safe ENGAGE

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ABORTION

FACTS & FIGURES

2021

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PART ONE

ABORTION FACTS & FIGURES

Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions. It is also a public health concern. 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 unskilled practitioners 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.

GLOBAL OVERVIEW

More than 227 million women worldwide become pregnant each year, and roughly two-thirds of them deliver live infants. The remaining one-third of pregnancies end in miscarriage, stillbirth, or induced abortion.

UNINTENDED PREGNANCIES

About **4 in 10** of all pregnancies are unintended, and more than half of these end in induced abortion.[1]

An estimated 56 million abortions occurred each year from 2010 to 2014, and nearly half of those—25 million—were considered to be unsafe.[2]

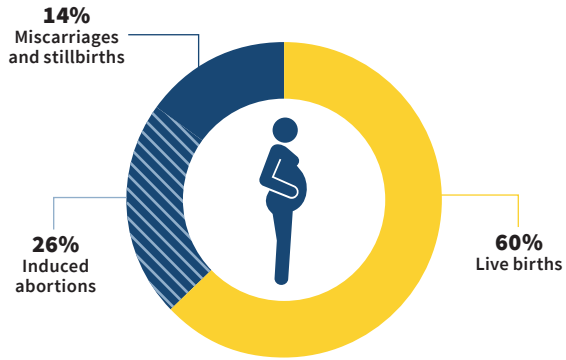
UP TO
13%
Share of maternal deaths due to unsafe abortion in developing regions

The vast majority of all unsafe abortions take place in developing regions, which is also where almost all of abortion-related deaths occur. Unsafe abortion accounts for up to 13% of deaths related to pregnancy and childbirth,[3] and an estimated 7 million women are treated for complications each year.[4]

UNSAFE ABORTION

The World Health Organization (WHO) defines an unsafe abortion as a procedure for terminating a pregnancy either by people 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. In the United States, for example, the death rate from legal induced abortion is less than one per 100,000 procedures.[5]

PREGNANCY OUTCOMES IN DEVELOPING REGIONS [6]



Unsafe abortions occur more often where abortion is restricted by law. In countries that prohibit abortion or allow it only to save the life of the woman or protect her physical health, three-quarters of the procedures are unsafe. In countries that allow abortion for any reason, 9 in every 10 abortions are safe.[7] While abortion is more common in some countries than others, it occurs in every country.[8]

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1-2 Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York, Guttmacher Institute, 2018).

3 World Health Organization (WHO), "Preventing Unsafe Abortion," (2019), accessed at https://apps.who.int/iris/bitstream handle/10665/329887/WHO-RHR-19.21-eng.pdf?ua=1.

4 Susheela Singh and Isaac Maddow-Zimet, "Facility-Based Treatment for Medical Complications Resulting From Unsafe Pregnancy Termination in the Developing World, 2012: A Review of Evidence From 26 Countries," *BJOG: An International Journal of Obstetrics & Gynaecology*, 123, no. 9 (2015): 1489-98.

5 Tara C. Jatlaoui et al., "Abortion Surveillance-United States, 2015," *Surveillance Summaries, Morbidity and Mortality Weekly Report* 67, no. 13 (2018): 1-45.

6 Jacqueline E. Darroch, *Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017, Estimation Methodology,* Table 46 (New York: Guttmacher Institute, 2018).

7 Bela Ganatra et al., "Global, Regional, and Subregional Classification of Abortions by Safety, 2010-14: Estimates From a Bayesian Hierarchical Model," *Lancet* 390, no. 10110 (2017).

8 Stanley Henshaw, "Induced Abortion: Epidemiologic Aspects," in *Gynecology and Obstetrics 2004* 6, no. 115, ed. John J. Sciarra (Philadelphia: Lippincott Williams & Wilkins, 2004).

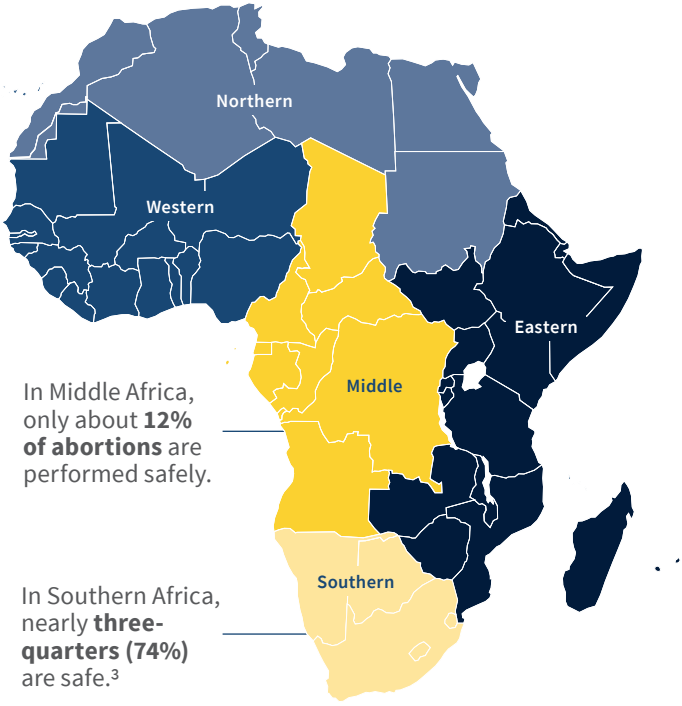
AFRICAN OVERVIEW

More than 8 million abortions occur each year on the African continent, and three-quarters of them are unsafe.[1]

Unsafe abortions occur more often in countries with restrictive laws that prohibit the procedure or allow it in only in certain circumstances. More than 9 in 10 African women of reproductive age live in countries that prohibit abortion altogether or allow it only to save the life of the woman, preserve her physical or mental health, or in cases of rape, incest, or fetal abnormality.[2]

ABORTION SAFETY

The subregions of Africa have relatively similar rates of abortion, between 31 and 38 abortions per 1,000 women of reproductive age. However, abortion safety varies considerably.



The region's abortion rate is higher for unmarried women than for those who are married. The rate for married women is about 26 abortions per 1,000 women of reproductive age, compared with about 36 per 1,000 for unmarried women.[4]

ABORTION RATE FOR MARRIED WOMEN (PER 1,000)

ABORTION RATE FOR UNMARRIED WOMEN (PER 1,000)

15,000+

Number of abortion-related deaths in Africa in 2017

Of all the regions in the world, Africa has the highest number of abortion-related deaths, estimated at more than 15,000 in 2017, accounting for 7% of pregnancy-related deaths.[5] More than one-quarter of all unsafe abortions in developing regions occur in Africa, but the continent accounts for almost two-thirds of unsafe abortion-related deaths.[6]

REFERENCES

1 Singh et al., *Abortion Worldwide 2017*.
2 Guttmacher Institute, "Abortion in Africa," Fact Sheet, (March 2018), accessed at www.guttmacher.org/fact-sheet/abortion-africa.
3 Singh et al., *Abortion Worldwide 2017*.
4 Guttmacher Institute, "Abortion in Africa."
5 Darroch, *Adding It Up,* Table 9.
6 WHO, "Preventing Unsafe Abortion," (2019), accessed at www.who.int/reproductivehealth/topics/unsafe_abortion/hrpwork/en/.

BY THE NUMBERS

Worldwide, **one in four** pregnancies (25%) ends in abortion, and of those abortions **nearly half (45%)** are unsafe.[1]

1 IN 10

Number of pregnancy-related deaths due to unsafe abortion in developing regions.[2]

56 MILLION

Estimated number of abortions that are performed each year around the world; **nearly half, or 25 million**, are considered unsafe because they did not use a WHO-recommended method and/or were conducted by an untrained provider.[3]

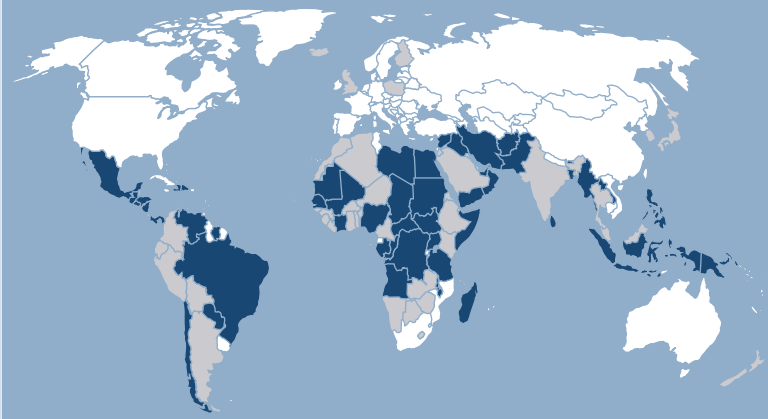
The death rate from unsafe abortion in developing regions is about **103 per 100,000** unsafe abortions.

In Africa, the rate is more than double that at **220 deaths per 100,000** unsafe abortions.[4]

As **medication abortions** (using misoprostol and mifepristone, or misoprostol alone) have become more prevalent, the safety of clandestine abortions has increased.[5]

Unsafe abortions are most common in developing regions, which also tend to have the most restrictive abortion laws.[6]

ABORTION RESTRICTIONS, BY COUNTRY [7]



Countries that ban abortion or with heavy restrictions

Countries that allow abortion but with some restrictions

Countries that allow abortion

In countries that ban abortion completely or allow it only to save a woman's life or preserve her health, only about one-quarter of the procedures are safe. In countries that allow abortion on request without restriction as to reason, nearly 9 in 10 abortions are safe.[8]

REFERENCES

1 Singh et al., *Abortion Worldwide 2017*.
2 Jacqueline E. Darroch, *Adding It Up*, Table 9.
3 Singh et al., *Abortion Worldwide 2017*.
4 Darroch, *Adding It Up,* Table 48.
5 Singh et al., *Abortion Worldwide 2017*.
6 WHO, "Worldwide, an Estimated 25 million Unsafe Abortions Occur Each Year," Press Release, Sept. 28, 2017.
7 Singh et al., *Abortion Worldwide 2017*.
8 Singh et al., *Abortion Worldwide 2017*.

