

Safe and unsafe induced abortion

Global and regional levels in 2008, and trends during 1995–2008

When women want to cease or space childbearing and do not use contraception or use it ineffectively or experience nonconsensual sex, unintended pregnancies occur: some are terminated by induced abortions while others result in unwanted births. Where abortion laws are restricted or safe abortion services are not widely accessible or are of poor quality, women may attempt to self-induce an abortion or resort to unskilled providers, risking serious consequences to their health and well-being.

It is estimated that of the 210 million pregnancies that occur each year,¹ some 80 million are unintended and 33 million of these are due to ineffective use of a contraceptive method (mostly traditional methods).² An increase in the use of effective contraceptive methods results in reducing unintended pregnancies and, consequently, the incidence of abortion.³

Unsafe abortions – definition and characteristics

The World Health Organization defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.

While the definition seems to be linked to the process, characteristics of an unsafe abortion touch on inappropriate circumstances before, during or after an abortion. The following conditions typically characterize an unsafe abortion, sometimes only a few conditions prevail, and sometimes all or most of them:

- no pre-abortion counselling and advice;
- abortion is induced by an unskilled provider, frequently in unhygienic conditions, or by a health practitioner outside official/adequate health facilities;
- abortion is self-induced by ingestion of traditional medication or hazardous substances;
- abortion is provoked by insertion of an object into the uterus by the woman herself or by a traditional practitioner, or by a violent abdominal massage;
- a medical abortion is prescribed incorrectly or medication is issued by a pharmacist with no or incorrect instructions and no follow-up.

Further hazardous features of unsafe abortion are:

- the lack of immediate intervention if severe bleeding or other emergency develops during the procedure;
- failure to provide postabortion check-up and care, including no contraceptive counselling to prevent repeat abortion;
- the reluctance of a woman to seek timely medical care in case of complications because of legal restrictions and social and cultural beliefs linked to induced abortion.

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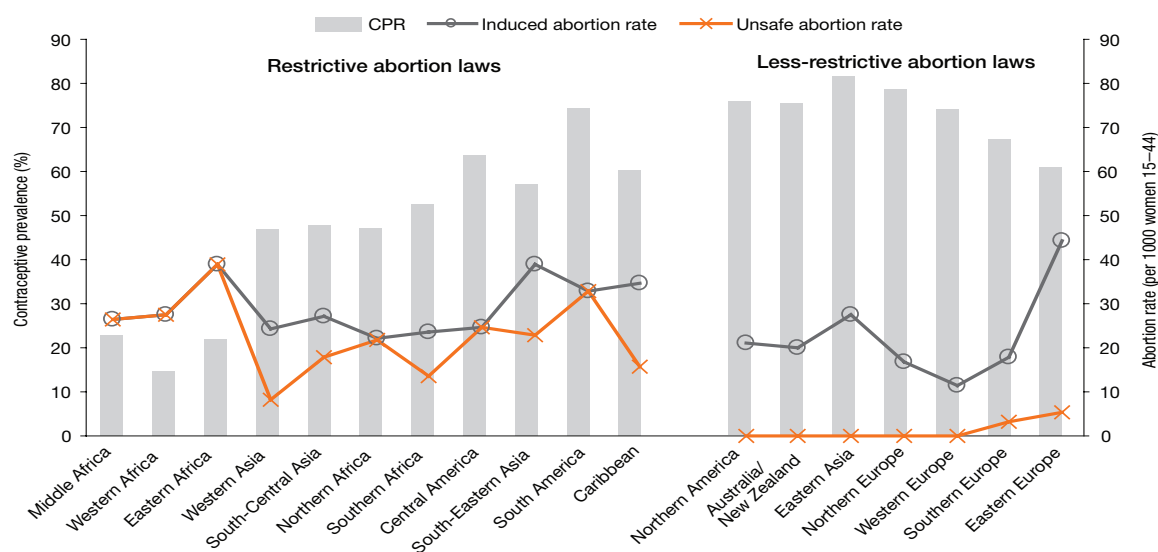
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Global and regional incidence of induced abortion in 2008

- Worldwide approximately one in five pregnancies ends in an induced abortion.
- There were an estimated 43.8 million induced abortions in 2008⁴ : 22.2 million safe and 21.6 million unsafe abortions.
- Induced abortion exists in every region of the world; however, the configuration of safe and unsafe abortions differs distinctly.
- Almost all unsafe abortions take place in developing countries.
- There were close to 38 million induced abortions in developing countries: 21 million (56%) were unsafe and 17 million (44%) were safe.
- If Eastern Asia (including China), where abortion is legal and largely safe and available, is excluded from the calculations, the number of safe abortions for developing countries was much lower at 6.3 million; the safe abortion rate per 1000 women aged 15–44 years was halved, from 13 to 7; and the unsafe abortion rate increased from 16 to 23.
- The highest regional induced abortion rate per 1000 women aged 15–44 years was in the Latin America and the Caribbean Region at 32; the rate was only marginally lower in the Africa Region at 29. Abortions are almost exclusively unsafe in both regions.
- The regional induced abortion rate for Asia was 28. Forty per cent of 27 million induced abortions in the region were unsafe. Sixty per cent were safe; mainly owing to data from Eastern Asia where abortion is legal and largely safe and available.
- The unsafe abortion rate increases to 18 (from 11) for the Asia Region when excluding Eastern Asia; the safe abortion rate decreases correspondingly from 17 to 11

