Information sheet

Unsafe abortion incidence and mortality

Global and regional levels in 2008 and trends during 1990–2008

Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.[1] When women want to limit or postpone childbearing, but contraception is not used or used ineffectively or they are forced into nonconsensual sex, unintended pregnancies occur: some are terminated by induced abortions while others result in unwanted births. Where abortion laws are restricted or safe abortion services are not widely accessible or are of poor quality, women resort to unskilled providers, risking serious consequences to their health and well-being.

It is estimated that of the 210 million pregnancies that occur each year,[2] some 80 million are unintended. In 2008, 21.6 million unsafe abortions were estimated to have occurred, causing the deaths of 47 000 women.[3] Deaths due to unsafe abortion are mainly caused by severe infections or bleeding resulting from the unsafe abortion procedure, or due to organ damage.

Incidence of unsafe abortion in 2008

- Worldwide 1 in 10 pregnancies end in an unsafe abortion.
- There were 14 unsafe abortions per 1000 women aged 15–44 years worldwide.
- Almost all unsafe abortions take place in developing countries.
- The unsafe abortion rate per 1000 women aged 15–44 years in developing countries was 16, and in the least developed countries it was 27.
- The highest [regional] unsafe abortion rate (31) is in the Latin America and the Caribbean Region and it is only marginally lower (28) in the Africa Region.
- The average unsafe abortion rate for the Asia Region was 11; however this rises to 19 when the populous Eastern Asia Subregion and Viet Nam and Singapore, where abortion is legal on request and largely safe and available, are excluded from the calculations.[3]
- The subregional rates vary: 36 in Eastern and Middle Africa; 28 in Western Africa; 17 in South-Central Asia; and 32 in South America.
- High unsafe abortion rates exist in parallel to low overall contraceptive use (<25%) in the Eastern, Middle and Western Africa Subregions; contraceptive use in all other subregions is over 50%.[4]

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Estimates of incidence of and mortality due to unsafe abortion, 2008

	Unsafe abortion incidence		Unsafe abortion-related mortality			
	Number of unsafe abortions (rounded)	Unsafe abortion rate (per 1000 women aged 15–44 years)	Number of maternal deaths due to unsafe abortion (rounded)	Unsafe abortion mortality ratio (per 100 000 live births) (rounded)	% of maternal deaths due to unsafe abortion	Unsafe abortion case–fatality (deaths per 100 000 unsafe abortions) (rounded)
World	**21 600 000**	**14**	**47 000**	**30**	**13**	**220**
Developed regions†	**360 000**	**1**	**90**	**0.7**	**4**	**30**
Developing regions	**21 200 000**	**16**	**46 800**	**40**	**13**	**220**
Least developed countries	4 990 000	27	23 200	80	14	470
Sub-Saharan Africa	5 510 000	31	28 600	90	14	520
Africa	**6 190 000**	**28**	**29 000**	**80**	**14**	**470**
Eastern Africa	2 430 000	36	13 000	100	18	530
Middle Africa	930 000	36	4400	80	12	470
Northern Africa	900 000	18	1500	30	12	170
Southern Africa	120 000	9	500	40	9	370
Western Africa	1 810 000	28	9700	80	12	540
Asia†	**10 780 000**	**11**	**17 000**	**20**	**12**	**160**
Eastern Asia†	°	°	°	°	°	°
South-central Asia	6 820 000	17	14 000	30	13	200
South-Eastern Asia	3 130 000	22	2300	20	13	70
Western Asia	830 000	16	600	10	16	70
Europe	**360 000**	**2**	**90**	**1**	**8**	**30**
Eastern Europe	360 000	5	90	3	11	30
Northern Europe	°	°	°	°	°	°
Southern Europe	°	°	°	°	°	°
Western Europe	°	°	°	°	°	°
Latin America and the Caribbean	**4 230 000**	**31**	**1100**	**10**	**12**	**30**
Caribbean	170 000	18	100	20	11	80
Central America	1 070 000	29	200	8	9	20
South America	2 990 000	32	700	10	13	20
Northern America	°	°	°	°	°	°
Oceania†	**18 000**	**8**	**100**	**30**	**12**	**400**
Australia/New Zealand	°	°	°	°	°	°

