

## Facts on Induced Abortion in Mexico

### BACKGROUND

- Abortion is highly restricted by law and is provided clandestinely in all Mexican states but one: As of April 2007, first-trimester abortions are broadly legal in Mexico City.
- Between 1970 and 2000, the population of Mexico doubled, from 48.2 million to 97.5 million inhabitants, and became more urbanized.
- Over the same period, the proportion of women who had completed some high school or higher education increased from 6 % to 34%.
- These changes have been accompanied by a large decline in family size: The number of children per family decreased from 5.6 in 1976 to 3.4 in 1990 to 2.2 in 2006.
- Contraceptive use among currently married women has increased steadily, from 25% in the late 1970s to 71% in 2006 (Table). However, the level of contraceptive use varies by region.\*

### THE INCIDENCE OF ABORTION

- An estimated 874,747 induced abortions were performed in Mexico in 2006, indicating that an even higher number of Mexican women experience an unintended pregnancy each year.
- Mexico's annual abortion rate is 33 induced abortions per 1,000 women aged 15–44, slightly higher than the average for Latin America (31 per 1,000).
- About 44 abortions occur for every 100 live births, nationally.
- In 2006, Mexico City, the North region and the Central region had similar abortion rates (34–36 per 1,000 women of childbearing age), while the rate was substantially lower (25 per 1,000) in the South/East region, the least developed part of the country.
- The lower abortion rate in the South/East is consistent with other social and demographic indicators for this region: Compared with the other regions, the South/East is more rural and less developed, has lower levels of

education and has a higher proportion of indigenous residents.

### THE CONSEQUENCES OF UNSAFE ABORTION

- In 2006, an estimated 149,700 women were hospitalized for complications related to induced abortion, a 40% increase from 1990.
- This increase is explained by population growth. The rate of hospitalization for abortion complications actually remained steady at just over five hospitalizations per 1,000 women of reproductive age, each year.
- The 2006 rate of abortion-related hospitalization in Mexico (5.7 per 1,000 women of reproductive age) is approximately equal to the average in the developing world and is somewhat lower than the estimated average in Latin America (about eight per 1,000 women).
- The average hospital stay for postabortion care decreased from 1990 to 2006 (it fell from 1.2 days to 0.8 days for less complicated cases).

### TRENDS IN ABORTION AND RELATED FACTORS

- In Mexico, the number of women estimated to have obtained an abortion has increased by 64% between 1990 and 2006; the induced abortion rate increased 33% from 25.1 to 33 per 1,000

### REGIONAL INDICATORS

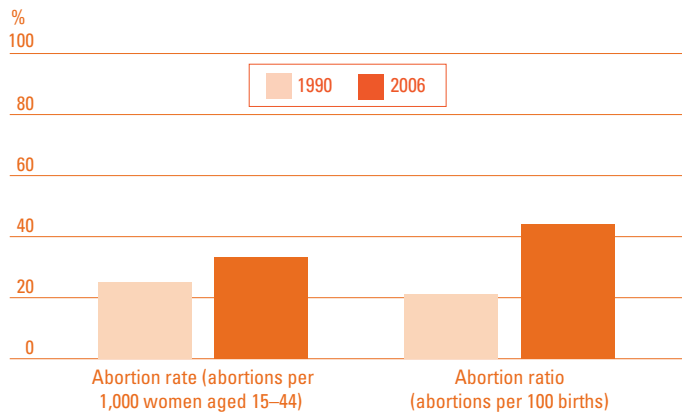
Abortion rate and other indicators varied by region in 2006.

	Mexico	Mexico City	North	Central	South/East
Estimated total number of induced abortions	874,747	165,455	278,336	304,133	126,823
Estimated abortion rate (abortions per 1,000 women aged 15–44)	33	34	35	36	25
Total fertility rate	2.2	1.7	2.2	2.2	2.3
% of married women aged 15–49 using a contraceptive method	71	81	76	67	63
% of married women with unmet need	12.4	5.4	9.5	14.2	18.0

\*Regions are defined as Mexico City, North (Aguascalientes, Baja California, Baja California Sur, Chihuahua, Coahuila, Colima, Jalisco, Mexico, Nuevo Leon, Sonora and Tamaulipas), Central (Campeche, Durango, Guanajuato, Michoacan, Morelos, Nayarit, Puebla, Queretaro, Quintana Roo, San Luis Potosi, Sinaloa, Tabasco, Tlaxcala, Yucatan and Zacatecas) and South/East (Chiapas, Guerrero, Hidalgo, Oaxaca and Veracruz).

## Abortion Trends

Both the abortion rate and the abortion ratio increased in 1990–2006.



women of reproductive age (Chart).

- The abortion ratio more than doubled during the same period (21 vs. 44 abortions per 100 live births).
- Seventy-one percent of married women used contraceptives in 2006, compared with 62% in 1992 and 68% in 1997.
- Among sexually active women aged 15–24, the proportion who were single increased over recent years (from 23% to 28%); however, contraceptive use has remained very low among young women. The growing unmet need for contraceptives\* among sexually active adolescents has been highlighted as one of the main challenges currently facing the government.
- Unmet need for contraception among married women remained steady, at 12%, over the past decade. However, the total fertility rate has been continuously declining, suggesting that women who experience unplanned pregnancies are increasingly resorting to abortion.

\*A woman has an unmet need for contraception if she is not using a modern or traditional method and does not want to have a child soon or ever.

### ABORTION LAW

- In all 32 Mexican states, abortion is permitted when pregnancy results from rape; in 29 states when pregnancy threatens a woman's life; in 10 when the pregnancy poses a severe risk to a woman's health; in 13 in cases of congenital malformations; in 29 when abortion results from "a careless act" by the pregnant woman; in 11 when the pregnancy is the result of artificial insemination without a woman's consent; and in one (Yucatan) for economic reasons.
- Even where the law permits the procedure under certain criteria, access to safe, legal abortion remains greatly limited, except in Mexico City where efforts are underway to implement access to legal elective abortion within the first trimester.

### POLICY IMPLICATIONS AND RECOMMENDATIONS

- Mexican women want to have fewer children than they did in the past. Making highly effective modern contraceptives available and affordable will prevent unintended

pregnancies and reduce women's need for abortion.

- Family planning counseling must be responsive to women's increasing desire to plan their births more precisely. Unmet need among married women has not declined in the past decade, indicating a need for improved services.
- Several studies have demonstrated that women are strongly motivated to regulate their childbearing and use contraceptives after an abortion. Interventions should improve the coverage and quality of contraceptive services after an abortion, birth or miscarriage.
- Special attention should be given to providing young people with adequate sex education, sexual and reproductive health services and information about contraceptive methods, including how to use condoms and other methods correctly and consistently.
- Broadening criteria under which abortion is legal is a prerequisite to ensuring safe services. The recent liberalization of the abortion law in Mexico City provides a valuable model and opportunity for the rest of the country.

### SOURCE OF DATA

This document is based on a study on the incidence of abortion in Mexico conducted by El Colegio de México, the Guttmacher Institute and the Population Council Mexico Office. The findings were published in Juarez F et al., *Estimates of induced abortion in Mexico: what's changed between 1990 and 2006?* International Family Planning Perspectives, 2008, 34(4): 158–168.

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