Commentary: The Public Health Consequences of Restricted Induced Abortion—Lessons from Romania

Patricia Stephenson, ScD, Marsden Wagner, MD, MSPH, Mihaela Badea, MD, and Florina Serbanescu, MD

ABSTRACT

The question of whether abortion should be legal is currently being decided in many countries. Although much of the discussion has focused on ethical issues, the public health consequences should not be overlooked and should be addressed realistically and responsibly. Nowhere are the public health manifestations of restricted abortion more apparent than in Romania. The pronatalist policies of the Ceaucescu regime resulted in the highest maternal mortality rate in Europe (approximately 150 maternal deaths per 100 000 live births) and in thousands of unwanted children in institutions. (*Am J Public Health.* 1992;82:1328–1331)

Introduction

Abortion policy is being debated in a number of countries in which abortion is currently legal and women have access to safe abortion, performed by qualified practitioners, through the health care system. Some political or religious groups in Hungary, Poland, Germany, Spain, Sweden, and the United States seek to ban abortion or at least to restrict it as much as possible.

Both proponents and opponents of legal abortion debate the issue in the abstract terms of women's rights, fetal rights, religious theories, or constitutional principles. However, those who ultimately decide this question will sooner or later have to come to terms with the concrete reality of what can happen to women and children when and if the right to safe abortion is taken away.

Safe Abortion and Maternal Mortality

When access to safe abortion has been introduced in a country, maternal mortality has decreased. In the United States during the 1960s, as some states began to change their laws on abortion and hospital abortion policies became less restrictive, gradual decreases in maternal mortality were noted. After the US Supreme Court decision in 1973 guaranteeing women the right to safe abortion, national maternal mortality rates decreased further. In England and Wales there were no deaths due to unsafe abortion in the triennium 1982 to 1984, compared with 75 to 80 such deaths per triennium prior to the Abortion Act of 1967 (which gave free access to safe abortion).[1] Although it is reasonable to conclude that these trends are due to the changes in the abortion laws, one can never completely rule out the possible simultaneous effects of other factors.

More instructive is what happens in a country when abortion is made illegal and access to safe abortion taken away. Before 1966, Romanian women—like their neighbors in other Eastern European countries—had access to safe abortion through the country's health care system. In 1966 Romanian President Nicolae Ceaucescu introduced pronatalist policies, outlawed abortion and contraception, and took measures to enforce the law. Mandatory pelvic examinations at places of employment were imposed on women of reproductive age. Informers for the security police were stationed in maternity hospitals. Doctors could be prosecuted for performing unauthorized abortions, and nurses were to make unannounced supervisory visits to new mothers to determine whether they were taking proper care of their infants.

The consequences of this policy and its enforcement are presented in Figures 1 through 3, through data from the Romanian birth and death registration system and the nationwide, ongoing maternal mortality audit system. (World Health Organization site visits from 1991 to 1992 have found that these systems are comparable to those of Western Europe in terms of the completeness of reporting and the reliability of data.[2] Romanian vital data systems and maternal mortality reports use ICD-9 CM definitions

Patricia Stephenson is with the Centrum for Folkhälsoforskning, Karlstad, Sweden. Marsden Wagner is retired from the World Health Organization, European Regional Office, Copenhagen, Denmark. Mihaela Badea is with the Ministry of Health of Romania, Bucharest, Romania. Florina Serbanescu is with the Institute for Mother and Child, Bucharest, Romania.

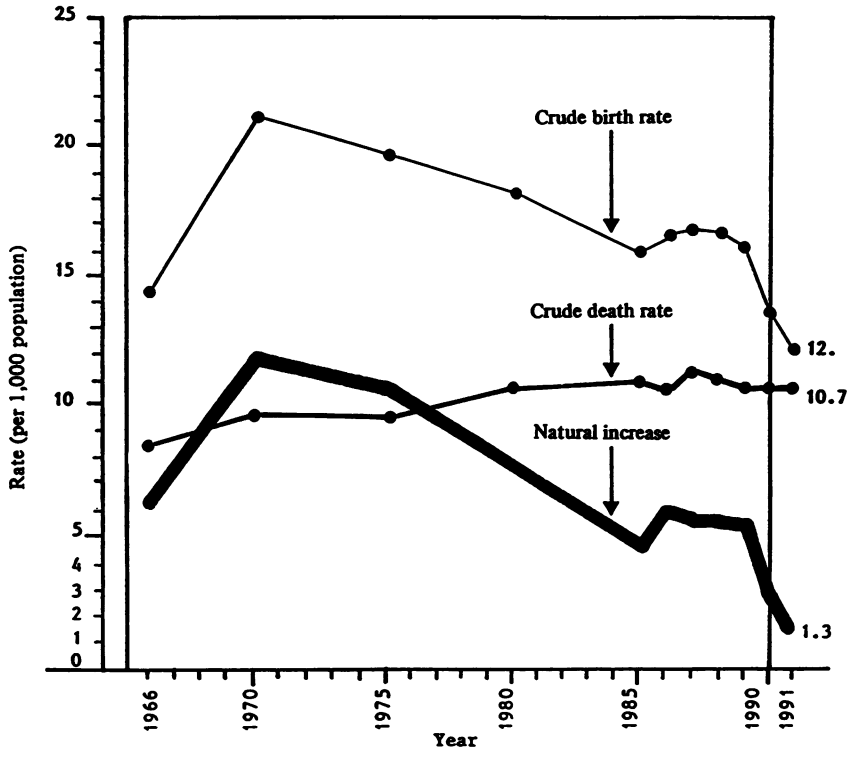
Requests for reprints should be sent to Patricia Stephenson, ScD, Centrum for Folkhälsoforskning, Landstinget i Värmland, 651 82 Karlstad, Sweden.

