

Abortion in Asia



Incidence and Trends

- During 2010–2014, an estimated 36 million induced abortions occurred each year in Asia. The majority of these abortions occurred in South and Central Asia (16 million), which includes India, and Eastern Asia (13 million), which includes China.
- The annual rate of abortion, estimated at 36 abortions per 1,000 women of childbearing age (i.e., those 15–44 years old), fell from 41 per 1,000 in 1990–1994. However, the decline was not statistically significant.
- The abortion rate is roughly 36 for married women and 24 for unmarried women.
- Abortion rates are generally the same across Asia's four subregions (Eastern, Western, Southeastern, and South and Central).
- The proportion of pregnancies ending in abortion in Asia each year, estimated at 27% in 2010–2014, has remained

roughly the same since 1990–1994. It ranges from 22% in Western Asia to 33% in Eastern Asia.

Legal Status of Abortion

- Because abortion is broadly legal in the region's two most populous countries—China and India—the majority of women in Asia live under liberal abortion laws.
- Abortion is not permitted for any reason in three Asian countries: Iraq, Laos and the Philippines.
- Seventeen countries allow abortion without restriction as to reason. All of these countries impose gestational limitations, with the exception of China, North Korea and Viet Nam, which have different regulatory mechanisms.
- In some Asian countries—notably Cambodia, India and Nepal—abortion laws are liberal, but many women continue to face barriers to obtaining safe, legal procedures.

Obstacles include difficulty finding providers willing to perform abortion, substandard conditions in health facilities, lack of awareness of the legal status of abortion and fear of stigmatization for terminating a pregnancy.

Unsafe Abortion and Its Consequences

- In Asia in 2014, at least 6% of all maternal deaths (or 5,400 deaths) were due to unsafe abortion.
- The proportion of abortions performed under unsafe conditions in Asia is not known. However, it is estimated that 4.6 million women in Asia (excluding Eastern Asia) are treated each year for 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 include septic shock, perforation of internal organs and inflammation of the peritoneum.
- Because poor and rural women tend to depend on the least safe methods and providers, they are more likely than other women to experience severe complications from unsafe abortion.
- Some women with untreated complications experience long-term health consequences, such as chronic pain, inflammation of the reproductive tract, pelvic inflammatory disease and infertility.
- Unsafe abortion has negative consequences beyond its immediate effects on women's health. For example, complications from unsafe abortion may reduce women's productivity, increasing the economic

TABLE 1: NUMBERS AND RATES

Regional and subregional estimates of induced abortion, Asia, 1990–1994 and 2010–2014

Region and subregion	No. of abortions (millions)		Abortion rate [†]		% of pregnancies ending in abortion
	1990–1994	2010–2014	1990–1994	2010–2014	2010–2014
Asia	31.2	35.5	41	36	27
Eastern Asia	14.8	12.8	43	36	33
South and Central Asia	9.9	15.7*	35	37	25
Southeastern Asia	5.1	5.1	46	35	27
Western Asia	1.4	1.9*	42	34	22

*Difference between 2010–2014 and 1990–1994 is statistically significant. [†]Abortions per 1,000 women aged 15–44.

SOURCE: Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. *The Lancet*, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30380-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/abstract).

TABLE 2: LEGALITY OF ABORTION, 2016

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

Reason	Countries
Prohibited altogether, or no explicit legal exception to save the life of a woman	Iraq, Laos, the Philippines
To save the life of a woman	Afghanistan, Bangladesh, Bhutan (a,b,d), Brunei Darussalam, East Timor (e), Indonesia (a,c,f), Iran (c), Lebanon, Myanmar, Oman, Sri Lanka, Syria (e,f), United Arab Emirates (e,f), West Bank and Gaza, Yemen
To preserve physical health (and to save a woman's life)*	Jordan, Kuwait (c,e,f), Maldives (f), Pakistan, Qatar (c), Saudi Arabia (e,f), South Korea (a,b,d,f)
To preserve mental health (and all of the above reasons)	Israel (a,b,c,d), Malaysia, Thailand (a,c)
Socioeconomic reasons (and all of the above reasons)	Cyprus (a,c), Hong Kong (China) (a,b,c), India (a,c,e,h), Japan (a,f), Taiwan (b,c,e,f)
Without restriction as to reason	Armenia (e), Azerbaijan, Bahrain, Cambodia (e), China (g,i), Georgia (e), Kazakhstan, Kyrgyzstan, Mongolia, Nepal (g), North Korea (i), Singapore, Tajikistan, Turkey (e,f), Turkmenistan, Uzbekistan, Viet Nam (i)

*In*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) incest, (c) fetal impairment or (d) other grounds. Some restrict abortion by requiring (e) parental or (f) spousal authorization. Two countries (g) have abortion laws that prohibit sex-selective abortions, and one (h) bans sex-selective abortion as part of a separate fetal imaging law. Countries that allow abortion on socioeconomic grounds or without restriction as to reason have gestational age limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds. A few countries (i) do not specify gestational limits, and regulatory mechanisms vary. Because their abortion laws differ from those of China, Hong Kong (China) and Taiwan are listed as separate entities. SOURCE: Center for Reproductive Rights (CRR), *The World's Abortion Laws 2016*, New York: CRR, 2016.

burden on poor families, and result in considerable costs to already struggling public health systems.

- The extent to which misoprostol, with or without mifepristone, is used to induce nonsurgical abortions in Asian countries is not known. However, evidence indicates that the sales of both drugs have increased in the region in the past decade.

Recommendations

- Most women undergoing abortion do so because they became pregnant when they did not intend to. Because contraceptive use is the surest way to prevent

unintended pregnancy, programs and policies that improve women's and men's knowledge of, access to and use of contraceptive methods are critical in reducing the need for abortion.

- To reduce the high levels of morbidity and mortality that result from unsafe abortion, the provision of postabortion care should be improved and expanded.
- To reduce the number of clandestine procedures, the grounds for legal abortion in the region should be broadened, and access to safe abortion services should be improved for women who meet legal criteria.

- A liberal abortion law does not ensure safety of abortions. Service guidelines must be written and disseminated, providers must be trained, and governments must be committed to ensuring that safe abortions are available within the bounds of the law.

SOURCES

Most data in this fact sheet are from Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *The Lancet*, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30380-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/abstract). Additional resources can be found in the fully annotated version available at <https://www.guttmacher.org/fact-sheet/facts-abortion-asia>.

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Good reproductive health policy starts with credible research

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