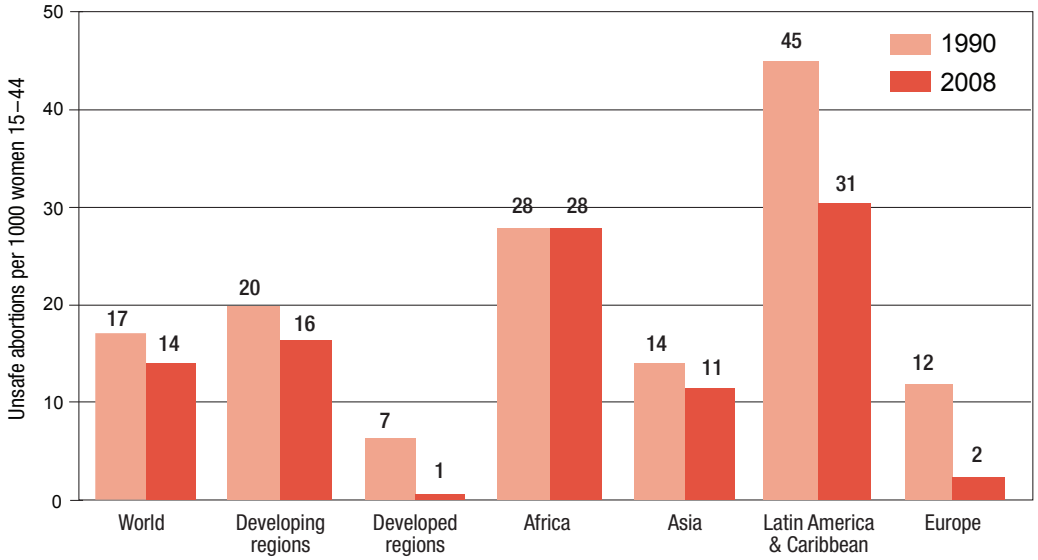
Figures may not exactly add up to totals because of rounding.

† Japan, Australia and New Zealand have been excluded from the regional estimates, but are included in the total for developed countries.

° No estimates are shown for regions where the incidence is negligible.

Trends in unsafe abortion-related mortality 1990–2008

Estimated number of unsafe abortions per 1000 women aged 15–44 years, 1990 and 2008, major regions.



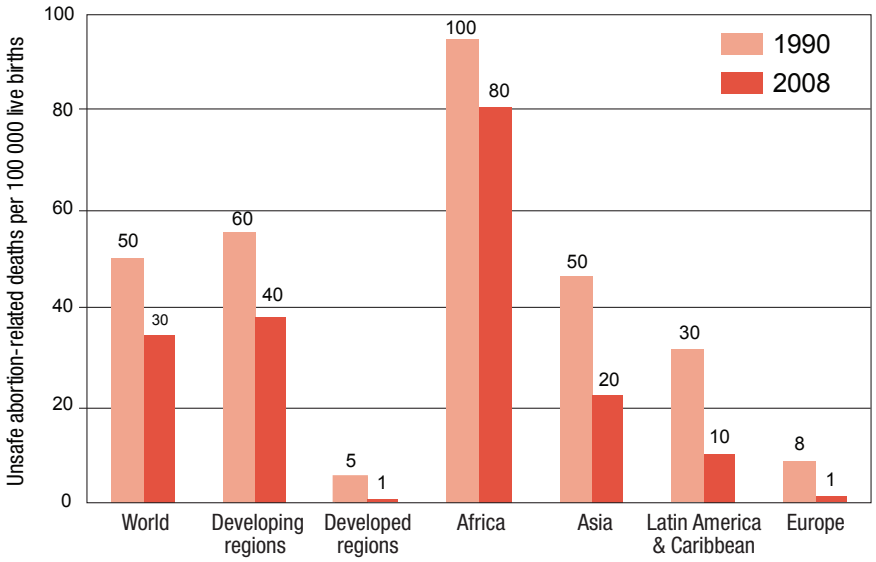
Trends in unsafe abortion incidence 1990–2008

