

Induced Abortion: Incidence and Trends Worldwide 1995 to 2008



Presented by Gilda Sedgh
Guttmacher Institute
January 18, 2012

Unless otherwise noted, all information in the presentation is from Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

<http://www.guttmacher.org/pubs/journals/Sedgh-Lancet-2012-01.pdf>

Study Objectives

- Estimate global, regional and subregional abortion incidence
- Examine abortion trends in 1995–2008
- Examine the association between legal status of abortion and abortion rates
- Interpret findings in context of other research

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Data Sources

- **Abortions in 2008**

- Official statistics
- Nationally representative surveys of women
- Hospital records
- Other published studies

- **Abortion trends**

- Estimates for 1995 and 2003 using comparable methods

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Key Messages

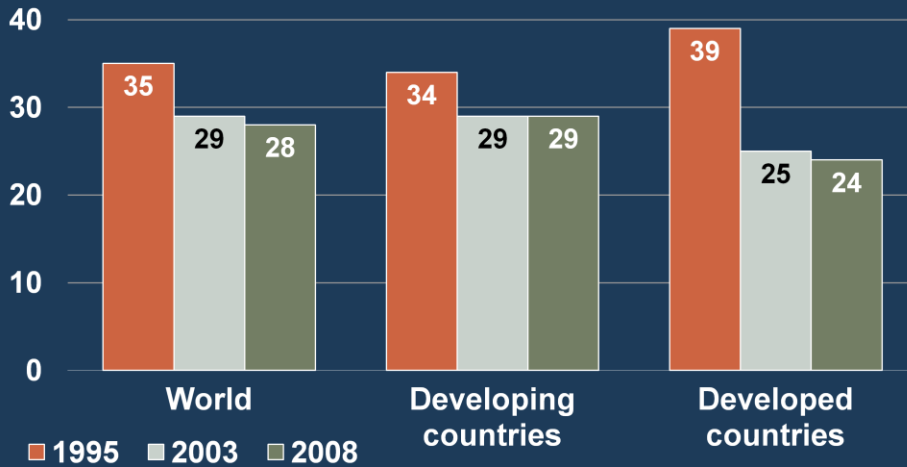
- The decline in abortion has stalled. This stall coincides with a plateau in contraceptive uptake.
- A growing proportion of abortions occur in developing countries, where they are generally illegal and unsafe.
- Restrictive abortion laws are not linked to lower abortion rates.
- Greater investment in family planning is needed to reduce unintended pregnancy and abortions that result.

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The global decline in the abortion rate has stalled

