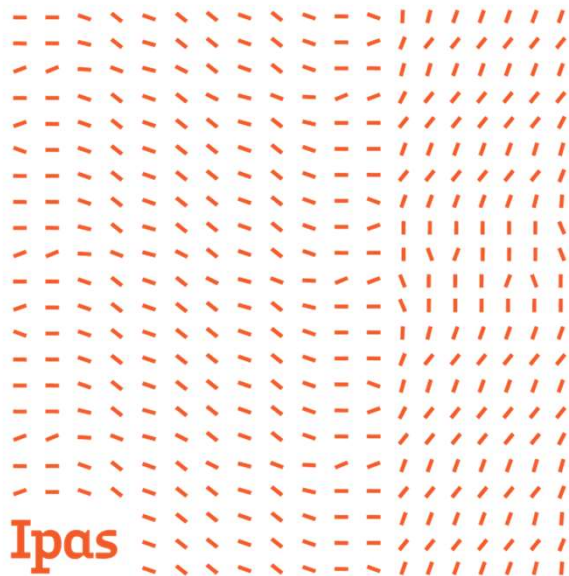


The Economics of Abortion:

An Overview of the Collection and Economic
Impacts of Abortion



Speakers



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Agenda

- Introduction
- Methodology
- Economic Impacts of Abortion
 - Micro-Level
 - Meso-Level
 - Macro-Level
 - Links with Stigma
- Take-Away Points
- Q&A