Editor's Note. See related editorial by Susser (p 1323) in this issue.

and diagnostic classifications.) After a brief rise, the crude birth rate fell and continued to fall (Figure 1). Thus the policy intended to increase the birth rate failed.

Before the 1966 law went into effect, the Romanian maternal mortality rate was similar to those of other Eastern European countries. Afterward, abortion-related maternal mortality increased to a level 10 times that of any other European country (Figures 2 and 3). For the decade 1980 to 1989, the average Romanian maternal mortality rate was 150 maternal deaths per 100 000 live births.[6] Many women obtained abortion illegally, and every year approximately 500 otherwise-healthy women of childbearing age died from postabortion hemorrhage, sepsis, abdominal trauma, and poisoning.

Precise figures on the Romanian prevalence of postabortion morbidity are not available. The country's most common causes of obstetrical death were postpartum hemorrhage and infection,[3] complications that could be associated with unsafe abortion. In Romania, local health professionals report that unsafe abortion—as performed by the woman herself or by untrained persons—may involve very dangerous techniques, such as scraping the uterus with a rubber tube or other instrument, uterine lavage with water or a caustic fluid, introduction of foreign bodies into the uterus, or external trauma. Such methods often result in damage to the uterine cervix, chronic infection, and severe anemia that, in turn, increase the risk of postpartum hemorrhage and infection, infertility, preterm birth, and low birthweight.[7,8]



Source. Adapted with permission from Ministry of Health of Romania.[3]

FIGURE 1—Crude birth rate, crude death rate, and rate of natural increase, Romania, 1966 to 1991.

The Social Impact of Restricted Abortion

Legions of Romanian children in institutions are another sad legacy of the years of the Ceaucescu pronatalist policy. Some women who did not have illegal abortions bore children after unwanted pregnancies and placed the children in institutions because they and their families simply could not find the means or motivation to care for them.[9] Although the number of children institutionalized before the overthrow of the Ceaucescu government is unknown, shortly after the revolution approximately 150 000 to 200 000 children were in institutional care.[10] Warehousing of children in institutions overwhelmed the health care system and reduced the standard of care.[9] Present programs have returned many institutionalized children to their families or have attempted to place them in adoptive homes.[9] However, several thousand severely retarded and handicapped children are likely to remain in institutions for the rest of their lives.[9]

