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Unsafe Abortion

FACTS & FIGURES

2006

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Unsafe Abortion: Facts & Figures

Introduction

Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions. It is also a public health concern in many parts of the world. More than one-quarter of the world's people live in countries where the procedure is prohibited or permitted only to save the woman's life. Yet, regardless of legal status, abortions still occur, and nearly half of them are performed by an unskilled practitioner or in less than sanitary conditions, or both.

Abortions performed under unsafe conditions claim the lives of tens of thousands of women around the world every year, leave many times that number with chronic and often irreversible health problems, and drain the resources of public health systems. Often, however, controversy overshadows the public health impact.

This guide provides data and other information to help shed light on the public health aspects of unsafe abortion.

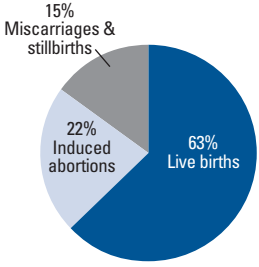
Overview

The World Health Organization (WHO) estimates that worldwide 211 million women become pregnant each year and that about two-thirds of them, or approximately 136 million, deliver live infants. The remaining one-third of pregnancies end in miscarriage, stillbirth, or induced abortion.

Of the estimated 46 million induced abortions each year, nearly 19 million are performed in unsafe conditions and/or by unskilled providers and result in the deaths of an estimated 68,000 girls and women. This represents about 13 percent of all pregnancy-related deaths. Almost all unsafe abortions take place in developing countries, and this is where 99 percent of abortion-related deaths occur.

Unsafe Abortion

WHO defines an unsafe abortion as "a procedure for terminating an un-wanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both." When abortion is performed by qualified people using correct techniques in sanitary conditions, it is very safe. The death rate from legal induced abortion in the United States, for example, is less than one per 100,000 procedures.



Worldwide, nearly one in 10 pregnancies ends in unsafe abortion. But this is a global estimate, combining countries where abortion is safe and legal with those where it is restricted and often unsafe. In low-income countries, women have an average of one unsafe abortion during their reproductive lives.

Sources:

World Health Organization (WHO), *World Health Report 2005*.

WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000*, 4th ed. (2004).

U.S. Centers for Disease Control and Prevention, *Mortality and Morbidity Weekly Review, Surveillance Summaries* (2003).

Iqbal Shah and Elisabeth Ahman, "Age Patterns of Unsafe Abortion in Developing Country Regions," *Reproductive Health Matters* 12, no. 24 (supplement, 2004).

Incidence of Unsafe Abortion

- Worldwide, one in five pregnancies (22 percent) ends in abortion, and one in 10 pregnancies ends in unsafe abortion. (See Appendix II on how unsafe abortions are counted.)
- An estimated 46 million abortions are performed each year; 19 million of them are outside the legal system and considered unsafe because they are performed by people who lack the necessary skills or in places that do not meet minimal medical standards, or both.
- An estimated 529,000 girls and women die from pregnancy-related causes each year, almost all of them in the developing world. About 68,000 of these deaths are due to unsafe abortion.
- Globally, abortion-related deaths account for 13 percent of all pregnancy-related deaths, but the percentage can be much higher at country levels. A 2000 study estimated that unsafe abortions were responsible for nearly one-third of maternal deaths in West Africa, and WHO reports that in the countries of sub-Saharan Africa unsafe abortions are responsible for as much as 50 percent of maternal deaths.
- Women in developed and developing regions of the world turn to abortion at similar rates; annually, 34 abortions are performed per 1,000 women in developing countries, compared with 39 per 1,000 women in developed countries.
- Two in five unsafe abortions occur among women under age 25, and about one in seven women who have unsafe abortions is under 20.
- In Africa, about one-quarter of the unsafe abortions are among teenagers (ages 15 to 19), a higher proportion than in any other world region.

Sources:

WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000,* 4th ed. (2004).

WHO, *Communicating Family Planning in Reproductive Health* (1997).

Alan Guttmacher Institute, *Sharing Responsibility: Women, Society and Abortion Worldwide* (1999).

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Iqbal Shah and Elisabeth Ahman, "Age Patterns of Unsafe Abortion in Developing Country Regions," *Reproductive Health Matters* 12, no. 24 (supplement, 2004).

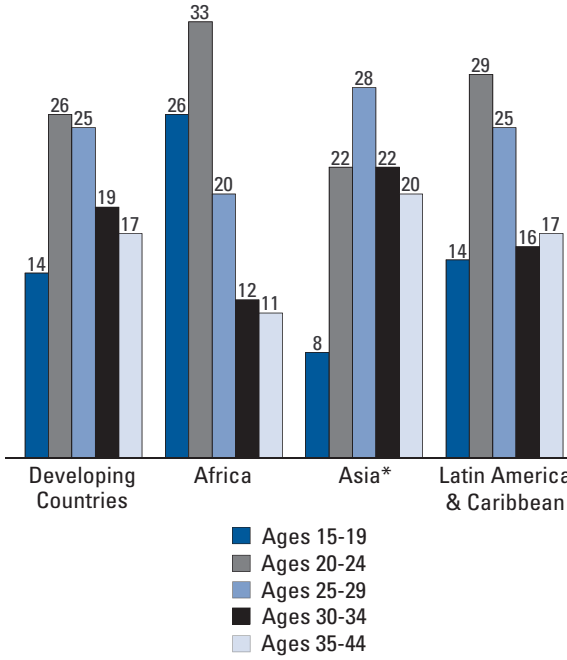
Patrick Thonneau et al., "Abortion and Maternal Mortality in Africa," *New England Journal of Medicine* 347, no. 24 (2002).

Estimates of Annual Incidence of Unsafe Abortions and Maternal Deaths Due to Unsafe Abortion, Around Year 2000

	Number of unsafe abortions	Number of maternal deaths due to unsafe abortion	% of all maternal deaths
World	19 million	67,900	13
Developed countries	500,000	300	14
Developing countries	18.4 million	67,500	13
Africa	4.2 million	29,800	12
Eastern Africa	1.7 million	15,300	14
Middle Africa	400,000	4,900	10
Northern Africa	700,000	600	6
Southern Africa	200,000	400	11
Western Africa	1.2 million	8,700	10
Asia	10.5 million	34,000	13
Eastern Asia (excluding Japan)	negligible	negligible	negligible
South Central Asia	7.2 million	28,700	14
Southeastern Asia	2.7 million	4,700	19
Western Asia	500,000	600	6
Europe	500,000	300	20
Eastern Europe	400,000	300	26
Northern Europe	10,000	negligible	4
Southern Europe	100,000	<100	13
Western Europe	negligible	negligible	negligible
Latin America/ Caribbean	3.7 million	3,700	17
Caribbean	100,000	300	13
Central America	700,000	400	11
South America	2.9 million	3,000	19
North America	negligible	negligible	negligible
Oceania (excluding Australia and New Zealand)	30,000	100	7

Source: WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000*, 4th ed. (2004).

Percent of Unsafe Abortions by Age Group, Around Year 2000



* Excludes Eastern Asia (China, North Korea, South Korea, and Mongolia).

Note: Figures may not add to 100 due to rounding.

Source: Iqbal Shah and Elisabeth Ahman, "Age Patterns of Unsafe Abortion in Developing Country Regions," *Reproductive Health Matters* 12, no. 24 (supplement, 2004).