Induced abortion by subregions

Induced abortion rates in developed and developing country subregions by contraceptive prevalence (CPR) in 2008. Each grouping is ordered by decreasing total fertility rate (TFR).[†]



[†] Total fertility rate (TFR) is the expected number of children a woman is likely to have by the end of her reproductive life.

In this figure the TFR ranges from 5.6 to 2.2 in developing country subregions (1.7 in Eastern Asia) and from 2.0 to 1.4 in developed country subregions. The abortion rates are linked in the graph to facilitate visualization and do not imply a continuum.

- In developing country subregions the induced abortion rate varied between 20 and 40 per 1000 women aged 15–44 years; only Southern and Northern Africa had rates below 20.
- In developed country subregions the induced abortion rate was below 20, except in Eastern Europe.
- In developing country subregions unsafe abortion was predominant; 77% of all abortions were unsafe when not counting the Eastern Asia Subregion.
- The Eastern Europe Subregion has the highest induced abortion rate of any subregion at 43; almost all abortions were safe; however, a low level of unsafe abortion can still be traced to parts of the Subregion.
- The Caribbean Subregion had a high induced abortion rate of 39 per 1000 women; the unsafe abortion rate was 18, and because abortion is legal and largely safe and available in Cuba, the safe abortion rate was 21 for the Subregion.
- The Eastern Africa Subregion had a rate of 38 unsafe abortions per 1000 women, and the Middle Africa Subregion had a rate of 36; abortions were almost exclusively unsafe.
- High unsafe abortion rates coexisted with low overall contraceptive use (<25%) in the Eastern, Middle and Western Africa Subregions; contraceptive use in other subregions was over 50% (Figure 2).
- The Northern and Southern Africa Subregions had induced abortion rates in the low range of 18 and 15, respectively; about half of the induced abortions were safe in the Southern Africa Subregion, while safe abortion in Tunisia (Northern Africa) contributed marginally to subregional numbers.
- There were over 10 million induced abortions each in the South-central Asia and in the Eastern Asia Subregions owing to the sheer size of populations, while rates per 1000 women were in the middle range at 26 and 28.
- In the Eastern Asia Subregion all abortions are deemed safe, while in South-central Asia only 35% are safe and the rest are unsafe.

Trends in global and regional estimates of induced abortion: 1995–2008

- The number of induced abortions decreased globally to 43.8 million in 2008 from 45.6 million in 1995.
- The proportion of unsafe abortion to the total worldwide induced abortions increased from 44% in 1995 to 49% in 2008.
- Recent increase in the total number of unsafe abortions is mainly due to the growing population of women of reproductive age of 15–44 years.
- Induced abortion rates have decreased in all major regions of the world since 1995.
- The decrease in rate is marginal since 2003 and even shows a minor increase in 2008 in the Latin America and the Caribbean Region.
- In 2008, 86% of all induced abortions were in developing countries, up from 78% in 1995.
- The substantial decline in the abortion rate observed earlier has stalled, and the proportion of all abortions that are unsafe has increased.

Abortion incidence and legal restrictions

- Induced abortions continue to occur in measurable numbers in all regions of the world, regardless of the status of abortion laws.
- In 2008, in subregions with legal restrictions on induced abortion (i.e. developing country subregions except the Eastern Asia Subregion) the induced abortion rate in general was between 20 and 40 per 1000 women in reproductive age.
- In 2008, in subregions where the abortion law has fewer restrictions (developed country subregions as well as the Eastern Asia Subregion) the induced abortion rate was below 20, except in Eastern Europe.
- While the legal status of abortion and risk associated with the procedure are not perfectly correlated, it is well documented that morbidity and mortality resulting from abortion tend to be high in countries and regions characterized by restrictive abortion laws,^{5,6,7} and can be extremely low when these are liberal.^{8,9,10}

