

Facts on Abortion in Latin America And the Caribbean

INCIDENCE OF ABORTION

- The estimated annual number of abortions in Latin America increased slightly between 2003 and 2008, from 4.1 million to 4.4 million.
- The annual abortion rate held steady between 2003 and 2008, remaining at 31–32 abortions per 1,000 women aged 15–44.
- Of the 4.4 million abortions performed in the region in 2008, 95% were unsafe.* In the Caribbean, 46% of abortions were unsafe, as were virtually all abortions in Central and South America.
- The estimated annual rate of unsafe abortion for the region as a whole in 2008 was 31 unsafe abortions per 1,000 women aged 15–44; the rate of safe procedures was less than two per 1,000 women. The safe abortion rate reflects the small number of legal abortions that occurred in Colombia and Mexico City as a result of changes in abortion laws.^{1,2}
- The abortion rate for 2008 varied by subregion, from 29 per 1,000 women in Central America (which includes Mexico) to 32 per 1,000 in South America and 39 per 1,000 in the Caribbean.

*In this report, abortions are categorized as safe or unsafe using standard World Health Organization definitions. An unsafe, or clandestine, abortion is a procedure for terminating an unintended pregnancy that is performed by an individual without the necessary skills, or in an environment that does not conform to the minimum medical standards, or both.

†The term “medication abortion” refers to pregnancy termination by means of medication rather than surgical intervention. Mifepristone (also known as RU 486) and misoprostol are used, often in combination, to produce a result very much like a miscarriage.

PROVIDERS OF CLANDESTINE ABORTIONS

- According to surveys of knowledgeable health professionals in Colombia, Guatemala, Mexico and Peru, women seeking abortions commonly go either to traditional practitioners, many of whom employ unsafe techniques, or to doctors or nurses, who generally provide safer services. Some women try to self-induce abortion using either highly dangerous methods or abortion-inducing drugs purchased from pharmacists or other vendors.
- Medication abortion,[†] usually using misoprostol obtained from a variety of sources, is growing more common throughout the region and has increased the safety of clandestine procedures. Use of this method is especially common in Brazil, Colombia, Dominican Republic, Ecuador, Mexico and Peru.
- Disadvantaged women turn to unsafe methods and inadequately trained providers. In Guatemala, among women obtaining an abortion, the proportion of women who go to a traditional birth attendant is three times as high among poor rural women than among better-off urban women (60% vs. 18%).
- Women cite fear of legal consequences, social stigma, high cost and lack of access to trained health professionals as the major barriers to obtaining safe abortions.

Legality of Abortion

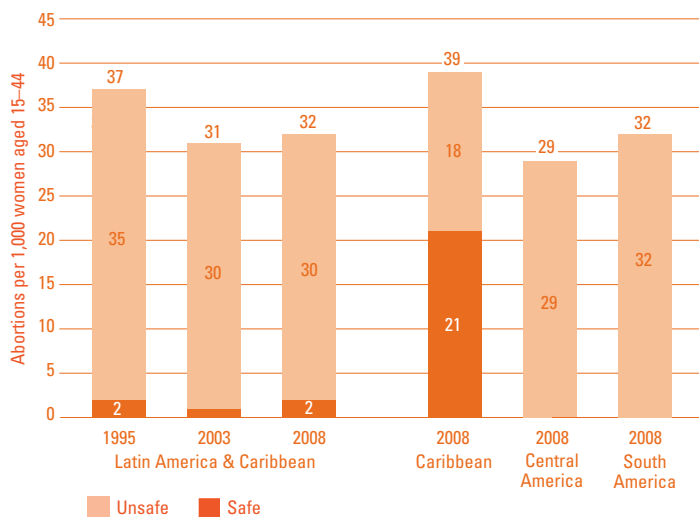
Countries and territories in Latin America and the Caribbean can be classified into six categories, according to the reasons for which abortion is legally permitted.

