

Facts on Abortion and Unintended Pregnancy in Latin America and the Caribbean

INCIDENCE OF ABORTION

- The estimated annual number of abortions in Latin America and the Caribbean changed little between 1995 (4.2 million) and 2003 (4.1 million).
- However, because the number of women of childbearing age increased, the annual abortion rate declined between 1995 and 2003—from 37 to 31 abortions per 1,000 women aged 15–44.
- Of the 4.1 million abortions performed in 2003, all but 200,000 were unsafe.* Most safe abortions occurred in Cuba, Guyana and Puerto Rico—where the procedure is permitted on broad grounds and is performed by medically trained professionals.
- The estimated annual rate of unsafe abortion for the region as a whole in 2003 was 29 per 1,000 women aged 15–44; the rate of safe procedures was one per 1,000.
- However, the abortion rate varied by subregion. It was 33 per 1,000 in South America and 25 per 1,000 in Central America (defined as including Mexico, as per the United Nations classification of countries); all of the procedures in these subregions were unsafe. The abortion rate in the Caribbean was 35 per 1,000—19

unsafe and 16 safe abortions per 1,000 (most of the latter occurred in Cuba).

- Not reflected in these statistics are recent changes in abortion laws that have led to the provision of some safe abortions in Colombia and Mexico City. Preliminary estimates suggest that 7,000 safe, legal abortions were performed in Mexico City in the first 10 months after the law changed in April 2007.¹

LEGAL STATUS OF ABORTION

- Abortion is not permitted for any reason in seven of the 34 countries and territories in the region (see table). In eight others, it is allowed only to save the life of the woman or, in a few countries, in cases of rape (Brazil, Mexico and Panama) or fetal impairment (Mexico and Panama).
- Eight countries permit abortion to preserve the physical health of the woman (as well as to save her life), and an additional five allow the procedure to preserve her mental health (as well as to preserve her physical health and save her life). Seven of these 13 countries also make exceptions for rape, three do so for incest and one permits abortion in cases of fetal impairment.
- Of the 34 countries and territories in Latin American and the Caribbean, only six allow abortion under broad criteria—without restriction as to reason or on socioeconomic grounds. These six are home to 3% of the region’s women aged 15–44.
- The remaining 97% of women of childbearing age in the region live in countries where the abortion law is highly restrictive and the procedure is permitted only on relatively narrow grounds (as defined by the first four categories in the table).
- In countries that permit abortion on narrow grounds, it is unlikely that many women have the means to overcome the legal and medical barriers that must be surmounted to obtain a safe, legal procedure on those grounds.
- Three countries, or states within a country, have liberalized their abortion laws substantially since 1997—Colombia, St. Lucia and Mexico’s Federal District (Mexico City).
- Two countries, El Salvador and Nicaragua, have tightened abortion restrictions since 1997 and now prohibit the procedure under all circumstances, removing the exception to save a woman’s life.
- Opposition to abortion reform remains a major force in the region. For example, in reaction to Mexico City’s law expanding access to abortion, 13 of Mexico’s 31 states have amended their constitutions to define life as beginning at the moment of conception.

*In this report, abortions are categorized as safe or unsafe, using standard World Health Organization (WHO) definitions. WHO defines unsafe abortion as a procedure meant to terminate an unintended pregnancy that is performed by individuals without the necessary skills, in an environment that does not conform to the minimum medical standards or both.

Legality of Abortion

Countries and territories in Latin America and the Caribbean can be classified into six categories, according to the reasons for which abortion is legally permitted

Reason	Country or territory
Prohibited altogether, or no explicit legal exception to save the life of a woman	Chile, Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Suriname
To save the life of a woman	Antigua and Barbuda, Brazil (a), Dominica, Guatemala, Mexico (a,d,g), Panama (a,d,f), Paraguay, Venezuela
To preserve physical health (and to save a woman's life)*	Argentina (b), Bahamas, Bolivia (a,c), Costa Rica, Ecuador (a), Grenada, Peru, Uruguay (a)
To preserve mental health (and all of the above reasons)	Colombia (a,c,d), Jamaica (f), St. Kitts and Nevis, St. Lucia (a,c), Trinidad and Tobago
Socioeconomic grounds (and all of the above reasons)	Barbados (a,c,d,f), Belize (d), St. Vincent and Grenadines (a,c,d)
Without restriction as to reason	Cuba (f), Guyana, Puerto Rico

*Includes countries with laws that refer simply to "health" or "therapeutic" indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) rape of a mentally disabled woman, (c) incest or (d) fetal impairment. Some countries restrict abortion by requiring (e) spousal authorization or (f) parental authorization. In Mexico, (g) the legality of abortion is determined at the state level, and the legal categorization listed here reflects the status for the majority of women. Countries that allow abortion on socio-economic grounds or without restriction as to reason have gestational limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds.

