

Facts on Induced Abortion Worldwide

WORLDWIDE INCIDENCE AND TRENDS

- After declining substantially between 1995 and 2003, the worldwide abortion rate stalled between 2003 and 2008.
- Between 1995 and 2003, the abortion rate (the number of abortions per 1,000 women of childbearing age—i.e., those aged 15–44) for the world overall dropped from 35 to 29. It remained virtually unchanged, at 28, in 2008.
- Nearly half of all abortions worldwide are unsafe, and nearly all unsafe abortions (98%) occur in developing countries. In the developing world, 56% of all abortions are unsafe, compared with just 6% in the developed world.
- The proportion of abortions worldwide that take place in the developing world increased between 1995 and 2008 from

78% to 86%, in part because the proportion of all women who live in the developing world increased during this period.

- Since 2003, the number of abortions fell by 600,000 in the developed world but increased by 2.8 million in the developing world. In 2008, six million abortions were performed in developed countries and 38 million in developing countries, a disparity that largely reflects population distribution.
- A woman's likelihood of having an abortion is slightly elevated if she lives in a developing region. In 2008, there were 29 abortions per 1,000 women aged 15–44 years in developing countries, compared with 24 per 1,000 in the developed world.

REGIONAL INCIDENCE AND TRENDS

- The overall abortion rate in Africa, where the vast majority of abortions are illegal and unsafe, showed no decline between 2003 and 2008, holding at 29 abortions per 1,000 women of childbearing age.
- The Southern Africa subregion, dominated by South Africa, where abortion was legalized in 1997, has the lowest abortion rate of all African subregions, at 15 per 1,000 women in 2008. East Africa has the highest rate, at 38, followed by Middle Africa at 36, West Africa at 28 and North Africa at 18.
- Both the lowest and highest subregional abortion rates are in Europe, where abortion is generally legal under broad grounds. In Western Europe, the rate is 12 per 1,000 women, while in Eastern Europe it is 43. The discrepancy in rates between the two regions reflects relatively low contraceptive use in Eastern Europe, as well as a high degree of reliance on methods with relatively high user failure rates, such as the condom, withdrawal and the rhythm method.

• In Europe, 30% of pregnancies end in abortion. A higher proportion of pregnancies end in abortion in Eastern Europe than in the rest of the region.

• In Eastern Europe, the abortion rate held steady at 43 per 1,000 women between 2003 and 2008, after a period of steep decline between the mid-90s and the early 2000s.

NUMBERS AND RATES

Global and regional estimates of induced abortion, 1995, 2003 and 2008

Region	No. of abortions (millions)			Abortion rate*		
	1995	2003	2008	1995	2003	2008
World	45.6	41.6	43.8	35	29	28
Developed countries	10.0	6.6	6.0	39	25	24
Excluding Eastern Europe	3.8	3.5	3.2	20	19	17
Developing countries	35.5	35.0	37.8	34	29	29
Excluding China	24.9	26.4	28.6	33	30	29
Africa	5.0	5.6	6.4	33	29	29
Asia	26.8	25.9	27.3	33	29	28
Europe	7.7	4.3	4.2	48	28	27
Latin America	4.2	4.1	4.4	37	31	32
Northern America	1.5	1.5	1.4	22	21	19
Oceania	0.1	0.1	0.1	21	18	17

*Abortions per 1,000 women aged 15–44.

Source: Sedgh G et al., Induced abortion: incidence and trends worldwide from 1995 to 2008, *Lancet*, 2012, (forthcoming).

- Western Europe, Southern Africa and Northern Europe have the lowest abortion rates in the world, at 12, 15 and 17, respectively.
- The abortion rate fell in Latin America from 37 to 31 abortions per 1,000 women between 1995 and 2003; it has held fairly steady since, reaching 32 in 2008.
- In Latin America, subregional abortion rates range from 29 in Central America (the subregion that includes Mexico) to 32 in South America and 39 in the Caribbean. The Caribbean (the subregion that includes Cuba, where abortions are generally safe) has the lowest proportion of abortions in the region that are unsafe (46%), compared with nearly 100% in Central and South America.
- In Asia, abortion rates across subregions held steady between 2003 and 2008, ranging from 26 per 1,000 in South Central Asia and Western Asia to 36 per 1,000 in Southeastern Asia.
- Abortion incidence appears to have risen in China since 2003, after an extended period of decline. Evidence shows that this is due to an increase in premarital sexual activity and disruptions in access to contraceptive services resulting from rapid urbanization.

ABORTION LAW

- Highly restrictive abortion laws are not associated with lower abortion rates. For example, the abortion rate is 29 per 1,000 women of childbearing age in Africa and 32 per 1,000 in Latin America—regions in which abortion is illegal under most circumstances in the majority of countries. The rate is 12

per 1,000 in Western Europe, where abortion is generally permitted on broad grounds.

