In Brief

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 developing regions, 56% of all abortions are unsafe, compared with just 6% in developed regions.
• The proportion of abortions worldwide that take place in developing regions increased between 1995 and 2008 from 78% to 86%, in part because the proportion of all women who live in developing countries 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 developing regions. 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 in developed regions.

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

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of abortions (millions)</th>
<th>Abortion rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>45.6</td>
<td>41.6</td>
</tr>
<tr>
<td>Developed countries</td>
<td>10.0</td>
<td>6.6</td>
</tr>
<tr>
<td>Excluding Eastern Europe</td>
<td>3.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Developing countries</td>
<td>35.5</td>
<td>35.0</td>
</tr>
<tr>
<td>Excluding China</td>
<td>24.9</td>
<td>26.4</td>
</tr>
<tr>
<td>Africa</td>
<td>5.0</td>
<td>5.6</td>
</tr>
<tr>
<td>Asia</td>
<td>26.8</td>
<td>25.9</td>
</tr>
<tr>
<td>Europe</td>
<td>7.7</td>
<td>4.3</td>
</tr>
<tr>
<td>Latin America</td>
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<td>4.1</td>
</tr>
<tr>
<td>Northern America</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

*Abortions per 1,000 women aged 15–44.
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• Highly restrictive abortion
ABORTION LAW
from rapid urbanization.
contraceptive services resulting
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• Abortion incidence appears to
have risen in China since 2003,
after an extended period of
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disruptions in access to
contraceptive services resulting
from rapid urbanization.
ABORTION LAW
• Highly restrictive abortionlaws are not associated with
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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 coun-
tries, relatively liberal abortion
laws are associated with fewer
negative health consequences
from unsafe abortion than are
highly restrictive laws.
• In South Africa, the annual
number of abortion-related
deaths fell by 91% after the
liberalization of the abortion
law.
• 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 complica-
tions accounted for 54% of all
facility-treated maternal
illnesses in 1998, but for only
• Between 2008 and 2015, the
grounds on which abortion may
be legally performed were
broadened in 12 countries: Fiji,
Hong Kong, Indonesia, Kenya,
Lesotho, Luxembourg,
Mauritius, Monaco, Rwanda,
Somalia, Spain and Uruguay.
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
legalized in 1997.
• In Latin America, 95% of
abortions were unsafe, a
proportion that did not change
all safe abortions occurred in the
Caribbean, primarily in Cuba and several
other countries 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 propor-
tion 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 combina-
tion of the drugs mifepristone
and misoprostol, or misoprostol
alone) has become more
common in both legal and
clandestine procedures.

CONSEQUENCES OF UNSAFE ABORTION
• Different approaches have
been used to estimate mortal-
ity from induced abortion. The
most recent evidence indicates
that the proportion of maternal
deaths due to unsafe abortion
ranges from 8% to 18%, and
the number of abortion-related
deaths in 2014 ranged from
22,500 to 44,000.
• The severity of complications
from induced abortion may
have declined in recent years.
This is likely due to a number
of reasons, including increased
access to medication abortion,
expansion of programs to train
providers in manual vacuum
aspiration and development of
health care systems in general.
But evidence on the impacts
of such changes is incomplete.
• In the United States, legal
induced abortion results in 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 signifi-
cant cause of ill-health among
women in developing regions.
Estimates for 2012 indicate
that 6.9 million women in
these regions were treated for
complications from unsafe
abortions, at a rate of 6.9
women treated per 1,000
women aged 15–44.
• Treating medical complica-
tions from unsafe abortion
places a significant financial
burden on public health care

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Guttmacher Institute
systems in developing regions. According to estimates for 2014, the annual estimated cost of providing postabortion care in developing countries as a whole is $232 million, and treatment for all those needing postabortion care would cost $562 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 225 million women in developing regions 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 81% of unintended pregnancies in developing countries occur among women who have an unmet need for modern contraception.

- In developing regions, 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.
