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

<table>
<thead>
<tr>
<th>Region and subregion</th>
<th>No. of abortions (millions)</th>
<th>Abortion rate†</th>
<th>% of pregnancies ending in abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America and the Caribbean</td>
<td>4.4</td>
<td>6.5*</td>
<td>40</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0.5</td>
<td>0.6</td>
<td>60</td>
</tr>
<tr>
<td>Central America</td>
<td>0.8</td>
<td>1.3*</td>
<td>27</td>
</tr>
<tr>
<td>South America</td>
<td>3.1</td>
<td>4.6*</td>
<td>43</td>
</tr>
</tbody>
</table>

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

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 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.

- 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.

Sources


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Good reproductive health policy starts with credible research

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