REGIONAL ESTIMATES OF ANNUAL INCIDENCE OF ABORTIONS, 2010-2014

	NUMBER OF ABORTIONS	PERCENT UNSAFE
WORLD	**56 million**	**45**
Developing countries	49 million	50
Developed countries	6.6 million	13
AFRICA	**8.2 million**	**76**
Eastern Africa	2.7 million	76
Middle Africa	1 million	88
Southern Africa	510,000	27
Western Africa	2.1 million	85
Northern Africa	1.9 million	71
ASIA	**39.4 million**	**42**
Eastern Asia	11 million	12
Central Asia	748,000	58
Southern Asia	20.4 million	58
Southeastern Asia	5.2 million	40
Western Asia	2 million	47
LATIN AM./CARIBBEAN	**6.5 million**	**76**
Caribbean	519,000	75
Central America	1.3 million	82
South America	4.6 million	75
NORTH AMERICA	**1.2 million**	**0.9**
EUROPE	**4.3 million**	**11**
Southern	750,000	9
Western	562,000	7
Northern	349,000	2
Eastern	2.6 million	14
OCEANIA	**144,000**	**34**

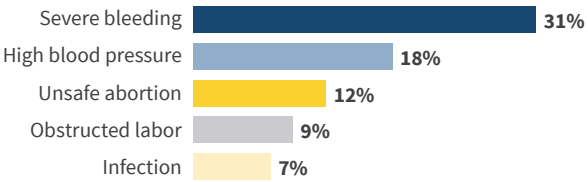
Sources: [All regions except Asia] Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York, Guttmacher Institute, 2018). [For Asia]: Jacqueline E. Darroch, *Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017, Estimation Methodology* (New York: Guttmacher Institute, 2018).

MATERNAL HEALTH

99% of all maternal deaths occur in developing countries, with sub-Saharan Africa accounting for about two-thirds of these deaths.[1]

- Estimates of the number of girls and women who die of pregnancy-related causes vary, because much uncertainty surrounds the numbers, especially in countries that have no civil registration systems for recording births, deaths, and causes of death. Most global estimates tend to hover around 300,000 per year, and the numbers have been declining over recent decades.[2]
- Pregnancy-related deaths are often expressed as a ratio of maternal deaths per 100,000 live births, allowing for comparison among countries and regions. The World Health Organization's global estimate for 2017 is 211 maternal deaths per 100,000 live births. The maternal mortality ratio varies widely by region; for every 100,000 live births in Western Europe five women die, while in sub-Saharan Africa 533 die.[3]

DIRECT CAUSES OF PREGNANCY-RELATED DEATHS



These are global estimates. The data can vary widely among and within regions.[4]

- Indirect causes include pre-existing medical conditions, such as HIV/AIDS.[5]
- A woman in sub-Saharan Africa has a 1 in 38 chance of dying from a pregnancy-related cause, compared with a woman in Western Europe whose risk is 1 in 11,700.[6]
- Globally, complications of pregnancy and childbirth are the leading cause of death for 15-to-19-year-old girls. Each year, nearly 4 million girls in that age range undergo unsafe abortions.[7]

MATERNAL DEATHS

	MATERNAL MORTALITY RATIO, 2017*	LIFETIME CHANCE OF DYING FROM MATERNAL CAUSES**
WORLD	**211**	**1 in 190**
LEAST-DEVELOPED COUNTRIES	**415**	**1 in 56**
SUB-SAHARAN AFRICA	**533**	**1 in 38**
Eastern and Southern Africa	384	1 in 58
West and Central Africa	674	1 in 28
MIDDLE EAST AND NORTH AFRICA	**57**	**1 in 570**
SOUTH ASIA	**163**	**1 in 240**
EAST ASIA AND THE PACIFIC	**69**	**1 in 790**
EUROPE AND CENTRAL ASIA	**13**	**1 in 4,300**
Eastern Europe and Central Asia	19	1 in 2,600
Western Europe	5	1 in 11,700
NORTH AMERICA	**18**	**1 in 3,100**
LATIN AM./ CARIBBEAN	**74**	**1 in 630**

*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: World Health Organization (WHO), *Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division* (New York: WHO, 2019).

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1 WHO, *Trends in Maternal Mortality: 1990 to 2015*, *Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division* (New York: WHO, 2015).
2 Darroch, *Adding It Up*, Table 9.
3 WHO, *Trends in Maternal Mortality 2000 to 2017*: *Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division* (New York: WHO, 2019).
4-5 Darroch, *Adding It Up*, Table 8.
6 WHO, *Trends in Maternal Mortality 2000-2017.*
7 WHO, "Adolescent Pregnancy," (2018), accessed at www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy.

SAFE ABORTION

The World Health Organization considers an abortion to be safe if it is done within WHO guidelines by a trained provider who uses a WHO-recommended method that is appropriate to the duration of the pregnancy. Globally, about 55% of abortions are safe. In Africa, only 24% are safe.[1]

WHO recommends three methods for abortion: vacuum aspiration, medication, and dilation and evacuation. Protocols for each method, described below, depend on the length of the pregnancy.[2]

Abortion is safest when performed early in pregnancy, and most abortions are done during the first trimester (12 weeks) of a pregnancy. In some countries, women within a few weeks of a missed menstrual period can undergo a procedure called menstrual regulation or menstrual extraction, which uses vacuum aspiration or medication to induce menstruation; it 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. WHO recommends this method for pregnancies of up to 14 weeks.
- Either an electric pump or a manual aspirator is used to suction the uterine contents; either method is usually performed on an outpatient basis.
- The procedure takes 10 minutes or less to complete and has a success rate of 95-100% for pregnancies of up to 14 weeks.
- Side effects include abdominal cramping/pain and bleeding.

MEDICATION ABORTION

- This method uses mifepristone and misoprostol pills, or misoprostol alone. Use of this method has been increasing in recent years, which experts say is improving the safety of abortions, especially those performed clandestinely or outside the formal health care system.
- WHO recommends this method for first and second trimester abortions.
- When used correctly in the first trimester, the combination of mifepristone and misoprostol has a success rate of 96-98%. Misoprostol alone is not as effective, resulting in a complete abortion 75-90% of the time. WHO recommends misoprostol alone only when mifepristone is unavailable.
- In many countries mifepristone is expensive or not available. Misoprostol, on the other hand, is widely available; it has many obstetric uses and is sold under the brand name Cytotec to prevent stomach ulcers.
- Using mifepristone followed by misoprostol, most women will experience an abortion within 24 hours of taking the misoprostol, though bleeding and spotting may occur for several weeks after.

DILATION AND EVACUATION (D&E)

- D&E involves dilating the cervix and using a combination of suction and instruments to remove the contents of the uterus. WHO recommends this method for second trimester pregnancies.

Note: WHO considers dilatation and curettage (D&C) to be an obsolete method of surgical abortion and recommends that it be replaced by vacuum aspiration and/or medical methods. However, it is still used in some countries; in Zimbabwe, it is the most commonly used method for managing incomplete abortion.[3]

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1 Singh et al., *Abortion Worldwide* 2017.
2 WHO, Safe Abortion: T*echnical and Policy Guidance for Health Systems*, Second Edition (New York: WHO, 2012); and WHO, *Medical Management of Abortion* (New York:, WHO, 2018).
3 Elizabeth A. Sully et al., "Abortion in Zimbabwe: A National Study of the Incidence of Induced Abortion, Unintended Pregnancy and Post-Abortion Care in 2016," *PloS One* 14, no. 5 (2019).

UNSAFE ABORTION

Abortions are considered to be unsafe when they are performed by people lacking the necessary skills and information or in an environment that does not meet minimum medical standards, or both.

WHO HAS TWO SUBCLASSIFICATIONS FOR UNSAFE ABORTIONS:[1]

LESS SAFE

Less safe abortions are performed by a trained provider who uses an unsafe or outdated method (such as sharp curettage), or using a safe method (like misoprostol tablets) but without appropriate information or support from a trained person.

LEAST SAFE

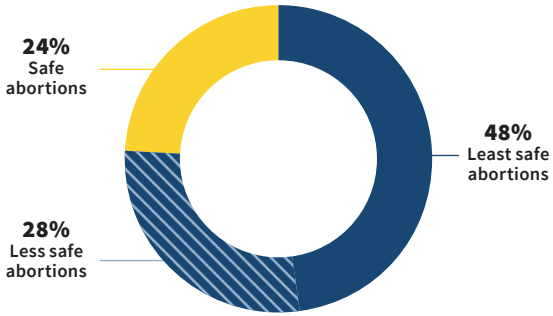
Least safe abortions lack both of the criteria—providers are untrained and an unsafe method is used; these methods often involve ingestion of caustic substances, use of traditional concoctions, or insertion of foreign objects.

In the world's developing regions, about two-thirds of unsafe procedures are less safe and one-third are least safe. However, in Africa, the least safe methods are far more prevalent than the less safe ones.

