SAFE ABORTION IN EMERGENCIES: YEMEN

Unsafe Abortions in Humanitarian Emergencies, June 2015

Unsafe abortion accounts for approximately 13% of the global burden of maternal mortality, or an estimated 47,000 maternal deaths, and 5 million hospitalizations per year. The World Health Organization (WHO) defines unsafe abortion as “a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.”

The general lack of access to safe abortion and post-abortion care in emergencies means that women and girls who seek abortion risk preventable infections and injuries. Refugees and internally displaced persons (IDPs) are particularly vulnerable to unintended pregnancies and unsafe abortions as a result of increased sexual violence, along with disruptions or absence of health services, including family planning (FP), safe abortion care (SAC), and post-abortion care (PAC). UNFPA estimates that 25-50% of maternal deaths in refugee settings are due to complications of unsafe abortion.

Yemen

WHO estimates that the unsafe induced abortion rate for Western Asia is 16 per 1,000 women aged 15-44, noting that, given the poor quality of available data, the true rate is likely higher. WHO further estimates that 16% of maternal deaths in the region are due to complications of unsafe abortion. In Yemen, the maternal mortality ratio is 270 deaths per 100,000 live births, and the lifetime risk of maternal mortality is 1 in 88, the highest in the MENA region. Country-level data on abortion in Yemen are weak. Prior to unification as the Republic of Yemen in 1990, both the Yemen Arab Republic and Democratic Yemen permitted abortion only to save the life of the woman. This restrictive stance on abortion remains in place under current law, and public health facilities are not permitted to provide abortion services. Along with explicit legal measures, social stigma and religious norms further inhibit access to safe abortion.

Abortions services may be accessed in some private facilities, and there have been reports of abortion being permitted in cases of rape, fetal impairment and serious health problems affecting the woman, such as cancer, hypertension or diabetes. However, given the lack of accurate data on abortion, it is unclear how common such practices are.

Clandestine abortion appears to be widespread in Yemen. According to data from the 1997 Demographic and Health Survey, 30% of women of reproductive age reported ever having an induced abortion. Among women ages 38-39, this number rose to nearly 50%. These numbers may have changed significantly over the past 18 years; updates may become available upon the release of the full report on the 2013 Yemen DHS.

Gaps in access to and quality of contraceptive services are important factors shaping women’s use of abortion services in Yemen. In 2013, 29% of currently married women of reproductive age were using a modern contraceptive method. Another 29% had an unmet need for contraception. This leaves a large proportion of women at risk for unintended pregnancy.

Legal Grounds for Abortion

In Yemen, an abortion may be performed:

- To save the life of the woman
- To preserve physical health
- To preserve mental health*
- In cases of rape or incest
- In cases of fetal impairment
- For economic or social reasons
- On request

One study of abortion in the MENA region reported that while many procedures are performed by skilled health providers such as gynecologists and midwives, the quality of service varies greatly depending on the price charged and technique used. Traditional methods of inducing abortion are also used. These include herbs, medications or alcohol and may be ingested or placed in the rectum or vagina. Further, although neither misoprostol nor mifepristone is currently registered for medical abortion in Yemen, both medications are increasingly used for medical abortion throughout the MENA region.

When an armed opposition group recently overthrew the central government, the ongoing violence caused severe disruptions in healthcare service delivery, including reproductive health services. WHO has called for humanitarian intervention in this sector, without which the number of unwanted pregnancies and unsafe abortions is expected to rise.
Influences on Safe Abortion Provision in Yemen

**National Law**

Induced abortion is permitted only to save the life of the woman.

**On-the-ground Practices**

Public health facilities are not permitted to provide abortion services, but some private facilities may offer them. Clandestine abortion, mostly done in unsafe conditions, is believed to be widespread.

**Humanitarian Guidelines**

The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings includes a specific chapter on Comprehensive Abortion Care, and the WHO/UNHCR Clinical Management of Rape Survivors manual for refugees and IDPs includes the delivery of safe abortion information and options whenever possible.

**Donor Policies: U.K. and U.S. Aid**

**U.K.**

The UK has stated that it expects all recipients of UK humanitarian aid to treat survivors of rape during conflict according to international humanitarian law rather than national law. DID, the UK's development assistance agency, has indicated that it will support initiatives to improve the quality and safety of abortion services to the extent that they are legally permitted, as well as certain locally-led efforts to enable legal and policy reform in settings where restrictions on abortion contribute to high maternal mortality and morbidity.

**U.S.**

The 1973 Helms Amendment forbids the use of U.S. foreign aid funds "to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions." Provision of abortion for non-FP reasons is not forbidden by the Helms Amendment. However, administrative policy within the United States Agency for International Development (USAID) effectively prohibits the use of U.S. government funds to provide abortion services under any circumstances. Under the Helms Amendment, an organization can use funds from other sources to provide SAC and organizations are permitted to provide information or counseling on pregnancy options as "consistent with local law." The Helms Amendment does not restrict provision of PAC. If an organization does not receive U.S. government funds, the Helms Amendment does not apply to its activities. The Mexico City Policy, also known as "the Global Gag Rule," was repealed in 2009. When in place, it barred non-U.S.-based USAID grantees from engaging in abortion-related activities, including with funds from other sources.

For more on legal and other barriers to safe abortion, visit IPPF's Access to Safe Abortion tool: http://www.ippf.org/sites/default/files/access_to_safe_abortion.pdf

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11. International Covenant on Civil and Political Rights – “right to privacy” (Article 17).
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