

Abortion in Latin America And the Caribbean



Incidence and Trends

- During 2010–2014, an estimated 6.5 million induced abortions occurred each year in Latin America and the Caribbean, up from 4.4 million during 1990–1994. The highest number occurred in South America (4.6 million annually in 2010–2014).
- The annual rate of abortion, estimated at 44 procedures per 1,000 women of childbearing age (i.e., those 15–44 years old), increased from 40 per 1,000. However, the increase was not statistically significant.
- Across subregions, rates range from 33 in Central America to 65 per 1,000 women in the Caribbean.
- The abortion rate is roughly 49 for married women and 28 for unmarried women.
- The proportion of pregnancies ending in abortion increased between 1990–1994 and 2010–2014, from 23% to 32%.

Legal Status of Abortion

- More than 97% of women of childbearing age in Latin America and the Caribbean live in countries where abortion is restricted or banned altogether.
- Abortion is not permitted for any reason in seven countries. It is allowed to save the woman's life, usually as the only reason, in eight others. A few of the latter countries permit abortion in cases of rape (Brazil, Panama and Mexico) or fetal impairment (Panama and almost half of the states of Mexico).
- Fewer than 3% of the region's women live in countries where abortion is broadly legal—that is, permitted either without restriction as to reason or on socioeconomic grounds.

Unsafe Abortion and Its Consequences

- Although induced abortion is medically safe when done in accordance with recommended guidelines, many women undergo unsafe procedures that put their well-being at risk.

- In Latin America and the Caribbean, according to most recent estimates, at least 10% of all maternal deaths (900 in total) annually were due to unsafe abortion.
- About 760,000 women in the region are treated annually 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 on untrained 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.
- Postabortion services in the region are often of poor quality. Common shortcomings include delays in treatment, use of inappropriate interventions, inadequate access and judgmental attitudes among clinic and hospital staff. These factors likely deter some women from obtaining needed treatment.
- The use of misoprostol to induce nonsurgical abortions is growing more common throughout the region and seems to have increased the safety of clandestine procedures.

TABLE 1: NUMBERS AND RATES

Regional and subregional estimates of induced abortion, Latin America and the Caribbean, 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
Latin America and the Caribbean	4.4	6.5*	40	44	32
Caribbean	0.5	0.6	60	65	39
Central America	0.8	1.3*	27	33	24
South America	3.1	4.6*	43	47	34

*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 Latin America and the Caribbean 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	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 (a), The Bahamas, Bolivia (a,c), Costa Rica, Ecuador (b), Grenada, Peru
To preserve mental health (and all of the above reasons)	Colombia (a,c,d), Jamaica, St. Kitts and Nevis, St. Lucia (a,c), Trinidad and Tobago
Socioeconomic reasons (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, Uruguay (f)

*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 socioeconomic 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. SOURCE: Center for Reproductive Rights (CRR), *The World's Abortion Laws 2016*, New York: CRR, 2016.

Recommendations

- Most women undergoing abortion do so because they became pregnant when they did not intend to. Because contraceptive use is the surest way for sexually active couples 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 address the disproportionately high rates of morbidity and mortality from unsafe abortion among poor and rural women, access to family planning and postabortion care should be made more equitable.
- In the region should be broadened, and access to safe abortion services should be improved for women who meet legal criteria.
- 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

SOURCES

Unless otherwise indicated, the 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).

The study on which this fact sheet is based was made possible by grants from the UK Government, the Norwegian Agency for Development Cooperation and the Dutch Ministry of Foreign Affairs. The findings and conclusions contained within do not necessarily reflect the positions and policies of the donors.



Good reproductive health policy starts with credible research

125 Maiden Lane
New York, NY 10038, USA
212.248.1111
info@guttmacher.org

www.guttmacher.org