

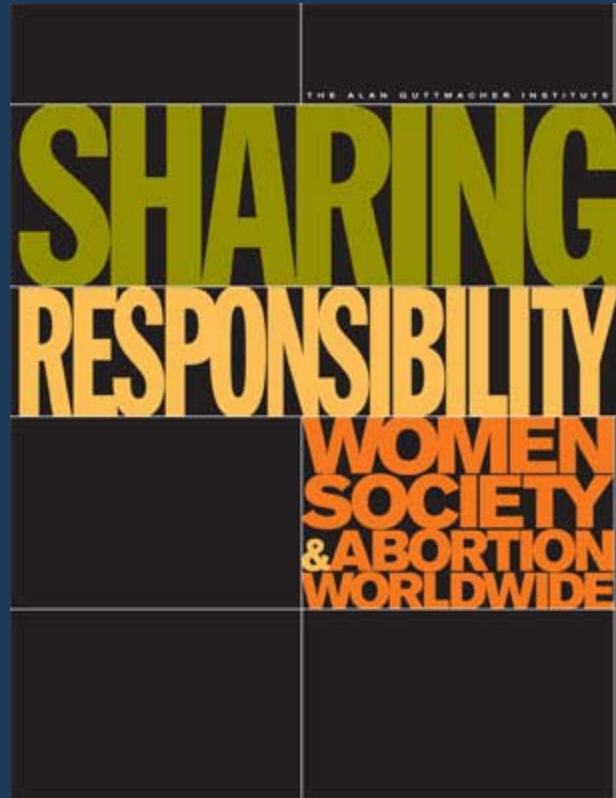
Unsafe Abortion: New Findings and Research Priorities

Guttmacher Institute



October 2008

Update of 1999 Global Report

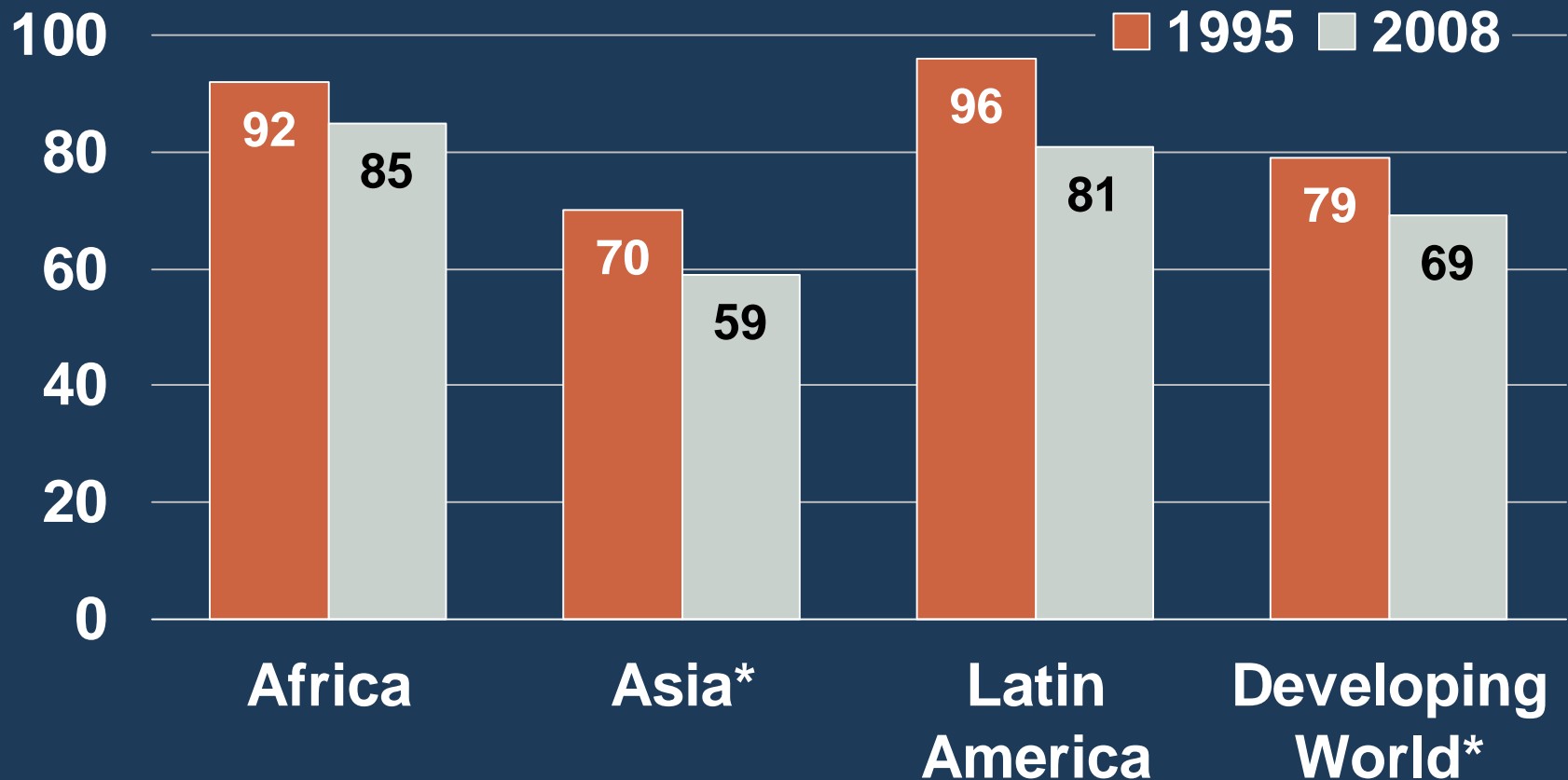




New Global and National Estimates

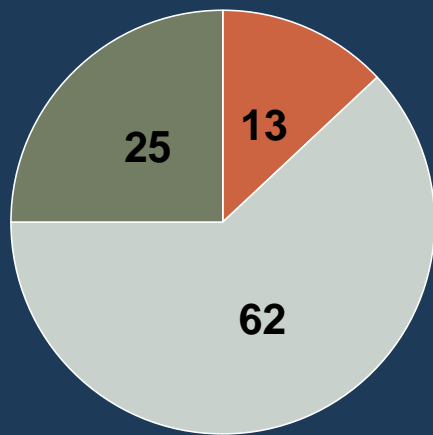
Unintended pregnancy rates have declined in all major developing regions (preliminary data)

Unintended pregnancies per 1,000 women 15-44

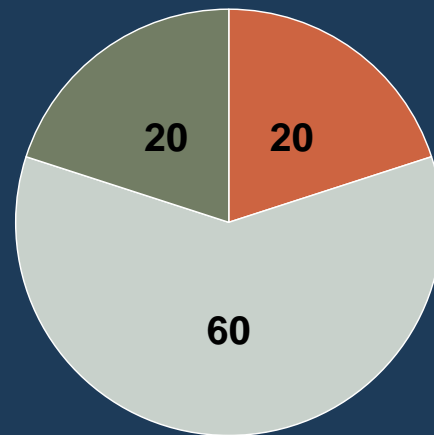


*Excludes Eastern Asia

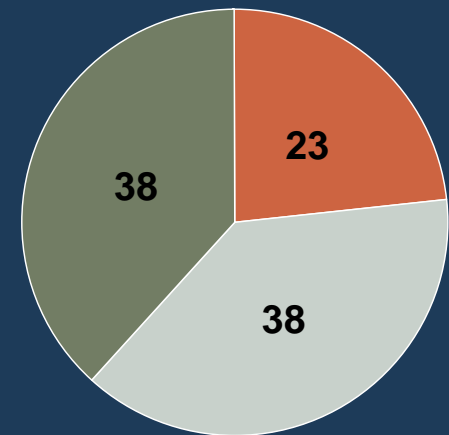
More than a third of pregnancies in developing countries are unintended



Africa



Asia
(without Eastern Asia)