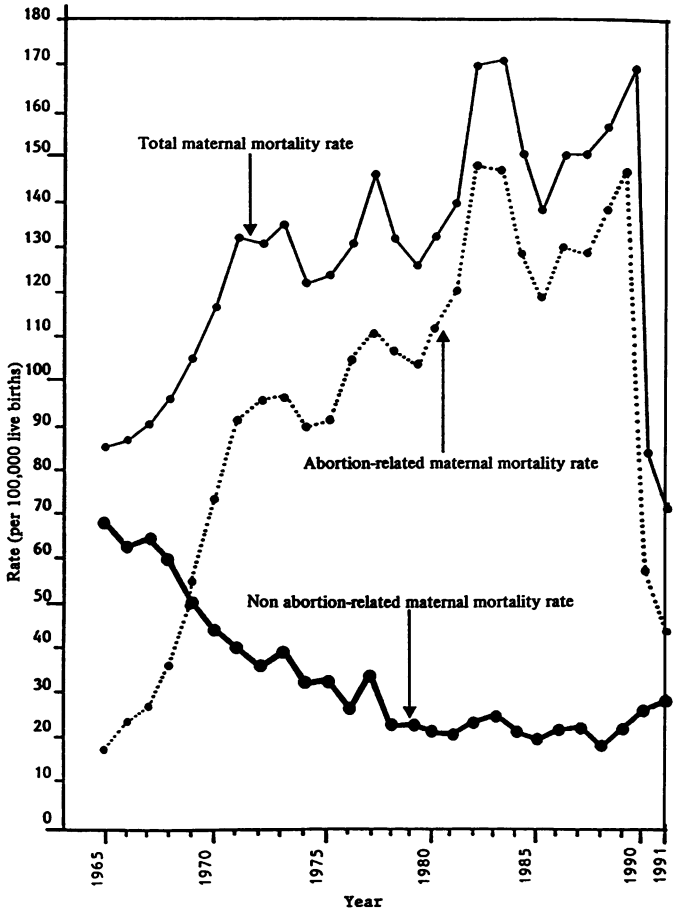
Conclusions

After the December 1989 Romanian revolution, one of the provisional government's first acts abrogated the 1966 law banning abortion and contraception. This was done as an emergency public health measure to try to decrease maternal mortality due to unsafe abortion. Since then, more and more induced abortions have been performed by qualified doctors in hospitals or clinics; the maternal mortality rate fell by 50% in the first year following the change in the law. It continues to fall as more and more women avail themselves of safe abortion. New admissions to children's institutions have decreased in spite of severe economic conditions.[9]

The Romanian experience demonstrates the futility and folly of attempts to control reproductive behavior through legislation. A law that forbids abortion does not stop women from aborting unwanted pregnancies. In Ireland today, where abortion is illegal, some 4000 women each year travel to Britain for the procedure. Nor can laws concerning reproductive behavior be effectively enforced. The extreme pronatalist policies in Romania did not succeed in sustaining the desired levels of reproduction and natural increase (Figure 1).

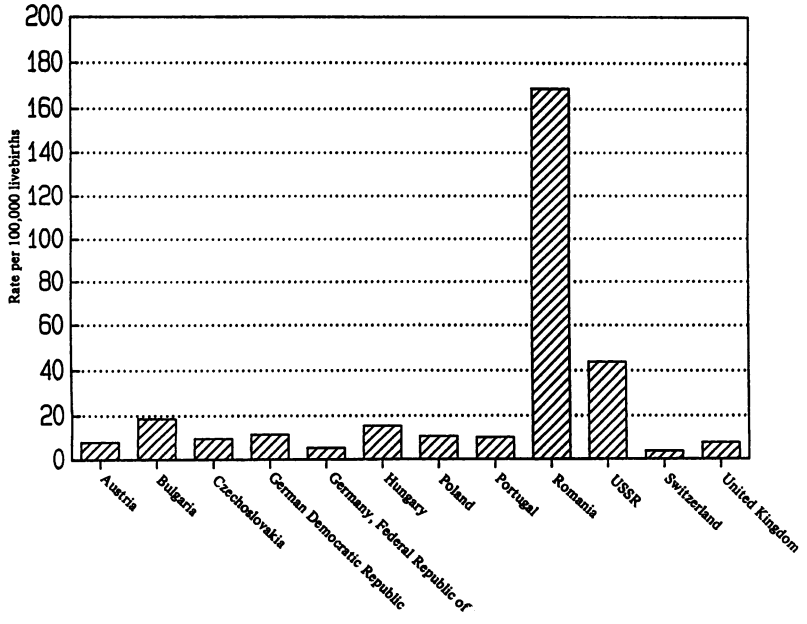
To reduce or eliminate abortion, the rational approach is to promote contraception. To paraphrase the position statement of the 1984 International Conference on Population, the solution to the abortion question is to prevent unwanted pregnancy.[7] The outlawing of abortion and contraception is not pronatalist but antinatalist in that the results are likely to be fewer healthy, fertile women who might have children, reduced fertility from widespread gynecological infection, the birth of more damaged babies, and, in sum, not more but fewer healthy citizens for the future.

In the 23 years of its enforcement, the antiabortion law in Romania resulted in over 10 000 deaths of women from unsafe abortion. The pronatalist policy as a whole resulted in the untoward institutionaliza-



Source. Adapted with permission from Ministry of Health of Romania.[3,4]

FIGURE 2—Abortion- and nonabortion-related maternal mortality rates and total maternal mortality rate, Romania, 1965 to 1991.



Source. Adapted from World Health Organization.[5]

FIGURE 3—1989 maternal mortality rate for 12 European and Asian countries.

tion of thousands of children and in an elevated rate of infant deaths. In effect, it also turned otherwise-law-abiding women and their partners into criminals; women learned to fear the government and its representatives. Doctors and other health care providers were victims as well because they were forced to carry out the policies of the state. Working today to improve and strengthen women's health services, Romanian doctors report that many women remain fearful of contact with the health care system.

The lessons of the Romanian experience hit home for those of us who remember how it was in our own countries prior to the legalization of abortion. Those who could afford to fly to other places could obtain legal, safe abortion, while those who could not made do with "backstreet" procedures or relinquished their unwanted children to orphanages. Perhaps we have come so far and accomplished so much that we have forgotten the public health consequences of restricting access to safe abortion.

In light of those consequences, it does not matter whether, as health professionals, we believe that life begins at conception or whether 8-week-old fetuses should have equal protection under the law. Policy on abortion is being formulated in the rarified atmosphere of legislatures and parliaments, meeting halls and court rooms. Let us hope that policymakers accept their responsibility for protecting the health and lives of women and children. □

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