Abortion in the International Context: Why, Who, and When?

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### Contraceptive Use and Unmet Need

Percentage of married or cohabitating women using a family planning method and the percentage with unmet need in less-developed regions and subregions, 2007

<table>
<thead>
<tr>
<th>Region</th>
<th>Women using any family planning method (%)</th>
<th>Women with unmet need for family planning (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing regions</td>
<td>61.7</td>
<td>11.2</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>21.1</td>
<td>24.2</td>
</tr>
<tr>
<td>Africa</td>
<td>28</td>
<td>22.2</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>26.2</td>
<td>27.7</td>
</tr>
<tr>
<td>Middle Africa</td>
<td>18.6</td>
<td>22.8</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>50.3</td>
<td>14.1</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>58.4</td>
<td>16.2</td>
</tr>
<tr>
<td>Western Africa</td>
<td>14.5</td>
<td>22.2</td>
</tr>
<tr>
<td>Asia</td>
<td>67</td>
<td>9.2</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>84.8</td>
<td>2.3</td>
</tr>
<tr>
<td>South-Central Asia</td>
<td>54.2</td>
<td>14.6</td>
</tr>
<tr>
<td>South-Eastern Asia</td>
<td>60.7</td>
<td>10.4</td>
</tr>
<tr>
<td>Western Asia</td>
<td>54.4</td>
<td>n.a.</td>
</tr>
<tr>
<td>Latin American and the Caribbean</td>
<td>71.7</td>
<td>10.5</td>
</tr>
<tr>
<td>Caribbean</td>
<td>62.3</td>
<td>20.1</td>
</tr>
<tr>
<td>Central America</td>
<td>68.4</td>
<td>13.2</td>
</tr>
<tr>
<td>South America</td>
<td>73.9</td>
<td>8.5</td>
</tr>
</tbody>
</table>

United Nations, 2009
Consequences of Contraceptive Failure

Fig. 2. Percentage distribution of reproductive consequences of contraceptive failure (per 100 episodes), by country. *Horizontal lines*, wanted live birth; *white bars*, mistimed live birth; *diagonal lines*, unwanted live birth; and *black bars*, fetal loss.
Pregnancy Outcomes by Region

Guttmacher 2008
What are the consequences of limiting access to a safe abortion?
Unsafe Abortion is a Human Rights Issue
Maternal Deaths from Unsafe Abortion

- World
  - Unsafe abortion: 348
  - All other pregnancy-related causes: 400
- Less developed
  - Unsafe abortion: 391
  - All other pregnancy-related causes: 450
- More developed
  - Unsafe abortion: 11
  - All other pregnancy-related causes: 59
- Africa
  - Unsafe abortion: 705
  - All other pregnancy-related causes: 115
- Asia
  - Unsafe abortion: 290
  - All other pregnancy-related causes: 330
- Latin America & Caribbean
  - Unsafe abortion: 114
  - All other pregnancy-related causes: 130
- Oceania*
  - Unsafe abortion: 387
  - All other pregnancy-related causes: 43

*Figures for Oceania are estimates.
Risks of Childbirth are Greater than Abortion
Abortion Rate Constant Regardless of Restrictions or Safety

Overall abortion rate by safety

- More restrictive
- Less restrictive
Abortion Restrictions Around the World

Center for Reproductive Rights 2013
Unsafe Abortion Worldwide

Legend:
- 30 or more
- 20–29
- 10–19
- 1–9
- None/negligible

Unsafe abortions per 1000 women aged 15–44 years
Abortion Restrictions Make Abortion Unsafe

![Graph showing maternal deaths per 100,000 live births](image)

**Fig. 6. Maternal mortality in Romania between 1965 and 1991**

CDC 1995
Legal Indications for Abortion

- Life: 97%
- Physical Health: 67%
- Mental Health: 64%
- Rape or Incest: 48%
- Fetal Anomaly: 45%
- Social/Economic: 31%
- Upon request: 28%

*United Nations 2007, Boland 2010*
Colombian Abortion Law C-355/2006

Abortion decriminalized when:

- Risk to life or health of the woman
- Fetal anomaly incompatible with life
- Rape, incest, or unconsented artificial insemination
Barriers to Access

- Lack of access to information
- Blocking access to medications
- Requiring legal reporting or evidence of coerced sex
- Requiring unnecessary approvals or tests
- Unregulated conscientious objection
- Arbitrary gestational age limits
- Stigma, harassment, coercion, extortion
Take-Home Points

• About 50% of pregnancies are not intended
• Making abortion illegal does not make it go away, it only makes it unsafe
• While most countries have legal abortion, many women cannot access it
• Having an abortion is safer than carrying a pregnancy to term
• Restricting access to abortion hurts poor and vulnerable women, increasing social inequity and death
Women are not dying because of a disease we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.

Mahmoud Fathalla, President of the International Federation of Gynecology and Obstetrics (FIGO), World Congress, Copenhagen, 1997