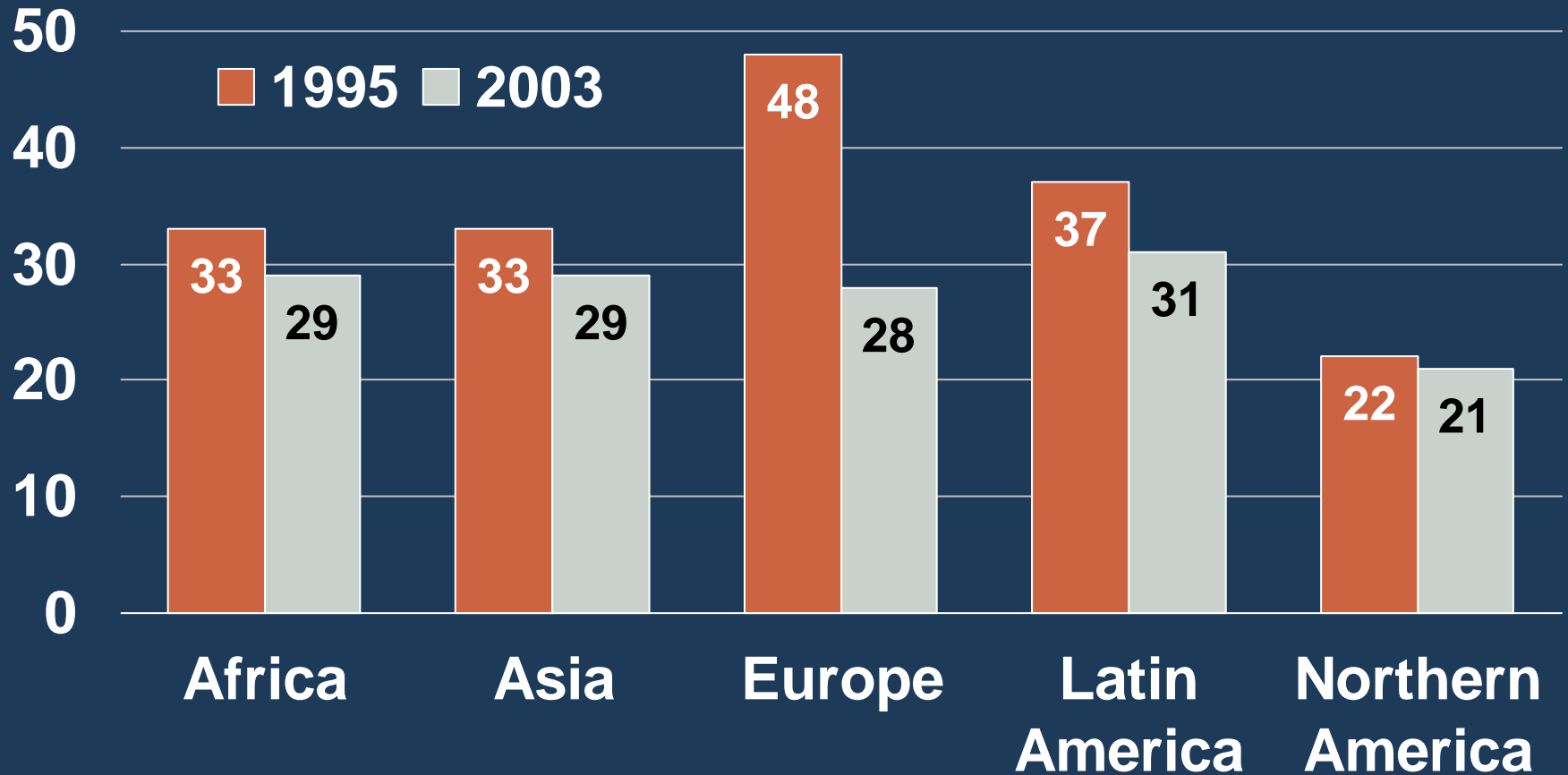


Latin America

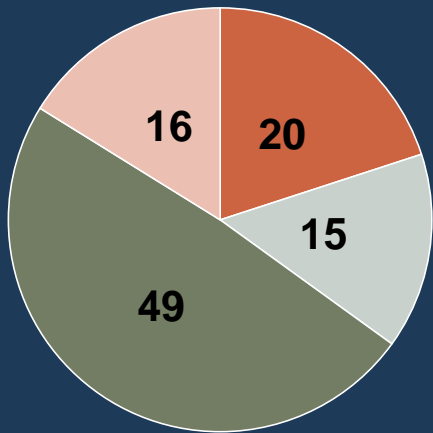
Preliminary estimates

Abortion rates have declined in response to increased contraception

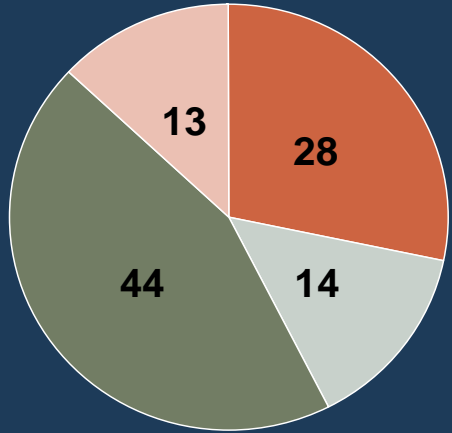
Abortions per 1,000 women aged 15-44



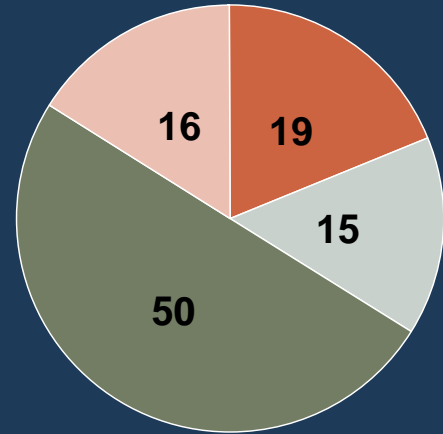
Worldwide, 1 in 5 pregnancies ends in induced abortion