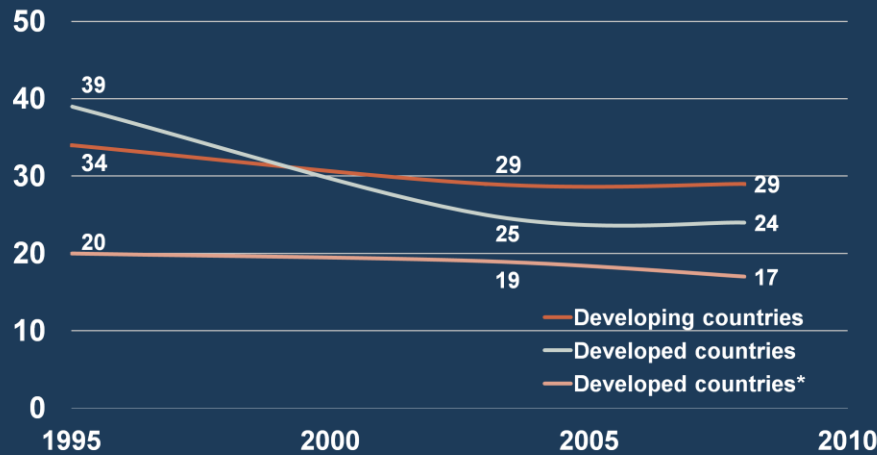
Abortions per 1,000 women aged 15–44



Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

The abortion rate is lower in developed countries than in developing countries

Abortions per 1,000 women aged 15–44

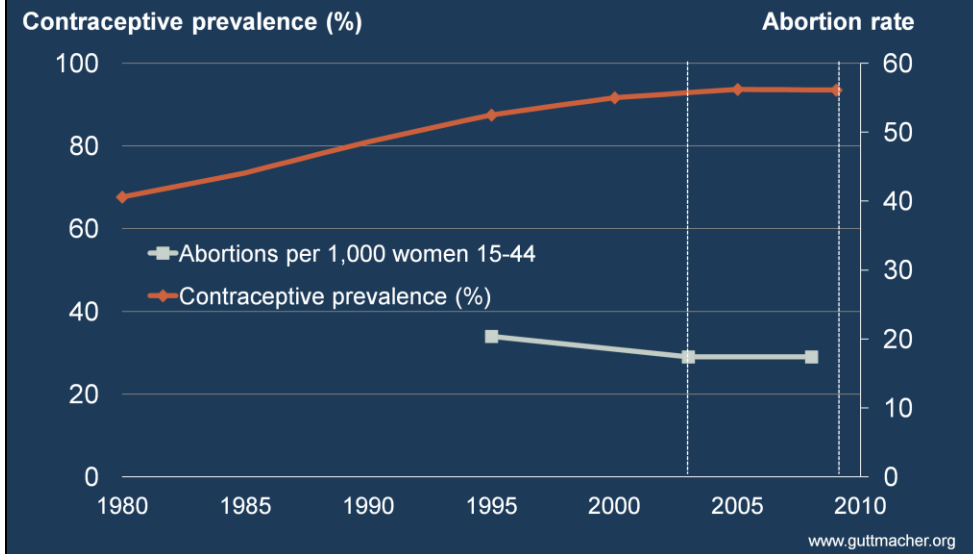


*Excluding Eastern Europe

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Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

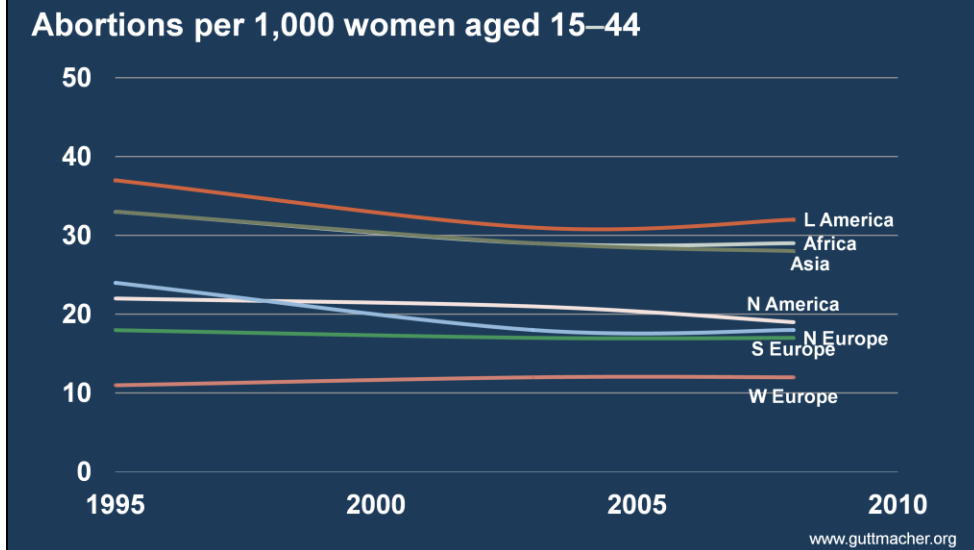
The stall in the global abortion decline coincides with a plateau in contraceptive use



The abortion rate is defined as the number of abortions per 1,000 women aged 15-44.