The ages at which women have unsafe abortions differ markedly across regions.

- Nearly 60 percent of women in sub-Saharan Africa who have unsafe abortions are younger than 25, and 25 percent are still in their teens.
- In Asia, 70 percent of unsafe abortions are among women 25 and older; many of them already have children and want to limit family size.
- In Latin America and the Caribbean, more than half of unsafe abortions occur among women who are in their 20s, suggesting that women in this region use unsafe abortion to space births and limit family size.

Maternal Health

- An estimated 529,000 girls and women die of pregnancy-related causes each year, about one every minute, and many times that number suffer long-term injuries and disabilities.
- 99 percent of all maternal deaths occur in the developing world.
- Of the 529,000 maternal deaths in 2000, most of them were equally divided between Asia (253,000) and Africa (251,000). About 4 percent of maternal deaths were in Latin America and the Caribbean (22,000), and less than 1 percent (2,500) were in the developed countries.
- Pregnancy-related deaths are often expressed as a ratio of deaths per 100,000 live births, allowing for comparison among countries and regions. The global ratio is 400 maternal deaths per 100,000 live births, but regional ratios range from 920 per 100,000 live births in sub-Saharan Africa to 16 per 100,000 live births in North America.
- Direct causes of pregnancy-related deaths worldwide are:

Severe bleeding	25%
Infection	15%
Unsafe abortion	13%
Hypertensive disorders	12%
Obstructed labor	8%
Other	8%

- 20 percent of pregnancy-related deaths are due to indirect causes, including diseases such as malaria, anemia, HIV/AIDS, and cardiovascular disease.
- A woman in sub-Saharan Africa has a 1 in 16 chance of dying from a pregnancy-related cause, compared with a woman in North America, whose risk is 1 in 2,566.
- Complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in most developing countries. For teenagers, these are the leading cause of death.

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- Teenage girls are twice as likely as women over 20 to die of complications from pregnancy and childbirth. Girls ages 10 to 14 are five times as likely as women ages 20 to 24 to die of these complications.

Sources:

WHO, UNICEF, and UNFPA, *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF and UNFPA* (2004).

Population Reference Bureau, *Women of Our World 2005*.

WHO, *World Health Report 2005*.

UNFPA, *State of World Population 2005*.

Save the Children, *State of the World's Mothers 2004*.

Maternal Mortality

	Maternal mortality ratio, 2000*	Lifetime chance of dying from maternal causes**
World	400	1 in 74
Developed countries	20	1 in 2,800
Developing countries	440	1 in 61
Africa	830	1 in 20
Northern Africa (including Sudan)	230	1 in 210
Sub-Saharan Africa	920	1 in 16
Latin America/Caribbean	190	1 in 160
North America	16	1 in 2,566
Europe	24	1 in 2,400
Asia	330	1 in 94
Eastern Asia	53	1 in 840
South Central Asia	520	1 in 46
Southeastern Asia	210	1 in 140
Western Asia	190	1 in 120
Oceania	110	1 in 316

* Maternal deaths per 100,000 live births.

** Lifetime risk reflects a country or region's maternal mortality as well as its fertility rate. Risk is greater for women in areas of high fertility because they are pregnant more often and therefore face the risks of pregnancy more often than women in areas of low fertility.

Source: Population Reference Bureau, *Women of Our World 2005*.

Safe Abortion

Abortion is safest when performed early in a pregnancy. Safe methods of abortion used during the first trimester (12 weeks) of pregnancy are vacuum aspiration, dilation and curettage, and medication abortion. (The length of a pregnancy is measured from the first day of a woman's last menstrual period.) In some countries, women within a few weeks of a missed menstrual period can undergo a procedure called menstrual regulation, which uses vacuum aspiration or medication to induce menstruation; the procedure is often performed without testing for pregnancy.

Vacuum aspiration

- The procedure removes the contents of the uterus by applying suction through a tube, called a cannula, inserted through the cervix into the uterus.
- Either an electric pump or a manual aspirator is used to suction the uterine contents; with either method it is usually performed on an outpatient basis.
- The procedure is widely used through 12 weeks of pregnancy, and the more-experienced providers can use it safely through 15 weeks.
- As with any abortion procedure, side effects include abdominal cramping or pain and bleeding.
- The procedure is also known as suction abortion, vacuum curettage, suction curettage, and mini-suction.

Dilation and curettage (D&C)

- This method uses mechanical dilators to open the cervix and metal instruments called curettes to scrape the uterine walls.
- The procedure is typically performed under heavy sedation or general anesthesia and has a higher risk of complications (bleeding, infection, and perforation) than other methods.
- WHO advises that this method be used only when vacuum aspiration or medical methods of abortion are not available.
- It is also known as sharp curettage and surgical abortion.

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Medication abortion

- This method uses one or more drugs, most commonly mifepristone (known as RU486) and misoprostol (also known as Cytotec), to expel the contents of the uterus.
- The procedure usually requires at least two outpatient visits, and the abortion is almost always complete within a week. In 2 percent to 5 percent of cases, the abortion is incomplete and vacuum aspiration or D&C is required.
- Mifepristone with misoprostol is used through nine weeks of pregnancy, and its safety and effectiveness between nine and 12 weeks is being studied.
- Most women experience abdominal cramping and bleeding. Side effects include vomiting, nausea, diarrhea, chills, and fever.
- Misoprostol is sometimes used alone, usually where mifepristone is not available, but it appears to be less effective than the combination.
- Other terms for this procedure are medical, pharmaceutical, or pharmacological abortion; RU486; and the abortion pill.

For pregnancies of more than 12 completed weeks since the woman's last menstrual period, the two most widely used abortion methods are dilation and evacuation (D&E) and medication abortion.

Dilation and evacuation (D&E) involves dilating the cervix and using a combination of suction and instruments to remove contents of the uterus.

Medication abortion uses one or more pharmaceuticals usually in multiple doses to cause uterine contractions that expel the pregnancy.

Source: WHO, *Safe Abortion: Technical and Policy Guidance for Health Systems* (2003).

Unsafe Abortion

The World Health Organization defines an unsafe abortion as "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both."

Where abortion is restricted by law, girls and women who can afford to pay often can find a private physician, or sometimes a nurse or midwife, willing to perform a safe abortion. Women who cannot afford or cannot access these services may try to abort the pregnancy themselves, or they may turn to unskilled practitioners (including traditional or religious healers, homeopaths, and herbalists) who use a variety of methods.

Unsafe methods include:

- Swallowing large doses of drugs, such as anti-malarials or oral contraceptives (birth control pills).
- Inserting a sharp object into the uterus.
- Drinking or flushing the vagina with caustic liquids such as bleach.
- Physical abuse such as jumping or falling from high places, vigorous dancing, or sustained and vigorous sexual intercourse over long periods.
- Prolonged and hard massage to manipulate the uterus, or repeated blows to the stomach.

Not all illegal abortions are unsafe. For example, in some unsanctioned clinics in India, trained professionals perform abortions that may be medically safe but are technically illegal due to the unregistered status of the clinic.