- More than 29,000 women and girls die from complications of unsafe abortion every year in developing regions. More than half of those deaths are in Africa.[2]
- Globally, 55% of abortions are safe, 31% are less safe, and 14% are least safe.[3]
- In developed regions, nearly 88% of abortions are safe and 12% are less safe.[4]

ABORTION SAFETY IN AFRICA

In Africa, only 24% are safe, and nearly half (48%) fall into the category of least safe.[5]



ABORTION SAFETY AROUND THE WORLD

In countries that prohibit abortion or allow it only to save the life of the woman or protect her health, about **1 in 4 abortions are safe.**

In countries where abortion is broadly legal, nearly **9 in 10 are safe.**[6]

- About 7 million women are treated for complications from unsafe abortions each year.[7]
- In Africa, each year about 1.6 million women are treated for complications of unsafe abortion.[8]

REFERENCES

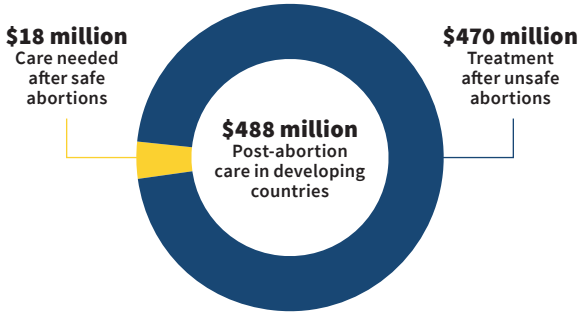
1 WHO, "Preventing Unsafe Abortion."
2 Darroch, *Adding It Up*, Table 9.
3-6 Singh et al., *Abortion Worldwide* 2017.
7 Singh and Maddow-Zimet, "Facility-Based Treatment for Medical Complications Resulting From Unsafe Pregnancy Termination in the Developing World, 2012."
8 Guttmacher Institute, "Abortion in Africa."

POST-ABORTION CARE

Women who seek medical treatment after an unsafe or incomplete abortion may require extended hospital stays, depending on the severity of the complications. Treating complications consumes hospital resources, including personnel time, bed space, medications, and blood supply.

THE COSTS OF POST-ABORTION CARE

Providing post-abortion care cost health systems in developing countries an estimated $488 million in 2017. The bulk of that ($470 million) was for treatment after unsafe abortions, while care needed after safe abortions cost $18 million.[1]



In sub-Saharan Africa, post-abortion care in 2017 cost an estimated $59 million, and almost all of that was for treatment needed after unsafe abortions.[2]

COMPLICATIONS THAT REQUIRE POST-ABORTION CARE INCLUDE:

- Incomplete abortion (some of the pregnancy tissue remains in the uterus).
- Heavy bleeding.
- Infection.
- Uterine perforation (when the uterus is pierced by a sharp object).
- Injury to the genital tract and/or internal organs.

INTERNATIONAL HEALTH ORGANIZATIONS GENERALLY RECOGNIZE POST-ABORTION CARE TO INCLUDE:[3]

Emergency treatment for complications of abortion or miscarriage.

Contraceptive and family planning services to help women prevent a future unwanted pregnancy or unsafe abortion or to practice birth spacing.

Counseling to identify and respond to women's emotional and physical health needs.

Management of sexually transmitted infections, gender-based violence screenings, and other related health services on-site.

Strong partnerships among community members and health care providers to ensure that health services meet community needs.

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. Post-abortion care is separate from procedures to induce abortion, yet, in some countries abortion restrictions have been found to limit access to post-abortion care.[4] Also, in some countries, post-abortion care is lacking in quality or unavailable (see Appendix I).

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1 Darroch, *Adding It Up*, Supplementary Tables, Table 9.

2 Darroch, *Adding It Up*.

3 Sneha Barot, "Implementing Post-Abortion Care Programs in the Developing World: Ongoing Challenges," *Guttmacher Policy Review 17*, no. 1 (Winter 2014); and M. Wood et al., *What Works: A Policy and Program Guide to the Evidence on Post-Abortion Care* (New York: Population Council, 2007).

4 International Federation of Gynecology and Obstetrics (FIGO), "Ethical Responsibilities in Post-Abortion Care," (2019), www.figo.org/news/ethical-responsibilities-post-abortion-care-0016213.

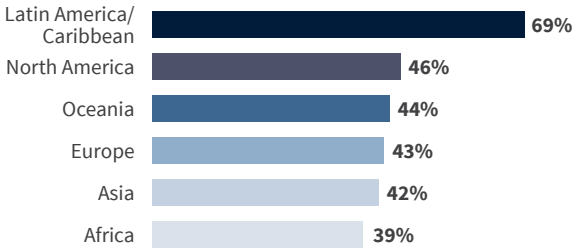
CONTRACEPTION

Meeting women's needs for contraception is a key strategy for reducing unintended pregnancies, unsafe abortions, and maternal deaths.

UNINTENDED PREGNANCY

- Of the 227 million pregnancies each year, around 99 million (44%) are unintended, meaning they are mistimed (wanted later) or are not wanted at all.[1]
- Globally, more than one-half (56%) of unintended pregnancies each year result in induced abortion.[2]

UNINTENDED PREGNANCIES ANNUALLY BY REGION, 2010-2014



Source: Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York: Guttmacher Institute, 2018).

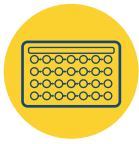
- Rates of unintended pregnancy vary significantly across sub-regions of Africa, ranging from 27% in West Africa to 66% in Southern Africa. In Eastern Africa, 46% of pregnancies are unintended; in Middle Africa, the rate is 38% and in Northern Africa, 41%.[3]
- Unintended pregnancies can occur when contraceptive methods fail or are used incorrectly or when no contraceptive method is used.

CONTRACEPTIVE METHODS

- No contraceptive method is 100% effective. Even with perfect use, some contraceptives fail. For example, 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% of the time; with more typical use, which is not always correct or consistent, the failure rate of male condoms rises to 13%.[4]

- 61% of the world's women ages 15 to 49 who are married or are in informal union use some form of contraception, and 54% use a modern method.[5]
- Contraceptive use is lowest in sub-Saharan Africa where 32% of women who are married or in union use some form of contraception and 28% use modern methods.[6]

EXAMPLES OF MODERN CONTRACEPTIVES


Birth control pills


Implant


Injectible


IUD


Male condom


Diaphragm

- **Modern contraception** includes hormonal methods such as birth control pills, implants, injectables; female and male sterilization; intrauterine devices (also called an IUD or coil); barrier methods such as male and female condoms, diaphragms, cervical caps; and chemical spermicides in the form of jelly or foam. The lactational amenorrhea method and some fertility awareness methods such as the Standard Days Method are also considered to be modern methods.
- IUDs and implants are the two methods referred to as **long-acting reversible contraception (LARC)** because they remain effective for years without the user having to do anything.
- **Traditional methods** include periodic abstinence (also known as the rhythm or calendar method) and withdrawal. Both typically are less effective than modern methods.

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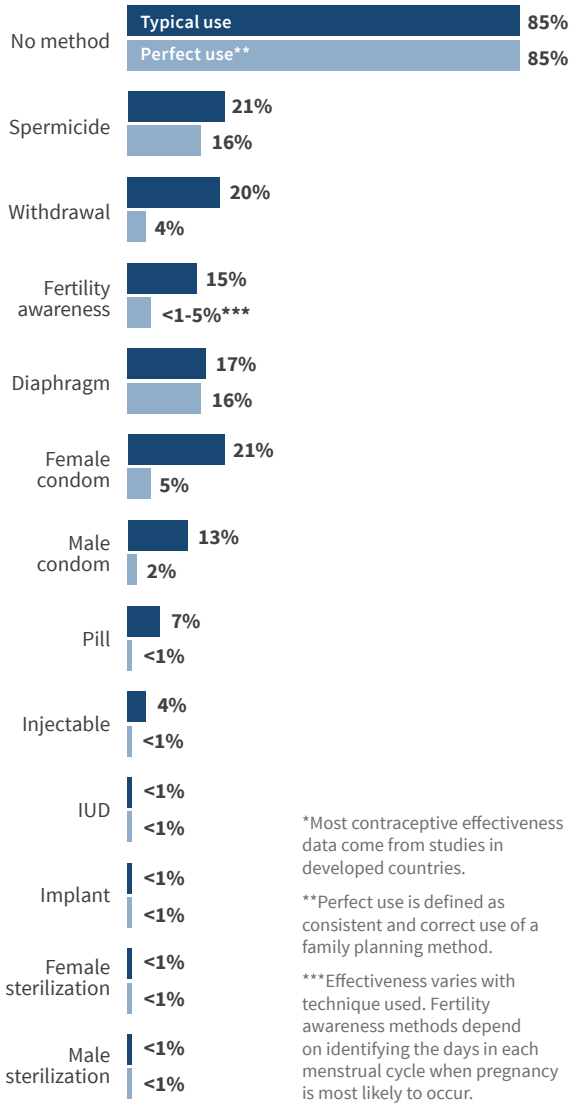
4 Robert A. Hatcher, *Contraceptive Technology*, 21st edition (Atlanta: Managing Contraception LLC, 2018).
5 Toshiko Kaneda, Charlotte Greenbaum, and Kaitlyn Patierno, *2019 World Population Data Sheet,* (Washington, DC: Population Reference Bureau, 2019).
6 Kaneda, Greenbaum, and Patierno, *2019 World Population Data Sheet*.

CONTRACEPTIVE FAILURE

PERCENT OF WOMEN EXPERIENCING AN UNINTENDED PREGNANCY WITHIN THE FIRST YEAR OF USE (UNITED STATES)*



*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. Fertility awareness methods depend on identifying the days in each menstrual cycle when pregnancy is most likely to occur.

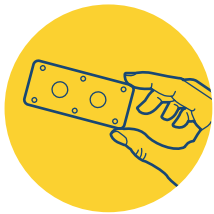
Note: Lactational Amenorrhea Method can be up to 98% effective in the first six months after a birth if the mother breastfeeds her infant exclusively and has not experienced her first postpartum menses.

Source: Robert A. Hatcher, *Contraceptive Technology*, 21st edition (Atlanta: Managing Contraception LLC, 2018).

EMERGENCY CONTRACEPTION

- Emergency contraception (EC) refers to back-up methods of preventing pregnancy after sexual intercourse if no contraceptive was used, if it was used incorrectly, or if it was used correctly but failed, such as a condom breaking.

EMERGENCY CONTRACEPTION METHODS



Morning after pill

Copper IUD

- The most commonly used EC method uses pills, also known as "the morning after pill."
- EC methods do not terminate or harm existing pregnancies, and they do not protect against sexually transmitted infections. If a woman uses EC pills (ECPs) but still becomes pregnant, the pills will not harm her, her pregnancy, or the fetus.
- Insertion of a copper IUD within about one week after unprotected sex can prevent the risk of pregnancy by 99%. It works by preventing fertilization.
- ECPs can be taken up to five days after unprotected sex, but they are most effective the sooner they are taken. While ECPs are the most commonly used EC method, they are less effective than IUDs.
- ECPs work by disrupting ovulation, stopping or delaying the release of an egg from the ovary.
- EC is not intended to be used in place of regular, ongoing contraception.

