

Abortion services offered via the Internet in Lima, Peru: methods and prices

In Peru, like many developing countries, abortion is legally restricted.¹ In 2005, a survey carried out in a randomised sample of women aged 18–29 years in 20 Peruvian cities demonstrated that the prevalence of induced abortions in women who had ever been sexually active was 13.6%,² and that 17.5% of Peruvian maternal mortality is caused by abortion.³ Clandestine abortion services in Peru are advertised via different media including the Internet, newspapers, and posters in public places. Of these, the Internet is probably one of the most accessible sources of information for young people.

In order to assess the costs of clandestine abortion services advertised online in Lima, Peru we conducted a Google search in May 2015 using a browser without cookies and utilising the keywords ‘atraso menstrual’ [menstrual delay], ‘problemas atraso’ [delay problems], ‘atraso solucion’ [delay

solution] and ‘servicio aborto’ [abortion service] combined with ‘Peru’. The top 30 results obtained for each search term were revisited to identify websites that offered abortion services in Lima. Finally, we called the phone numbers listed on these websites.

Calls were made by an assistant who pretended to be 18 years old and 6 weeks pregnant. After confirming that they had called an abortion service, the assistant asked about the abortion method recommended by the provider, the duration and cost of this method, and the profession of the provider. We found 24 websites that offered abortion services; however, responses were obtained from only 10 of the numbers called.

When asked about the recommended abortion method for the simulated patient (i.e. for a 6-week pregnancy), mixed results were obtained: three services recommended ‘aspiration’, three recommended ‘dilation and curettage’ and two recommended ‘pills’. This diversity of recommendations could be due to differences in the provider’s knowledge, in the available instruments, or in their patient’s preferences; and it could reflect a low adherence to international abortion guidelines.⁴

Regarding the providers’ profession, one service claimed that the provider was a gynaecologist, two claimed that they were physicians and the remaining two claimed to be other health professionals. However, the results were self-reported and cannot be considered accurate. This is an important point, as the provider’s profession is associated with the risk of complications, which occur in 72% of abortions performed by non-professionals, 24% of those performed by non-medical professionals and 4% of those performed by a physician.⁵

Regarding costs, abortion by means of pills varied from US\$48.4 to US\$103.3 [US\$0.3=1.00 Peruvian Nuevo Sol (PEN)] and other procedures from US\$122.6 to US\$209.7. These prices are high, considering that the average monthly income in Lima and the rest of Peru is US\$500.5 and US\$316.7, respectively. Consequently, the poorest women would be required to pay sums of money that would adversely affect their already precarious economic position, or be forced to seek more affordable, higher-risk alternatives.

According to the Peruvian Pharmaceutical Observatory, the price of each misoprostol tablet sold by Peruvian drugstores is approximately US\$0.64. However, the penalisation of abortion prevents the free sale of misoprostol, obligating women to seek out clandestine services that offer this drug at greatly inflated prices, which particularly affects the poorest individuals.^{4 5} Similar situations may occur in other developing countries, which suggests that action is required in order to prevent this social inequity.

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