- The number of unsafe abortions increased globally to 21.6 million in 2008 from 19.7 million in 2003, while these numbered between 19 and 20 million during 1990–2000.
- The recent increase in the total number of unsafe abortions is mainly due to the growing population size of women of reproductive age of 15–44 years.
- The unsafe abortion rate, at 14, was the same both for 2008 and 2003, and slightly lower than the rate of 17 in 1990.
- The unsafe abortion rate has decreased in all major regions of the world since 1990; although negligibly so in the Africa Region.
- The unsafe abortion rate decreased by almost one third from the level in 1990 in the Latin America and the Caribbean Region. Contraceptive use in the Region has increased further, however use of modern reversible methods is only around 30% and unsafe abortions have played an important role in fertility decline from 3.2 children per woman in 1990 to 2.2 in 2008.[5]
- In the Asia Region the incidence rate of unsafe abortions decreased by 17% from 14 in 1990 to 11 in 2008. Compared with other regions the rate is relatively low in the Asia Region because it comprises the large Eastern Asia Subregion (includes China), and Viet Nam and Singapore, where unsafe abortion is negligible.

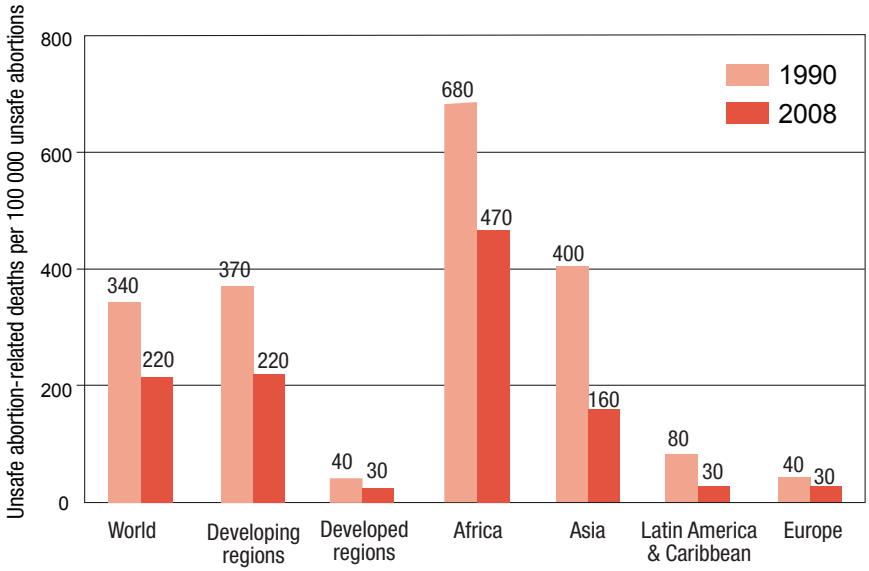
Mortality due to unsafe abortion in 2008

- Globally 13% or 1 in 8 maternal deaths were due to unsafe abortion.
- In 2008, 47 000 women died from complications of unsafe abortion.
- Worldwide there were 30 unsafe abortion deaths per 100 000 live births.
- 62% of all deaths (29 000) due to unsafe abortion occurred in the Africa Region.
- On average, the unsafe abortion mortality ratio (per 100 000 live births) in developing countries was 40, but it was twice as high in the least developed countries (80).
- The unsafe abortion mortality ratio was 80 in the Africa Region; four times higher than in the Asia Region (20) and eight times as high as in the Latin America and the Caribbean Region (10).
- Worldwide the case–fatality rate (unsafe abortion-related maternal deaths per 100 000 unsafe abortions) was 220, or approximately 1 maternal death per 500 unsafe abortions.
- Globally the case–fatality rate is some 350 times higher than the rate associated with legal induced abortions in the USA (0.6 per 100 000 abortions).[6]
- The case–fatality rate for Africa (470) is almost three times higher than in the Asia Region (160) and more than 15 times higher than that in the Latin America and the Caribbean Region (30). These numbers reflect the extent of reliance on highly risky unsafe abortion methods and the poor availability of, or access to, health services should complications of unsafe abortion occur.
- At 30 the case–fatality rate is just about the same for the Latin America and the Caribbean Region as for the European Region. However, unsafe abortion mortality remains a much more frequent problem in the Latin America and the Caribbean Region where the unsafe abortion mortality ratio is 10 times higher than that in Europe.
- Unsafe abortion mortality ratios by subregion vary: 100 in Eastern Africa; 30 in Northern Africa; 40 in Southern Africa; 30 in South-Central Asia; and 10 in South America.
- The risk of dying following an unsafe abortion is by far the highest in Eastern, Middle and Western Africa, where case–fatality rates were around 500 deaths per 100 000 unsafe abortions.
- The case–fatality rate is lower, but still high, in Southern Africa at 370 as safe abortion services have become increasingly available in South Africa, the main country of the Subregion, while some women continue to rely on unskilled providers and highly risky unsafe abortion methods.
- Globally, the proportion of maternal deaths due to unsafe abortion has remained close to 13% since 1990; the global mortality associated with unsafe abortion therefore declined at approximately the same rate as the maternal mortality overall.
- Globally, the unsafe abortion mortality ratio (the number of deaths due to unsafe abortion per 100 000 live births) declined from 50 in 1990 to 30 in 2008; for developing countries the decline was from 60 to 40.
- The small reduction in the unsafe abortion mortality ratio between 1990 and 2008 for the Africa Region is notably slower than that in other regions. During the same period, the ratio in the Asia Region declined by more than 50% and that in the Latin America and the Caribbean Region by nearly 70%.
- The risk associated with unsafe abortion procedures (case–fatality) has decreased substantially in all regions between 1990 and 2008 implying a shift from highly risky methods to less risky unsafe abortion methods .
- In the Africa Region the case–fatality rate decreased by 31% from 680 in 1990 to 470 in 2008.
- In the Asia Region, the case–fatality rate in 2008 was 40% lower than in 1990.
- In the Latin America and the Caribbean Region, the case–fatality rate at 30 in 2008 was close to one third of the 1990 level (80). It is interesting to note that although the mortality risks associated with unsafe abortion in the Latin America and the Caribbean Region and Europe have become increasingly similar, the deaths per 100 000 live births (ratio) in Latin America and the Caribbean is tenfold that of Europe.