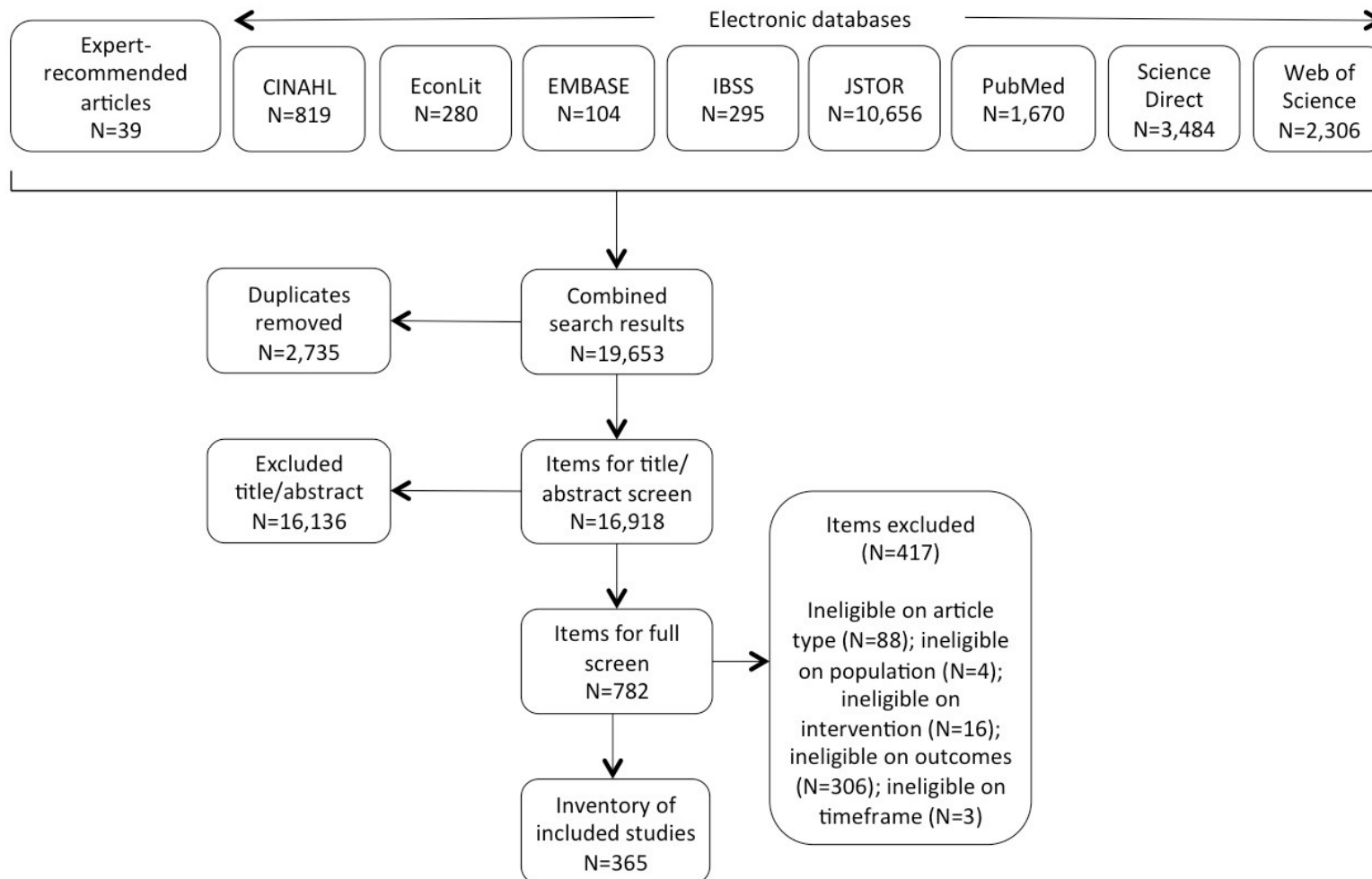


Introduction

Key Objectives:

- Provide medical professionals, healthcare providers, advocates, researchers, policy-makers, and other key stakeholders with systematic evidence on the economic repercussions of abortion.
- Synthesize the knowledge base in social science literature.
- Focus on the impact of abortion-related care and policies across the safety continuum, including post-abortion care (PAC).

Methodology: PRISMA-SCR Flowchart



Economic Outcomes

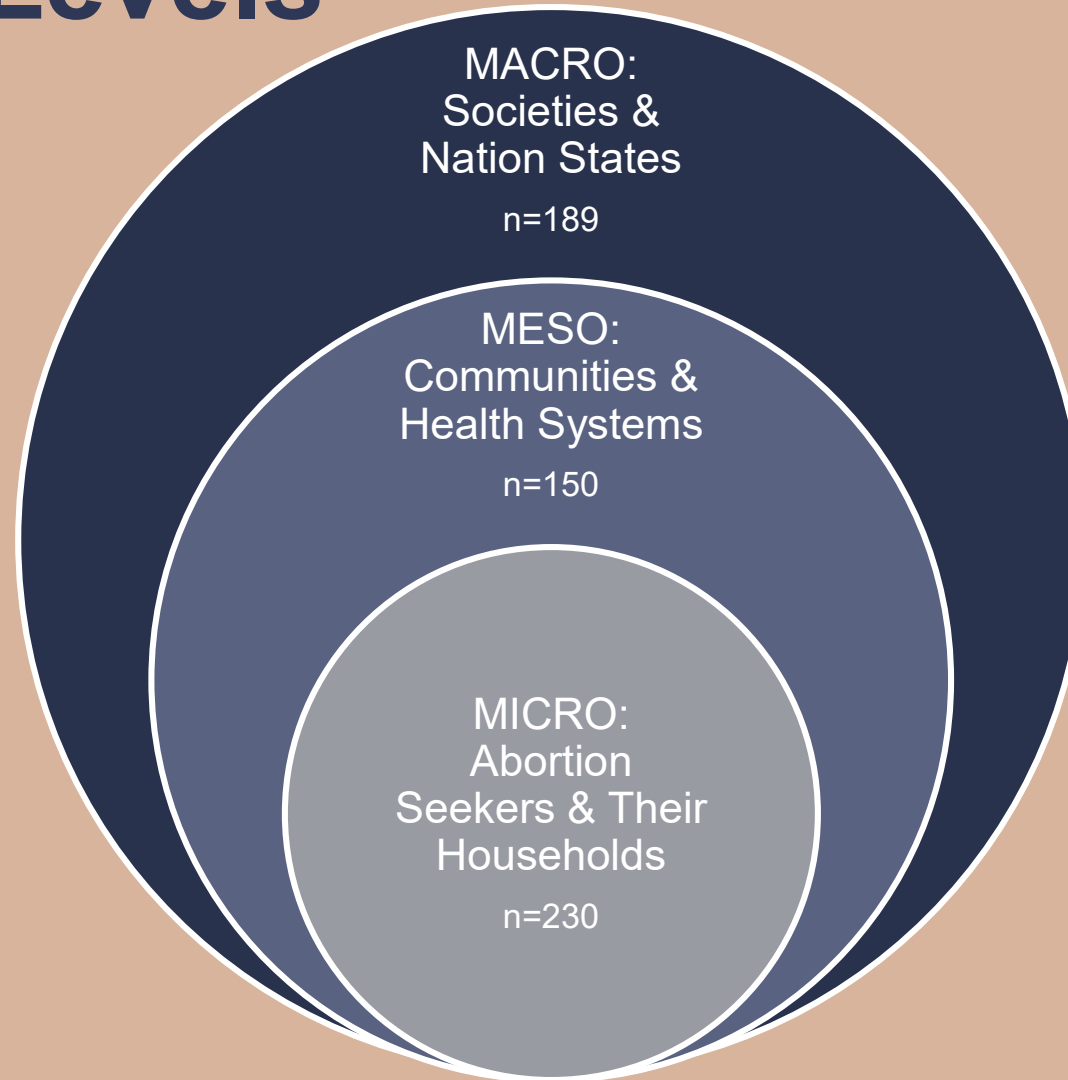
Financial Cost: cost of receiving or providing abortion care or financial costs resulting from abortion policies

