

International Seminar on

***Improving measurement of abortion incidence and safety:  
Innovations in methodology and recent empirical studies***

*Mombasa, Kenya, 19-21 November 2024*

Organized by the [IUSSP Scientific Panel on Abortion Research](#)

*Call for Papers:*

- **Deadline for abstract submissions extended to: 10 April 2024.**

Abortion research, and in particular measurement of abortion incidence and safety, continues to be of high priority and would benefit greatly from scientific exchange. Despite the large number of abortions worldwide, methodologies to estimate its incidence and safety are scarce and need further development. The objective of this seminar is to encourage innovative research on measurement of abortion incidence, abortion safety, and abortion-related morbidity. The aim is to bring together researchers who are working on this issue, and who are developing and testing different study designs, methodologies, and approaches.

Variations in the legal context for abortion presents different challenges to abortion measurement. In many countries where the abortion law is highly restrictive, indirect methods have commonly been used to measure abortion incidence. Limitations to these approaches, as well as the increase in self-managed medication abortion, call for new methodologies or adaptations to previously used methods to be developed. In settings where abortion remains broadly legal, available data are often incomplete. As such, improved documentation and more robust health systems data are needed to obtain more reliable measures of abortion incidence. In all abortion law contexts, methodologies are needed to assess the extent to which safe and legal services are being used and the level of unsafe abortion, and to identify which groups have inequitable access to legal, safe abortion services. Adding to the complexity of measuring abortion across differing legal contexts, the last decade has also been marked by a shifting legal landscape for abortion in many settings. In several countries, the criteria under which abortion is legally permitted have been expanded, and in a few, previously broad laws have been reversed. These changes underscore the need for improved methodologies to measure abortion incidence and safety. In settings where abortion was broadly legal and the law now is restrictive – such as the situation of a large number of states in the US – methodologies that were used to document abortion incidence in the past are no longer adequate and new approaches need to be developed or adapted. In addition, settings where abortion restrictions have been eased or lifted offer a unique opportunity to examine changes in service delivery of abortion safety.

Given the changing conditions under which abortions are now occurring, new and adapted methodologies and approaches for estimating abortion safety and abortion-related morbidity are needed. As safe abortion care becomes more difficult to access in some settings, it is important to understand the alternative ways women are terminating pregnancies and the safety of these methods in specific contexts. While understanding the frequency of unsafe abortion and its subsequent impact on maternal morbidity has always been an important objective for researchers, providers, and policy makers, measuring the health consequences of unsafe abortion is especially relevant in contexts where the abortion law has recently changed, where it is a valuable indicator of the impact of abortion law change and implementation of services for safe and legal abortion.

Accurate measurement of abortion incidence, and of abortion-related morbidity is important from a number of perspectives: from the demographic perspective because abortion is a key determinant of fertility level; from the equity and rights perspective because of individuals' right to plan the number and timing of their births, and to have equitable access to safe abortion care, which is an essential component of sexual and reproductive health services; from the public health perspective, because unsafe abortion is a significant contributor to maternal morbidity; from the service provision perspective, because it is an indicator of unmet need for family planning, and relates to the need for improvement in contraceptive and postabortion care; and from the policy perspective, estimates of abortion incidence, national, sub-national and for population subgroups motivate and inform efforts to ensure access to safe abortion for all areas and groups within countries. Despite the difficulty of measuring abortion and abortion-related morbidity, it is important to innovate and improve on existing methodologies for doing so.

This seminar will provide an opportunity for researchers to present results from new studies on abortion (focused on incidence, safety and morbidity), propose new methodologies, assess the advantages and disadvantages of existing methodologies and help guide future work in this area. This seminar also allows for the presentation of research from a variety of contexts, ranging from those where abortion is broadly legal and safe, to those where safe and unsafe practices are both common, and those where abortion is highly legally restricted and safe abortion is extremely difficult to access.

We invite abstracts on the following topics:

- Abortion incidence: Papers that present new methods or that have adapted existing methodologies; empirical studies applying new, adapted or existing methodologies; studies comparing different estimation methods; assessment of different methodologies for measuring abortion incidence.
- Implementation and impact of changes in abortion law: In settings where the abortion law was liberalized but the law is not comprehensively implemented, studies that measure the incidence of safe and legal abortion, compared to unsafe abortion are of interest. And for settings where abortion was broadly legal and the law is now highly restrictive, studies that develop and test new approaches and methods to measure abortion incidence are also very relevant for the seminar.
- Studies that seek to measure the incidence of medication abortion and self-managed medication abortion as a component of abortion incidence – including those that focus on the safety of use of the method.
- Abortion safety and abortion-related morbidity: Studies that present new methodologies or assess existing methodologies for measuring abortion safety or morbidity. This could include methods that measure the incidence and severity of abortion complications; trends in abortion morbidity over time, the relationship of morbidity to abortion method, type of provider and women's characteristics; and extent of untreated abortion morbidity.
- Commentaries on the state of knowledge for existing approaches and future research directions: Papers that reflect upon recent efforts to test and/or innovate upon existing methodologies for measuring abortion incidence or safety, including those that identify newly identified gaps, highlight promising new pathways forward, discourage further investigation of particular approaches, or propose new frameworks.

Papers may be country-specific, comparative, or for sub-national areas and may focus on low, middle or high-income countries. This International Seminar will bring together demographers, public health specialists, sociologists and other specialists interested in measures of abortion incidence and its consequences with an interest in exchanging the latest scientific knowledge on measurement of the incidence of induced abortion, and abortion-related morbidity.

The IUSSP Scientific Panel on Abortion Research invites researchers to **submit online by 10 April 2024** a short 200-word abstract **AND** an extended abstract (2 to 4 pages, including tables) or a full unpublished paper for consideration. To submit an abstract please fill out the [IUSSP Abstract Submission Form](#) on the IUSSP website.

Abstracts and papers may be submitted in English, French, or Spanish. However, the working language of the meeting is English, and presentations must be made in English.

- **Deadline for abstract submissions extended to: 10 April 2024.**
- **Applicants will be informed whether their paper is accepted by: 1 June 2024.**
- **Participants must submit their complete paper by: 10 October 2024.**

The seminar will be limited to about 20 contributed papers. If the paper is co-authored, please indicate the names of co-authors on the abstract. Submission should be made by the author who will attend the seminar.

We plan to hold the seminar in person in Mombasa, Kenya, with the Population Council based in Nairobi serving as our local host organization. We have secured funding that will cover the costs of a number of LMIC participants who need support. All participants are encouraged to seek their own funding to cover the cost of their participation in the seminar, as available funding is limited. Those who are applying for financial assistance from the IUSSP should indicate their need when they submit by ticking the appropriate box on the online submission form when submitting a paper or abstract. The IUSSP expects to inform applicants of the status of their application for financial support by 15 June 2024. However, funding is contingent upon submission of a complete paper of acceptable quality by the deadline for papers.

For further information, please contact Susheela Singh and Fatima Juarez ([ssingh@guttmacher.org](mailto:ssingh@guttmacher.org); [fjuarez@colmex.mx](mailto:fjuarez@colmex.mx)).

***IUSSP Scientific Panel on Abortion Research:***

Co-Chairs: Susheela Singh (Guttmacher Institute, USA) and Fatima Juarez (El Colegio de Mexico); Members: Harriet Birungi (Population Council, Nairobi, Kenya); Margaret Giorgio (Guttmacher Institute, USA); Ndola Prata (School of Public Health, University of California, Berkeley, USA) and Rishita Nandagiri (Department of Global Health and Social Medicine, King's College London, UK).