those aged 20 or older to be more than 12 weeks pregnant—12% vs. 5% (not shown).

Three-fifths of the women reported not having used a contraceptive at the time of conception. This proportion also varied by age: 27% of teenagers, compared with 41% of older women. Of those who had been practicing contraception, 60% had used traditional methods and 40% modern methods (not shown).

Almost two-thirds of the women had told their partner about the abortion, and one-third had concealed either the pregnancy or the abortion. Of those who had been practicing contraception, 60% had used traditional methods and 40% modern methods (not shown).

Table 2. Percentage of patients experiencing postabortion complications, by duration of pregnancy (in weeks since last menstrual period), according to severity of complication

<table>
<thead>
<tr>
<th>Duration</th>
<th>N</th>
<th>Total</th>
<th>Mild</th>
<th>Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>792</td>
<td>4.6</td>
<td>2.6</td>
<td>2.0</td>
</tr>
<tr>
<td>6–8</td>
<td>508</td>
<td>3.6</td>
<td>2.2</td>
<td>1.4</td>
</tr>
<tr>
<td>9–12</td>
<td>240</td>
<td>5.4</td>
<td>2.5</td>
<td>2.9</td>
</tr>
<tr>
<td>&gt;12</td>
<td>44</td>
<td>11.4</td>
<td>9.1</td>
<td>2.3</td>
</tr>
</tbody>
</table>

The vast majority of women had no ill effects from the abortion. However, 3% suffered from mild complications, and 2% had severe complications (Table 2). Women who were more than 12 weeks pregnant experienced the highest rate of mild complications (9%), possibly because of the duration of the pregnancy. The experience of these women, however, is not strictly comparable to that of women who had their abortion earlier in pregnancy, because at later gestations, the clinic only provides a prostaglandin insert, and women go to a hospital for uterine evacuation. Medical follow-up included pharmaceutical treatment (antibiotics or methergine, a drug used to stem heavy bleeding) and uterine reevacuation. None of the women required hospitalization for complications of the abortion procedure.

**Discussion**

Clearly, our results are suggestive rather than conclusive. However, given the dearth of information about abortion in Latin America, this study provides insight into several aspects of clandestine abortion.

The profile of abortion patients presented here is quite distinct from that found among women hospitalized for complications in the late 1970s, the majority of whom were married, had two or more children, and had had fewer than eight years of schooling. These differences may be partly due to changes over time in the type of women who have abortions (i.e., abortion patients may be becoming younger and better educated). They also may reflect variations in access to safe abortion services (i.e., hospital admissions data overrepresent women who are unable to obtain safe clandestine services). However, recent research in several Latin American countries suggests that young women and unmarried women are at particularly high risk for abortion.

Our findings illustrate many of the difficulties in gathering information on illegal and clandestine behavior. We cannot draw conclusions about the determinants of having an abortion, or estimate population-based abortion rates. However, it seems that unintended pregnancies occur among women who are young, highly educated and unmarried. Latin America may be following the precedent set by the United States (and much of the developed world) of increasing premarital sexual activity; family planning programs should target these women in order to reduce the need for abortion.

**References**