REFERENCES

Robert A. Hatcher, *Contraceptive Technology*, 21st edition (Atlanta: Managing Contraception LLC, 2018); and International Consortium for Emergency Contraception, "Clinical Summary: Emergency Contraceptive Pills," (2013), accessed at www.cecinfo.org/wp-content/uploads/2013/01/Clinical-Summary-ECPs-Feb-2013.pdf.

GLOBAL AND REGIONAL ESTIMATES OF CONTRACEPTION RATES

	% OF MARRIED OR IN UNION WOMEN USING ANY METHOD OF CONTRACEP-TION	% OF MARRIED OR IN UNION WOMEN USING MODERN METHOD OF CONTRACEP-TION	LIFETIME BIRTHS PER WOMAN (TOTAL FERTILITY RATE)
WORLD	**61**	**54**	**2.4**
More developed	69	60	1.6
Less developed	60	54	2.5
AFRICA	**36**	**32**	**4.5**
Northern Africa	51	46	3.2
Sub-Saharan Africa	32	28	4.8
Western Africa	20	16	5.2
Eastern Africa	44	39	4.5
Middle Africa	18	10	5.7
Southern Africa	55	54	2.4
NORTH AMERICA	**77**	**68**	**1.7**
Canada	85	n/a	1.5
United States	76	68	1.7
LATIN AM./ CARIBBEAN	**74**	**70**	**2.0**
Caribbean	58	56	2.2
Central America	67	64	2.2
South America	79	74	2.0
ASIA	**64**	**57**	**2.1**
ASIA (EXCLUDING CHINA)	**55**	**47**	**2.3**
Western Asia	54	36	2.6
Central Asia	55	52	2.8
Southern Asia	53	46	2.3
Southeastern Asia	62	56	2.2
Eastern Asia	81	77	1.5
EUROPE	**70**	**60**	**1.5**
Northern Europe	83	82	1.7
Western Europe	77	75	1.7
Eastern Europe	67	54	1.5
Southern Europe	55	35	1.3
OCEANIA	**56**	**52**	**2.4**

Source: Toshiko Kaneda, Charlotte Greenbaum, and Kaitlyn Patierno, *2019 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2019).

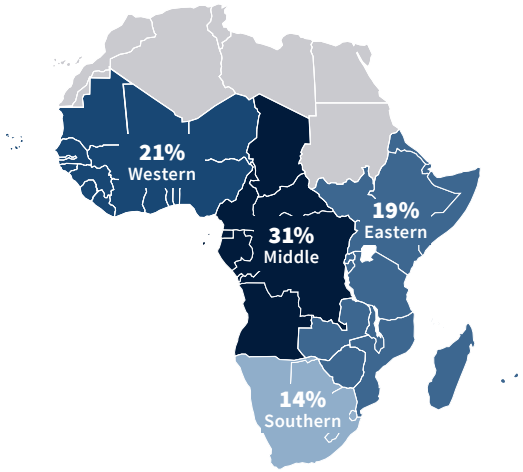
UNMET NEED FOR FAMILY PLANNING

Women are said to have an unmet need for family planning if they are sexually active, of reproductive age (generally 15 to 49), and want to stop or delay childbearing but are not using any method of contraception.

- In developing regions, an estimated 214 million women have an unmet need for modern contraception: 155 million who want to avoid pregnancy but use no method of contraception and 59 million who use traditional methods, which are less reliable than modern methods.[1]
- About three-quarters (74%) of unintended pregnancies occur among women who are using no method of contraception. An additional 10% of these pregnancies occur among women who use a traditional method.[2]
- Among developing regions, women in sub-Saharan Africa have the highest unmet need for modern contraception at 21%.[3]

UNMET NEED IN AFRICA

Among the sub-Saharan sub-regions, Middle Africa has the highest unmet need for modern contraception at 31%, followed by Western Africa at 21%, Eastern at 19%, and Southern at 14%.[4]



REASONS FOR NOT USING CONTRACEPTION

Surveys in developing countries have found that women who wanted to avoid pregnancy cited various reasons for not using contraception. These include: [5]

Having sex infrequently or not at all.

Concerns about side effects of modern contraceptives and health risks.

Opposition to family planning by the woman, her husband, or others.

Breastfeeding or lack of a menstrual period after childbirth.

- The least common reasons were lack of knowledge about or access to contraceptives.
- Reasons vary by region, and by country: Infrequent sex was most common in Latin America/Caribbean (34%) and in Nepal, this reason was cited by 73%, but it was less commonly cited in Africa (19%). Side effects and health risks were of most concern among Africans (28%).[6]

REFERENCES

1-3 Guttmacher Institute, "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017," Fact Sheet, (December 2017), accessed at www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf.

4 Darroch, *Adding It Up*, Table 15.

5 Gilda Sedgh and Rubina Hussain, "Reasons for Contraceptive Nonuse Among Women Having Unmet Need for Contraception in Developing Countries," *Studies in Family Planning* 45, no. 2 (2014): 151-169.

6 Sedgh and Hussain, "Reasons for Contraceptive Nonuse Among Women Having Unmet Need for Contraception in Developing Countries."

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 the procedure is broadly 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.[1]

In countries where abortion is allowed without restriction as to reason, more than 87% of abortions are safe. In countries with broad restrictions, about 41% are safe, and in countries that prohibit abortion for any reason or permit it only to save the woman's life, about 25% are safe.[2]

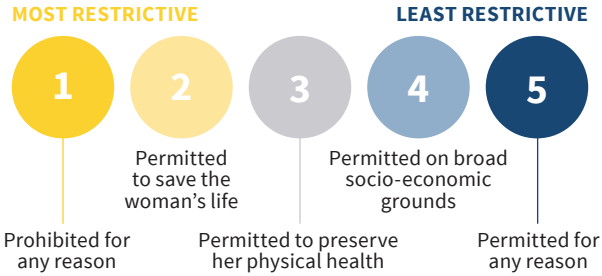
87%

Safe abortions in countries where abortion is allowed without restriction as to reason

The legal status of abortion does not significantly affect the rate at which abortions occur. The abortion rate in countries that prohibit abortion for any reason or allow it only to save the woman's life is 37 per 1,000 women ages 15-44, compared with a rate of 34 per 1,000 women in countries where it is permitted without restriction as to reason.[3]

ABORTION LAWS

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



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. Countries that allow abortion on request most commonly set a gestational limit at 12 weeks, but they often allow exceptions for procedures performed later in a pregnancy.[4]
- 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.

BARRIERS TO SAFE ABORTION

In some cases, requirements such as these are intended to raise the quality of care, but they also can serve as barriers to safe abortion. Other barriers include: [5]

Poor availability of services and lack of trained providers.

Inadequate knowledge about the legal status of abortion.

Stigma, which can make women reluctant to seek services and opt instead for secret, unsafe abortion; stigma can also result in providers refusing to perform legal abortions.

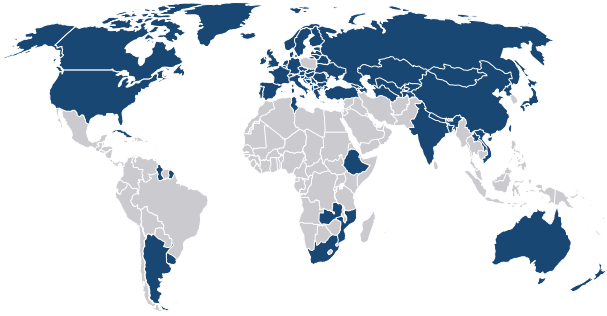
Unnecessary requirements, including mandatory waiting period, mandatory counseling, and medically unnecessary tests.

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. In other countries, abortion may be legal in some cases but is not accessible because the law is not widely known or respected.

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

- Since 1994 and the International Conference on Population and Development, more than 50 countries have expanded the circumstances in which abortion is legal.[6]
- 59% of women worldwide live in countries that allow abortion on request or for social or economic reasons.[7]

A MAJORITY OF WOMEN WORLDWIDE LIVE IN COUNTRIES THAT ALLOW ABORTION ON REQUEST FOR SOCIAL OR ECONOMIC REASONS



Countries that allow abortion for social or economic reasons

Source: Singh et al., *Abortion Worldwide 2017.*

REFERENCES

1 Guttmacher Institute, "Induced Abortion Worldwide," Fact Sheet (March 2018), accessed at www.guttmacher.org/sites/default/files/factsheet/fb_iaw.pdf.
2 Singh et al., *Abortion Worldwide 2017*.
3 Guttmacher Institute, "Induced Abortion Worldwide."
4 Center for Reproductive Rights, (2019), accessed at reproductiverights.org.
5 WHO, "Preventing Unsafe Abortion."
6-7 Center for Reproductive Rights.

PART TWO

GLOSSARY, APPENDICES, & REGIONAL DATA

FOR AFRICA, ASIA, & LATIN AMERICA

GLOSSARY

Developed and developing countries. Developed countries are usually considered to include all those in Europe and North America, plus Australia, Japan, and New Zealand. All other countries are considered to be less developed or developing.

Dilation and curettage (D&C). Uses suction to empty the uterus and a medical instrument (a curette) to clean the walls of the uterus; also known as sharp curettage. WHO no longer recommends this method of abortion.

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 specific doses of birth control pills and insertion of a copper 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 maternal deaths per 100,000 live births in a given year.

Medication abortion. Nonsurgical abortion using medication to end pregnancy. This method uses a combination of mifepristone, which breaks down the uterine lining, and misoprostol, a prostaglandin that causes uterine contractions. If mifepristone is not available, misoprostol can be 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.

