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Abortion Worldwide: A Decade of Uneven Progress

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Executive Summary

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This report assesses progress over the past decade regarding the legality, safety and accessibility of abortion services worldwide. It summarizes developments in policy and documents recent trends in abortion incidence, with a focus on unsafe abortion. It also examines the relationship between unintended pregnancy, contraception and abortion, placing abortion within the broader context of women's reproductive lives.

Positive trends have emerged in recent years

Significant global changes that have occurred in the past decade have important implications both for the levels and safety of abortion and for the levels of unintended pregnancy, the root cause of abortion.

- Contraceptive use, which reduces levels of unintended pregnancy, has increased in many parts of the world, particularly Latin America and Asia.
- The use of manual vacuum aspiration (MVA) and of medication abortion to end unwanted pregnancies and to treat unsafe abortion have increased.
- A number of countries in which abortion laws were highly restrictive in the mid-1990s have liberalized their laws.
- In many developing countries in which abortion is legally restricted, access to safe abortion nevertheless appears to be growing, especially for better-off women.

Although some countries have liberalized their laws, abortion remains highly restricted

Since 1997, 22 countries or administrative areas within countries have changed their abortion laws; in 19 cases, the criteria under which abortion is permitted were broad-

ened, and in three cases the criteria were narrowed. Nonetheless, especially in Sub-Saharan Africa and Latin America, abortion remains highly restricted.

- Globally, 40% of women of childbearing age (15–44) live in countries with highly restrictive laws (those that prohibit abortion altogether, or allow the procedure only to save a woman's life, or protect her physical or mental health).
- Virtually all countries with highly restrictive laws are developing countries. Excluding those in China and India (populous countries with liberal abortion laws), 86% of reproductive-age women in the developing world live under highly restrictive abortion laws.
- In some countries (e.g., India and South Africa), abortion is available on broad grounds, but access to services provided by qualified personnel is uneven.

Abortion rates have declined worldwide

The overall abortion rate declined between 1995 and 2003. This is largely due to reductions in levels of safe abortions, particularly in Eastern Europe.

- The number of abortions worldwide fell from an estimated 45.5 million in 1995 to 41.6 million in 2003. The estimated number of unsafe abortions changed little during this period—from 19.9 million to 19.7 million—and almost all occurred in developing countries.
- The rate of safe abortions dropped between 1995 and 2003 from 20 to 15 per 1,000 women aged 15–44, while the unsafe abortion rate declined hardly at all—from 15 to 14 per 1,000. The overall abortion rate declined from 35 to 29 per 1,000.

Women in developing countries with restrictive abortion laws often go to untrained providers

Surveys of knowledgeable health professionals in developing countries with highly restrictive abortion laws have provided information about the circumstances surrounding unsafe abortions.

- Women who seek clandestine abortions most commonly go to traditional practitioners (many of whom employ unsafe techniques), or doctors or nurses (who may have inadequate training). Some women try to self-induce (using highly dangerous methods), or go to pharmacists or other vendors to purchase drugs.
- Rural women and poor women are more likely than better-off and urban women to turn to traditional practitioners and unsafe methods, and therefore to experience health complications. However, they are less likely to receive the postabortion treatment they need.
- The severity of complications from unsafe abortion is probably declining. Contributing factors include the spread of medication abortion (especially the use of misoprostol alone) and increased provision of abortion by trained personnel.

Unsafe abortions impose heavy economic and health burdens on women and society

Access to quality postabortion care remains poor in many less developed countries. Even when such care is available, distance, cost and the stigma often associated with abortion can discourage women from seeking treatment.

- About 70,000 women die each year from the effects of unsafe abortion—an estimate that has hardly changed in 10 years. An estimated eight million women annually experience complications that need medical treatment, but only five million receive care.
- Most postabortion care is provided in government health facilities, exacting a heavy toll on under-resourced public health systems in poor developing countries.

The rate of unintended pregnancy is declining as contraceptive use increases

The major direct factor contributing to unintended pregnancy is the level of effective contraceptive use.

- The global rate of unintended pregnancy declined from 69 per 1,000 women aged 15–44 in 1995 to 55 per 1,000 in 2008. The decline was greatest in the more developed world.
- Globally, the proportion of married women practicing contraception increased from 54% in 1990 to 63% in 2003.
- Contraceptive use also increased among unmarried, sexually active young women in many developing countries.

Some important challenges remain

Many obstacles to safe and legal abortion, and to adequate contraceptive and postabortion care, remain.

- Legal reform can take many years to achieve. Impediments include the persistence of outmoded laws, opposition from powerful religious authorities, the activities of antichoice groups and reluctance to publicly address sensitive issues of sexuality and reproduction.
- Procedural, economic, informational, cultural and other barriers continue to impede access to legal abortion services in many developing countries.
- Access to contraceptive and postabortion services is often inadequate, partly because of insufficient resources.

What must be done to reduce unsafe abortion and its consequences?

There are three known ways to reduce the prevalence of unsafe abortion and its harmful consequences.

- Expanding access to effective modern methods of contraception and improving the quality of contraceptive information and services may be the strategy that is the most achievable in the near term, and that is most responsive to women's long-term health needs.
- Making abortion legal and ensuring that safe abortion services are accessible to all women in need are urgent health, economic and moral imperatives. Unsafe abortion damages the health of millions of women—the poor, predominantly. The consequences of unsafe abortion are costly to already struggling health systems (and more costly than services to prevent unintended pregnancy or provide safe abortion). And restrictive abortion laws are an unacceptable infringement of women's human rights and of medical ethics.
- Improving the quality and coverage of postabortion care through the increased use of the safest and most cost-effective methods for such care—MVA and medication abortion—at primary-level facilities would allow a higher proportion of cases to be safely treated, and would reduce both maternal mortality and morbidity and the cost of postabortion services.

Reducing levels of unintended pregnancy would lessen women's recourse to unsafe abortion. It would also make significant contributions to the survival and health of women and children, the status of women, and the financial stability of households. Eliminating unsafe abortion and providing access to safe abortion would reduce ill health, death and lost years of productivity among women, and avert the financial burden of treating related health complications. Achieving these goals would lead to enormous individual and societal benefits—for women, their families and countries as a whole.

Additional copies of this executive summary of *Abortion Worldwide: A Decade of Uneven Progress* can be downloaded for free from www.guttmacher.org

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Guttmacher Institute
125 Maiden Lane
New York, NY 10038 USA
Telephone: +1-212-248-1111, ext. 2204
Fax: +1-212-248-1952
info@guttmacher.org
www.guttmacher.org

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