Increasingly, women around the world are purchasing medications, including Cytotec (misoprostol), on the black market and from other insecure and unreliable sources to induce abortions. These medications are unregulated and may be labeled incorrectly. Without the benefit of medical advice or attention, women may be unaware of how far along their pregnancies are and may ingest these medications well after is it safe to induce a medication abortion.

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WHO estimates that between 10 percent and 50 percent of the girls and women who have unsafe abortions suffer complications that need medical attention. If left untreated, these complications can be fatal. Spontaneous abortion or miscarriage can result in the same serious complications.

Here are some of the serious conditions that require prompt medical attention:

Incomplete abortion occurs when some tissue remains in the uterus.

- Symptoms include abdominal pain; vaginal bleeding; and a soft, enlarged uterus.
- Treatment involves removing the remaining tissue in the uterus with vacuum aspiration or, if that is not available, with dilation and curettage. (See Safe Abortion.)

Infection of uterine tissue can result from use of contaminated instruments or when tissue remains in the uterus.

- Symptoms include those of incomplete abortion as well as fever, chills, and foul-smelling vaginal discharge and uterine tenderness. Most often, symptoms appear two to three days after the abortion.
- Treatment involves antibiotics and vacuum aspiration if needed to remove the remaining tissue in the uterus.

Heavy bleeding results when an incomplete abortion is not treated or from some abortion techniques such as dilation and curettage (see Safe Abortion) or insertion of sticks or other objects into the cervix.

- Heavy bleeding also can be triggered by toxic reactions caused by herbs, drugs, or chemicals that are swallowed or placed in the vagina.
- Treatment may require removing remaining tissue in the uterus and administration of drugs to stop the bleeding, intravenous fluid replacement, and, in severe cases, blood transfusion or surgery.

Uterine perforation can occur when a sharp object or instrument is inserted into the uterus.

- Other organs also can be injured, including the cervix, ovaries, bowel, bladder, and rectum.
- Observation and antibiotics may be all that is needed as treatment, but in more severe cases, surgery may be needed to repair damage to bowel, blood vessels, or other organs.

Untreated, these complications can cause disabilities and chronic conditions that include: chronic pelvic pain; pelvic inflammatory disease, an infection of the reproductive organs (see Glossary); and infertility.

Sources:

WHO, *World Health Report 2005*.

Alan Guttmacher Institute, *Sharing Responsibility: Women, Society and Abortion Worldwide* (1999).

WHO, *Safe Abortion: Technical and Policy Guidelines for Health Systems* (2003).

Population Reference Bureau, *Hidden Suffering: Disabilities from Pregnancy and Childbirth in Less Developed Countries* (2002).

Population Information Program, Center for Communication Programs, The Johns Hopkins School of Public Health, *Population Reports* 25, no. 1 (1997).

WHO, Division of Family Health, *Abortion. A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion*, 2d ed. (1993).

Post-Abortion Care

- In some areas of the developing world, as many as half of the admissions to hospital gynecological wards are women needing treatment after unsafe abortions.
- Women who seek medical treatment after an unsafe abortion may require extended hospital stays, ranging from several days to several weeks. This consumes hospital resources, including personnel time, bed space, medications, and blood supply.
- Studies show that hospitals in some developing countries spend as much as 50 percent of their budgets to treat complications of unsafe abortion.

International health organizations generally recognize post-abortion care to include:

- **Emergency treatment** for complications of abortion or miscarriage.
- **Counseling** to identify and respond to women's emotional and physical health needs and other concerns.
- **Contraceptive and family planning services** to help women prevent an unwanted pregnancy or unsafe abortion or to practice birth spacing.
- **Management** of sexually transmitted infections.
- **Reproductive and other health services** that are provided on-site or through referrals to other accessible facilities.

The 1994 International Conference on Population and Development, in its consensus Programme of Action, called for all women to have access to treatment for abortion-related complications and post-abortion counseling, education, and family planning services, regardless of the legal status of abortion. (See Appendix I.)

Sources:

UNFPA, *State of World Population 2004*.

WHO, *Communicating Family Planning in Reproductive Health* (1997).

Postabortion Care Consortium Community Task Force, Postabortion Care Consortium, *Essential Elements of Postabortion Care: An Expanded and Updated Model* (2002).

Unintended Pregnancies

- Around 80 million pregnancies each year are unintended and more than one-half result in induced abortion.
- About one-third (26.5 million) of unintended pregnancies each year result from incorrect use or failure of contraceptives.

Unintended Pregnancies by Region, 1995–2000

Region	% of unintended pregnancies
Africa	18
Latin America/Caribbean	37
North America	28
Near East	26
Europe/Central Asia	41
Asia	27
Developed Pacific	29

Note: Percentage of women answering "no" to a Demographic and Health Survey question asking whether their last birth was wanted; it does not include mistimed births. (See Appendix III.)

Source: Global Health Council, *Promises to Keep* (2002).

- No contraceptive method is 100 percent effective. Even with perfect use, some contraceptives fail. According to research based on U.S. women using a single contraceptive method for one year, male condoms used correctly and consistently will fail 2 percent of the time; with more typical use, which is not always correct or consistent, the failure rate of male condoms rises to 15 percent.
- The failure rate of oral contraceptives is less than 1 percent with perfect use, but the rate rises to 8 percent with less-than-perfect use.
- 61 percent of the world's women who are married or are in an informal union use some form of contraception.
- Contraceptive use is lowest in sub-Saharan Africa, where 22 percent use some form of contraception and 15 percent use modern methods.

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- **Modern methods** include hormonal methods such as birth control pills, implants like Norplant, and injectables like Depo-Provera; female and male sterilization; intrauterine device (IUD); barrier methods such as male or female condom, diaphragm, cervical cap, and contraceptive sponge; and chemical spermicides in the form of jelly or foam.
- **Traditional methods** include periodic abstinence (also known as rhythm or calendar method) and withdrawal.

Sources:

WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000*, 4th ed. (2004).

WHO, *World Health Report 2005*.

Contraceptive Technology: Eighteenth Revised Edition (2004).

Population Reference Bureau, *2006 World Population Data Sheet*.

Contraceptive Efficacy Rates

Percent of women experiencing an unintended pregnancy within the first year of use (United States)*

Method	Typical use	Perfect use**
No method	85	85
Spermicides	29	18
Withdrawal	27	4
Periodic abstinence	25	1 to 9***
Diaphragm	16	6
Female condom	21	5
Male condom	15	2
Pill	8	<1
Injectables	3	<1
IUD	<1	<1
Implants	<1	<1
Female sterilization	<1	<1
Male sterilization	<1	<1

* Most contraceptive effectiveness data come from studies in developed countries.

** Perfect use is defined as consistent and correct use of a family planning method.

*** Effectiveness varies with technique used

Source: *Contraceptive Technology: Eighteenth Revised Edition* (2004).

Emergency contraception

- Emergency contraceptives (EC) are back-up methods of preventing pregnancy after unprotected sexual intercourse. They do not terminate existing pregnancies, and they do not protect against sexually transmitted diseases.
- EC in pill form—also called the "morning-after pill"—can reduce the risk of pregnancy by 75 percent or more if taken within 72 hours (three days) of unprotected sexual intercourse. It is more effective the sooner after sex it is taken.
- EC pills contain the same medicine used in birth control pills but in higher doses. They work by stopping or delaying the release of an egg from the ovary, and they also may prevent sperm from fertilizing an egg or a fertilized egg from attaching to the uterus.
- If a woman is pregnant (a fertilized egg is implanted in her uterus), EC pills will not cause an abortion and the pregnancy will continue.
- Insertion of an IUD within seven days after unprotected sex can reduce the risk of pregnancy by 99 percent.
- EC is intended to be used after sexual intercourse when no contraceptive has been used, a contraceptive method has failed or been used incorrectly, or sex was forced.
- EC is not intended to be used in place of regular, ongoing contraception.