Safe abortion. Abortions in which trained providers use WHO-recommended methods.

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

Surgical abortion. This term often refers to vacuum aspiration or 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.

Unsafe abortion. Abortions that are performed by people lacking the necessary skills and information or in an environment that does not meet minimal medical standards, or both.

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.

APPENDIX I
INTERNATIONAL CONVENTIONS

Several UN 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;

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)

MAPUTO PROTOCOL

The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, commonly known as The Maputo Protocol, was adopted in July 2003 in Maputo, Mozambique. After 15 countries ratified it, it went into effect in 2005. Of the African Union's 55 countries, 42 have ratified the protocol.[1]

In the protocol, Article 14, Health and Reproductive Rights,

2. States Parties shall take all appropriate measures to:

c. protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.

REFERENCE

1 African Union website: https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa; Status List (EN) on that page, accessed Oct. 22, 2019.

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.

The data in this guide come from various sources but predominantly from WHO and other UN agencies, and the Guttmacher Institute. They agree that reports on induced abortion are often inaccurate because country statistics are frequently unavailable and abortions are underreported in countries where abortion is legally restricted.

One report that was a product of collaboration between WHO and the Guttmacher Institute noted that even where abortion is legal, the trend toward privatization of abortion care and the increasing use of medication abortion on an outpatient basis "pose new challenges to the representativeness of data collected through health systems."[1] It added that stigma around abortion is also affecting the data.

Because the data are incomplete, they should be considered only as estimates.

REFERENCE

1 Bela Ganatra et al., "Global, Regional, and Subregional Classification of Abortions by Safety, 2010-14: Estimates From a Bayesian Hierarchical Model," *Lancet 390*, no. 10110 (2017).

APPENDIX III
ABOUT THE SOURCES

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

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

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

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

World Health Organization (WHO) 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 OF ABORTION

- An estimated 8.2 million abortions occurred annually in Africa from 2010-2014, and three-quarters of them were unsafe.
- During the same timeframe, the abortion rate for married women on the continent was 26 per 1,000 women ages 15-44, compared with the rate among unmarried women of 36 per 1,000 women.
- An estimated 15% of pregnancies among African women end in abortion. This estimate ranges from 12% in Western Africa to 24% in Southern Africa.
- Though the estimated number of abortions in Africa (8.2 million annually in 2010-2014) increased from 4.6 million annually from 1990 to 1994, the annual abortion rate stayed about the same: 33 per 1,000 women ages 15-44 in the earlier period and 34 per 1,000 women from 2010 to 2014. The absolute number increased because of population growth, but the rate of abortion remained constant over the period.

REFERENCE

Guttmacher Institute, "Abortion in Africa," Fact Sheet, (March 2018), accessed at www.guttmacher.org/fact-sheet/abortion-africa.

ESTIMATES OF ANNUAL ABORTIONS AND UNSAFE ABORTION RATES, 2010-2014

	NUMBER OF ABORTIONS	PERCENT UNSAFE
AFRICA	**8.2 million**	**76**
Eastern Africa	2.7 million	76
Middle Africa	1 million	88
Northern Africa	1.9 million	71
Southern Africa	500,000	27
Western Africa	2.1 million	85

Source: Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (Guttmacher Institute, 2018).

MATERNAL HEALTH

African countries have among the highest maternal death ratios in the world. On average a woman in sub-Saharan Africa has a 1 in 38 chance of dying from a complication related to pregnancy or childbirth.

COUNTRY ESTIMATES OF MATERNAL MORTALITY, 2017

	MATERNAL MORTALITY RATIO*	LIFETIME CHANCE OF DYING FROM MATERNAL CAUSES**
NORTHERN AFRICA		
Algeria	112	1 in 270
Egypt	37	1 in 730
Morocco	70	1 in 560
Sudan	295	1 in 75
Tunisia	43	1 in 970
SUB-SAHARAN REGION		
WESTERN AFRICA		
Benin	397	1 in 49
Burkina Faso	320	1 in 57
Cape Verde	58	1 in 670
Côte d'Ivoire	617	1 in 34
Gambia	597	1 in 31
Ghana	308	1 in 82
Guinea	576	1 in 35
Guinea-Bissau	667	1 in 32
Liberia	661	1 in 32
Mali	562	1 in 29
Mauritania	766	1 in 28
Niger	509	1 in 27
Nigeria	917	1 in 21
Senegal	315	1 in 65
Sierra Leone	1,120	1 in 20
Togo	396	1 in 56
EASTERN AFRICA		
Burundi	548	1 in 33
Comoros	273	1 in 83

	MATERNAL MORTALITY RATIO*	LIFETIME CHANCE OF DYING FROM MATERNAL CAUSES**
Djibouti	248	1 in 140
Eritrea	480	1 in 46
Ethiopia	401	1 in 55
Kenya	342	1 in 76
Madagascar	335	1 in 66
Malawi	349	1 in 60
Mauritius	61	1 in 1,200
Mozambique	289	1 in 67
Rwanda	248	1 in 94
Somalia	829	1 in 20
Tanzania	524	1 in 36
Uganda	375	1 in 49
Zambia	213	1 in 93
Zimbabwe	458	1 in 55
MIDDLE AFRICA		
Angola	241	1 in 69
Cameroon	529	1 in 40
Central African Rep.	829	1 in 25
Chad	1,140	1 in 15
Congo	378	1 in 58
Congo, Dem. Rep.	473	1 in 34
Equatorial Guinea	301	1 in 67
Gabon	252	1 in 93
SOUTHERN AFRICA		
Botswana	144	1 in 220
Eswatini	437	1 in 72
Lesotho	544	1 in 58
Namibia	195	1 in 140
South Africa	119	1 in 330

*Maternal deaths per 100,000 live births.

**Lifetime risk reflects a country's 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: World Health Organization (WHO), *Trends in Maternal Mortality: 2000 to 2017,* Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division (New York: WHO, 2019).

CONTRACEPTION

- Among all the regions in the world, sub-Saharan Africa has the lowest rate of modern contraceptive use (28%) and the highest fertility rate (4.8, or nearly five children per woman).
- The most common contraceptive method in the sub-Saharan region is injectables.

COUNTRY ESTIMATES OF CONTRACEPTION AND FERTILITY RATES

	ANY METHOD	MODERN METHOD	LIFETIME BIRTHS PER WOMAN (TOTAL FERTILITY RATE)
AFRICA	**36**	**32**	**4.5**
NORTHERN AFRICA	**51**	**46**	**3.2**
Algeria	57	50	3.1
Egypt	59	57	3.3
Libya	28	16	2.2
Morocco	71	58	2.2
Sudan	12	12	4.5
Tunisia	51	44	2.1
SUB-SAHARAN REGION	**32**	**28**	**4.8**
WESTERN AFRICA	**20**	**16**	**5.2**
Benin	16	12	5.7
Burkina Faso	32	30	5.3
Cape Verde	61	57	2.3
Côte d'Ivoire	23	20	4.6
Gambia	9	8	5.3
Ghana	31	25	3.9
Guinea	11	11	4.8
Guinea-Bissau	16	14	4.9
Liberia	31	30	4.2
Mali	17	16	6.3
Mauritania	18	16	4.6
Niger	19	18	7.0
Nigeria	17	12	5.3
Senegal	28	26	4.6
Sierra Leone	23	21	4.1
Togo	20	17	4.4

	ANY METHOD	MODERN METHOD	LIFETIME BIRTHS PER WOMAN (TOTAL FERTILITY RATE)
EASTERN AFRICA	**44**	**39**	**4.5**
Burundi	29	22	5.5
Comoros	19	14	4.3
Djibouti	19	18	2.8
Eritrea	8	7	4.1
Ethiopia	40	38	4.4
Kenya	63	61	3.6
Madagascar	44	40	4.6
Malawi	59	58	4.2
Mauritius	64	32	1.4
Mozambique	27	25	4.9
Rwanda	53	48	4.1
Somalia	15	14	6.2
South Sudan	n/a	5	4.8
Tanzania	38	32	5.0
Uganda	42	36	5.1
Zambia	50	48	4.7
Zimbabwe	67	66	3.7
MIDDLE AFRICA	**18**	**10**	**5.7**
Angola	14	13	6.2
Cameroon	19	15	4.8
Central African Rep.	15	12	4.8
Chad	6	5	6.0
Congo	30	19	4.5
Congo, Dem. Rep.	20	8	6.0
Equatorial Guinea	13	10	4.6
Gabon	31	19	3.6
SOUTHERN AFRICA	**55**	**54**	**2.4**
Botswana	53	51	2.6
Eswatini	66	66	2.7
Lesotho	60	60	3.2
Namibia	56	55	3.4
South Africa	55	54	2.3

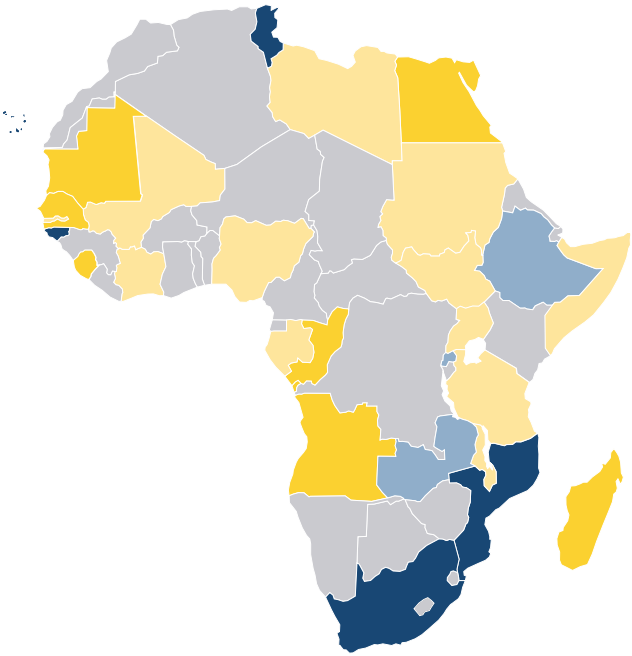
n/a = data unavailable or inapplicable.