World



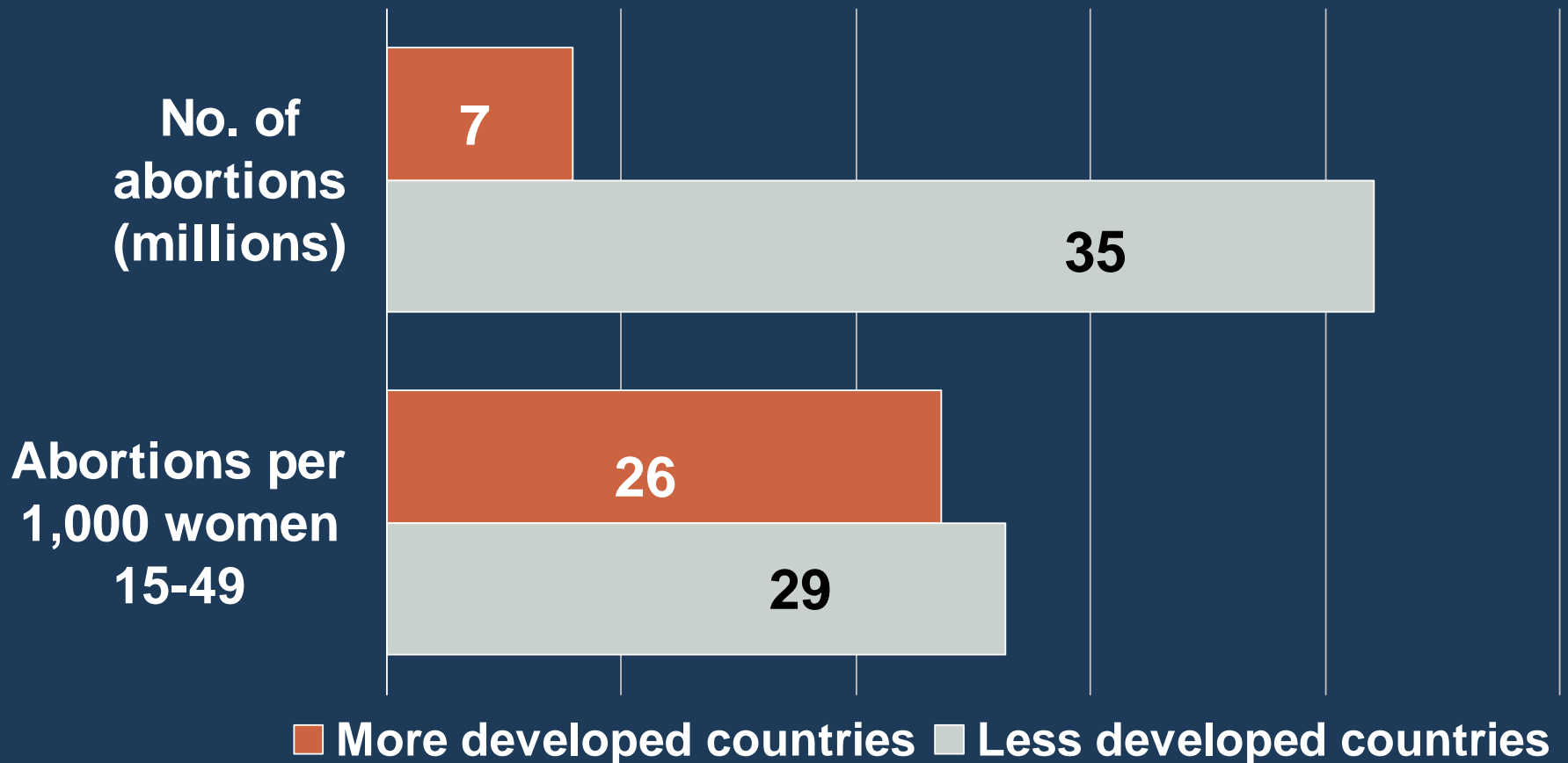
More developed countries



Less developed countries

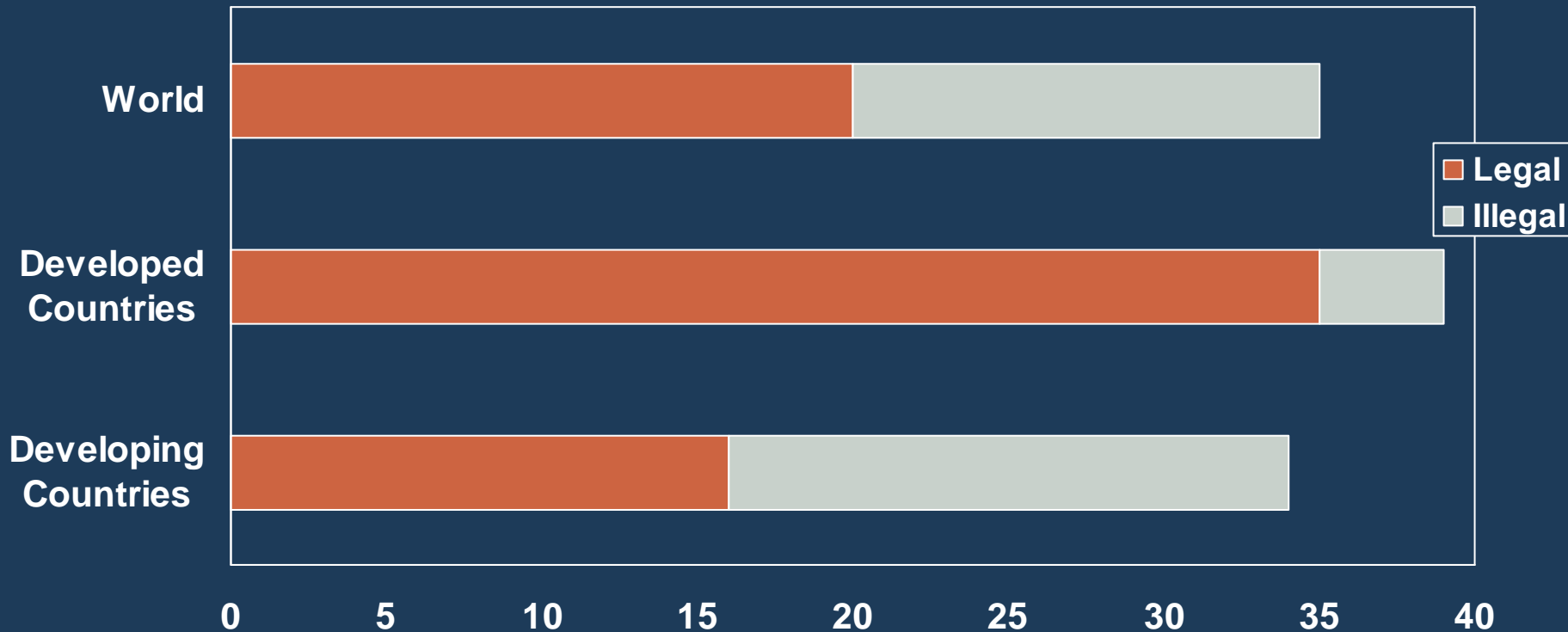
Most abortions occur in less developed countries

% of total abortion rate



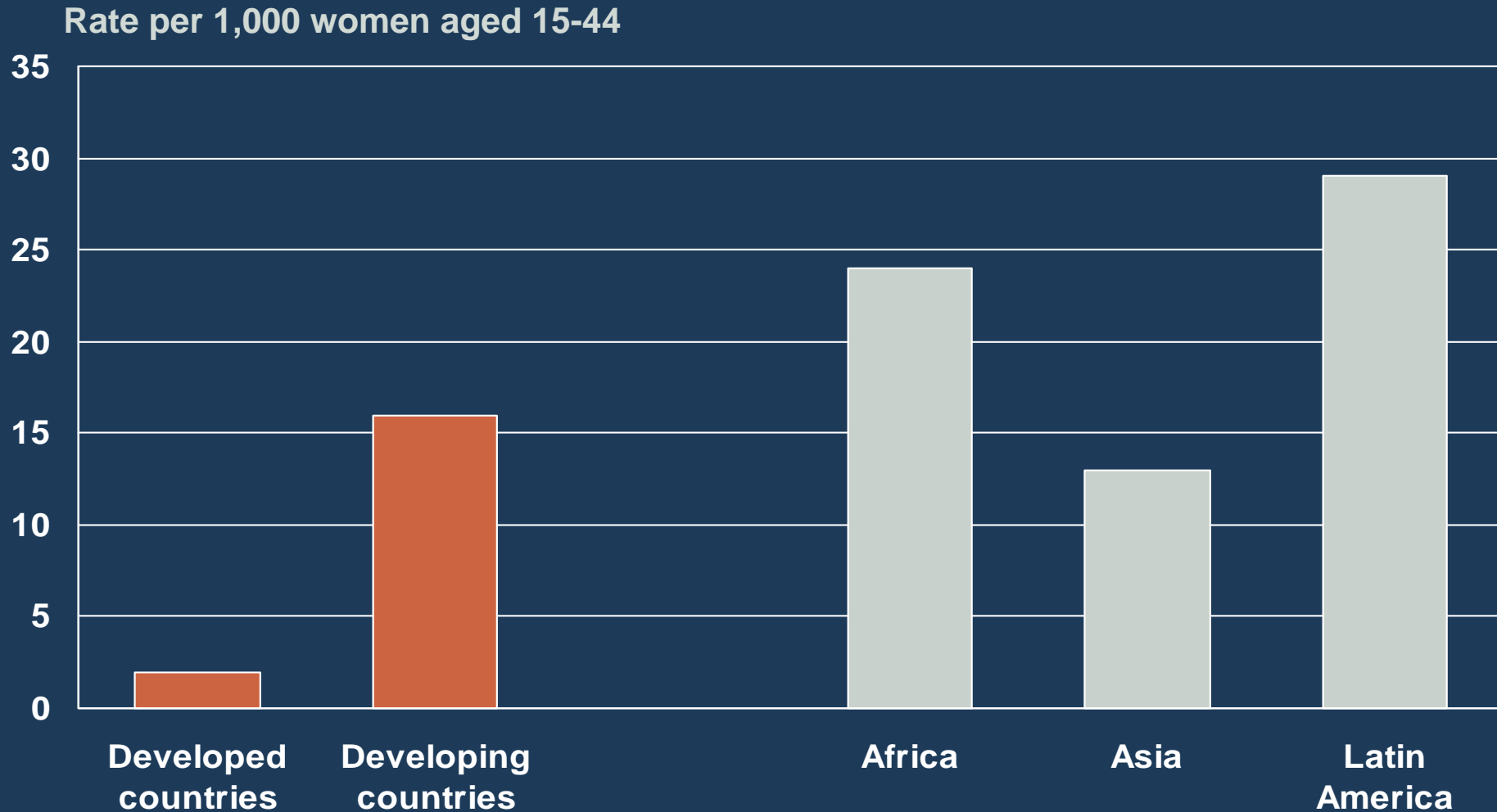
Only Half of Abortions Globally Are Legal and Safe