Sources:

International Consortium for Emergency Contraception.

U.S. Food and Drug Administration.

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Global and Regional Estimates of Contraception Rates

	% married women using *any* method of contraception	% married women using *modern* method of contraception	Lifetime births per woman (total fertility rate)
World	**61**	**54**	**2.7**
More developed	68	58	1.6
Less developed	59	53	2.9
Africa	**28**	**22**	**5.1**
Northern Africa	49	44	3.2
Sub-Saharan Africa	21	14	5.6
West Africa	14	9	5.8
East Africa	24	19	5.5
Middle Africa	26	6	6.3
Southern Africa	54	53	2.9
North America	**73**	**69**	**2.0**
Latin America/ Caribbean	**71**	**63**	**2.5**
Asia	**65**	**59**	**2.4**
Western Asia	51	32	3.4
South-Central Asia	51	43	3.1
Southeast Asia	60	52	2.5
East Asia	84	82	1.6
Europe	**68**	**53**	**1.4**
Northern Europe	82	76	1.7
Western Europe	74	70	1.6
Eastern Europe	64	42	1.3
Southern Europe	59	43	1.4
Oceania	**72**	**63**	**2.1**

Source: Population Reference Bureau, *2006 World Population Data Sheet.*

Unmet Need for Family Planning

In developing countries, about one in six married women faces an "unmet need" for family planning—they prefer not to become pregnant but are not using any form of contraception.

Unmet need is measured with the Demographic and Health Survey (DHS) and other large, national household surveys, in which married women ages 15 to 49 are asked about their childbearing preferences and their use of contraceptives. (It should be noted that these surveys often do not measure the contraceptive needs of unmarried women or women who are not satisfied with the contraceptive method they are using.)

According to surveys completed in developing countries in 1999 and 2000, women who said they did not want to become pregnant cited various reasons for not using contraception. The most common was that they didn't think they could get pregnant because they were having sex infrequently, were in menopause, or were breastfeeding. Other reasons were:

- Opposition to family planning, by the woman, her husband, or others.
- Problems with contraceptive methods, including side effects and health concerns, and, to a lesser extent, cost and access.
- Lack of knowledge about methods or where they could get them.

Reducing unmet need can help to reduce unintended pregnancies, which lead to abortions and unwanted births. Ways in which unmet need can be addressed include:

- Informing women of the benefits and possible side effects of available contraceptive methods so they can choose the method most appropriate for them.
- Informing women of their chances of becoming pregnant after an abortion or childbirth, during breastfeeding, or when they are approaching menopause, and counseling them on family planning methods that might be appropriate for them.

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- Improving communication between health care providers and their clients.
- Providing periodic follow-up counseling to reduce the number of women who don't want to become pregnant but who stop using contraception.
- Encouraging men to discuss family planning with their wives.

Source: Population Reference Bureau, *Unmet Need for Family Planning* (2003).

Abortion Laws and Policies

The legal status of abortion is one factor that determines the extent to which the procedure is safe, affordable, and accessible. In countries where abortion is legal, abortions are more likely to be performed by trained health professionals, be more available, and cost less. In these countries, maternal deaths and injuries tend to be lower.

In some countries, written laws or policies on abortion do not necessarily reflect what is actually practiced. Some countries may have a specific law prohibiting abortion, but in practice government officials, the courts, and health care providers interpret the law more broadly, or interpretation can be unpredictable and enforcement of laws can vary.

Abortion laws generally fall into five categories, from most to least restrictive:

- To save the life of the pregnant woman.
- To preserve her physical health.
- To protect her mental health.
- On socioeconomic grounds.
- For any reason.

In addition, many countries allow abortion in cases of rape, incest, and fetal impairment.

Countries also may:

- Limit the length of a pregnancy during which an abortion can be performed.
- Require the husband's or parent's approval.
- Specify the types of medical facilities where abortions can be performed and health care personnel who can perform them.
- Require counseling before an abortion can be performed.

In many cases, requirements such as these are intended to raise the quality of care, but they also can serve as barriers to safe abortion.

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Abortion is generally more restricted in developing countries than in developed countries.

- 16 percent of developing countries and 67 percent of developed countries permit abortion upon request.
- Abortion is permitted in virtually every country at least to save the life of the pregnant woman. This exception is either stated explicitly or inferred from what is known as the "defense of necessity," which allows a doctor, for example, to justify breaking the law by performing an abortion because the action saved a woman's life. More than 25 percent of the world's people live in countries with this restriction.
- A majority of countries also allow abortion to preserve the physical health of the pregnant woman, though countries may define "physical health" differently. Many countries also allow abortion to preserve the mental health of the woman, and the definition of this term may also vary.
- Nearly half of all countries permit abortion in cases of rape or incest, in addition to other grounds, though procedural requirements in these cases may vary. Some countries require the case to be reported to authorities or even investigated before an abortion can be performed, while others require no proof other than the statement of the woman to her physician that her pregnancy is the result of rape.
- Many of the same countries permit abortion in cases of fetal impairment, in addition to other grounds; some countries specify the extent of impairment necessary in these cases.
- More than one-third of all countries allow abortion on economic or social grounds, such as income level, age, marital status, and number of children.

- More than 50 countries, with more than 40 percent of the world's population, permit abortion for any reason, though most limit the period during which women can readily access the procedure.

Even in circumstances where abortion is legally permitted, a woman may be unable to get a safe abortion due to:

- Lack of trained providers.
- Lack of adequately equipped medical facilities.
- Providers unwilling to perform abortions because of extensive procedural requirements or social stigma.
- Government restrictions on the types of medical facilities that can carry out abortions and providers who can perform the procedure.
- Physicians lacking knowledge on what the law allows, sometimes because the laws are unclear.
- Lack of clear government guidelines on how to interpret and implement restrictive or vague laws.
- Lack of resources to pay for a safe abortion.
- Social stigma and spousal or family disapproval.

These factors also can prevent women from receiving medical treatment for complications from an unsafe abortion.

Sources:

United Nations Population Division, *Abortion Policies: A Global Review* (2002).

Center for Reproductive Rights, *World's Abortion Laws* (2004).

Glossary

Developed and developing countries. (Used interchangeably with more developed and less developed countries.) Following the United Nations classification, more developed countries comprise all of Europe and North America, plus Australia, Japan, and New Zealand. All other countries are classified as less developed.

Dilation and curettage (D&C). Uses suction to empty the uterus and a medical instrument (a curette) to clean the walls of the uterus; used for first trimester pregnancies. Also known as sharp curettage.

Dilation and evacuation (D&E). A surgical procedure in which the cervix is slowly opened and the uterus is emptied with medical instruments, suction, and curettage; generally used for pregnancies of more than 12 weeks since the last menstrual period.