PROVIDERS OF CLANDESTINE ABORTIONS

• According to surveys of knowledgeable health professionals in Guatemala, Mexico and Peru, women seeking abortions most commonly go to traditional practitioners, many of whom employ unsafe techniques, or to doctors or nurses, who generally provide safer services. Some women try to self-induce using highly dangerous methods, while others purchase abortion-inducing drugs from pharmacists or other vendors.

• In these three countries, poor women and those living in rural areas are more likely than better-off and urban women to turn to unsafe methods and inadequately trained providers.

*The term "medication abortion" refers to pregnancy termination by means of medication rather than surgical intervention. Mifepristone (RU 486), a drug that blocks the action of progesterone in the body, and misoprostol, a prostaglandin that causes contractions of the uterus, are used, often in combination, to produce a result very much like a miscarriage.

• In Guatemala, poor rural women are three times as likely as better-off urban women to obtain an abortion from a traditional birth attendant (60% vs. 18%), and they are far less likely to receive an abortion from a doctor (4% vs. 55%).

• Women in these countries cite fear of legal consequences, social stigma, high cost and lack of access to trained health professionals as the major barriers to obtaining safe abortions.

• Use of medication abortion,* primarily using misoprostol, is growing throughout the region and has increased the safety of clandestine procedures. Use of this method is especially high in Brazil, Colombia, Dominican Republic, Ecuador, Mexico and Peru.

HEALTH CONSEQUENCES OF UNSAFE ABORTION

• The World Health Organization estimates that in Latin America and the Caribbean, one in eight maternal deaths result from unsafe abortion.

• About one million women in Latin America and the Caribbean are hospitalized annually for treatment of complications from unsafe abortion.

• The most common complications from unsafe abortion are incomplete abortion, excessive blood loss and infection. Less common but very serious complications are septic shock, perforation of the intestines and inflammation of the peritoneum.

• Because poor and rural women tend to depend on the least safe methods and on untrained providers, they are the ones most likely to experience severe side effects from unsafe abortion.

• In Guatemala and Mexico, informed experts estimate that 42–67% of poor women who have abortions experience severe health complications, compared with 28–38% of better-off women.

• An estimated 10–20% of all women having abortions need but do not receive medical care for serious complications.

• Almost nine in 1,000 women of childbearing age in Guatemala, and six in 1,000 in Mexico, are hospitalized each year for complications from unsafe abortion.

• Postabortion services in many countries in the region are not of good quality. Common shortcomings include inadequate access, delays in treatment, use of inappropriate methods and judgmental attitudes on the part of clinic and hospital staff. These factors likely deter some women, particularly young and unmarried women, from obtaining needed treatment.

UNINTENDED PREGNANCY AND CONTRACEPTIVE USE

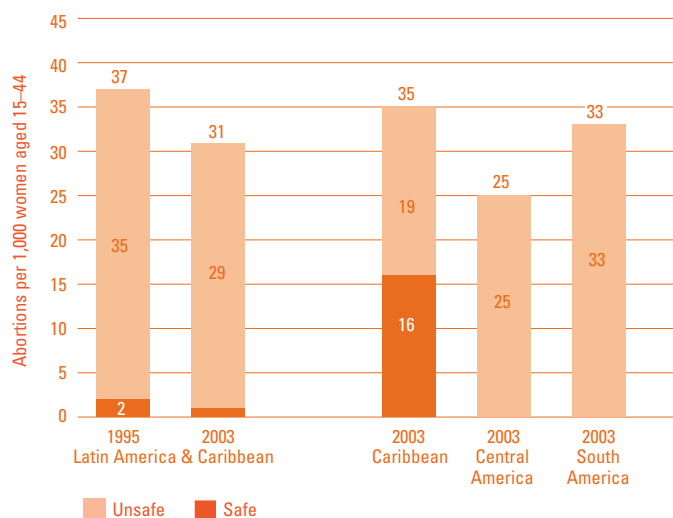
• The pregnancy rate in Latin America and the Caribbean declined from 159 per 1,000 women aged 15–44 in 1995 to 123 per 1,000 in 2008.

• The rate of unintended pregnancy also declined, from 96 per 1,000 women aged 15–44 in 1995 to 72 per 1,000 in 2008. However, this level is still much higher than the world average of 55 per 1,000.

• In 2008, the unintended pregnancy rate was higher in the Caribbean and South America (78–80 per 1,000) than in Central America (54 per 1,000).