Annual abortions per 1,000 women 15-44

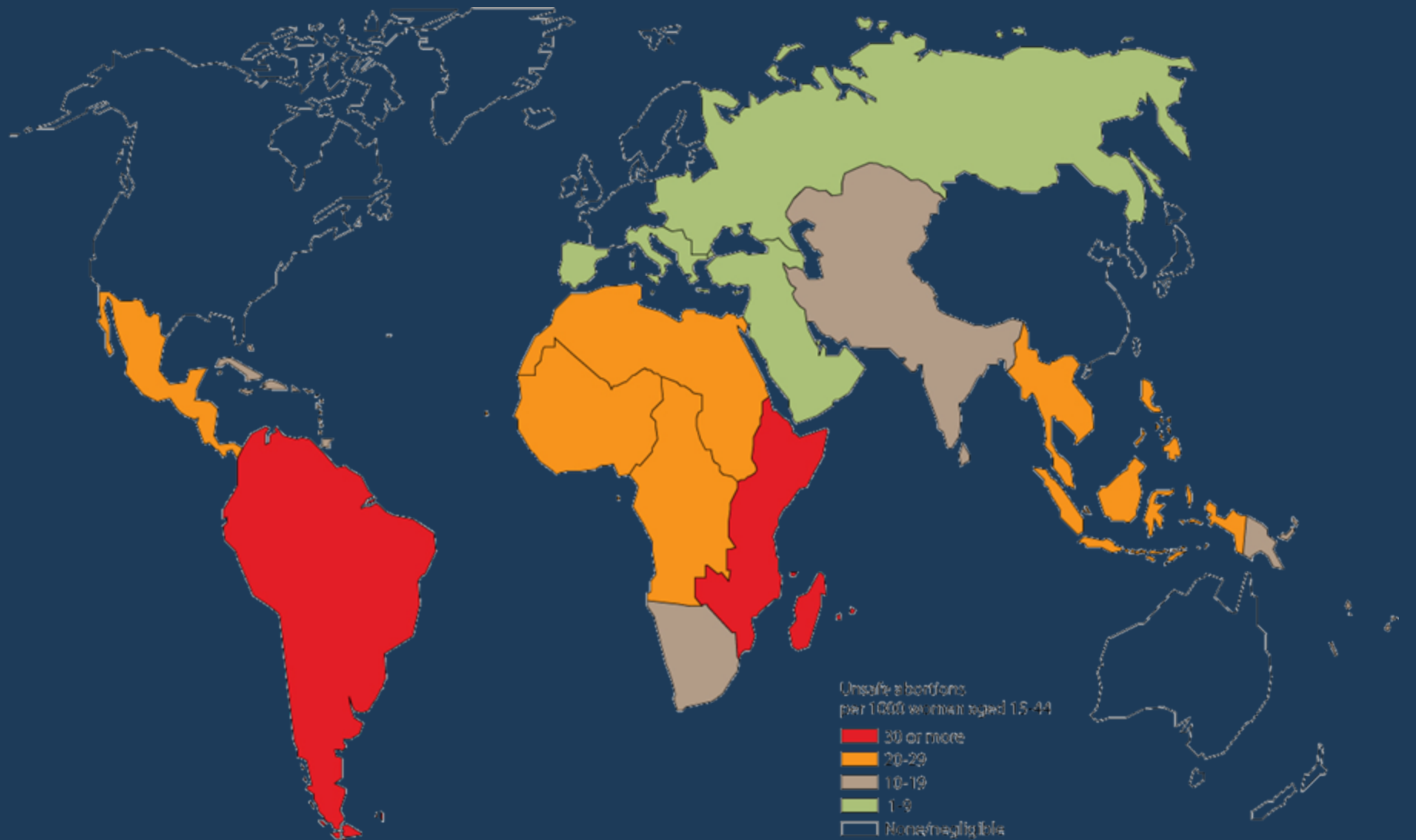


Source: Guttmacher Institute

Unsafe abortion is prevalent in all developing regions



Abortion rates are highest in Latin America and Africa



(Source: WHO, 2007)

Stating the Obvious

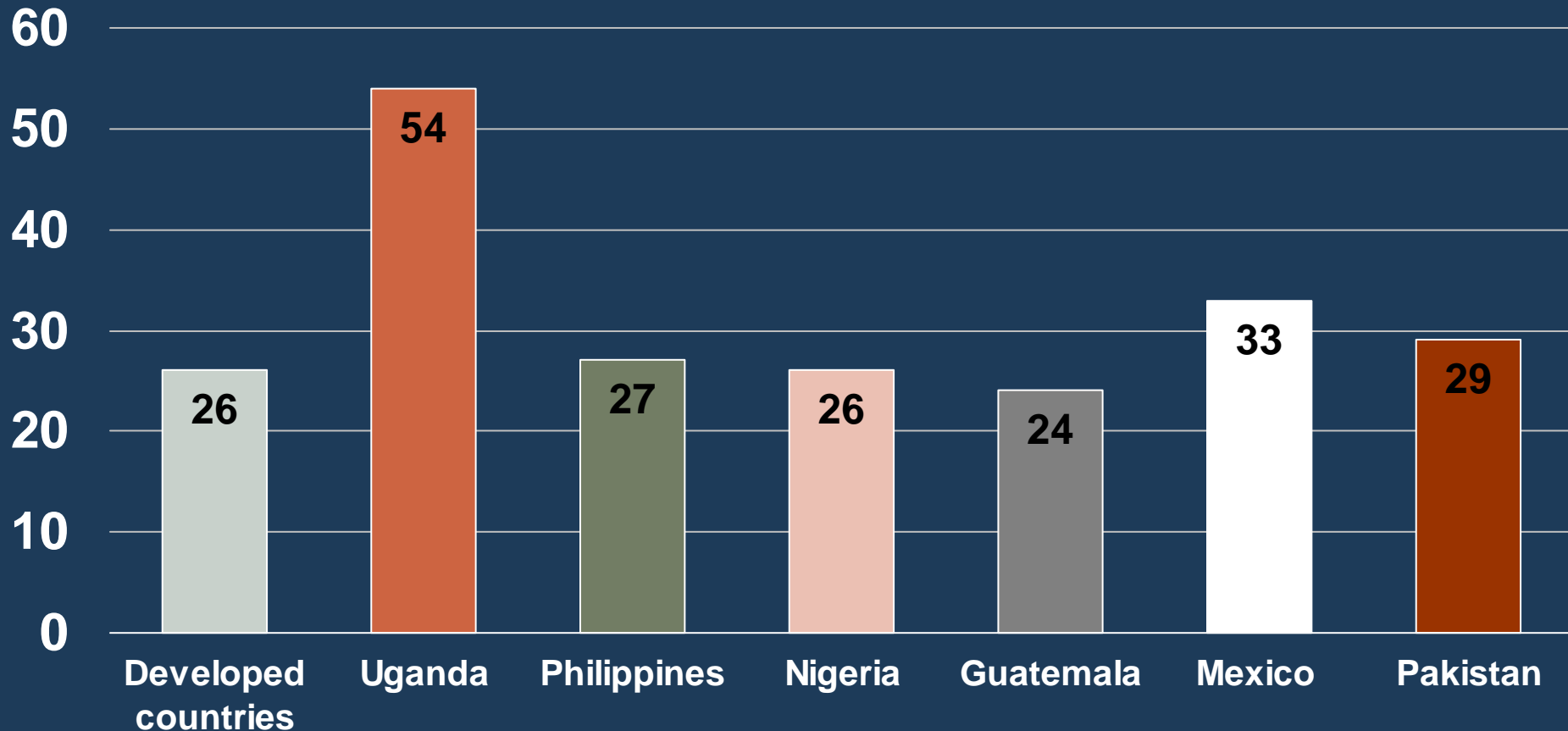
- **PREVENTION WORKS.** Abortion rates are lowest in those countries where contraception and safe legal abortion are universally available.
- **PROHIBITION DOES NOT.** Major abortion declines have occurred in countries legal abortion, but **NOT** in countries where abortion is restriction.



New Country Estimates

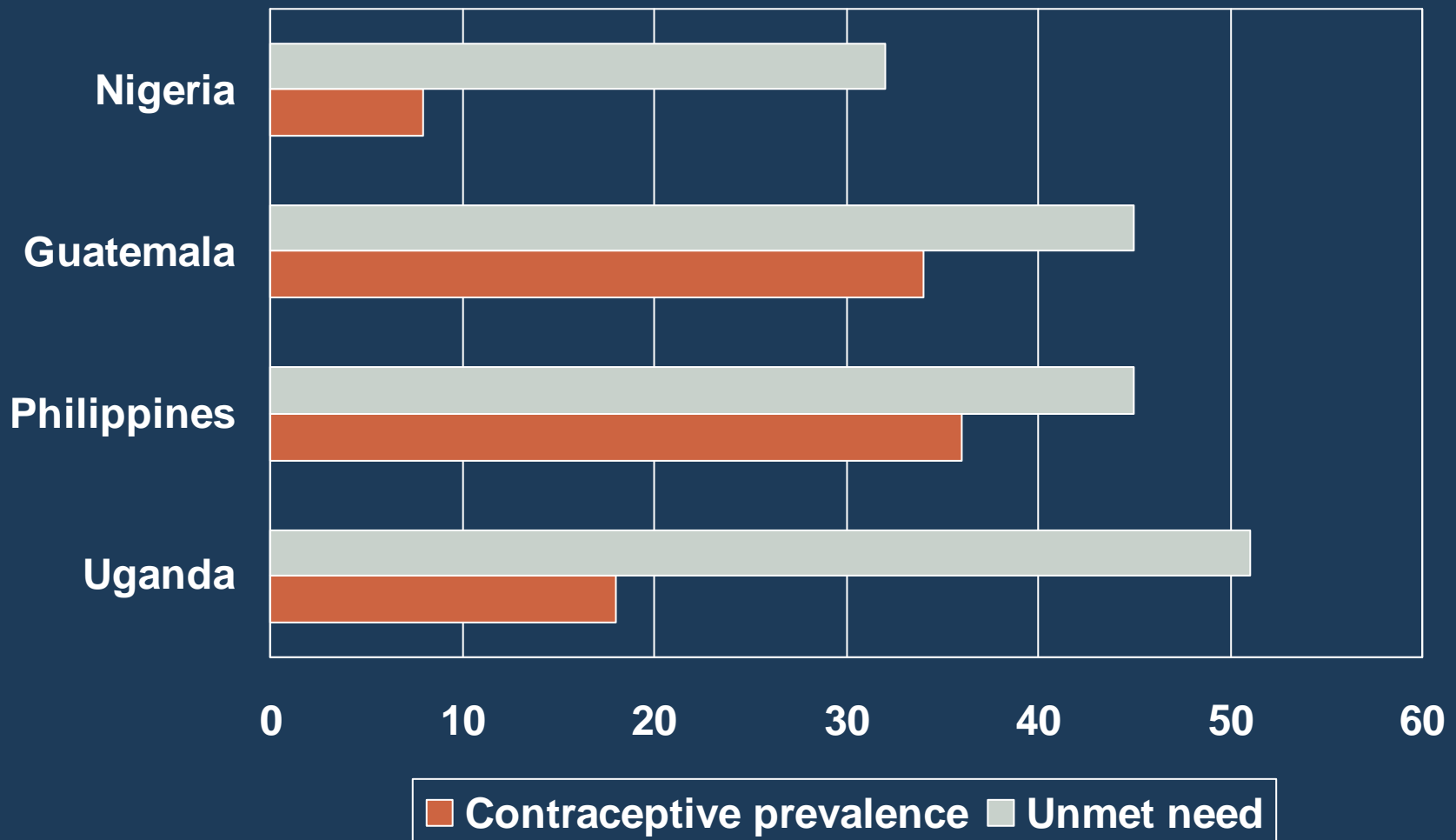
Abortion Rates Are High in Countries Where Most Abortions are Banned