Emergency contraception (EC). Back-up contraceptive methods that women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy. Methods include doses of birth control pills and insertion of an intrauterine device (IUD).

Induced abortion. The act of ending a pregnancy; it may be done with surgery or medicine.

Incomplete abortion. An abortion in which parts of the fetus or placental tissue are retained in the uterus and can result in hemorrhage, intense pain, uterine infection, and death if left untreated.

Maternal mortality. Death related to pregnancy or childbirth; usually expressed as a ratio of the number of deaths per 100,000 live births in a given year.

Maternal morbidity. Disease, disability, or injury related to pregnancy or childbirth.

Medication abortion. Nonsurgical abortion using medication to end pregnancy. For pregnancies of up to nine weeks (measured from the first day of the last menstrual period), WHO recommends a combination of mifepristone, known as RU486,

continued...

and misoprostol, a prostaglandin that causes uterine contractions. This combination is being investigated for use between nine and 12 completed weeks of pregnancy. For pregnancies of more than 12 weeks, mifepristone is used with repeated doses of misoprostol or another prostaglandin. In many developing countries, mifepristone is not available and misoprostol is being used alone to induce abortion.

Menstrual regulation. Used to induce menstruation, usually done within a few weeks following a missed menstrual period; uses vacuum aspiration or medication, and proof of pregnancy often is not required.

Miscarriage. Spontaneous termination of a pregnancy before the fetus is viable.

Pelvic inflammatory disease (PID). An infection in the reproductive tract that can lead to chronic pelvic pain, damage to reproductive organs, and infertility.

Spontaneous abortion. Naturally occurring expulsion of a nonviable fetus; 10 percent to 15 percent of all pregnancies end in spontaneous abortion; also known as a miscarriage.

Surgical abortion. Most common types are dilation and curettage (D&C), and dilation and evacuation (D&E). The method used depends on the length of the pregnancy.

Total fertility rate. The average number of children born alive that a woman has during her lifetime.

Trimesters of pregnancy. Pregnancy is generally divided into three stages, each about three months long. First trimester is measured from the first day of the last menstrual period through about the 12th week of pregnancy. Second trimester is generally considered to be the 13th through the 27th week. Third trimester runs from around the 28th through the 40th week of pregnancy. A full-term pregnancy is usually 40 weeks.

Vacuum aspiration. Either manual (MVA) or electric (EVA), removes the uterine contents by applying suction through a tube called a cannula that has been inserted through the cervix into the uterus; typically used through the 12th to 15th week of pregnancy.

Appendix I: International Conventions

Several U.N. documents that recognize women's sexual and reproductive rights also address abortion. Here are relevant excerpts:

Programme of Action adopted at the International Conference on Population and Development, Cairo (1994)

"In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion. Post-abortion counseling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions." (Paragraph 8.25)

Fourth World Conference on Women, Beijing (1995)

"Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions [should]:

j. Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development;

continued...

k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development ... consider reviewing laws containing punitive measures against women who have undergone illegal abortions." (Paragraph 106)

Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development (1999)

(ii) Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counseling of women who have had recourse to abortion.

(iii) In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health." (Paragraph 63)

Appendix II: How Unsafe Abortions Are Counted

Determining the incidence of abortion depends largely on whether the procedure is legal. Where abortions are legal, they generally are officially recorded; but where abortions are legally restricted, they are not easily counted.

Much of the data in this guide comes from the most up-to-date and comprehensive source of unsafe abortion statistics, which was published in 2004 by the World Health Organization: *Unsafe Abortion—Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000* (4th ed.).

WHO says it derives data from published and unpublished reports, including national and community-based studies, where available, and hospital data. Its analysis takes into account such factors as abortion laws and their enforcement, information on providers of unsafe abortions, prevalent abortion methods, fertility rates, and contraceptive use. It also adjusts for cultural factors as well as urban and rural differences.

WHO also notes that because of the stigma attached to abortion, it is likely to be underreported even where it is legal.

Because the data are incomplete, WHO says that its estimates of the incidence of unsafe abortion and related deaths "should be considered only as best estimates given the information currently available."

Appendix III: About the Sources

The sources used for information in this guide:

Centers for Disease Control and Prevention (CDC) is a U.S. government agency whose mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. It works throughout the United States and the world monitoring health, investigating health problems, conducting research, and implementing prevention strategies.
www.cdc.gov

Center for Reproductive Rights is a nonprofit legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide.
www.crlp.org

Demographic and Health Surveys (DHS) project is a global data collection effort funded by the U.S. Agency for International Development and carried out by ORC Macro and in-country organizations. These nationally representative household surveys collect data on demographic patterns, fertility, health, and nutrition for policy and program planning.
www.measuredhs.com

Global Health Council is a U.S.-based, nonprofit membership organization comprising health-care professionals and organizations that include NGOs, foundations, corporations, government agencies, and academic institutions.
www.globalhealth.org

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Guttmacher Institute is a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education.
www.guttmacher.org

International Consortium for Emergency Contraception was founded by seven internationally known organizations working in the field of family planning with a mission to expand access to emergency contraception worldwide but especially in developing countries.
www.cecinfo.org

Ipas is an international nonprofit organization that has worked for three decades to increase women's ability to exercise their sexual and reproductive rights and to reduce deaths and injuries of women from unsafe abortion.
www.ipas.org

Population Reference Bureau informs people around the world about population, health, and the environment, and empowers them to use that information to advance the well-being of current and future generations.
www.prb.org

Population Reports is a quarterly journal published by the Johns Hopkins University Center for Communications Programs and supported by the United States Agency for International Development that is designed to provide an accurate and authoritative overview of important developments in family planning and related health issues.
www.infoforhealth.org/pr

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Postabortion Care Consortium works to encourage international donors and agencies in the reproductive health and population field to address the issue of unsafe abortion in their policies and programs.
www.pac-consortium.org

Save the Children is an international nonprofit organization founded in the aftermath of World War I that works to improve the lives of children in need and mobilizes life-saving assistance to children in times of war, conflict, and natural disasters.
www.savethechildren.org

United Nations Population Fund (UNFPA) is the UN agency that is the largest international source of funding for population and reproductive health programs.
www.unfpa.org

U.S. Food and Drug Administration (FDA) is a U.S. government agency that regulates human and veterinary drugs, biological products, medical devices, food, cosmetics, and products that emit radiation.
www.fda.gov

World Health Organization is the UN's specialized agency for health. It was established in 1948. WHO's objective, as set out in its Constitution, is the attainment by all people of the highest possible level of health.
www.who.int

Regional Data for Africa

Incidence

- An estimated 4.2 million unsafe abortions are performed each year in Africa, and about 3.5 million of them are in the sub-Saharan countries.
- Africa's nearly 30,000 unsafe abortion deaths account for more than 40 percent of the worldwide total.
- About one-quarter of Africa's unsafe abortions occur among young women ages 15 to 19, higher than in any other region.
- Nearly 60 percent of unsafe abortions in Africa are among women under age 25, and nearly 80 percent are among women under 30.
- For every 1,000 women ages 15 to 44 in Eastern Africa, 31 have had an unsafe abortion — the highest rate on the continent. In other parts of Africa, the numbers of unsafe abortions per 1,000 women of reproductive age are 25 in Western Africa, 22 in Middle Africa, and 17 in Northern and Southern Africa.

