had a rate of 51. The range in rates between the two states in Region 5 was also relatively narrow (24–34). Rates were most homogenous in Region 6, where abortion rates fell within the narrow range of 25–27.

Abortion Morbidity
The treatment rate for abortion complications is affected by the riskiness of unsafe abortions (other things being equal, lower risk is associated with lower complication and treatment rates) and by women’s access to medical care (better access is associated with more women obtaining care, resulting in a higher treatment rate). Depending on the balance between these factors, treatment rates for abortion complications may rise even if abortions become less risky, and a more developed region may have a higher treatment rate than a less developed region, even if abortions are safer.

Nationally, the rate of public-sector treatment for induced abortion complications was 5.9 cases per 1,000 women aged 15–44 (Table 3). This slight increase from the 1990 rate of 5.4 per 1,000 women was likely due to improvement in women’s access to health care during the past two decades; in fact, it is possible that the riskiness of abortions decreased, but that the impact of the decline on the treatment rate was concealed by a larger change due to improved access to medical care. Consistent with this possibility, treatment rates were higher in the three most developed regions (6.2–6.7; Table 2) than in the three least-developed regions (4.8–5.2).

Variation among states in treatment rates was greatest in Region 2, where rates ranged from 3.6 to 10.2 per 1,000 women (Table 3). Rates were more uniform across states in Region 3, generally falling into a narrow range of 5.2 to 6.8; the exception was Zacatecas, which had a rate of 7.6. In Region 4, treatment rates for four of the six states again fell in a narrow band (4.3–5.9), and tended to be lower than those of states in Region 3, but Tabasco’s rate was very high (8.7) and Yucatán’s very low (2.9). States in Regions 5 and 6, the least developed in the country, generally had treatment rates of about 5.0 per 1,000 women; although abortion services in these regions tend to be less safe than those in other regions, the rates of treatment for abortion complications were relatively low, most likely because of poorer than average access to care.

Abortion Incidence by Age
Age-specific abortion rates showed an inverted J-shaped pattern (Figure 1). The national abortion rate rose from 44 per 1,000 women among 15–19-year-olds to 55 per 1,000 among 20–24-year-olds, and then declined steadily with age, reaching its lowest point among women aged 40–44 (15 per 1,000).

This age pattern also occurred at the regional level and, in most cases, at the state level (Figure 1 and Table 4, page 64). However, six states showed a small variation on the pattern: In four states in Region 2 (Aguascalientes, Chihuahua, Coahuila and Nuevo Leon) and two states in Region 3 (Nayarit and Sinaloa), adolescent women (those aged 15–19) had a higher abortion rate than women aged 20–24. The differences ranged from small (two per 1,000 in Nayarit) to moderate (12 per 1,000 in Coahuila).

For all age-groups, rates were higher in more developed regions than in less developed ones. For example, the abortion rate among women aged 20–24 was highest in Region 1 (86 per 1,000 women), but dropped to 49–60 in Regions 2–4. Yet even the lowest rates in this age-group—40 in Region 5 and 34 in Region 6—were much higher than the rates for other age-groups in the respective regions.

The abortion rate was very high (more than 60 per 1,000) among adolescents in several states—Aguascalientes, Baja California Sur, Coahuila, Mexico City, Mexico State, Nayarit and Tabasco. The rate was a little lower (50–60 per 1,000) in Colima, Morelos and Zacatecas. Women aged 20–24 had extremely high rates (at least 80 per 1,000) not only in Mexico City, but also in Baja California Sur, Mexico State and Tabasco; somewhat lower but still very high rates (60–75) were found in Coahuila, Colima, Nayarit and Zacatecas.

In the three states of Region 6 (Chiapas, Guerrero and Oaxaca), the patterns in abortion rates by age differed from those in the rest of the country. Rates were considerably lower than average across all age-groups and showed less variation by age. This is not surprising, given that the states in this region—especially Chiapas and Oaxaca—have higher fertility levels than other regions.

DISCUSSION
Examining abortion rates in Mexico offered a unique opportunity to improve an existing indirect estimation methodology because of the availability of state- and age-specific data on the number of women treated for induced abortion complications. By modifying the Abortion Incidence