Abortions per 1,000 women aged 15-44



Unmet Need for Contraception Drives Up Unsafe Abortion

% of women in need of and using contraception





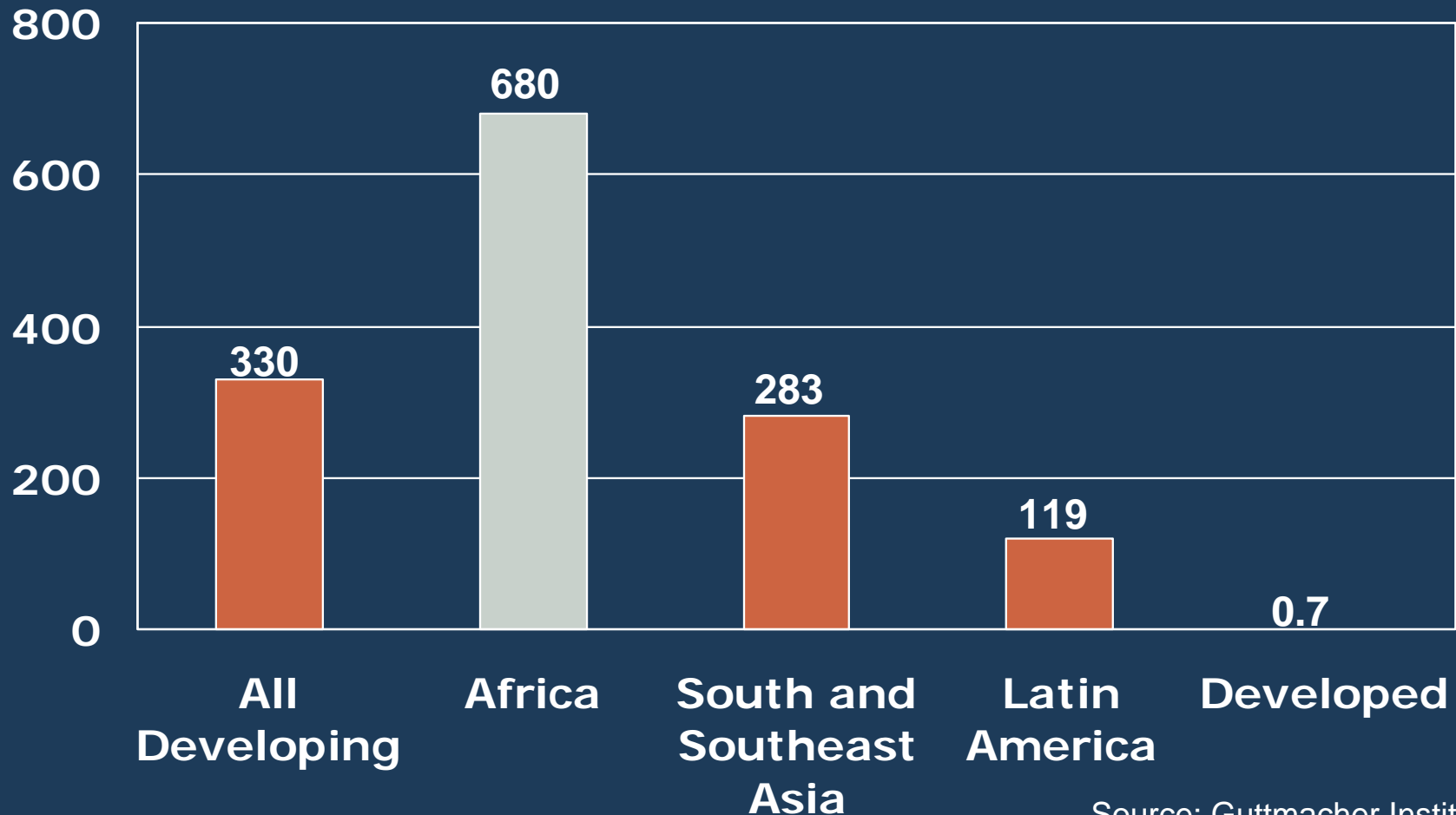
Impact of Unsafe Abortion on Maternal Mortality and Morbidity

Unsafe abortion represents a major public health crisis

- 68,000 preventable deaths per year
- 5 million women hospitalized per year
- 1 in 5 abortion patients need postabortion care but do not get it
- Delay in obtaining care is common and leads to worse health outcomes

Abortion-related mortality is highest in countries with restrictive laws and weak health systems

Deaths per 100,000 abortions, 1995



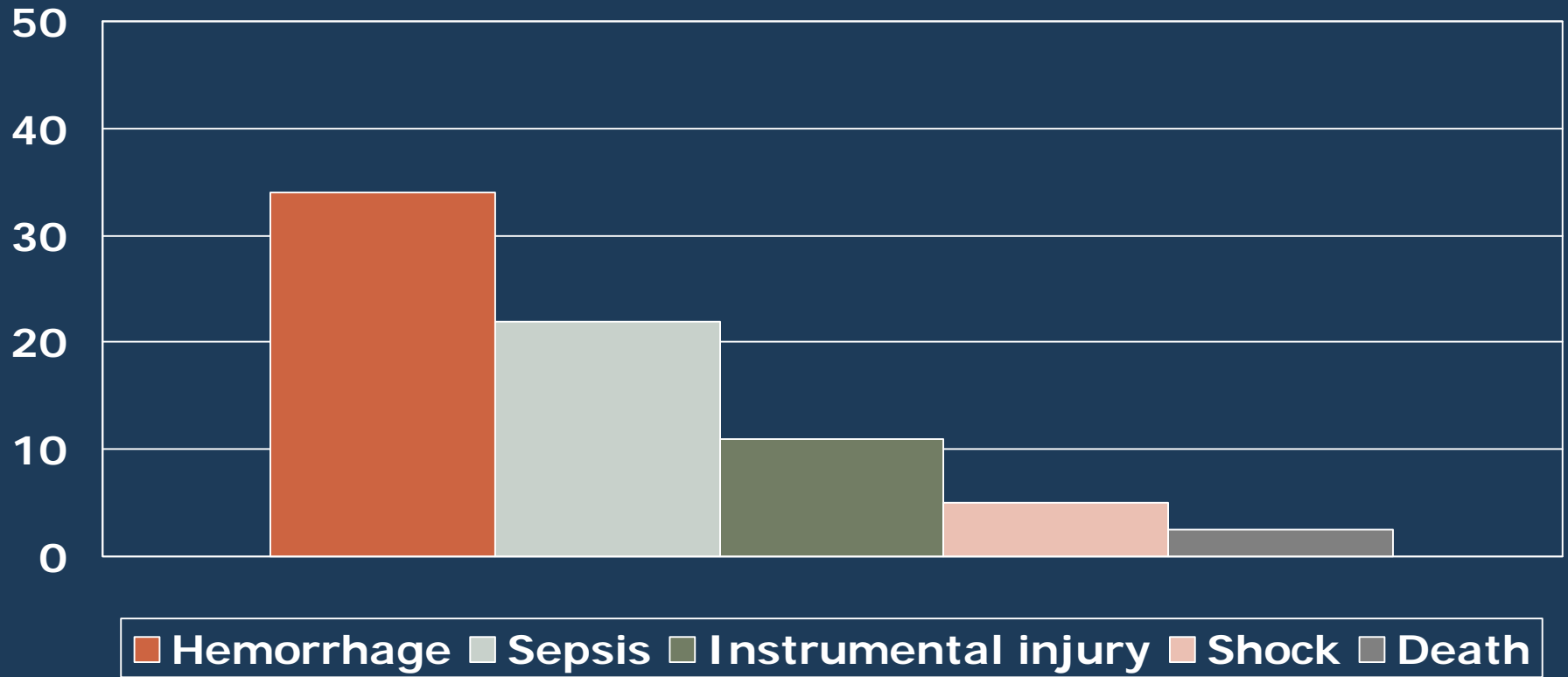
Source: Guttmacher Institute

Health system costs and potential savings are substantial (Nigeria)

