reason for women to have an induced abortion. More specifically, a variety of reasons may explain why a woman would not welcome a pregnancy—predominantly, economic difficulties (63–68%).

The only other choice listed by a substantial proportion of informants was that the woman was not married, but this reason carried far less weight in South Central than in Southeast Asia. This contrast may result from the societal assumption in much of South Central Asia that women simply do not have intercourse before marriage. (Age at marriage is quite low in this subregion—ranging from 14.1 years in Bangladesh to 18.1 in Pakistan—and adolescent girls are closely supervised by their families.)

Small proportions of participants think that women frequently or very frequently have abortions because of their young age or because they have learned that the fetus is deformed. Protection of the life of the pregnant woman is thought to be a significant factor in Bangladesh, Indonesia and Vietnam (one-third to one-half). Only in India and Nepal do substantial proportions of respondents perceive rape or incest as a frequent reason for abortion (close to one in four).

What is known about childbearing aspirations and patterns of contraceptive practice in these countries? Table 6 summarizes pertinent findings from the most recent Demographic and Health Surveys in the seven study countries that have had such a survey. A comparison of the total fertility rate and desired family size suggests that women in Bangladesh, Pakistan and the Philippines are having somewhat more children than they want; the reverse is true in India, Indonesia, Sri Lanka and Thailand. The commonly held opinion that unplanned pregnancies are the major reason why women in these two subregions have abortions is consistent with the available data on levels of unplanned fertility: Some 24–47% of women in these countries reported that their last birth was unplanned (i.e., not wanted at the time it occurred or not wanted at all).

What accounts for these rates of unplanned childbearing? In all of the countries except Sri Lanka and Thailand, 50–88% of women of childbearing age are not using any contraceptive method; 15–21% in the Philippines and Sri Lanka rely on traditional methods (primarily withdrawal and periodic abstinence). Furthermore, large proportions of women stop using their method because of side effects, particularly in Bangladesh, Indonesia and Thailand (27–41%). Additionally, in most of these countries, roughly 20% of women aged 15–44 have an unmet need for family planning.

In these circumstances, the chances are high that many women will face an unintended and often unwanted pregnancy, and that many will choose to have an abortion. Of the countries included in Table 6, the Philippines demonstrates perhaps the most overwhelming degree of family planning problems: Filipino women have nearly two children more than they would like, and an estimated 33% of Filipino women of reproductive age have an unmet need for contraception.20

Postabortion Counseling
Respondents were asked if they think that women receive contraceptive counseling either from their abortion provider or from staff at a hospital where they are treated for a complication. About one-fifth believe that most women in the region who have an abortion obtain counseling from their provider, but about three-fifths believe that most women who are treated for a complication are counseled at that time. Vietnam and Indonesia stand out, with 50% of health professionals reporting that most women are counseled by providers. In Bangladesh and India, the proportions who think that most women obtaining an abortion receive contraceptive counseling from the provider are unexpectedly low, given that menstrual regulation and abortion, respectively, are permitted.

Discussion
Because of the wide range of countries, cultures and abortion situations represented in our study, it is not easy to make broad generalizations from the findings. Nevertheless, we can say with confidence that women of all socioeconomic levels in South Central and Southeast Asia are obtaining abortions, primarily to terminate unplanned pregnancies, many of which are unwanted because of economic problems, and that these procedures are performed by practitioners with a wide range of skill and in greatly differing conditions of safety. The findings illuminate two aspects of the abortion issue in Asia: the impact of the procedure’s legal status and availability, and the health problems likely to result from clandestine abortion.

Legality and Availability
The legal status and availability of abortion in these countries can be broadly categorized into four types of settings, which have an important impact on the conditions under which women obtain abortions:

- Abortion is legal, and safe abortion services are available. Vietnam and Singapore are the only countries in our study that fit this description. The estimated complication rate in Vietnam is much lower than average for Southeast Asia. (The maternal mortality ratio also is much lower than the subregional average—105 maternal deaths per 100,000 live births compared with 330 per 100,000.)

- Abortion or menstrual regulation is legal, but the availability of safe abortion services is poor and many women obtain clandestine abortions. Only Bangladesh and India fall into this category. The proportion of women in Bangladesh who know that abortion is legal or where to obtain services is low. In addition, an estimated 25–33% of women seeking menstrual regulation from a provider with formal training in the method are rejected for various reasons, 87% of them because the pregnancy is too advanced. Furthermore,