Impact: the effect or influence of abortion care or policies

Benefit: advantages or profits gained from receiving or providing abortion care or implementing abortion policies

Value: the importance, worth, welfare gains, or utility of receiving or providing abortion care or implementing abortion policies

Economic Levels



Included Studies by Region

Region	# of Studies
Northern America	122
Africa	68
Asia	53
Europe	49
Latin America & Caribbean	34
Oceania	9
Cross-Regional Studies	30

Microeconomic Outcomes

Costs

- Seeking abortion-related care has – frequently substantial - costs for individuals (implications for the timing and type of care sought)
- Evidence from settings where abortion-related services are (theoretically) free-of-charge
- Conditionality of care

Indirect costs

- Companion costs; childcare; overnight accommodation; travel costs; time off work; consumables; unofficial payments



Microeconomic Outcomes

Resources for costs

- Abortion funds; credit / loans; social networks; families; partners

Costs x type of abortion-related care-seeking

- PAC more expensive than SA

Costs x delays

- Points at which economic factors introduce / compound delays gives insight into the points at which information and services might be better designed to reduce delays.



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Microeconomic Outcomes

Gestational limits

- Impact: Women turned away due to gestational limits less likely to have an aspirational plan and to have achieved it. [US]
- Impact: Costs increase at key gestational intervals

Waiting periods

- Impact: multiple mandated visits and pregnancy outcome [x individual characteristics]



Microeconomic Outcomes

Costs x type of care sought

- Contexts where less safe methods are cheaper than safer methods

Benefits + Values

- Positive outcomes for women able to access financing [USA]
- Linked to reason for abortion: economic in/ability to afford or cope with a/nother child; pregnancy timing; costs of pregnancy/childbirth (distinct from costs of a child); partner and others' influences; positive implications for existing children; avoidance of health-related issues; avoiding pregnancy at a young age; continuation of education

Microeconomic Outcomes

Obstruction to Care (formerly: conscientious objection*)

- Impact: Travel to receive care
- [refusal to refer]

Restrictions as to who can provide

- Impact: Facility closure due to increased restrictions increases costs and need to disclose [US]

Criminalisation

- [care-seeker: fears / perceptions of legal consequences]
- [providers: exploit fears for fees in settings where legal]

Mesoeconomic Outcomes

Financing

- Costs of PAC were a financial burden to health systems
- Savings can be realized while maintaining or even improving quality
- Limited resources negatively affect health facilities' ability to meet demand and provide quality services

Criminalization

- Costs to health facilities are higher in locations with patchwork abortion laws
- Immense health system resources are required to treat complications resulting from unsafe abortions





Mesoeconomic Outcomes

Task shifting

- When possible, shifting provision of simpler procedures to lower-level hospitals or primary clinics minimized costs
- Setting and context must be considered before shifting tasks

Universal health coverage

- Health insurance and public health systems effectively disincentivize abortion outright or disincentivize certain methods
- Economic disincentives to delivering medical abortion in the public sector can limit patients' access to the full range of abortion services

Mesoeconomic Outcomes

Obstruction of access to care (formerly: conscientious objection*)

- Public providers who consciously object may willingly overlook these concerns to perform abortions in the more profitable private sector

Restrictions as to who can provide services

- Can be costly, especially where task-shifting could lead to savings
- Requiring abortion to be performed by OBGYNs in hospitals leads to higher costs of care and decreased client access

Gestational limits

- Abortion at later gestational ages costs more to provide than abortion at earlier gestational ages

Macroeconomic Outcomes

Financing

- Integrating abortion into full set of reproductive health services has societal benefits
 - This approach is more effective in terms of lives saved and is more cost effective compared to a non-integrated strategy without family planning and safe abortion services
- Post-abortion care services constitute a large share of GDP/capita in some countries
- Restricting abortion access has negative spillover effects on women's educational attainment and labor supply



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Macroeconomic Outcomes

Task shifting

- Some countries are actively working to provide more cost-effective and innovative options
 - Medical abortion often considered the cheaper option at the national level and more governments are moving to approve medical abortion in the future
- Some countries (e.g. UK) moving toward regulatory reforms in which nurses and midwives are allowed to perform abortions in order to provide cost savings at national level