- For every \$1 spent on contraception to prevent unplanned pregnancies, the government saves \$4
- On average, postabortion care costs are 10 times more than safe elective abortion

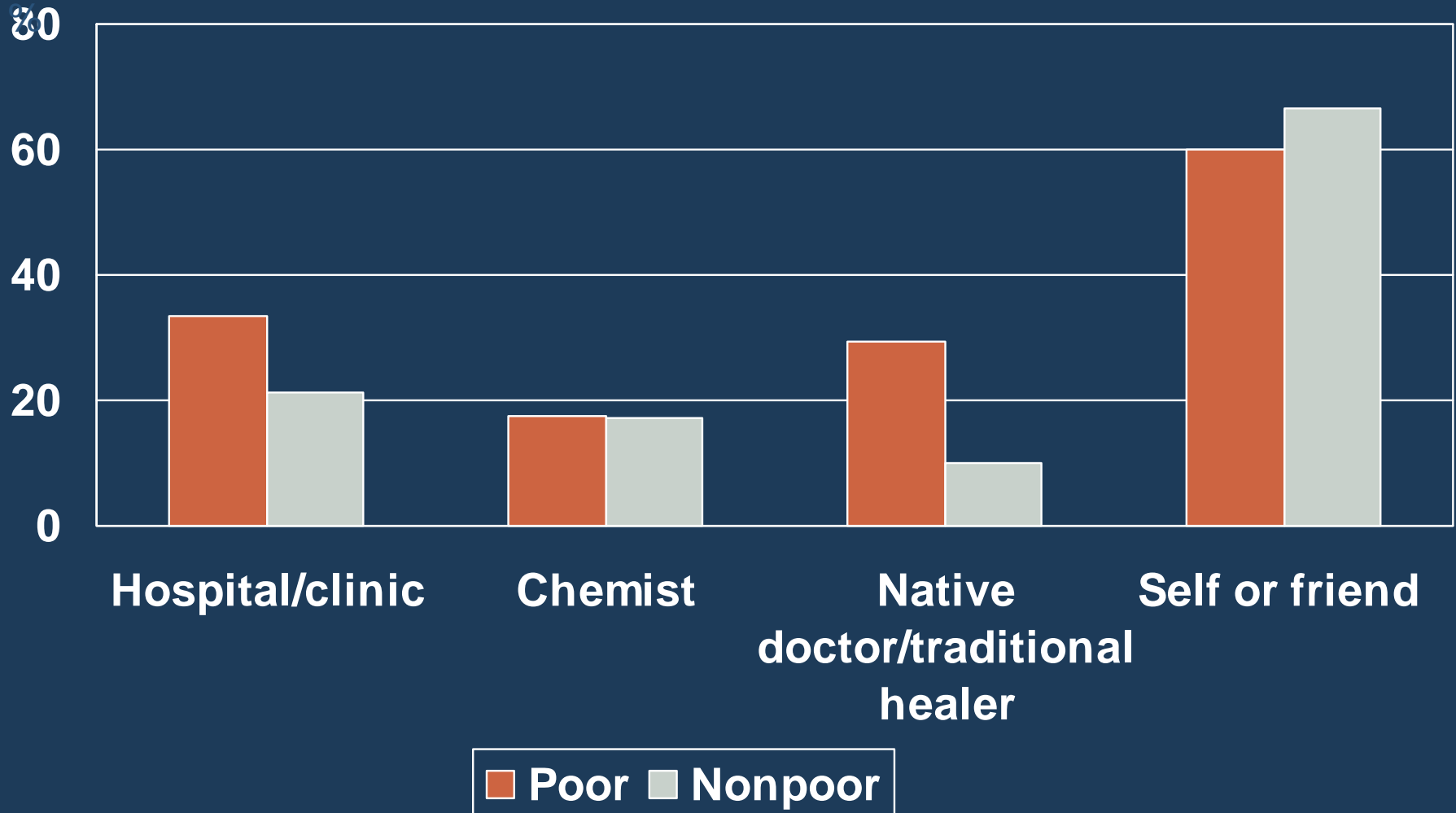
Serious complications are common (Nigeria)