Conclusions and implications

- Measures to reduce the incidence of unintended pregnancy and unsafe abortion, including investments in family planning services and safe abortion care, are crucial steps towards achieving Millennium Development Goal 5 – targets 5A and 5B on reducing maternal mortality and achieving universal access to reproductive health.
- An increase in the use of effective contraceptive methods results in reducing the incidence of abortion.¹¹ Three out of four induced abortions could be eliminated if the need for family planning were fully met by expanding and improving family planning services and choices.¹²
- Abortions take place both where it is legally available with few or no restrictions and where it is highly restricted.
- Where abortions are highly restricted, abortions are usually unsafe and carry high risk, especially among poor women; causing serious consequences for the women and a major financial and service burden on the families and on national health systems.
- It is estimated that approximately 5 million women are hospitalized¹³ each year and 47 000 women die due to complication of unsafe abortion.⁵
- Despite a decline in the overall abortion rate since 1990, unsafe abortion continues to persist in developing country regions while the number of unsafe abortions is increasing as the population of women of reproductive age increases.
- Women all over the world are likely to resort to an unsafe abortion when faced with an unplanned pregnancy and provisions for safe abortions are restricted, unavailable or inaccessible.
- As agreed by countries at the 1994 International Conference on Population and Development (ICPD), services should be provided for the management of complications due to unsafe abortion and in circumstances where abortion is not restricted by law, abortion should be safe.
- The number of unsafe abortions is likely to continue to increase unless women's access to safe abortion and contraception – and support to empower women (including their freedom to decide whether and when to have a child) – are put in place and further strengthened.

Estimates of annual number and rates of unsafe and safe abortion 2008 and induced abortion, 2008, 2005 and 1995

Region and subregion ^(a)	Number of induced abortions (millions)					Induced abortion rate (per 1000 women aged 15–44)				
	2008			2003	1995	2008			2003	1995
	Unsafe abortion	Safe abortion	Induced abortion	Induced abortion	Induced abortion	Unsafe abortion	Safe abortion	Induced abortion	Induced abortion	Induced abortion
World	21.6	22.2	43.8	41.6	45.6	14	14	28	29	35
Developed regions ^(b)	0.4	5.7	6.0	6.6	10.0	1	22	24	25	39
Developing regions ^(b)	21.2	16.6	37.8	35.0	35.5	16	13	29	29	34
<i>Developing regions excl. Eastern Asia</i>	<i>21.2</i>	<i>6.3</i>	<i>27.6</i>	<i>25.0</i>	<i>23.0</i>	<i>23</i>	<i>7</i>	<i>29</i>	<i>29</i>	<i>33</i>
Africa	6.2	0.2	6.4	5.6	5.0	28	1	29	29	33
Eastern Africa	2.4	0.1	2.5	2.3	1.9	36	2	38	39	41
Middle Africa	0.9	^	0.9	0.6	0.6	36	^	36	26	35
Northern Africa	0.9	^	0.9	1.0	0.6	18	^	18	22	17
Southern Africa	0.1	0.1	0.2	0.3	0.2	9	7	15	24	19
Western Africa	1.8	^	1.8	1.5	1.6	28	^	28	27	37
Asia ^(c)	10.8	16.5	27.3	25.9	26.8	11	17	28	29	33
<i>Asia excl. Eastern Asia</i>	<i>10.8</i>	<i>6.3</i>	<i>17.1</i>	<i>16.0</i>	<i>14.3</i>	<i>18</i>	<i>11</i>	<i>29</i>	<i>29</i>	<i>31</i>
Eastern Asia	°	10.2	10.2	10.0	12.5	°	28	28	28	36
South-central Asia	6.8	3.7	10.5	9.6	8.4	17	9	26	27	28
South-Eastern Asia	3.1	2.0	5.1	5.2	4.7	22	14	36	39	40
Western Asia	0.8	0.6	1.4	1.2	1.2	16	11	26	24	32
Europe	0.4	3.8	4.2	4.3	7.7	2	25	27	28	48
Eastern Europe	0.4	2.5	2.8	3.0	6.2	5	38	43	44	90
Northern Europe	°	0.3	0.3	0.3	0.4	°	17	17	17	18
Southern Europe	°	0.6	0.6	0.6	0.8	°	18	18	18	24
Western Europe	°	0.4	0.4	0.4	0.4	°	12	12	12	11
Latin America and the Caribbean	4.2	0.2	4.4	4.1	4.2	31	2	32	31	37
Caribbean	0.2	0.2	0.4	0.3	0.4	18	21	39	35	50
Central America	1.1	^	1.1	0.9	0.9	29	^	29	25	30
South America	3.0	^	3.0	2.9	3.0	32	^	32	33	39
Northern America	°	1.4	1.4	1.5	1.5	°	19	19	21	22
Oceania ^(c)	^	0.1	0.1	0.1	0.1	2	14	17	18	21

Figures may not exactly add up to totals because of rounding.

(a) The classification of geographical regions and subregions follows the system used by the UN Population Division.⁵

(b) Developed regions include Europe, North America, Japan, Australia and New Zealand; all others are classified as developing.

(c) WHO unsafe abortion estimates of these regions^{5,15,16} only include developing countries, excluding Japan, Australia and New Zealand from the regions.

° No estimates are shown for regions where the incidence is negligible.

^ Numbers less than 0.1 million or rate less than 0.5.

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