

Unintended Pregnancy and Induced Abortion In Mexico

- In 1974, Mexico's Constitution was amended to recognize the right of all citizens to "decide in a free, responsible and informed manner on the number and spacing of their children." In that same year, the General Population Law established that the government must offer family planning services at no cost in public health institutions.

- From that point until the early 1990s, the government expanded access to family planning services considerably, especially in rural areas and less developed parts of the country. Although contraceptive use has more than doubled since 1976, the annual rate of increase slowed in 1992 and, in recent years, has come to a halt.

- Abortion is regulated at the level of the 32 federative entities (*entidades federativas* in Spanish, which refer collectively to the Federal District of Mexico City and the 31 states). In April 2007, the Federal District decriminalized abortion, allowing termination of pregnancies without restriction during the first 12 weeks of gestation.

- However, abortion is highly legally restricted in the 31 states. In all states, abortion is permitted if the pregnancy is a result of rape; in 25, to save the life of a pregnant woman; in 12, if the pregnancy poses a severe risk to a woman's health; and in 13, in cases of severe fetal impairment.¹ However, women meeting any of these criteria often have difficulty obtaining, or are unable to obtain, a legal procedure because of stigma and the lack of effective administrative processes that enable access to abortion services.

UNINTENDED PREGNANCY REMAINS A WIDESPREAD PROBLEM

- Behind most induced abortions, there is an unintended pregnancy. As of 2009, more than half (55%) of all pregnancies in Mexico are estimated to be unintended. Levels of unintended pregnancy are highest in the most developed and urbanized areas of the country.

- An estimated 54% of all unintended pregnancies result in induced abortion, 34% end in unplanned births and 12% end in miscarriages.

ABORTION IS COMMON THROUGHOUT THE COUNTRY

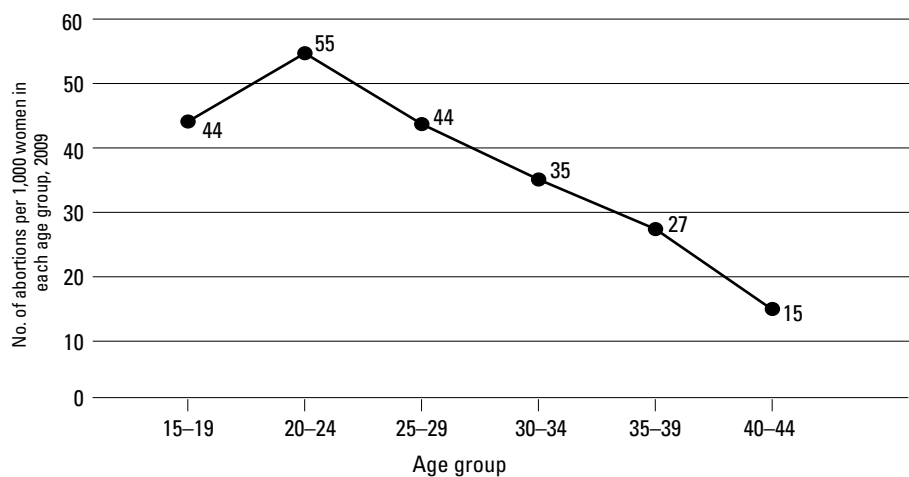
- Restricting abortion does not prevent it from happening: Despite it being highly legally restricted everywhere except for the Federal District, an estimated one million clandestine abortions were performed in Mexico in 2009.

- In that year, Mexico's national abortion rate was an estimated 38 abortions per 1,000 women aged 15–44. Abortion rates tend to be higher in the more developed regions of the country, ranging from 54 per 1,000 women aged 15–44 in the most developed region to 26–27 per 1,000 women aged 15–44 in the two least developed regions.

- Abortion rates were highest among women aged 20–24 (55 per 1,000); they were also very high among adolescents aged 15–19 (44 per 1,000).

- Overall, an estimated 29% of induced abortions involve the use of misoprostol. The other 71%, all performed using methods other than misoprostol, are either induced by the woman herself (16%) or are provided by doctors (23%), traditional healers or birth attendants (14%), pharmacy workers (11%) and trained midwives (7%).

Abortion rates are highest among women aged 20-24



UNSAFE ABORTION ENDANGERS WOMEN'S HEALTH

- More than one-third of all women having a clandestine abortion (36%) are expected to have complications that require medical treatment. However, an estimated 25% of these women do not receive the hospital care they need.
- Poor rural women are the least likely to receive needed treatment for postabortion complications. Among poor rural women with complications, almost half (45%) do not receive needed hospital care, compared with just 10% of nonpoor urban women.
- Legal first-trimester abortions carried out in the Federal District have almost no complications, providing a sharp contrast to the clandestine procedures that occur in the rest of the country.

CONTRACEPTIVE SERVICES ARE INADEQUATE

- The high abortion rate throughout the country indicates that women's desire to limit and space their births has increased at a faster pace than has their effective use of contraceptives.
- In 2009, 86% of married women said they wanted no more children or wanted to postpone a birth, but 12% had an unmet need for contraception (around two million women). These women wanted to avoid pregnancy, but were not using any method of contraception.
- Young women aged 15–24 have a particularly difficult time accessing family planning services: About 27% of both married 15–24-year-olds and of sexually active, never-married

15–24-year-olds have an unmet need for contraception, which puts them at high risk of unintended pregnancy and consequently, induced abortion.

- Approximately four million Mexican women are at risk of unintended pregnancy because they are sexually active (married or never married), do not want a child soon and are not using a modern contraceptive method.

RECOMMENDATIONS

- A range of interventions are needed at the federal and entity levels to reduce unintended pregnancies and, thereby, the incidence of induced abortion. National and entity-level ministries of health, which are responsible for allocating funds and providing care, can use these findings to inform needed improvements in contraceptive and postabortion care in their jurisdictions.
- Improving access to and the quality of family planning services is essential. Women who want to delay pregnancy need access to a full range of reversible contraceptive methods, including long-acting methods, and counseling on how to use them effectively and consistently. Counseling couples jointly where appropriate can improve the overall effectiveness of contraceptive use.
- Addressing the reproductive health needs of young women and adolescents must be prioritized. Youth-friendly services need to be designed and implemented. The involvement of the educational system is also essential to providing comprehensive, timely and accurate reproductive health information, including information on

contraception. Broader efforts, such as mass media campaigns, are needed to better educate all youth, including those not in school, about contraception, both to build skills and efficacy in communicating with partners and to increase awareness of their rights to information and services.

- Enhancing the quality and availability of postabortion services is imperative. Providers need better training in providing postabortion care, including in the use of manual vacuum aspiration and misoprostol, which are both recommended by the World Health Organization and are far less invasive and costly than the widely used dilation and curettage. It is also critical that contraceptive counseling and provision of methods be made a standard feature of postabortion care to enable women to prevent repeat abortion.
- Outside of the Federal District, safe abortion services must be made readily available within existing legal criteria, such as in cases of rape, criterion that is legal in all states. In order to do so, states must develop administrative processes and mechanisms to enable women who qualify for a legal abortion to obtain one.

Unless otherwise indicated, the data in this fact sheet are from Juárez F et al., *Unintended Pregnancy and Induced Abortion in Mexico: Causes and Consequences*, New York: Guttmacher Institute, 2013.

REFERENCE

1. Grupo de Información en Reproducción Elegida (GIRE), State legislation, no date, <https://www.gire.org.mx/index.php?option=com_content%20&view=article&id=%20409&Itemid=1154&lang=en>, accessed May 4, 2013.



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