% of abortion patients admitted to hospitals



Even women who obtain abortions in hospitals experience complications

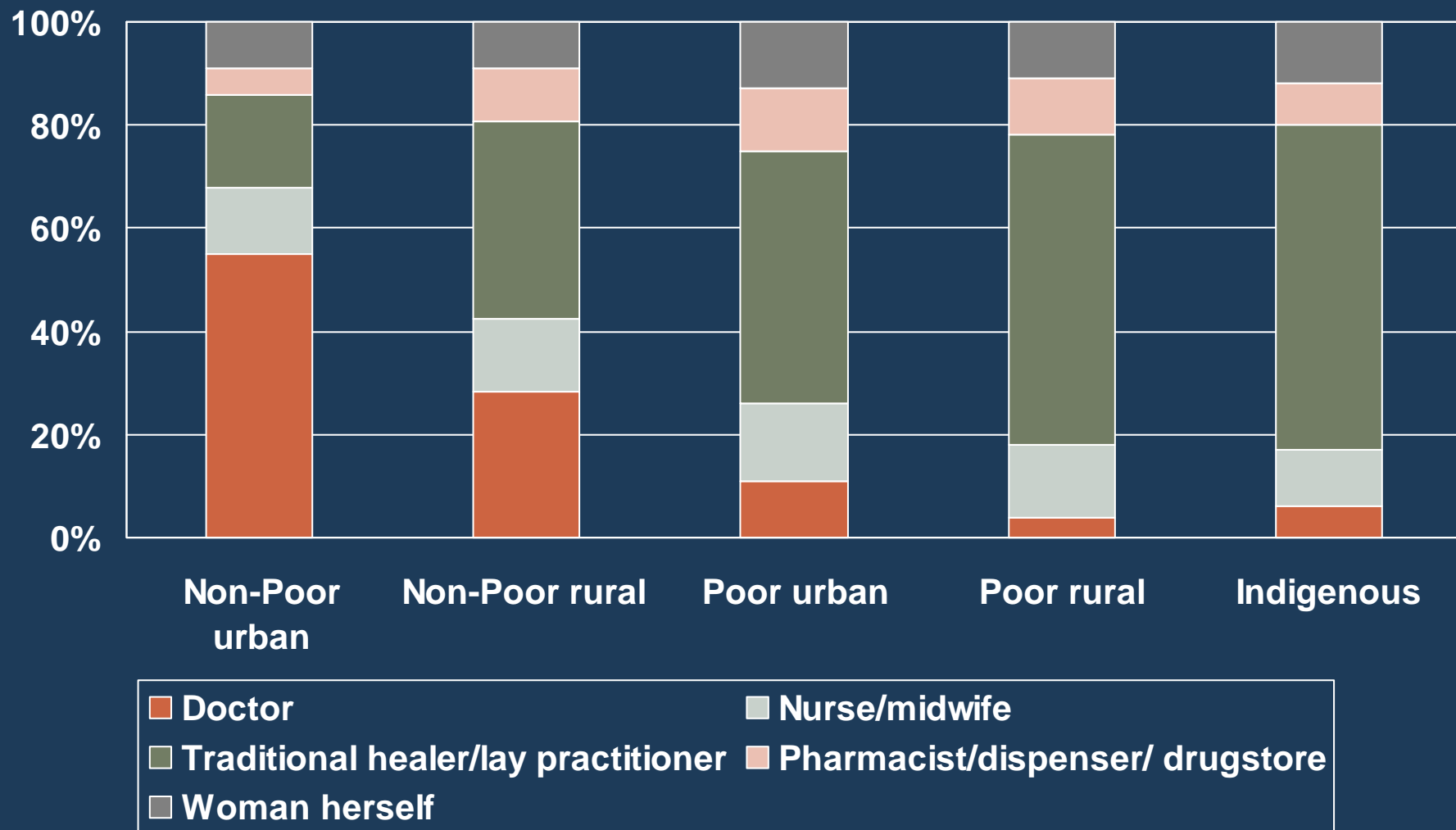
The Example of Nigeria



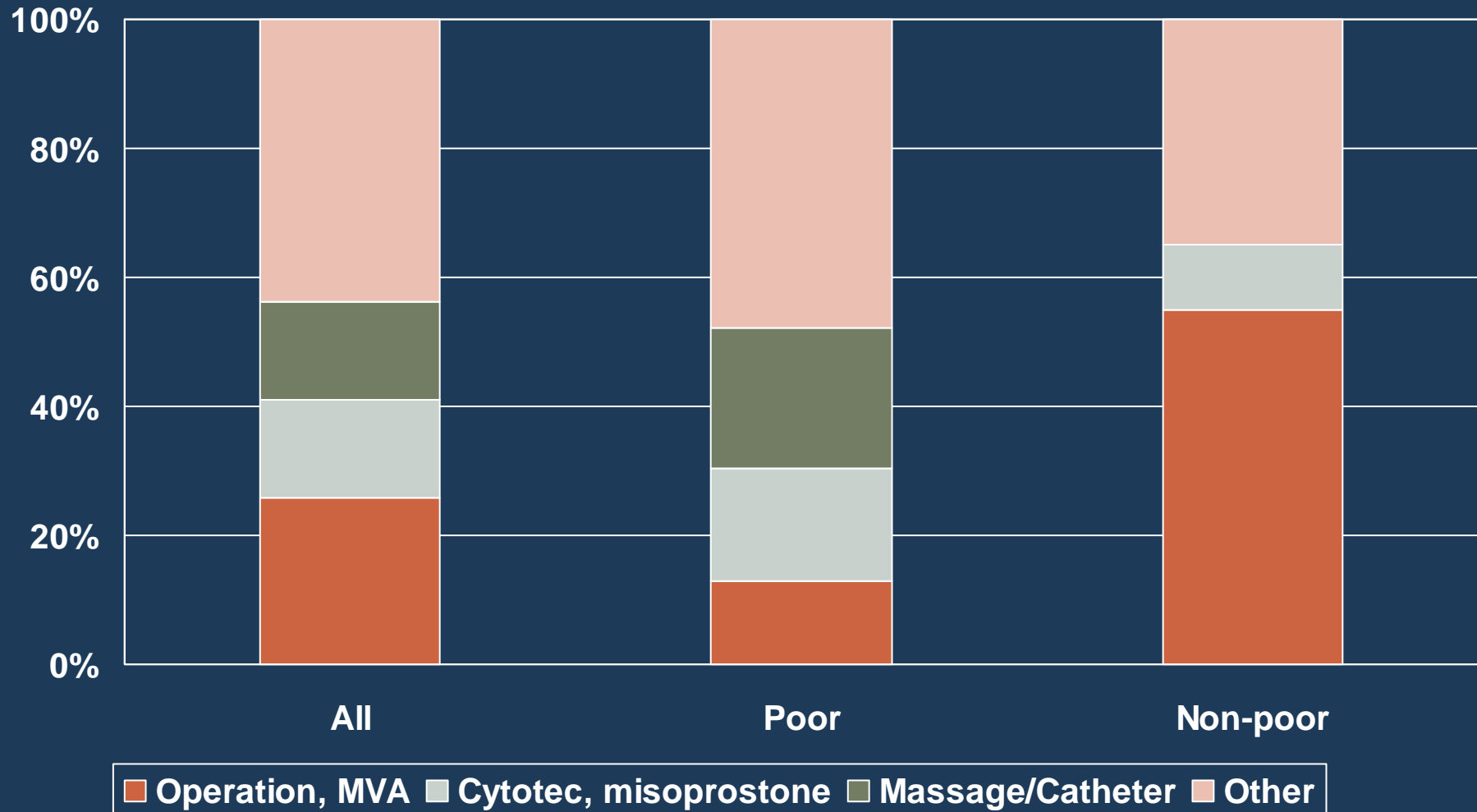


Abortion and Social Equity

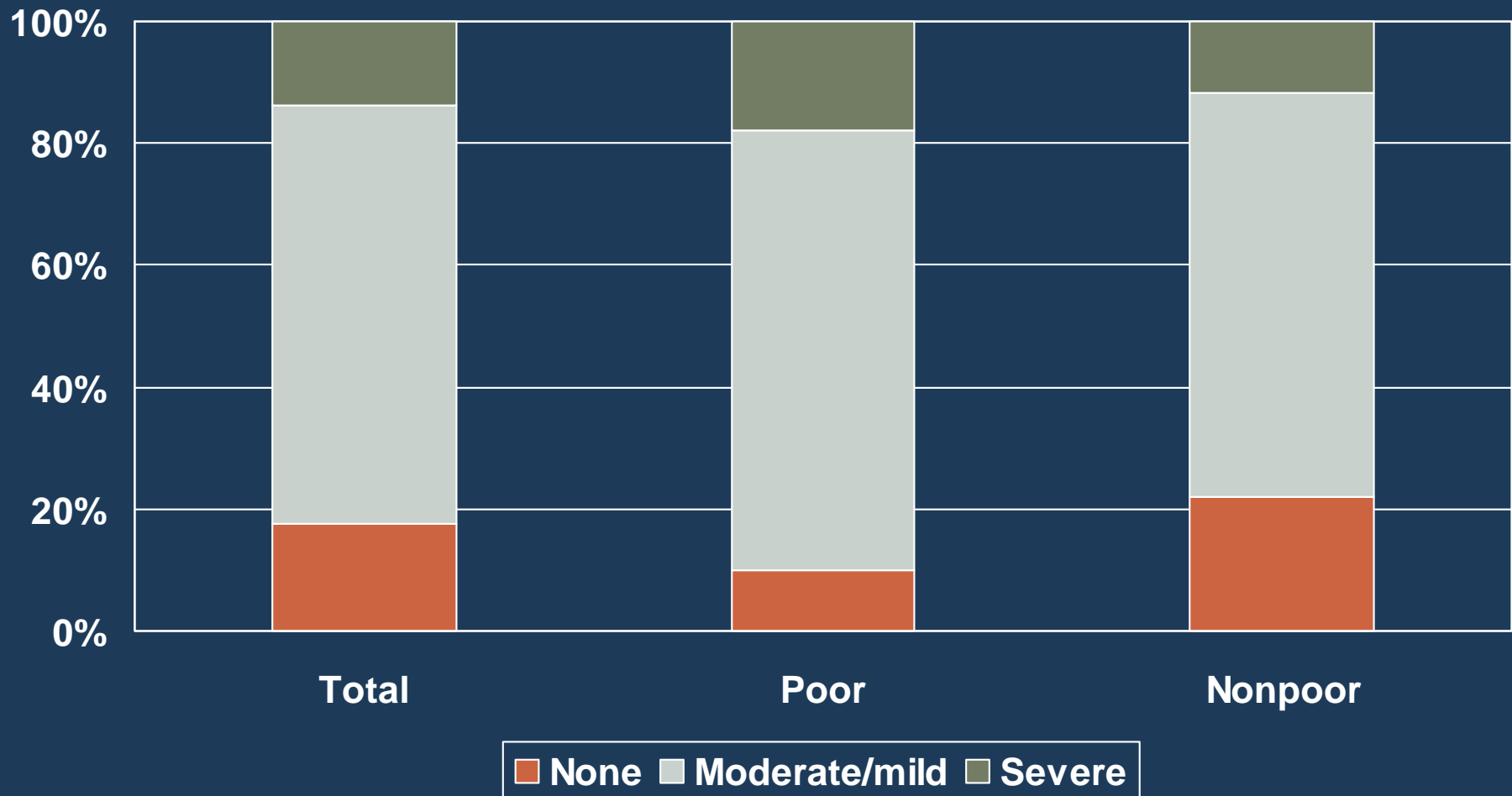
Poor women are less likely to have safe abortions in Guatemala