Estimates of Annual Unsafe Abortions and Maternal Deaths Due to Unsafe Abortion, Around Year 2000

	Number of unsafe abortions	Number of maternal deaths due to unsafe abortion	% of all maternal deaths
Africa	**4.2 million**	**29,800**	**12**
Eastern Africa	1.7 million	15,300	14
Middle Africa	400,000	4,900	10
Northern Africa	700,000	600	6
Southern Africa	200,000	400	11
Western Africa	1.2 million	8,700	10

Source: World Health Organization, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000,* 4th ed. (2004)

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Maternal Health

African countries have among the highest maternal death rates in the world. On average, a woman in sub-Saharan Africa has a 1 in 16 chance of dying from a complication related to pregnancy or childbirth.

Country Estimates of Maternal Mortality

	Maternal mortality ratio	Lifetime chance of dying from maternal causes*
Africa	**830**	**1 in 20**
Northern Africa	**230**	**1 in 210**
Algeria	140	1 in 190
Egypt	84	1 in 310
Libya	97	1 in 240
Morocco	220	1 in 120
Sudan	590	1 in 30
Tunisia	120	1 in 320
Sub-Saharan Region	**920**	**1 in 16**
Western Africa	**920**	**1 in 16**
Benin	850	1 in 17
Burkina Faso	1,000	1 in 12
Cape Verde	150	1 in 160
Côte d'Ivoire	690	1 in 25
Gambia	540	1 in 31
Ghana	540	1 in 35
Guinea	740	1 in 18
Guinea-Bissau	1,100	1 in 13
Liberia	760	1 in 16
Mali	1,200	1 in 10
Mauritania	1,000	1 in 14
Niger	1,600	1 in 7
Nigeria	800	1 in 18
Senegal	690	1 in 22
Sierra Leone	2,000	1 in 6
Togo	570	1 in 26
Eastern Africa	**1,020**	**1 in 14**
Burundi	1,000	1 in 12
Comoros	480	1 in 33
Djibouti	730	1 in 19
Eritrea	630	1 in 24

	Maternal mortality ratio	Lifetime chance of dying from maternal causes
Ethiopia	850	1 in 14
Kenya	1,000	1 in 19
Madagascar	550	1 in 26
Malawi	1,800	1 in 7
Mauritius	24	1 in 1,700
Mozambique	1,000	1 in 14
Rwanda	1,400	1 in 10
Somalia	1,100	1 in 10
Tanzania	1,500	1 in 10
Uganda	880	1 in 13
Zambia	750	1 in 19
Zimbabwe	1,100	1 in 16
Middle Africa	**1,040**	**1 in 13**
Angola	1,700	1 in 7
Cameroon	730	1 in 23
Central African Rep.	1,100	1 in 15
Chad	1,100	1 in 11
Congo	510	1 in 26
Congo, Dem. Rep.	990	1 in 13
Equatorial Guinea	880	1 in 16
Gabon	420	1 in 37
Southern Africa	**250**	**1 in 113**
Botswana	100	1 in 200
Lesotho	550	1 in 32
Namibia	300	1 in 54
South Africa	230	1 in 120
Swaziland	370	1 in 49

* Lifetime risk reflects a country or region's maternal mortality as well as its fertility rate. Risk is greater for women in areas of high fertility because they are pregnant more often and therefore face the risks of pregnancy more often than women in areas of low fertility.

Source: Population Reference Bureau, *Women of Our World 2005*.

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Contraception

- In sub-Saharan Africa, the lowest rates of contraceptive use are in Western Africa (14 percent for all methods and 9 percent for modern methods).
- In sub-Saharan Africa, the country of South Africa has the highest rate for modern methods (55 percent) and the lowest fertility rate.

Country Estimates of Contraception and Fertility Rates

	Any method	Modern method	Lifetime births per woman (total fertility rate)
Africa	**28**	**22**	**5.1**
Northern Africa	**49**	**44**	**3.2**
Algeria	57	52	2.4
Egypt	59	57	3.1
Libya	49	26	3.4
Morocco	63	55	2.5
Sudan	10	7	5.0
Tunisia	63	53	2.0
Sub-Saharan Africa	**22**	**15**	**5.5**
Western Africa	**14**	**9**	**5.8**
Benin	19	7	5.6
Burkina Faso	14	9	6.2
Cape Verde	53	46	3.5
Côte d'Ivoire	15	7	5.1
Gambia	10	9	5.1
Ghana	25	19	4.4
Guinea	9	6	5.7
Guinea-Bissau	8	4	7.1
Liberia	—	—	6.8
Mali	8	6	7.1
Mauritania	8	5	5.8
Niger	14	4	7.9
Nigeria	12	8	5.9
Senegal	12	10	5.3
Sierra Leone	4	4	6.5
Togo	26	9	5.1
Eastern Africa	**24**	**19**	**5.5**

	Any method	Modern method	Lifetime births per woman (total fertility rate)
Burundi	16	10	6.8
Comoros	26	19	4.9
Djibouti	9	6	4.0
Eritrea	8	5	5.3
Ethiopia	15	14	5.4
Kenya	39	32	4.9
Madagascar	27	17	5.2
Malawi	33	28	6.0
Mauritius	76	42	1.8
Mozambique	17	12	5.4
Rwanda	17	10	6.1
Somalia	8	1	6.9
Tanzania	26	20	5.7
Uganda	20	19	6.9
Zambia	34	23	5.7
Zimbabwe	54	50	3.6
Middle Africa	**26**	**6**	**6.3**
Angola	6	5	6.8
Cameroon	26	13	4.9
Central African Rep.	28	7	4.9
Chad	11	2	6.7
Congo	44	13	5.3
Congo, Dem. Rep.	31	4	6.7
Equatorial Guinea	—	—	5.6
Gabon	33	12	4.3
Southern Africa	**54**	**53**	**2.9**
Botswana	40	39	3.1
Lesotho	37	35	3.5
Namibia	44	43	3.9
South Africa	56	55	2.8
Swaziland	28	26	3.7

— Indicates data unavailable or inapplicable.

Source: Population Reference Bureau, *2006 World Population Data Sheet*.

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Abortion Laws

Abortion is restricted in most African countries. Some countries have written laws on abortion that are more restrictive than the practice observed or inferred. For example, some countries' written laws permit abortion only to save the life of the woman, but in practice they permit abortion to preserve the woman's physical and mental health as well. In some countries, abortion is prohibited without exception in the written law, but in practice it is permitted to save a woman's life. In some cases, abortion law is vague and subject to different interpretations.

In the lists below, some countries' laws may be interpreted more broadly or restrictively than the classification under which they appear. Countries have a gestational limit of 12 weeks unless otherwise noted.