Abortion Rates in Latin America and the Caribbean

The abortion rate declined between 1995 and 2003, and it varied widely by subregion in 2003.



Notes: As per the United Nations classification, Central America is defined as including Mexico. Rates may not add up to totals because of rounding.

- On average, the proportion of married women aged 15–44 who were using contraceptives rose by 15% between 1990 and 2003, from 62% to 71%. In many countries, contraceptive use also increased among young, unmarried, sexually active women.

- The decline in overall pregnancy rates between 1995 and 2008 was most likely due to increased contraceptive use.

- Nonetheless, many women still do not have access to contraceptives. An estimated 10% of women of childbearing age in the region had an unmet need for contraceptives in 2002–2007, a decline from 16% in the mid-1990s.*

*Women are considered to have an unmet need for contraceptives if they are married or are unmarried and sexually active, and they can become pregnant, do not want a child soon or at all, and are not using any method of contraception.

- Levels of unmet need are particularly high among young, unmarried, sexually active women. In most countries in the region, 30–50% of unmarried, sexually active women aged 15–24 were not using any type of contraceptive method in 2002–2007.

- When sexually active women who say they do not want to become pregnant are asked why they are not using a contraceptive method, the most common answer is that they have sex too infrequently—suggesting a lack of understanding of their risk of unintended pregnancy.

- The next most common response is that they do not like the side effects or perceived health risks associated with modern contraceptives, suggesting a need for services that provide a broad range of contraceptive options.

RECOMMENDATIONS

- Programs and policies that improve women’s and men’s knowledge of, access to and use of contraceptive methods should be established or strengthened, as contraceptive use is the surest way to prevent unintended pregnancy—and thus the need for abortion.

- To reduce the high levels of morbidity and mortality that result from unsafe abortion, provision of postabortion care should be improved and expanded.

- The grounds for legal abortion in the region should be broadened, to reduce the number of clandestine and unsafe procedures.

- Because rates of morbidity and mortality from unsafe abortion are disproportionately high among poor and rural women, access to family planning and postabortion care should be made more equitable.

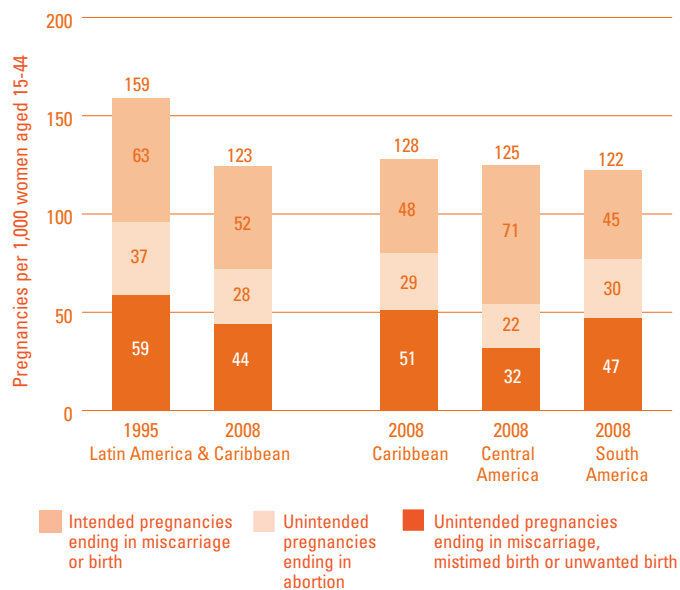
Unless otherwise indicated, the information reported in this fact sheet is from Singh S et al., *Abortion Worldwide: A Decade of Uneven Progress*, New York: Guttmacher Institute, 2009.

REFERENCE

- Mondragón y Kalb M, The legalization and implementation of abortion services in Mexico City, paper presented at the annual meeting of the National Abortion Federation, Minneapolis, MN, USA, Apr. 6–8, 2008.

Pregnancy Rates in Latin America and the Caribbean

The rate of unintended pregnancy fell between 1995 and 2008, and it varied by subregion in 2008.



Notes: As per the United Nations classification, Central America is defined as including Mexico. Rates may not add up to totals because of rounding.



**Advancing sexual and reproductive health worldwide
through research, policy analysis and public education**

New York

125 Maiden Lane, New York, NY 10038
Tel: 212.248.1111
Fax: 212.248.1951
info@guttmacher.org

Washington D.C.

1301 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
Tel: 202.296.4012, Fax: 202.223.5756
policyinfo@guttmacher.org

www.guttmacher.org

Additional copies may be purchased
for \$1.00 each. Volume discounts are
available. 10/2009