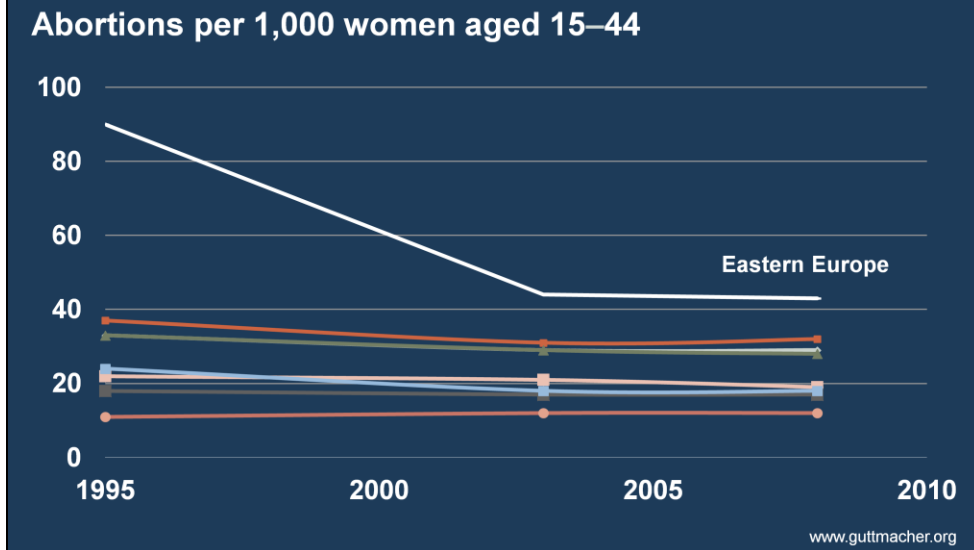
Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming); Population Division (2011), Department of Economic and Social Affairs, United Nations, World contraceptive use 2010, 2011, <http://www.un.org/esa/population/publications/wcu2010/WCP_2010/Data.html>, accessed Dec. 19, 2011.

The downward trend in abortion rates has stalled, following a decline between 1995 and 2003



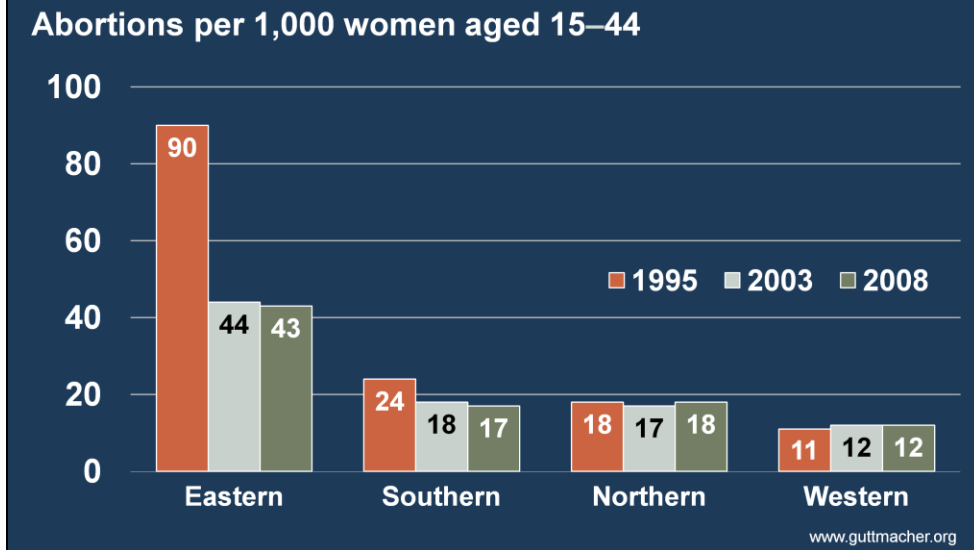
Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

The highest regional abortion rate is in Eastern Europe



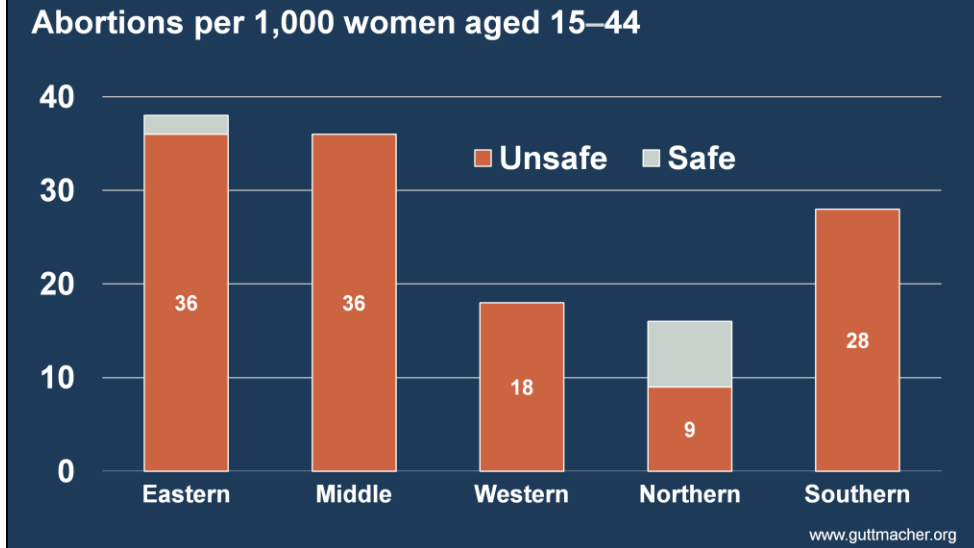
Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