Permitted only to save the woman's life

Angola
Central African Rep.
Congo (Brazzaville)
Côte d'Ivoire
Dem. Rep. of Congo
Egypt
Gabon
Guinea-Bissau
Kenya
Lesotho
Libya – PA
Madagascar
Malawi – SA
Mali – R/I
Mauritania
Mauritius
Niger
Nigeria
Senegal
Somalia
Sudan – R
Swaziland
Tanzania
Togo
Uganda

Permitted to protect the woman's life and physical health

Benin – R/I/F
Burkina Faso – R/I/F
Burundi Cameroon – R
Chad – R/I/F
Comoros
Djibouti
Equatorial Guinea – SA/PA
Eritrea
Ethiopia – R/I/F
Guinea – R/I/F
Morocco
Mozambique
Rwanda
Zimbabwe – R/I/F

Permitted to protect the woman's mental health as well as her life and physical health

Algeria
Botswana – R/I/F
Gambia
Ghana – R/I/F
Liberia – R/I/F
Namibia – R/I/F
Sierra Leone

In addition to protecting the woman's life and physical and mental health, permitted on socio-economic grounds, such as a woman's economic resources, her age, marital status, and number of children

Zambia – F

Without restriction as to reason (during first trimester)

Cape Verde
South Africa
Tunisia

Note:
R – Abortion permitted in cases of rape
I – Abortion permitted in cases of incest
F – Abortion permitted in cases of fetal impairment
SA – Spousal authorization required
PA – Parental authorization/notification required

Source: Center for Reproductive Rights, *World's Abortion Laws* (2005).

Regional Data for Asia

Incidence

- In this region, unsafe abortion rates are highest in South and Central Asia.
- Unsafe abortion deaths are negligible in China and other East Asian countries, where abortion is legal and generally accessible.
- Abortion has been legal in India for more than 30 years, yet it has a high number of unsafe abortions. Of an estimated 6 million abortions performed each year in India, about 1 million of them are legal.

Estimates of Annual Unsafe Abortions and Maternal Deaths Due to Unsafe Abortion, Around Year 2000

	Number of unsafe abortions	Number of maternal deaths due to unsafe abortion	% of all maternal deaths
Asia	**10.5 million**	**34,000**	**13**
Eastern Asia	negligible	negligible	negligible
South Central Asia	7.2 million	28,700	14
Southeast Asia	2.7 million	4,700	19
Western Asia	500,000	600	6

Source: WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000,* 4th ed.

continued...

Maternal Health

About 253,000 of the estimated 529,000 pregnancy-related deaths worldwide each year are in Asia.

Country Estimates of Maternal Mortality

	Maternal mortality ratio	Lifetime chance of dying from maternal causes
Asia	**330**	**1 in 94**
Asia (Excl. China)	**53**	—
Western Asia	190	1 in 120
Armenia	55	1 in 1,200
Azerbaijan	94	1 in 520
Bahrain	28	1 in 1,200
Georgia	32	1 in 1,700
Iraq	250	1 in 65
Israel	17	1 in 1,800
Jordan	41	1 in 450
Kuwait	5	1 in 6,000
Lebanon	150	1 in 240
Oman	87	1 in 170
Palestinian Territory	100	1 in 140
Qatar	7	1 in 3,400
Saudi Arabia	23	1 in 610
Syria	160	1 in 130
Turkey	70	1 in 480
United Arab Emirates	54	1 in 500
Yemen	570	1 in 19
South Central Asia	**520**	**1 in 46**
Afghanistan	1,900	1 in 6
Bangladesh	380	1 in 59
Bhutan	420	1 in 37
India	540	1 in 48
Iran	76	1 in 370

	Maternal mortality ratio	Lifetime chance of dying from maternal causes
Kazakhstan	210	1 in 190
Kyrgyzstan	110	1 in 290
Maldives	110	1 in 140
Nepal	740	1 in 24
Pakistan	500	1 in 31
Sri Lanka	92	1 in 430
Tajikistan	100	1 in 250
Turkmenistan	31	1 in 790
Uzbekistan	24	1 in 1,300
Southeast Asia	**210**	**1 in 140**
Cambodia	450	1 in 36
East Timor	660	—
Indonesia	230	1 in 150
Laos	650	1 in 25
Malaysia	41	1 in 660
Myanmar	360	1 in 75
Philippines	200	1 in 120
Singapore	30	1 in 1,700
Thailand	44	1 in 900
Vietnam	130	1 in 270
East Asia	**53**	**1 in 840**
China	56	1 in 830
Japan	10	1 in 6,000
Korea, North	67	1 in 590
Korea, South	20	1 in 2,800
Mongolia	110	1 in 300

— Indicates data unavailable or inapplicable.

Source: Population Reference Bureau, *Women of Our World 2005*.

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Contraception

East Asia has the highest level of contraceptive use in the region (87 percent for any method and 82 percent for any modern method of contraception).

Country Estimates of Contraception and Fertility Rates

	Any method	Modern method	Lifetime births per woman (total fertility rate)
Asia	**65**	**59**	**2.4**
Asia (Excl. China)	**54**	**45**	**2.8**
Western Asia	**51**	**32**	**3.4**
Armenia	53	20	1.7
Azerbaijan	55	12	2.0
Bahrain	65	—	2.6
Georgia	47	27	1.6
Iraq	44	25	4.8
Israel	—	—	2.8
Jordan	56	41	3.7
Kuwait	52	39	2.4
Lebanon	63	40	2.4
Oman	24	18	3.4
Palestinian Territory	51	37	5.6
Qatar	43	32	2.8
Saudi Arabia	32	29	4.5
Syria	47	35	3.5
Turkey	71	43	2.2
United Arab Emirates	28	24	2.2
Yemen	23	13	6.2
South Central Asia	**51**	**43**	**3.1**
Afghanistan	10	9	6.8
Bangladesh	58	47	3.0
Bhutan	—	31	2.9
India	53	46	2.9
Iran	74	56	2.0
Kazakhstan	66	53	2.2

	Any method	Modern method	Lifetime births per woman (total fertility rate)
Kyrgyzstan	60	49	2.6
Maldives	40	35	2.8
Nepal	39	35	3.7
Pakistan	28	20	4.6
Sri Lanka	70	50	2.0
Tajikistan	34	27	3.8
Turkmenistan	62	53	2.9
Uzbekistan	68	63	2.7
Southeast Asia	**60**	**52**	**2.5**
Cambodia	24	19	3.7
East Timor	10	9	6.3
Indonesia	60	57	2.4
Laos	32	29	4.8
Malaysia	55	30	2.6
Myanmar	37	33	2.5
Philippines	49	33	3.4
Singapore	62	55	1.2
Thailand	79	79	1.7
Vietnam	77	66	2.1
East Asia	**84**	**82**	**1.6**
China	87	86	1.6
Japan	56	48	1.3
Korea, North	69	58	2.0
Korea, South	81	67	1.1
Mongolia	67	54	1.9
Taiwan	71	—	1.1

— Indicates data unavailable or inapplicable.

Source: Population Reference Bureau, *2006 World Population Data Sheet*.

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Abortion Laws

Despite high rates of abortion throughout Asia, abortion laws and policies vary significantly across the region. While abortion is legal on fairly broad grounds in both India and Nepal, it is outlawed in the penal code and constitution of the Philippines. In Bangladesh, abortion is permitted only to save the life of the pregnant woman, while menstrual regulation is legal. Menstrual regulation, which requires no pregnancy testing, is a procedure similar to abortion that uses vacuum aspiration or medication to induce menstruation within a few weeks after a missed period. Menstrual regulation is also widely used in Vietnam, where abortion is legal.

Countries have a gestational limit of 12 weeks unless otherwise noted.

