached to abortion that the WHO reports do readily acknowledge, [3] it's just as likely that fewer women would resort to abortion particularly where modern medical care is absent.

Another assumption is that local data can be used as representative of the national statistics. [4] But would we take medical trends in Barrie, Ontario, for example, to be representative of the country at large?

A third assumption is that hospital births, miscarriages and abortions in the developing world can be used as a proxy for those outside the hospital. Again, this doesn't hold water. In Canada, births that occur in hospitals and miscarriages (or abortions that result in a hospital admission) do not correlate and vary significantly by region. [5]

Every data point is based on multiple assumptions due to the lack of concrete data.

DEFINING SAFE VERSUS UNSAFE ABORTION

A 2009 briefing report published by the Catholic Family & Human Rights Institute (C-FAM), a pro-life research group dedicated to monitoring the United Nations, clarifies that safe versus unsafe abortion is selectively defined by some WHO articles. "A 2007 article co-sponsored by WHO, (allows) for a purely legal definition of unsafe abortion as 'abortions in countries with restrictive abortion laws.'" [6]

C-FAM further recounts how at the 2007 Women Deliver conference in London even medical professionals were troubled by how "unsafe abortion" was defined. "During a presentation of a paper estimating the worldwide number of 'unsafe' abortions, a Marie Stopes International representative from a clinic performing abortions in a country where it is illegal rose in indignation and said, 'By your definitions, are you saying that all the abortions performed in my clinic are unsafe?' The presenter did not answer her question." [7]

The lack of data and disagreement over the data, combined with an understanding of how the public might perceive the confusion—also how funding might be affected—has led some abortion-rights activists to call for a numbers publication ban prior to reaching agreement. C-FAM reported on June 23: "Ann Starrs, co-founder and president of the abortion advocacy organization Family Care International (FCI), told a roomful of scientists to 'lock all the academics in a black box and have them come out with a consensus set of numbers' or 'at least hide that there is disagreement' and 'infighting.' [8]

The obvious problem is that experts don't actually agree. When *The Lancet* published new—different from the WHO data and lower—maternal mortality statistics in April, maternal health activists asked if they would delay the data release until after funds were raised. [9]

A *Lancet* editor by the name of Richard Horton explained what happened: "Even before the paper by Hogan *et al* was submitted to us, we were invited to 'delay' or 'hold' publication." He went on: "The justification for this concern was several fold: potential political damage to maternal advocacy campaigns; confusion among countries, policymakers, and the media, given the difference between this maternal mortality estimate and the previous UN number; undermining progress on global commitments to maternal health; and the risk of an unproductive academic debate while women continued to die." [10]

POLICY RAMIFICATIONS

So what's the point of this discussion? Any maternal deaths as a result of abortion are an obvious tragedy. But the implications for this one number in the maternal health debate are even broader.

Where comparative benchmarks are necessary, these numbers provide a serious obstacle to knowing how and when maternal health actually improves. Indeed, the guestimate of 70,000 remains constant for WHO researchers. The fourth edition of WHO's Unsafe Abortion says there are 68,000 maternal deaths in 2000, the fifth edition says the number is between 65,000 and 70,000 in 2003. [11]

Where policy makers are predisposed to viewing legal abortion as safe and illegal abortion as unsafe, this treads closely to an attempt to change national laws—something a maternal aid mandate should not do because it would be an obvious infringement on national sovereignty. On this note, many of those advocating for abortion to be included in this maternal health mandate have a vision to liberalize other sovereign countries' abortion laws. [12]

Where numbers are not currently known, guestimates should not be taken or reported as hard fact.

Finally, in the maternal health debate, ideology runs rampant and is not limited to the pro-life side.

The 70,000 is more ideology than math and should be treated as such. In this contentious debate, when economic resources are limited, a solution lies in a general improvement in medical care in the developing world, not with abortion provision. Any government would be wise to stay away from the "A word," working instead to provide basic medical necessities as a main thrust of charitable action in the developing world.

Endnotes

[1] Åhman, E., Shah, I. (2004). Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000, fourth edition. Geneva: World Health Organization, p. 6.

[2] The following paragraph includes study references, including one that surveyed American women between 1976 and 1988, but also an embedded opinion that abortion is cross-culturally prevalent without exception. It is clear the researchers don't view this as an opinion, but where no data exists to verify, it remains fair to call it such.

"Whether legal or illegal, induced abortion is generally stigmatized and frequently censured by religious teaching. Women are often reluctant to admit to an induced abortion, especially when it is illegal. Surveys show that under-reporting occurs even where abortion is legal. When abortions are clandestine they may not be reported at all or reported as spontaneous abortion (miscarriage).The language used to describe induced abortion reflects this ambivalence: terms include induced miscarriage (fausse couche provoquée), menstrual regulation, or "regulation of a delayed or suspended" menstruation. It is therefore not surprising that unsafe abortion is one of the most difficult indicators to measure."

Unsafe abortion (2004), p. 6.

[3] "Whether legal or illegal, induced abortion is generally stigmatized and frequently censured by religious teaching or ideologies. Women are often reluctant to admit to having had an induced abortion, especially when it is illegal."

Åhman, E., Shah, I. (2007). Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003, fifth edition. Geneva: World Health Organization, p. 27.

[4] "It is assumed that subnational data can be extrapolated to country level with adjustments."

Unsafe abortion (2007), p. 28.

[5] *Ibid*.

In effect, this assumption suggests that the per cent of live births in hospitals is equal to the per cent of miscarriages and abortions that end up in hospital. To give an example, if researchers knew that 1000 babies were born in a particular region in a particular year, but only 750 of the births were in a hospital, that would mean one quarter of births occur outside hospitals. They therefore assume that if 150 women are admitted to hospital due to spontaneous or induced abortion, one third of that number again, a 25 per cent of the total, occur outside the healthcare system, meaning 200 total spontaneous or induced abortions. Researchers also rely on the fact that in the hospital the cause of the abortion, natural or induced, is more likely to be known and apply this to non-hospital abortions, spontaneous or induced. These assumptions are then connected with the number of women who die in the perinatal period, and further linked to death the result of abortion.

[6] Harrison, D. (2009, May 1). Removing the roadblocks from achieving MDG 5 by improving the data on maternal mortality. New York: Catholic Family and Human Rights Institute, p. 3.

[7] *Ibid*, p. 4.

[8] Yoshihara, S. (2010, June 3). Researchers Asked to Hide Scientific Debate over Maternal Deaths. Retrieved online at http://www.c-fam.org/publications/id.1641/pub_detail.asp

[9] Associated Press. (2010, April 14). *Lancet*: Sharp drop in maternal deaths worldwide. Retrieved online at http://www.physorg.com/news190462124.html

[10] Horton, R. (2010, April 10). Maternal mortality: surprise, hope, and urgent action. London: *The Lancet*.

[11] Unsafe abortions (2007), p. 5 and Unsafe abortions (2004), abstract.

[12] "Specifically, many United Nations (UN) agencies and non-governmental organizations pressure decision makers to liberalize abortion laws, promising everything from a decrease in maternal mortality to an increase in the well being of women if such laws are put into effect."

Harrison, (2009), p. 2.