Abortion trends in Europe, 1995 to 2008



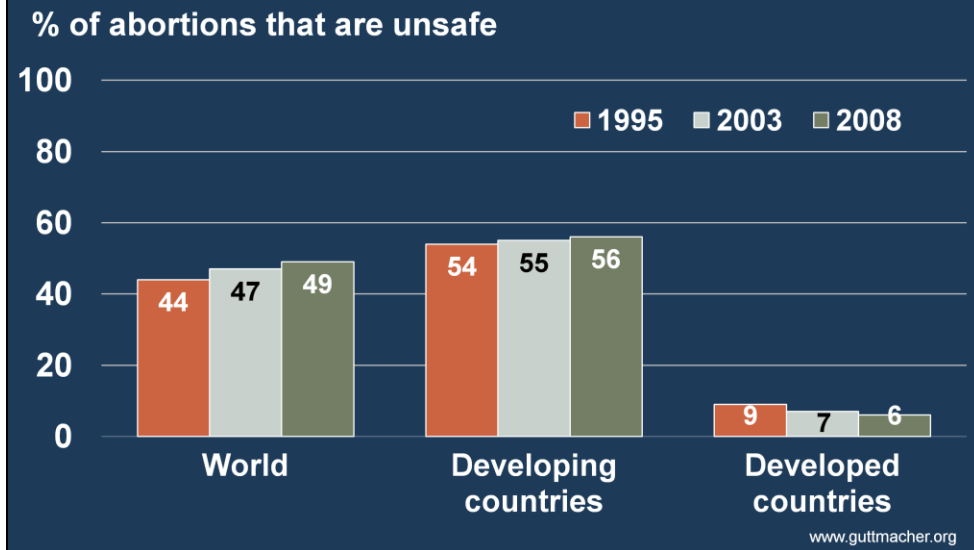
Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

Abortion rates in Africa by subregion and safety



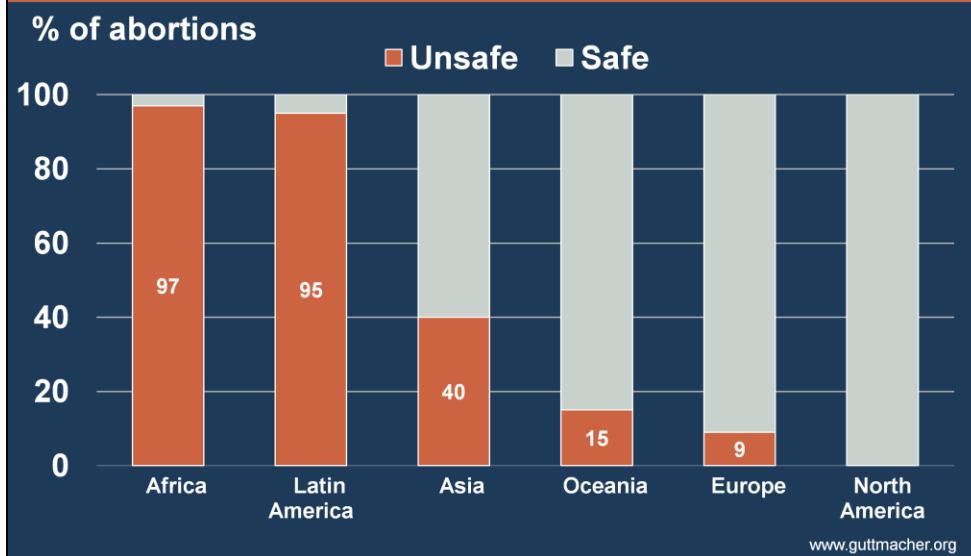
Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