Note: Estimates are for women ages 15-49 who are married or in union.

Source: Toshiko Kaneda, Charlotte Greenbaum, and Kaitlyn Patierno, *2019 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2019).

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' laws permit abortion only to save the woman's life, but in practice they may permit abortion to preserve the women'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.



MOST RESTRICTIVE — LEAST RESTRICTIVE

- Prohibited for any reason
- Permitted to save the woman's life
- Permitted to preserve her physical health
- Permitted on broad socio-economic grounds
- Permitted for any reason

Source: Center for Reproductive Rights, "The World's Abortion Laws," (2020), accessed at https://reproductiverights.org/worldabortionlaws.

ABORTION LAWS IN AFRICA

	Abortion permitted in cases of rape	Abortion permitted in cases of incest	Abortion permitted in cases of fetal impairment
NOT PERMITTED UNDER ANY CIRCUMSTANCES			
Angola			
Congo (Brazzaville)			
Egypt			
Madagascar			
Mauritania			
Senegal			
Sierra Leone			
PERMITTED WHEN THE WOMAN'S LIFE IS AT RISK			
Côte d'Ivoire	■		
Gabon	■	■	■
Gambia			■
Libya			
Malawi			
Mali	■	■	
Nigeria			
Somalia			
South Sudan			
Sudan	■		
Tanzania			
Uganda			
PERMITTED TO PRESERVE HEALTH			
Algeria*			
Benin	■	■	■
Botswana*	■	■	■
Burkina Faso	■	■	■
Burundi			
Cameroon	■		
Central African Rep.	■	■	■
Chad*	■	■	■
Comoros			

*Countries also explicitly permit abortion to preserve the woman's mental health.

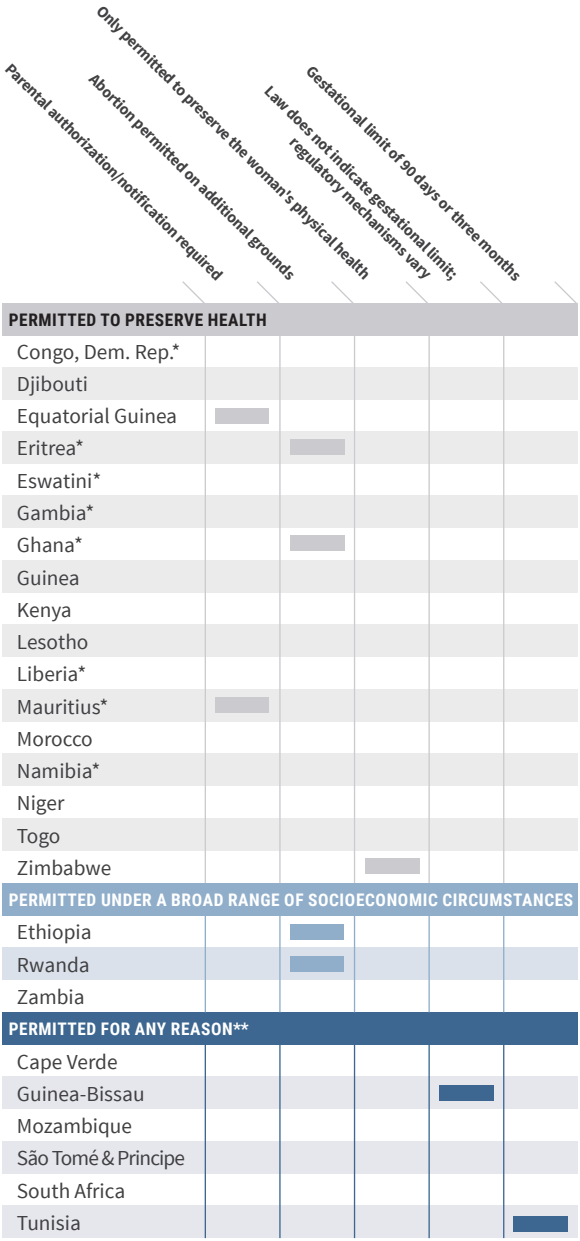
	Law unclear	Abortion permitted on additional grounds	
NOT PERMITTED UNDER ANY CIRCUMSTANCES			
Angola			
Congo (Brazzaville)			
Egypt			
Madagascar			
Mauritania			
Senegal			
Sierra Leone			
PERMITTED WHEN THE WOMAN'S LIFE IS AT RISK			
Côte d'Ivoire			
Gabon			
Gambia			
Libya			
Malawi			
Mali			
Nigeria			
Somalia			
South Sudan			
Sudan			
Tanzania			
Uganda			
PERMITTED TO PRESERVE HEALTH			
Algeria*			
Benin			
Botswana*			
Burkina Faso			
Burundi			
Cameroon			
Central African Rep.			
Chad*			
Comoros			

*Countries also explicitly permit abortion to preserve the woman's mental health.

ABORTION LAWS IN AFRICA

	Abortion permitted in cases of rape	Abortion permitted in cases of incest	Abortion permitted in cases of fetal impairment	Spousal authorization required
PERMITTED TO PRESERVE HEALTH				
Congo, Dem. Rep.*	■	■	■	
Djibouti				
Equatorial Guinea				■
Eritrea*	■	■		
Eswatini*	■	■	■	
Gambia*				
Ghana*	■	■	■	
Guinea	■	■	■	
Kenya				
Lesotho	■	■	■	
Liberia*	■	■	■	
Mauritius*	■	■	■	
Morocco				■
Namibia*	■	■	■	
Niger			■	
Togo	■	■	■	
Zimbabwe	■	■	■	
PERMITTED UNDER A BROAD RANGE OF SOCIOECONOMIC CIRCUMSTANCES				
Ethiopia	■	■	■	
Rwanda	■	■	■	
Zambia			■	
PERMITTED FOR ANY REASON**				
Cape Verde				
Guinea-Bissau				
Mozambique				
São Tomé & Principe				
South Africa				
Tunisia				

*Countries that explicitly permit abortion to preserve the woman's mental health.
**All have gestational limits of 12 weeks unless otherwise indicated.



Source: Center for Reproductive Rights, "The World's Abortion Laws," (2020), accessed at https://reproductiverights.org/worldabortionlaws.

REGIONAL DATA FOR ASIA

INCIDENCE OF ABORTION

- An estimated 27% of all pregnancies in Asia ended in abortion annually in 2010 to 2014, and this proportion has remained about the same since 1990 to 1994.
- In Southern and Central Asia combined, less than half of abortions are safe, but in Eastern Asia, which includes China, 89% are safe.
- Asia's two most populous countries, China and India, have liberal abortion laws, and at least 16 developing countries in the region allow abortion with no restrictions as to reason. However, abortion is not permitted for any reason in Iraq, Laos, and the Philippines.

REFERENCE

Guttmacher Institute, "Abortion in Asia," Fact Sheet, (March 2018), accessed at www.guttmacher.org/fact-sheet/abortion-asia.

ESTIMATES OF ANNUAL ABORTIONS AND UNSAFE ABORTION RATES, 2010-2014

	NUMBER OF ABORTIONS	PERCENT UNSAFE
ASIA	**35.5 million**	**38**
Central Asia	700,000	n/a
Eastern Asia	12.8 million	11
Southeastern Asia	5.1 million	40
Southern Asia	15 million	58
Western Asia	1.9 million	49

n/a = data unavailable or inapplicable.

Source: Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (Guttmacher Institute, 2018).

MATERNAL HEALTH

Maternal health varies widely within Asian regions. Maternal mortality ratios in Western Asia range from a low of 3 deaths per 100,000 live births in the United Arab Emirates to 164 per 100,000 live births in Yemen. In Southern Asia, the ratio in Iran is 16, compared with 638 in Afghanistan, which is the highest in all of Asia.

COUNTRY ESTIMATES OF MATERNAL MORTALITY, 2017

	MATERNAL MORTALITY RATIO*	LIFETIME CHANCE OF DYING FROM MATERNAL CAUSES**
WESTERN ASIA		
Armenia	26	1 in 2,000
Azerbaijan	26	1 in 1,700
Georgia	25	1 in 1,900
Iraq	79	1 in 320
Jordan	46	1 in 730
Lebanon	29	1 in 1,600
Syria	31	1 in 1,000
Turkey	17	1 in 2,800
West Bank & Gaza Strip	27	1 in 880
Yemen	164	1 in 150
SOUTHERN ASIA		
Afghanistan	638	1 in 33
Bangladesh	173	1 in 250
Bhutan	183	1 in 250
India	145	1 in 290
Iran	16	1 in 2,600
Maldives	53	1 in 840
Nepal	186	1 in 230
Pakistan	140	1 in 180
Sri Lanka	36	1 in 1,300

COUNTRY ESTIMATES OF MATERNAL MORTALITY, 2017

	MATERNAL MORTALITY RATIO*	LIFETIME CHANCE OF DYING FROM MATERNAL CAUSES**
SOUTHEASTERN ASIA		
Cambodia	160	1 in 220
Indonesia	177	1 in 240
Laos	185	1 in 180
Malaysia	29	1 in 1,600
Myanmar	250	1 in 190
Philippines	121	1 in 300
Thailand	37	1 in 1,900
Timor-Leste	142	1 in 170
Vietnam	43	1 in 1,100
EASTERN ASIA		
China	29	1 in 2,100
Korea, North	89	1 in 620
Korea, South	11	1 in 8,300
Mongolia	45	1 in 710
CENTRAL ASIA		
Kazakhstan	10	1 in 3,500
Kyrgyzstan	60	1 in 480
Tajikistan	17	1 in 1,400
Turkmenistan	7	1 in 4,400
Uzbekistan	29	1 in 1,200

*Maternal deaths per 100,000 live births.

** Lifetime risk reflects a country's 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: World Health Organization (WHO), *Trends in Maternal Mortality: 2000 to 2017*, Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division (New York: WHO, 2019).