- Where abortion is permitted on broad legal grounds, it is generally safe, and where it is highly restricted, it is typically unsafe. In developing countries, relatively liberal abortion laws are associated with fewer negative health consequences from unsafe abortion than are highly restrictive laws.
- In South Africa, where the abortion law was liberalized in 1997, the annual number of abortion-related deaths fell by 91% between 1994 and 1998–2001.
- In Nepal, where abortion was made legal on broad grounds in 2002, it appears that abortion-related complications are on the decline: A recent study in eight districts found that abortion-related complications accounted for 54% of all facility-treated maternal illnesses in 1998, but for only 28% in 2008–2009.
- Between 1997 and 2008, the grounds on which abortion may be legally performed were broadened in 17 countries: Benin, Bhutan, Cambodia, Chad, Colombia, Ethiopia, Guinea, Iran, Mali, Nepal, Niger, Portugal, Saint Lucia, Swaziland, Switzerland, Thailand and Togo. Mexico City and parts of Australia (Capital Territory, Victoria, Tasmania and Western Australia) also liberalized their abortion laws. In contrast, El Salvador and Nicaragua changed their already restrictive laws to prohibit abortion entirely, while Poland withdrew socioeconomic reasons as a legal ground for abortion.

UNSAFE ABORTION

- The World Health Organization defines unsafe abortion as a procedure for terminating a pregnancy that is performed by an individual lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both.
- Between 1995 and 2008, the rate of unsafe abortion worldwide remained essentially unchanged, at 14 abortions per 1,000 women aged 15–44.
- During the same period, the proportion of all abortions that were unsafe increased from 44% to 49%.
- In 2008, more than 97% of abortions in Africa were unsafe. Southern Africa is the subregion with the lowest proportion of unsafe abortions (58%). Close to 90% of women in the subregion live in South Africa, where abortion was liberalized in 1997.
- In Latin America, 95% of abortions were unsafe, a proportion that did not change between 1995 and 2008. Nearly all safe abortions occurred in the Caribbean, primarily in Cuba and several other islands where the law is liberal and safe abortions are accessible.
- In Asia, the proportion of abortions that are unsafe varies widely by subregion, from virtually none in Eastern Asia to 65% in South Central Asia.
- In Western Asia, the proportion of abortions that are unsafe increased from 34% to 60% between 2003 and 2008. This increase is likely due to improved measurement of unsafe abortions and to a

steady decline in abortions (partly due to the increasingly widespread use of effective contraceptives) in countries where abortion is legal and safe.

- Worldwide, medication abortion (a technique using a combination of the drugs mifepristone and misoprostol, or misoprostol alone) has become more common in both legal and clandestine procedures. Increased use of medication abortion has likely contributed to declines in the proportion of clandestine abortions that result in severe morbidity and maternal death.

CONSEQUENCES OF UNSAFE ABORTION

- The estimated annual number of deaths from unsafe abortion declined from 56,000 in 2003 to 47,000 in 2008. Complications from unsafe abortion accounted for an estimated 13% of all maternal deaths worldwide in both years.
- Declines since 2003 in the annual number of deaths from unsafe abortion, along with concurrent increases in the annual number of unsafe abortions performed, indicate that the risks associated with clandestine procedures may be decreasing.
- In the United States, legal induced abortion results in only 0.6 deaths per 100,000 procedures. Worldwide, unsafe abortion accounts for a death rate that is 350 times higher (220 per 100,000), and, in Sub-Saharan Africa, the rate is 800 times higher, at 460 per 100,000.
- Almost all abortion-related deaths occur in developing countries, with the highest number occurring in Africa.

- Unsafe abortion is a significant cause of ill-health among women in the developing world. Estimates for 2005 indicate that 8.5 million women annually experience complications from unsafe abortion that require medical attention, and three million do not receive the care they need.

- Treating medical complications from unsafe abortion places a significant financial burden on public health care systems in the developing world. According to a 2009 study, the minimum annual estimated cost of providing postabortion care in the developing world is \$341 million.

- In developing countries, poor women have the least access to family planning services and the fewest resources to pay for safe abortion procedures; they are also the most likely to experience complications related to unsafe abortion.

- Unsafe abortion has significant negative consequences beyond its immediate effects on women's health. For example, complications from unsafe abortion may reduce women's productivity, increasing the economic burden on poor families; cause maternal deaths that leave children motherless; cause long-term health problems, such as infertility; and result in considerable costs to already struggling public health systems.

UNINTENDED PREGNANCY: THE ROOT OF ABORTION

- The uptake of modern contraceptive methods worldwide has slowed in recent years, from an increase of 0.6 percentage points per year in 1990–1999 to an increase of only 0.1 percentage points per year in 2000–2009. In Africa, the annual increase in modern contraceptive use fell from 0.8 percentage points in 1990–1999 to 0.2 percentage points in 2000–2009.

- An estimated 215 million women in the developing world have an unmet need for modern contraceptives, meaning they want to avoid a pregnancy but are using a low-efficacy traditional family planning method or no method.

- Some 82% of unintended pregnancies in developing countries occur among women who have an unmet need for modern contraception.

- In the developing world, women's reasons for not using contraceptives most commonly include concerns about possible side-effects, the belief that they are not at risk of getting pregnant, poor access to family planning, and their partners' opposition to contraception.

- Reducing unmet need for modern contraception is an effective way to prevent unintended pregnancies, abortions and unplanned births.

Most data in this fact sheet is from Sedgh G et al., Induced abortion: incidence and trends worldwide from 1995 to 2008, Lancet, 2012, (forthcoming), and the World Health Organization. Additional sources can be found in the fully annotated version, available at http://www.guttmacher.org/pubs/fb_IAW.html and at www.who.int/topics/reproductive_health/en/.



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