An increasing proportion of abortions are unsafe



Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

Virtually all abortions in Africa and Latin America are unsafe



Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

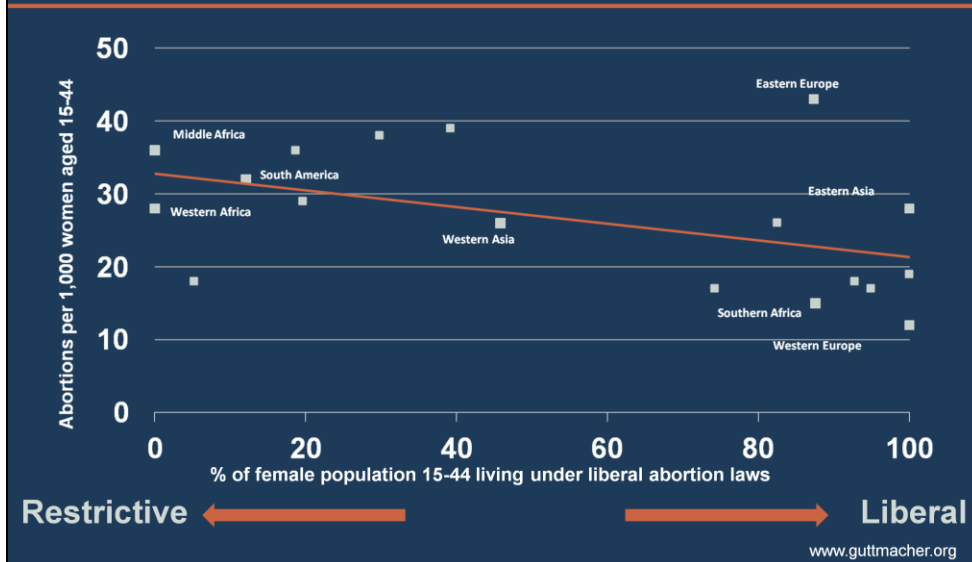
Consequences of unsafe abortion

- 13% of all maternal deaths are attributed to unsafe abortion. Virtually all of these deaths occur in the developing world.
- 8.5 million women experience complications that require medical attention each year; three million do not receive care.
- Unsafe abortions also impose costs on families and health care systems.

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Sources: Singh S, Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries, *Lancet*, 2006, 368(9550):1887–1892; and World Health Organization (WHO), *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*, sixth ed., Geneva: WHO, 2011.

Abortion Rates are Lower in Subregions with Liberal Abortion Laws



Source: Sedgh G et al., Induced abortion worldwide in 2008: levels and trends, *Lancet*, 2012 (forthcoming).

Abortion law reforms in developing countries have been followed by declines in morbidity and mortality

- South Africa (1997): Annual number of abortion-related deaths decreased by 91% after the law was liberalized.
- Nepal (2002): Abortion-related complications as a proportion of all of maternal illnesses decreased by 48% in a study of facilities in eight districts.
- Ethiopia (2005): Abortion complications per 100,000 live births (at one large hospital) decreased by about 70%.

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Sources: Jewkes R and Rees H, Dramatic decline in abortion mortality due to the Choice on Termination of Pregnancy Act, *South African Medical Journal*, 2005, 95(4):250; Pradhan A et al., *Nepal Maternal Mortality and Morbidity Study 2008/2009: Summary of Preliminary Findings*, Kathmandu, Nepal: Family Health Division, Department of Health Services, Ministry of Health, 2009; and Gebrehiwot Y and Liabsuetrakul T, Trends of abortion complications in transition of abortion law revisions in Ethiopia, *Journal of Public Health*, 2009, 31(1):81–87.

Summary

- Previous abortion declines have stalled in nearly all world regions, as has the increase in contraceptive use.
- A growing proportion of abortions are taking place in developing countries, where they are likely to be most dangerous.
- Restrictive abortion laws are not associated with low abortion rates. They are associated with higher rates of abortion-related morbidity and mortality.

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Implications

- Without increased investment in family planning, we can expect these trends to persist.
- Postabortion services should be expanded.
- This evidence suggests a need to reexamine restrictive abortion policies.

Acknowledgments

**UK Department for International Development
Dutch Ministry of Foreign Affairs
The John D. and Catherine T. MacArthur
Foundation**



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