Macroeconomic Outcomes

Criminalization

- Large body of research at macro level on liberalization of abortion laws, with positive effects on women's educational attainment, labor supply, and human capital investment of the next generation
 - Selection effects of abortion law liberalization are associated with other long-term benefits for children
- Abortion law liberalization may lead to lower crime rates

Gestational limits

- Macro effects of women denied an abortion due to gestational limits – higher poverty for children



Macroeconomic Outcomes

Universal health coverage

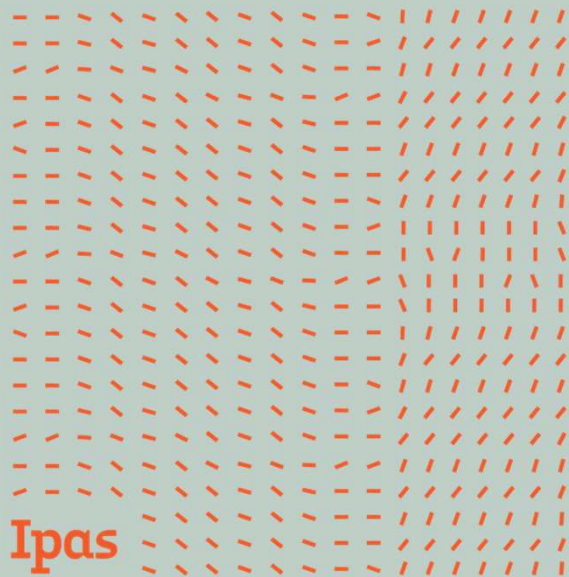
- Public sector coverage of abortion care services is sparse, and individuals often bear most of the financial costs
 - Very few countries have public sectors that fully cover the financial costs of obtaining an abortion
- There are cost savings to society from public coverage of abortion services that reduce need for public spending on medical and welfare costs of pregnancies carried to term among low-income women



Secondary Outcome: Stigma

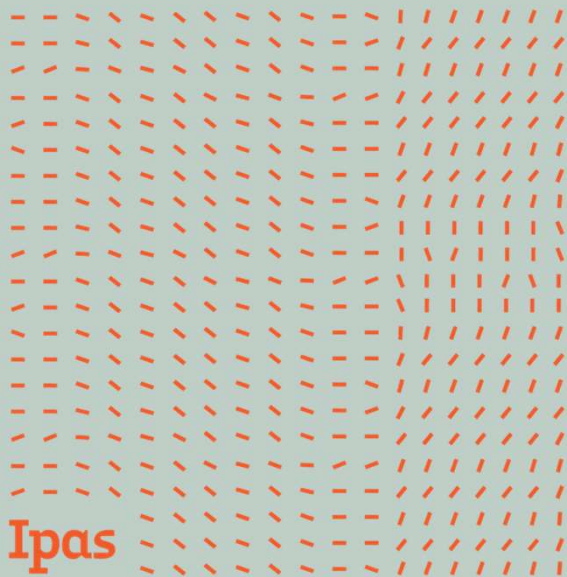
- The ability to confide in a social support network has an impact on available financial resources to access services.
- Inadequate access to and sharing of information about abortion can lead to barriers to accessing care.
- Abortion-related stigma can lead individuals to abortion care services outside the formal sector.
- Refusal to provide abortion services or referrals can result in substantial delays in care.
- Anti-abortion movements and related political action can restrict abortion access for women through legal regulations.

Conclusion



- **Third-party authorization** impacts individuals, largely minors, by raising the direct and indirect price of abortion
- As a result, unintended pregnancies increase, and individuals may seek illegal abortions
- **Restrictions on who can provide** abortion services decreases individuals' access and increases costs of care
- **Advocacy for universal health coverage** that includes abortion is critical

Conclusion



- **Criminalization** leads to greater costs for abortion seekers and for health systems providing PAC
- Liberalizing these laws can generate financial savings and positive macroeconomic outcomes
- **Gestational limits** result in individuals being less likely to achieve their aspirational plans, higher costs to health systems, and higher childhood poverty
- **Mandated waiting periods** increase costs for individuals, facilities, and health systems, as well as unwanted or mistimed births

Gaps in the Knowledge Base



- Economics of abortion in the informal health sector
- Economics of medical abortion outside of health facilities
- Economic impact of having or not having access to abortion care services in lower-income countries
- Economics of abortion in communities
- Future research to take more of an explicit economic lens on abortion access and policies

Thank you!

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