CONTRACEPTION

The highest use of family planning in Asia is in China, where use of any method is 85% and use of modern methods is 81%. In Azerbaijan, more than half of women (55%) use contraception, but only 14% use a modern method.

COUNTRY ESTIMATES OF CONTRACEPTION AND FERTILITY RATES

	ANY METHOD	MODERN METHOD	LIFETIME BIRTHS PER WOMAN (TOTAL FERTILITY RATE)
ASIA	**64**	**57**	**2.1**
ASIA (EXCLUDING CHINA)	**55**	**47**	**2.3**
WESTERN ASIA	**54**	**36**	**2.6**
Armenia	57	28	1.6
Azerbaijan	55	14	1.8
Georgia	53	35	2.1
Iraq	53	36	3.6
Jordan	52	37	2.7
Lebanon	55	47	2.1
Palestinian Territory	57	44	3.7
Syria	54	38	2.9
Turkey	74	47	2
Yemen	34	29	3.9
CENTRAL ASIA	**55**	**52**	**2.8**
Kazakhstan	55	52	3
Kyrgyzstan	39	38	3.3
Tajikistan	29	27	3.5
Turkmenistan	50	47	2.8
Uzbekistan	65	62	2.4
SOUTHERN ASIA	**53**	**46**	**2.3**
Afghanistan	23	20	4.6
Bangladesh	62	54	2.1
Bhutan	66	65	1.7
India	54	48	2.2
Iran	77	57	2.1
Maldives	19	15	2.1
Nepal	53	43	2

COUNTRY ESTIMATES OF CONTRACEPTION AND FERTILITY RATES

	ANY METHOD	MODERN METHOD	LIFETIME BIRTHS PER WOMAN (TOTAL FERTILITY RATE)
Pakistan	34	25	3.6
Sri Lanka	62	51	2.1
SOUTHEASTERN ASIA	**62**	**56**	**2.2**
Cambodia	56	39	2.5
Indonesia	61	59	2.3
Laos	54	49	2.7
Malaysia	52	34	1.9
Myanmar	52	51	2.2
Philippines	54	40	2.7
Thailand	78	76	1.5
Timor-Leste	26	24	4.2
Vietnam	76	65	2
EASTERN ASIA	**81**	**77**	**1.5**
China	85	81	1.6
Korea, North	70	69	1.9
Korea, South	80	n/a	1
Mongolia	55	48	2.9

n/a = data unavailable or inapplicable.

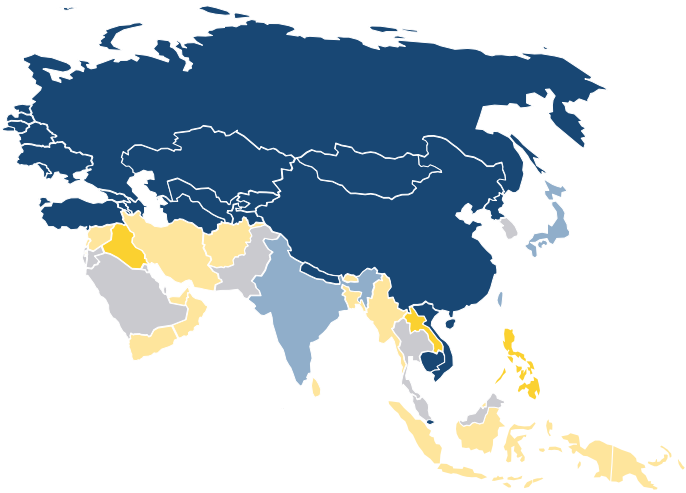
Note: Estimates are for women ages 15-49 who are married or in union.

Source: Toshiko Kaneda, Charlotte Greenbaum, and Kaitlyn Patierno, *2019 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2019).

ABORTION LAWS

Some countries have written laws on abortion that are more restrictive than the practice observed or inferred. For example, some countries' laws permit abortion only to save the woman's life, but in practice they may 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 other countries, abortion may be legal in some cases but is not accessible because the law is not widely known or respected.



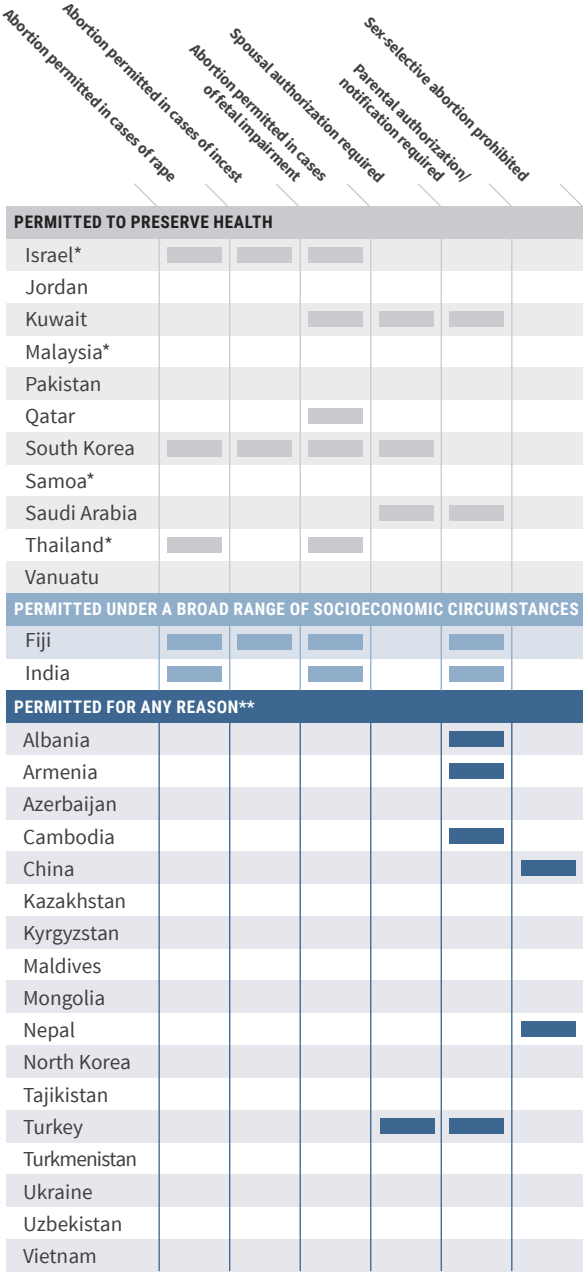
Source: Center for Reproductive Rights, "The World's Abortion Laws," (2020), accessed at https://reproductiverights.org/worldabortionlaws.

ABORTION LAWS IN ASIA

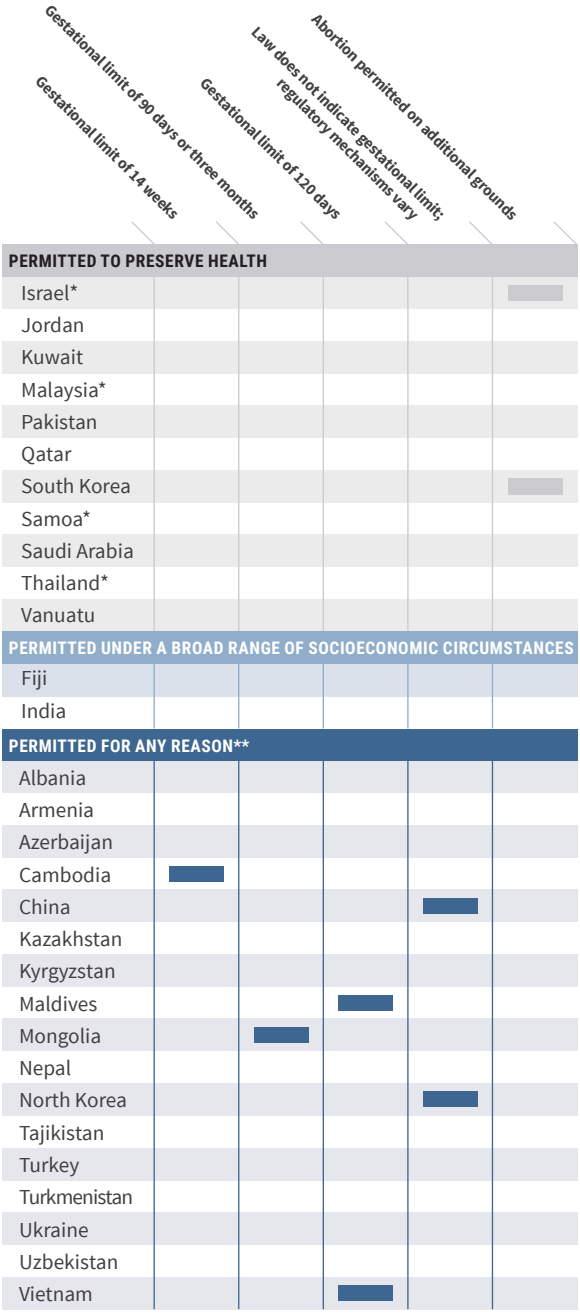
	Abortion permitted in cases of rape	Abortion permitted in cases of incest	Abortion permitted in cases of fetal impairment	Spousal authorization required	
NOT PERMITTED UNDER ANY CIRCUMSTANCES					
Iraq					
Laos					
Palau					
Philippines					
Tonga					
PERMITTED WHEN THE WOMAN'S LIFE IS AT RISK					
Afghanistan					
Bangladesh					
Bhutan		■	■		
Brunei					
Indonesia		■		■	■
Iran				■	
Kiribati					
Lebanon					
Micronesia					
Myanmar					
Oman					
Papua New Guinea					
Solomon Islands					
Sri Lanka					
Syria					■
Timor-Leste					
United Arab Emirates				■	■
West Bank & Gaza Strip					
Yemen					■

	Law unclear	Parental authorization/notification required	Abortion permitted on additional grounds	Federal system in which abortion law is determined at state level; classification reflects legal status of abortion for largest group of people
NOT PERMITTED UNDER ANY CIRCUMSTANCES				
Iraq				
Laos				
Palau		■		
Philippines				
Tonga				
PERMITTED WHEN THE WOMAN'S LIFE IS AT RISK				
Afghanistan				
Bangladesh				
Bhutan			■	
Brunei				
Indonesia				
Iran				
Kiribati				
Lebanon				
Micronesia		■		■
Myanmar				
Oman				
Papua New Guinea				
Solomon Islands				
Sri Lanka				
Syria			■	
Timor-Leste			■	
United Arab Emirates			■	
West Bank & Gaza Strip				
Yemen				

ABORTION LAWS IN ASIA



*Countries that explicitly permit abortion to preserve the woman's mental health.
**All have gestational limits of 12 weeks unless otherwise indicated.



