

Abortion Around the World – An Overview

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Women's reproductive health advocates believe that — as a fundamental human right — all women everywhere should have access to reproductive health and family planning services, including abortion. Unfortunately, in many parts of the world, women face serious and sometimes insurmountable barriers in obtaining those services. Women's health and their families' well-being suffer as a consequence. Tragically, women's lives are lost unnecessarily because of abortion restrictions and lack of access to medical services.

Abortion is restricted by laws, cultural and religious traditions and the scarcity of medical resources, especially in developing countries. A severe and continuing shortage of family planning services and contraceptive products leads to an estimated 76 million unplanned pregnancies worldwide, according to the U.N. Population Fund (2005). A 1999 study for the Alan Guttmacher Institute (AGI) estimated 46 million abortions worldwide each year, with 26 million taking place under unsafe conditions, resulting in the death of 78,000 women. Millions are injured or disabled because of medical complications. The AGI researchers found that almost all of these deaths occur in developing countries where of 154 million pregnancies each year, 65 million are unplanned. Thirteen percent of all pregnancies in Africa, 40 percent in Latin America, and 29 percent in Asia end in abortion—a total of 36 million in those regions alone.

The annual number of induced abortions worldwide declined to 42 million by 2003, according to the World Health Organization (WHO) and AGI. For every 1,000 women of child-bearing age (15-44), 29 were estimated to have had an induced abortion in 2003, as contrasted with 35 in 1995. The largest decline (going from 48/1,000 to 28/1,000) occurred in Eastern Europe where there was a substantial increase in the use of contraceptives. The lowest abortion rate in the world that year was in Western Europe at 12 per 1,000 women of child-bearing age, compared to 17 for Northern Europe and 21 for North America.

Ninety-seven percent of unsafe abortions in 2003 occurred in developing countries, with unsafe abortion rates at 39 per 1,000 women of child-bearing age in East Africa and 33 per 1,000 in South America. Compare this with the rate of two unsafe abortions per 1,000 women of child-bearing age in developed countries where abortion is legal and mostly (though not universally) available. It should be stressed that the consequences of unsafe abortion generally falls upon poor women, resulting in death, serious injury, infertility and increased health care costs.

A 2006 report, "Death and Denial: Unsafe Abortion and Poverty," by the International Planned Parenthood Federation (IPPF), shows that unsafe abortion is a cause and

consequence of poverty. The report demonstrates the links between women's low economic status and unplanned pregnancy, lack of access to contraception and reproductive health care services, higher likelihood of obtaining an unsafe abortion and of dying as a result of pregnancy, childbirth, and unsafe abortion. Over 96 percent of unsafe abortions occur in developing countries, with 10.5 million in Asia and 4.2 million in Africa.

A recent study (2007) by the Alan Guttmacher Institute (AGI) categorized abortion laws around the world. About 25 percent of the world's population lives in countries where abortion is prohibited or permitted only to save woman's life, while 61 percent live in countries where abortion is allowed without restriction or for a broad range of reasons. The proportion varies sharply between developed and developing worlds. Fifty-six countries (nearly 40 percent of world's population – the majority are developed nations) allow abortion without restriction as to reason; thirty-five deny abortions altogether, while thirty-four make an explicit exception to save a woman's life.

For the remaining 71 countries, there are varying restrictions that fall into general categories of allowing abortions on socioeconomic grounds, preserving mental health and preserving physical health. Within those categories, there are often further restrictions. For instance, Belgium, France and Great Britain have a gestational limits requirement, which specify how late in the pregnancy a termination may be performed. A second group that includes the laws of India, South Africa and other countries require abortions to be performed by qualified physicians and in authorized health care facilities. A third category specifies that women in Turkey, Cuba, Denmark, Italy and most countries of Eastern Europe may not have an abortion without the permission of other family members. Finally, in Belgium and Germany, women are required to obtain counseling and wait for a certain period before having the abortion.

What is most striking about these recent studies of abortion around the world is that whether it is legal or not, women are just as likely to get an abortion. The World Health Organization, with AGI, found in 2007 that abortion rates are "virtually" equal in rich and poor countries. Looking at abortion trends from 1995 to 2003, researchers concluded that regardless of restrictive abortion laws, women sought abortions. In other words, restricting access to abortion does not make it go away; it only makes it clandestine and unsafe. The worldwide unsafe abortion rate was essentially unchanged between 1995 and 2003. Because the overall abortion rate declined during this period, the proportion of all abortions that are unsafe increased from 44 percent to 47 percent.

Undoubtedly contributing to the unsafe abortion rate is the global gag rule policy of the current U.S. administration. The global gag or Mexico City policy denies U.S. funds to family planning and population assistance programs if they provide abortions or even discuss abortion with or refer their patients to abortion services elsewhere (even if done with non-U.S. funds!). The policy has been rigidly enforced by the Bush administration and has resulted in a reduction in international family planning programs, closure of clinics and the likely injury and death of countless women. A report produced in 2003 by Population Action International, IPAS and the Planned Parenthood Federation of

America detailed the disastrous impact of the global gag rule through interviews and field surveys. Numerous attempts by U.S. reproductive rights advocates have been made to have this dangerous policy withdrawn, but all to date have failed.

In 2005 at the United Nation's World Summit, world leaders re-committed their support to the Millennium Development Goals that aim to significantly reduce poverty by 2015, including the goal of reducing maternal mortality and improving maternal health. The attendees also reaffirmed a prior commitment to achieve universal access to reproductive health. The review at the summit noted that little progress had been made in these areas since the goals were first adopted in 2000 and stressed the fact that unsafe abortion is a major contributor to the high levels of maternal mortality, especially in developing countries. With abundant evidence that restricting abortion does not make it disappear, rather just makes it unsafe and contributes to higher maternal mortality rate, policy-makers in the U.S. and abroad must re-examine abortion policy. Few countries have shown the courage and conscience to withdraw restrictive abortion laws and make family planning and other reproductive health services widely available. The contribution that safe abortions, with affordable and easily accessible contraceptives, would make to reducing poverty and misery around the world is enormous. There is a crying need for our political leaders to take action now to save women's lives!

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