of complications is thought to be very similar in India and Thailand, even though abortion is legal in the first but not in the second. Finally, the estimate that only one-quarter of poor urban and nonpoor rural women in Sri Lanka and Malaysia who have abortions experience complications is not surprising, given respondents’ belief that roughly three-quarters of these women who have abortions obtain them from medically trained practitioners.

Women in Myanmar, Laos and Cambodia are believed to have the highest risk of experiencing serious medical complications from an induced abortion (46%); those in Bangladesh, Indonesia, Nepal and the Philippines are estimated to have a moderate risk (about 40%). As expected, Vietnamese women are thought to have the lowest risk (11%).

### Hospitalization for Complications

In many areas of the developing world, the likelihood that a woman experiencing complications from an unsafe abortion will receive treatment for her condition may depend chiefly on whether she lives near a hospital or maternity clinic and whether she can afford to pay for services. Furthermore, out of fear or ignorance, women suffering abortion-related complications may be deterred from going to a hospital emergency room. Many might opt to stay at home and hope the condition will clear up without medical intervention, or might try to treat it by taking a modern or traditional drug. In addition, women with less serious complications may go to a private doctor and receive treatment that does not require hospitalization. For these reasons, the survey asked respondents to estimate women’s chances of receiving treatment for abortion complications, according to their residence and poverty status.

Overall, informants estimated that between four and six in 10 women experiencing a complication from abortion will be hospitalized; the only substantial variation by subregion was found in estimates for poor rural women and nonpoor urban women (Table 4). By combining these data with the estimates of the proportion of women having an abortion who are likely to experience a serious complication, we obtained estimates of the proportion seeking an abortion who are thought to be hospitalized for complications. This proportion is relatively consistent, regardless of women’s poverty status and residence: 12% of nonpoor urban women and 15–18% of others (Table 5). Therefore, although rural women probably have poorer access to hospitals than urban women, they are thought to have a higher complication rate and thus a generally similar rate of hospitalization for complications.

In the Philippines, nonpoor urban women having an abortion are believed to be hospitalized at almost twice the rate (22%) as the average for this subgroup. This estimate reflects perceptions that in the Philippines, these women have a high abortion-related complication rate and an above-average chance of hospitalization. In fact, for all four subgroups, perceived hospitalization rates in the Philippines are higher than the subregional averages. Similarly, respondents in Myanmar, Laos and Cambodia, in Sri Lanka and Malaysia and in Thailand reported that poor rural women having an abortion are more likely than average to be hospitalized.

Only in Afghanistan, Iran and Pakistan and in Indonesia do health professionals believe that poor rural women having an abortion are less likely than all other groups to be hospitalized. (The same appears to be true in Vietnam, but the proportion is based on too few responses to be meaningful.) In Afghanistan, Iran and Pakistan, this difference results from the respondents’ view that poor rural women are much less likely than poor urban women to be within reach of a hospital, given that the two groups are estimated to run very much the same risk of experiencing medical complications from an abortion (30–33%). And in Indonesia, where poor rural women are thought to have an even higher probability of complications (44%), their access to hospitals is also perceived to be much lower than average.

Because the likelihood of hospitalization depends on the accessibility of services, rather than on the type of provider or women’s socioeconomic status, it varies less within and between countries than the likelihood of complications. The country averages range from less than one in 10 in Vietnam and in Afghanistan, Iran and Pakistan to about one in four both in Myanmar, Laos and Cambodia and in the Philippines. At the subregional and regional levels, an estimated one in seven women having abortions are hospitalized for a medical complication.

#### Use of Public Health Sources

The respondents were asked to assess whether women with abortion complications commonly, sometimes or rarely seek treatment from government and private hospitals and clinics; doctors’ and nurses’ offices and homes; trained and untrained traditional birth attendants’ homes; and pharmacies, dispensaries and drugstores. Overall, four in five respondents think that poor women commonly use public hospitals or clinics, whereas close to half believe that nonpoor women commonly use these sources.

By subregion, participants differed only in their perceptions about nonpoor rural women. Some two-thirds of those from Southeast Asia believe that these women go to a public hospital or clinic if they have an abortion complication, compared with fewer than half of those in South Central Asia. This finding suggests that nonpoor rural women in South Central Asia may be more likely than their Southeast Asian counterparts to seek care from private sources. Given that in India, respondents believe that about three out of five nonpoor and one in three poor rural women seeking abortions go to physicians, this seems plausible.

#### Why Women Have Abortions

Respondents were given a list of the most common reasons for women to seek an abortion and were asked to rate each as very frequent, frequent, somewhat frequent or infrequent. Broadly, overwhelming proportions of respondents in both subregions reported that unplanned pregnancy is a very frequent or frequent

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The possibility of upward bias should be taken into consideration because respondents’ direct experience with abortion-related complications may have led them to overestimate the prevalence of complications and the need for hospitalization.