Source: Center for Reproductive Rights, "The World's Abortion Laws," (2020), accessed at https://reproductiverights.org/worldabortionlaws.

REGIONAL DATA FOR LATIN AMERICA AND THE CARIBBEAN

INCIDENCE OF ABORTION

- One-third of all pregnancies in Latin America and the Caribbean end in abortion, and three-quarters of the procedures are unsafe.
- The vast majority of women in the region live in countries with restrictive abortion laws. Only about 12% of women live in countries where abortion is broadly legal.
- The use of misoprostol is increasing and is believed to have increased the safety of clandestine abortions.

REFERENCE

Guttmacher Institute, "Abortion in Latin America and the Caribbean," fact sheet (March 2018).

ESTIMATES OF ANNUAL ABORTIONS AND UNSAFE ABORTION RATES, 2010-2014

	NUMBER OF ABORTIONS	PERCENT UNSAFE
LATIN AM./CARIBBEAN	**6.5 million**	**76**
Caribbean	600,000	75
Central America	1.3 million	82
South America	4.6 million	75

Source: Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (Guttmacher Institute, 2018).

MATERNAL HEALTH

The risk of dying as a result of a pregnancy-related cause varies widely across countries—from a 1 in 4,600 chance in Chile to a 1 in 67 chance in Haiti. Haiti has the highest maternal mortality ratio in the region at 480 deaths per 100,000 live births.

COUNTRY ESTIMATES OF MATERNAL MORTALITY, 2017

	MATERNAL MORTALITY RATIO*	LIFETIME CHANCE OF DYING FROM MATERNAL CAUSES**
CENTRAL AMERICA		
Belize	36	1 in 1,100
Costa Rica	27	1 in 1,900
El Salvador	46	1 in 960
Guatemala	95	1 in 330
Honduras	65	1 in 560
Mexico	33	1 in 1,300
Nicaragua	98	1 in 380
Panama	52	1 in 750
CARIBBEAN		
Cuba	36	1 in 1,800
Dominican Republic	95	1 in 410
Haiti	480	1 in 67
Jamaica	80	1 in 600
SOUTH AMERICA		
Argentina	39	1 in 1,100
Bolivia	155	1 in 220
Brazil	60	1 in 940
Chile	13	1 in 4,600
Colombia	83	1 in 630
Ecuador	59	1 in 640
Guyana	169	1 in 220
Paraguay	84	1 in 440
Peru	88	1 in 480
Suriname	120	1 in 330
Venezuela	125	1 in 330

*Maternal deaths per 100,000 live births.

**Lifetime risk reflects a country's 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: World Health Organization (WHO), *Trends in Maternal Mortality: 2000 to 2017,* Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division (New York: WHO, 2019).

CONTRACEPTION

The Latin America and the Caribbean region has a high rate of unintended pregnancies. Of an estimated 20 million pregnancies annually, about 14 million of them were unintended, nearly half of which ended in abortion.

COUNTRY ESTIMATES OF CONTRACEPTION AND FERTILITY RATES

	ANY METHOD	MODERN METHOD	LIFETIME BIRTHS PER WOMAN (TOTAL FERTILITY RATE)
LATIN AM./ CARIBBEAN	**74**	**70**	**2.0**
CENTRAL AMERICA	**67**	**64**	**2.2**
Belize	51	49	2.3
Costa Rica	78	75	1.7
El Salvador	72	68	2.3
Guatemala	61	49	2.7
Honduras	73	64	2.5
Mexico	67	65	2.1
Nicaragua	80	77	2.4
Panama	63	60	2.4
CARIBBEAN	**58**	**56**	**2.2**
Cuba	74	72	1.7
Dominican Republic	70	68	2.3
Haiti	34	32	3.0
Jamaica	73	68	2.1
SOUTH AMERICA	**79**	**74**	**2.0**
Argentina	81	78	2.3
Bolivia	67	45	2.8
Brazil	80	78	1.7
Colombia	81	76	2.0
Ecuador	80	72	2.5
Guyana	34	33	2.5
Paraguay	68	67	2.5
Peru	75	55	2.3
Suriname	48	47	2.4
Venezuela	75	n/a	2.3

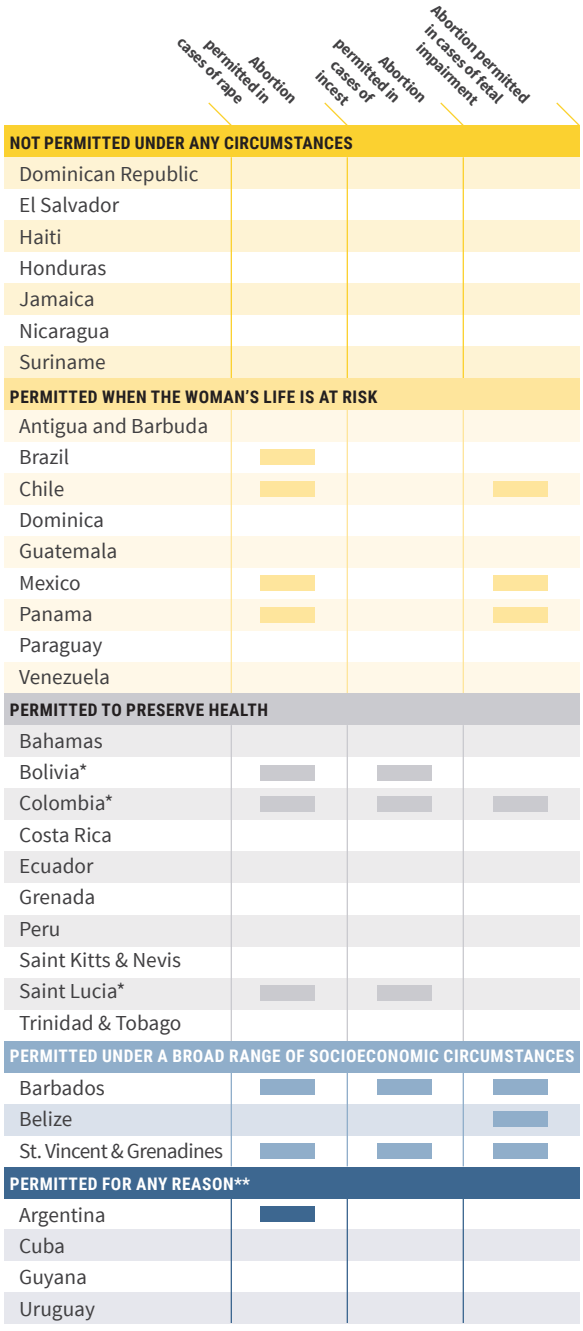
n/a = data unavailable or inapplicable.
Note: Estimates are for women ages 15-49 who are married or in union.
Source: Toshiko Kaneda, Charlotte Greenbaum, and Kaitlyn Patierno, *2019 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2019).

ABORTION LAWS

Abortion is highly restricted throughout most of Latin America and the Caribbean.

Source: Center for Reproductive Rights, "The World's Abortion Laws," (2021), accessed at https://reproductiverights.org/worldabortionlaws.

ABORTION LAWS IN LATIN AMERICA



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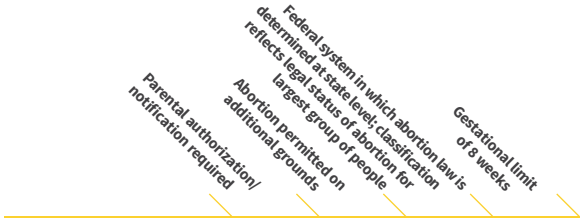

NOT PERMITTED UNDER ANY CIRCUMSTANCES				
Dominican Republic				
El Salvador				
Haiti				
Honduras				
Jamaica				
Nicaragua				
Suriname				
PERMITTED WHEN THE WOMAN'S LIFE IS AT RISK				
Antigua and Barbuda				
Brazil		■		
Chile				
Dominica				
Guatemala				
Mexico			■	
Panama	■			
Paraguay				
Venezuela				
PERMITTED TO PRESERVE HEALTH				
Bahamas				
Bolivia*				
Colombia*				
Costa Rica				
Ecuador		■		
Grenada				
Peru				
Saint Kitts & Nevis				
Saint Lucia*				
Trinidad & Tobago				
PERMITTED UNDER A BROAD RANGE OF SOCIOECONOMIC CIRCUMSTANCES				
Barbados	■			
Belize				
St. Vincent & Grenadines				
PERMITTED FOR ANY REASON**				
Argentina				
Cuba	■			
Guyana				■
Uruguay	■			

Source: Center for Reproductive Rights, "The World's Abortion Laws," (2020), accessed at https://reproductiverights.org/worldabortionlaws.

NOTES

NOTES

POPULATION REFERENCE BUREAU

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EMAIL: communications@prb.org

The **SAFE ENGAGE** project supports access to safe abortion by providing decisionmakers with the latest data on abortion and maternal health, building the capacity of advocates and other decisionmakers to use evidence to achieve policy goals, and working with journalists to improve evidence-based reporting on abortion and related topics. Reducing deaths from unsafe abortion requires a policy environment that supports equitable access for women to comprehensive prevention and treatment services—contraception, safe abortion, and postabortion care.

prb.org/safe-engage