Reason	Country or territory
Prohibited altogether, or no explicit legal exception to save the life of a woman	Chile, Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Suriname
To save the life of a woman	Antigua and Barbuda, Brazil (a), Dominica, Guatemala, Mexico (a,d,g), Panama (a,d,f), Paraguay, Venezuela
To preserve physical health (and to save a woman's life)*	Argentina (b), Bahamas, Bolivia (a,c), Costa Rica, Ecuador (a), Grenada, Peru, Uruguay (a)
To preserve mental health (and all of the above reasons)	Colombia (a,c,d), Jamaica (f), St. Kitts and Nevis, St. Lucia (a,c), Trinidad and Tobago
Socioeconomic grounds (and all of the above reasons)	Barbados (a,c,d,f), Belize (d), St. Vincent and Grenadines (a,c,d)
Without restriction as to reason	Cuba (f), Guyana, Puerto Rico

*Includes countries with laws that refer simply to “health” or “therapeutic” indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) rape of a mentally disabled woman, (c) incest or (d) fetal impairment. Some countries restrict abortion by requiring (e) spousal authorization or (f) parental authorization. In Mexico, (g) the legality of abortion is determined at the state level, and the legal categorization listed here reflects the status for the majority of women. Countries that allow abortion on socio-economic grounds or without restriction as to reason have gestational limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds.

Abortion Rates in Latin America and the Caribbean

The abortion rate held steady in 2003 and 2008, and it varied widely by subregion in 2008.



Notes: As per the United Nations classification, Central America is defined as including Mexico.

HEALTH CONSEQUENCES OF UNSAFE ABORTION

- The World Health Organization estimates that in Latin America and the Caribbean in 2008, 12% of all maternal deaths (1,100 in total) were due to unsafe abortion.³
- About one million women in Latin America and the Caribbean are hospitalized annually for treatment of complications from unsafe abortion.
- The most common complications from unsafe abortion are incomplete abortion, excessive blood loss and infection. Less common but very serious complications include septic shock, perforation of internal organs and inflammation of the peritoneum.
- Because poor and rural women tend to depend on the least safe methods and on untrained providers, they are more likely than other women to experience severe complications from unsafe abortion.

- Experts estimate that in Guatemala and Mexico, 42–67% of poor women who have an abortion experience health complications that require medical treatment, compared with 28–38% of better-off women.
- An estimated 10–20% of all women having abortions do not receive needed medical care for complications.
- Postabortion services in the region are often of poor quality. Common shortcomings include inadequate access, delays in treatment, use of inappropriate methods and judgmental attitudes among clinic and hospital staff. These factors likely deter some women, particularly young and unmarried women, from obtaining needed treatment.

LEGAL STATUS OF ABORTION

- Abortion is not permitted for any reason in seven of the 34 countries and territories in the region (see table). It is allowed only to save the woman's life in

eight others, and a few countries permit abortion in cases of rape (Brazil, Panama and some states of Mexico) or fetal impairment (Panama and some states of Mexico).

- Only in six countries and territories is abortion broadly legal—i.e., permitted either without restriction as to reason or on socioeconomic grounds. Together, these countries account for less than 5% of the region's women aged 15–44.
- The remaining 95% of women of childbearing age in the region live in countries where the abortion law is highly restrictive.
- Opposition to abortion reform is strong in the region. For example, in reaction to Mexico City's law expanding access to abortion, 13 of Mexico's 31 states have amended their constitutions to define life as beginning at conception.

RECOMMENDATIONS

- Because contraceptive use is the surest way to prevent unintended pregnancy and reduce the need for abortion, programs and policies that improve women's and men's knowledge of, access to and use of contraceptive methods should be established and strengthened.
- To reduce the high levels of morbidity and mortality that result from unsafe abortion, provision of postabortion care should be improved and expanded.
- The grounds for legal abortion in the region should be broadened to reduce women's need to resort to clandestine procedures.
- To address the disproportionately high rates of morbidity

and mortality from unsafe abortion among poor and rural women, access to family planning and postabortion care should be made more equitable.

Unless otherwise indicated, the data in this fact sheet are from Sedgh G et al., *Induced abortion: incidence and trends worldwide from 1995 to 2008*, *Lancet*, 2012 (forthcoming), and Singh S et al., *Abortion Worldwide: A Decade of Uneven Progress*, New York: Guttmacher Institute, 2009.

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3. World Health Organization (WHO), *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*, sixth ed., Geneva: WHO, 2011.



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