Poor women in the Philippines are less likely to get safe abortions

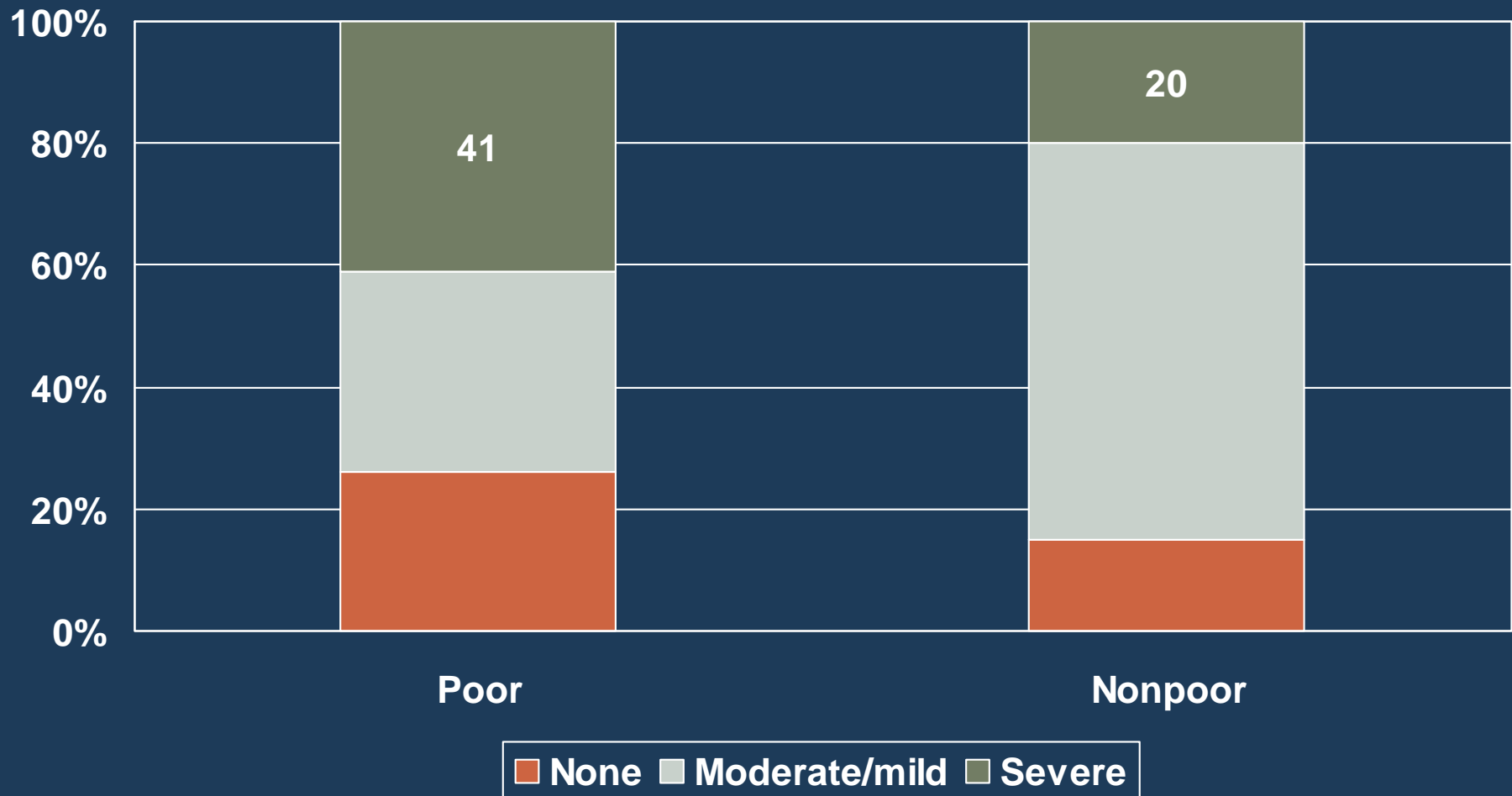


Poor women in Nigeria are twice as likely to suffer complications



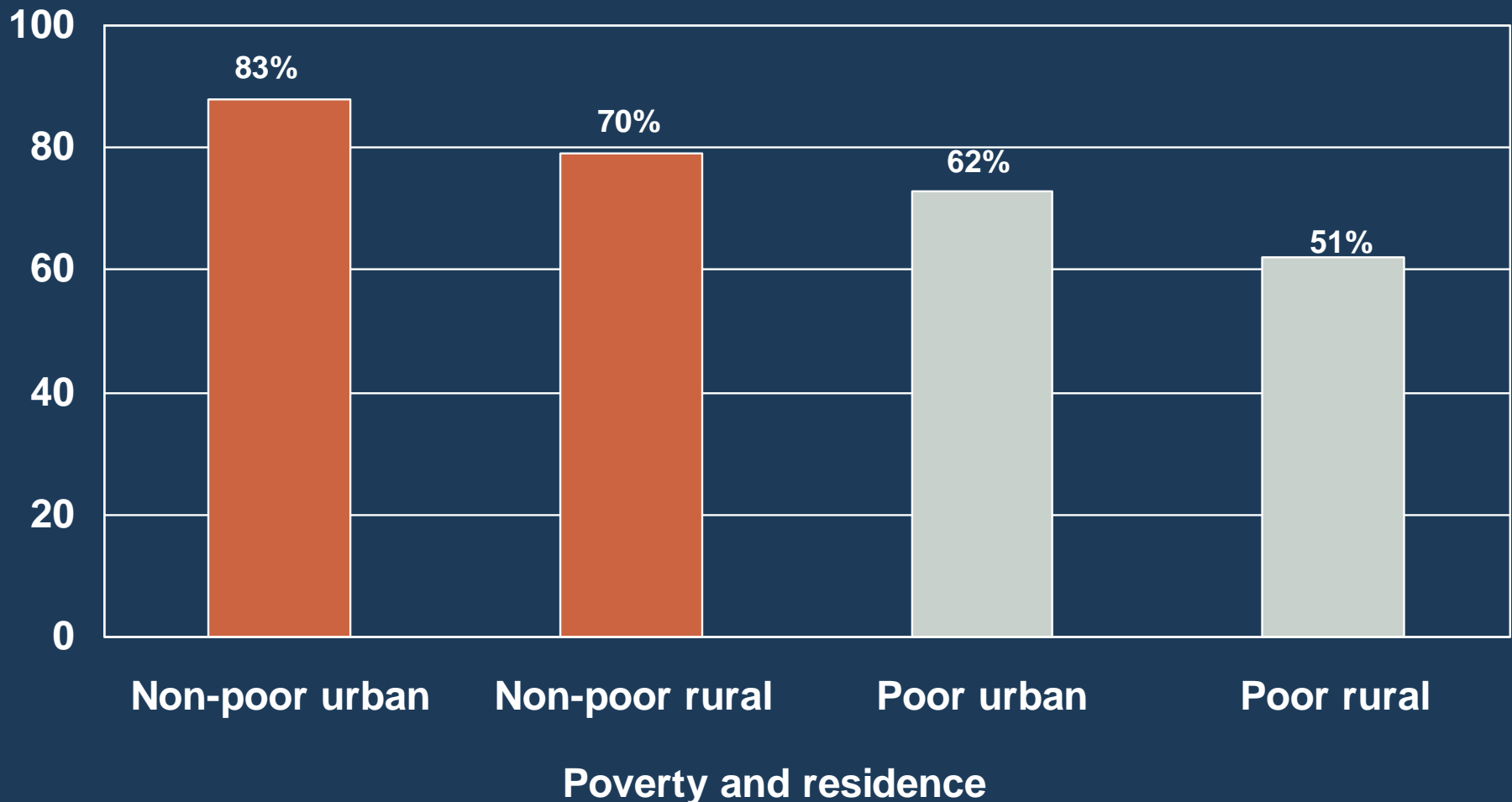
Poor women in the Philippines are twice as likely to suffer severe abortion complications

% of women having an abortion



Poor women in Guatemala are less likely to get medical care for abortion complications

% of women with abortion-related complications who obtain treatment, 2003





Research Priorities

Recent Initiatives

- New studies in Ethiopia, Malawi, Burkina Faso, Nigeria, Colombia, Mexico, Pakistan
- Assessments completed in Uganda, Pakistan, Mexico, Indonesia, Kenya, Tanzania, and Ethiopia
- Assessments scheduled for India, Bangladesh, Zambia and Ghana

Stakeholder Interviews

- National medical associations
- Government officials
- Parliamentarians
- Advocates
- Health care providers
- Legal professionals
- Media
- Academics
- Economists
- UN agencies
- Religious leaders

Demographic and Community-Level Studies

- Tanzania: Incidence and health consequences
- Indonesia: Incidence and health impacts; characteristics of patients
- Pakistan: Incidence and health impacts; characteristics of patients
- Malawi: Incidence
- Burkina Faso: Incidence

Cost Studies

- Uganda: Assessing household and individual costs of abortion complications and their links to poverty
- Pakistan, Mexico & Ethiopia: pilot tests of measurement methodologies for calculating household and individual costs

Attitude Studies

- Uganda: Attitudes of key stakeholders
- Pakistan: Attitudes and practices of healthcare providers
- Nigeria: Attitudes of key policymakers

Studies on the Impact of Legal Reforms

- Federal District of Mexico City
 - Documenting trends in morbidity/mortality
 - Documenting characteristics of abortion patients
- Colombia
 - Baseline and five-year incidence studies

For more information, visit
www.guttmacher.org