Unsafe abortion–related maternal deaths per 100 000 live births, 1990 and 2008, major regions (rounded).



Unsafe abortion–related maternal deaths per 100 000 unsafe abortions (case–fatality rate), 1990 and 2008, major regions (rounded).



Consequences of unsafe abortion

- For every identified hospital case, there are many other women who have had an unsafe abortion, but who do not seek medical care,[7–14] either because they do not have sufficiently serious complications or because they fear abuse, ill-treatment or legal reprisals.
- Women with incomplete abortion, postabortion sepsis, haemorrhage and genital trauma that reach hospital, and the abortion deaths, are the visible consequences of unsafe abortion.[15,16] It is estimated that every year in developing countries 5 million women are admitted to hospital as a result of unsafe abortion.[17]
- Millions of women suffer long-term health consequences including infertility,[18] and thousands die following an unsafe abortion.
- The outcome of complications of unsafe abortion depends not only on the availability and quality of emergency abortion care, but also on a women's willingness to turn to medical services in time, and the readiness of medical staff to deal promptly with the complications.

Conclusions and implications

- Women are likely to resort to an unsafe abortion when faced with an unplanned pregnancy and provisions for safe abortions are restricted, unavailable or inaccessible.
- Where abortions are highly restricted by law, abortions are mostly unsafe.
- An increase in the use of effective contraceptive methods results in reducing unintended pregnancies and, consequently, the incidence of abortion.[19] It is estimated that three out of four induced abortions could be eliminated if the need for family planning were fully met by expanding and improving family planning services and choices.[20]
- No contraceptive method is 100% effective and some women become pregnant while using a method.
- Despite a decline in the rate from the levels in 1990, unsafe abortion continues to persist in developing country regions.
- Where the abortion law is restrictive the unsafe abortion mortality ratio is high.[21]
- The overall burden of unsafe abortion mortality is highest in the Africa Region; only minor improvements are noted in the Region, which lags behind other developing country regions.
- Globally, unsafe abortion case–fatality has reduced, probably because of a shift from highly risky to less risky unsafe methods. It is, however, not enough that unsafe abortions become less risky; women have a right to the reproductive health services they need, including safe abortion.
- As agreed by countries at the 1994 International Conference on Population and Development (ICPD), services should be provided for the management of complications due to unsafe abortion and in circumstances where not against the law, abortion should be safe. Making postabortion care available to women with complications could save the lives of many and improve the health of millions of women, especially in developing country regions.
- The number of unsafe abortions is likely to continue to increase unless women's access to safe abortion and contraception – and support to empower women (including their freedom to decide whether and when to have a child) – are put in place and further strengthened.

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Work in the area of prevention of unsafe abortion is carried out exclusively within the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

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