Permitted only to save the woman's life

Afghanistan
Bangladesh
Bhutan
Indonesia
Iran
Iraq
Laos
Lebanon
Myanmar
Oman
Philippines
Sri Lanka
Syria
United Arab Emirates – SA/PA
West Bank & Gaza Strip
Yemen

Permitted to protect the woman's life and physical health

Jordan
Kuwait – SA/PA/F
Maldives – SA
Pakistan
Qatar – F
South Korea – SA/F/R/I
Saudi Arabia – SA/PA
Thailand – R

Permitted to protect the woman's mental health as well as her life and physical health

Israel
Malaysia

In addition to protecting the woman's life and physical and mental health, permitted on socio-economic grounds, such as a woman's economic resources, her age, marital status, and number of children

India – PA/R/F
Japan – SA
Taiwan – SA/PA/I/F

Without restriction as to reason (during first trimester)

Armenia
Azerbaijan
Bahrain
Cambodia – GL 14 weeks
China – S/GL-none
North Korea
Georgia
Kazakhstan
Kyrgyzstan
Mongolia
Nepal – S
Singapore – GL 24 weeks
Tajikistan
Turkey – GL 10 weeks; SA/PA
Turkmenistan
Uzbekistan
Vietnam – GL-none

Note:
R – Abortion permitted in cases of rape
I – Abortion permitted in cases of incest
F – Abortion permitted in cases of fetal impairment
SA – Spousal authorization required
PA – Parental authorization/notification required
U – Law unclear
GL – Gestational limit
S – Sex-selective abortion prohibited

Source: Center for Reproductive Rights, *World's Abortion Laws* (2005).

Regional Data for Latin America and the Caribbean

Incidence

- 22,000 women die from pregnancy-related causes each year in Latin America and the Caribbean
- About 3.7 million unsafe abortions are performed each year in Latin America and the Caribbean.
- Unsafe abortion accounts for 17 percent of all maternal deaths in the region.
- Each year, an estimated 3,000 South American women die as a result of unsafe abortion.

Estimates of Annual Unsafe Abortions and Maternal Deaths Due to Unsafe Abortion, Around Year 2000

	Number of unsafe abortions	Number of maternal deaths due to unsafe abortion	% of all maternal deaths
Latin America/ Caribbean	**3.7 million**	**3,700**	**17**
Caribbean	100,000	300	13
Central America	700,000	400	11
South America	2.9 million	3,000	19

Source: WHO, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000,* 4th ed.

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Maternal Health

The risk of dying as a result of a pregnancy-related cause varies widely across countries – from a 1 in 1,600 chance in Cuba to a 1 in 29 chance in Haiti.

Country Estimates of Maternal Mortality

	Maternal mortality ratio	Lifetime chance of dying from maternal causes
Latin America/Caribbean	**190**	**1 in 160**
Central America	**120**	**1 in 239**
Belize	140	1 in 190
Costa Rica	43	1 in 690
El Salvador	150	1 in 180
Guatemala	240	1 in 74
Honduras	110	1 in 190
Mexico	83	1 in 370
Nicaragua	230	1 in 88
Panama	160	1 in 210
Caribbean	**270**	**1 in 126**
Bahamas	60	1 in 580
Cuba	33	1 in 1,600
Dominican Republic	150	1 in 200
Haiti	680	1 in 29
Jamaica	87	1 in 380
Trinidad and Tobago	160	1 in 330
South America	**210**	**1 in 157**
Argentina	82	1 in 410
Bolivia	420	1 in 47
Brazil	260	1 in 140
Chile	31	1 in 1,100
Colombia	130	1 in 240
Ecuador	130	1 in 210
Guyana	170	1 in 200
Paraguay	170	1 in 120
Peru	410	1 in 73
Suriname	110	1 in 340
Uruguay	27	1 in 1,300
Venezuela	96	1 in 300

Source: Population Reference Bureau, *Women of Our World 2005*

Contraception

Overall, contraceptive use in Latin America is relatively high, with 71 percent of women using some method of contraception and 63 percent using a modern method. Rates for using any method range from 80 percent in Costa Rica to 28 percent in Haiti.

Country Estimates of Contraception and Fertility Rates

	Any method	Modern method	Lifetime births per woman (total fertility rate)
Latin America/Caribbean	**71**	**63**	**2.5**
Central America	**66**	**57**	**2.7**
Belize	56	49	3.3
Costa Rica	80	72	1.9
El Salvador	67	61	3.0
Guatemala	43	34	4.4
Honduras	62	51	3.9
Mexico	68	59	2.4
Nicaragua	69	66	3.3
Panama	—	—	2.7
Caribbean	**61**	**57**	**2.6**
Antigua and Barbuda	—	—	2.3
Bahamas	—	—	2.3
Barbados	—	—	1.7
Cuba	73	72	1.5
Dominican Republic	70	66	2.8
Grenada	54	49	2.1
Haiti	28	22	4.7
Jamaica	66	63	2.3
Puerto Rico	78	68	1.8
Trinidad and Tobago	—	—	1.6

continued...

	Any method	Modern method	Lifetime births per woman (total fertility rate)
South America	**75**	**66**	**2.4**
Argentina	—	—	2.4
Bolivia	58	35	3.8
Brazil	76	70	2.3
Chile	—	—	2.0
Colombia	78	68	2.4
Ecuador	73	59	3.2
Guyana	37	36	2.3
Paraguay	73	61	2.9
Peru	71	47	2.4
Suriname	42	41	2.5
Uruguay	—	—	2.2
Venezuela	—	—	2.7

— Indicates data unavailable or inapplicable.

Source: Population Reference Bureau, *2006 World Population Data Sheet*.

Abortion Laws

Abortion is highly restricted throughout Latin America and the Caribbean; it is not permitted for any reason in Chile and El Salvador. In 2006, Colombia eased its strict prohibition to allow abortion in cases of danger to the woman's life or health, rape, incest, and fetal impairment.

Not permitted for any reason

Chile
El Salvador

Permitted only to save the woman's life

Antigua & Barbuda
Brazil – R
Dominica
Dominican Republic
Guatemala
Haiti
Honduras
Mexico – R/FS
Nicaragua – SA/PA
Panama – PA/R/I
Paraguay
Suriname
Venezuela

Permitted to protect the woman's life and physical health

Argentina – R
(of a woman with a mental disability)
Bahamas
Bolivia – R/I
Colombia – F/R/I
Costa Rica
Ecuador – R
(of a woman with a mental disability)
Grenada
Peru
Saint Lucia
Uruguay – R

Permitted to protect the woman's mental health as well as her life and physical health

Jamaica – PA
Saint Kitts & Nevis
Trinidad & Tobago

continued...

In addition to protecting the woman's life and physical and mental health, permitted on socio-economic grounds, such as a woman's economic resources, her age, marital status, and number of children

Barbados – PA/R/F/I
Belize – F
Saint Vincent & Grenadines – R/F/I

Without restriction as to reason (during first trimester)

Cuba – PA
Guyana – GL 8 weeks
Puerto Rico

Note:

R – Abortion permitted in cases of rape

I – Abortion permitted in cases of incest

F – Abortion permitted in cases of fetal impairment

SA – Spousal authorization required

PA – Parental authorization/notification required

GL – Gestational limit

FS – Abortion law determined at state level; classification reflects legal status of abortion for largest number of people

Source: Center for Reproductive Rights, *World's Abortion Laws* (2005).

Notes

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