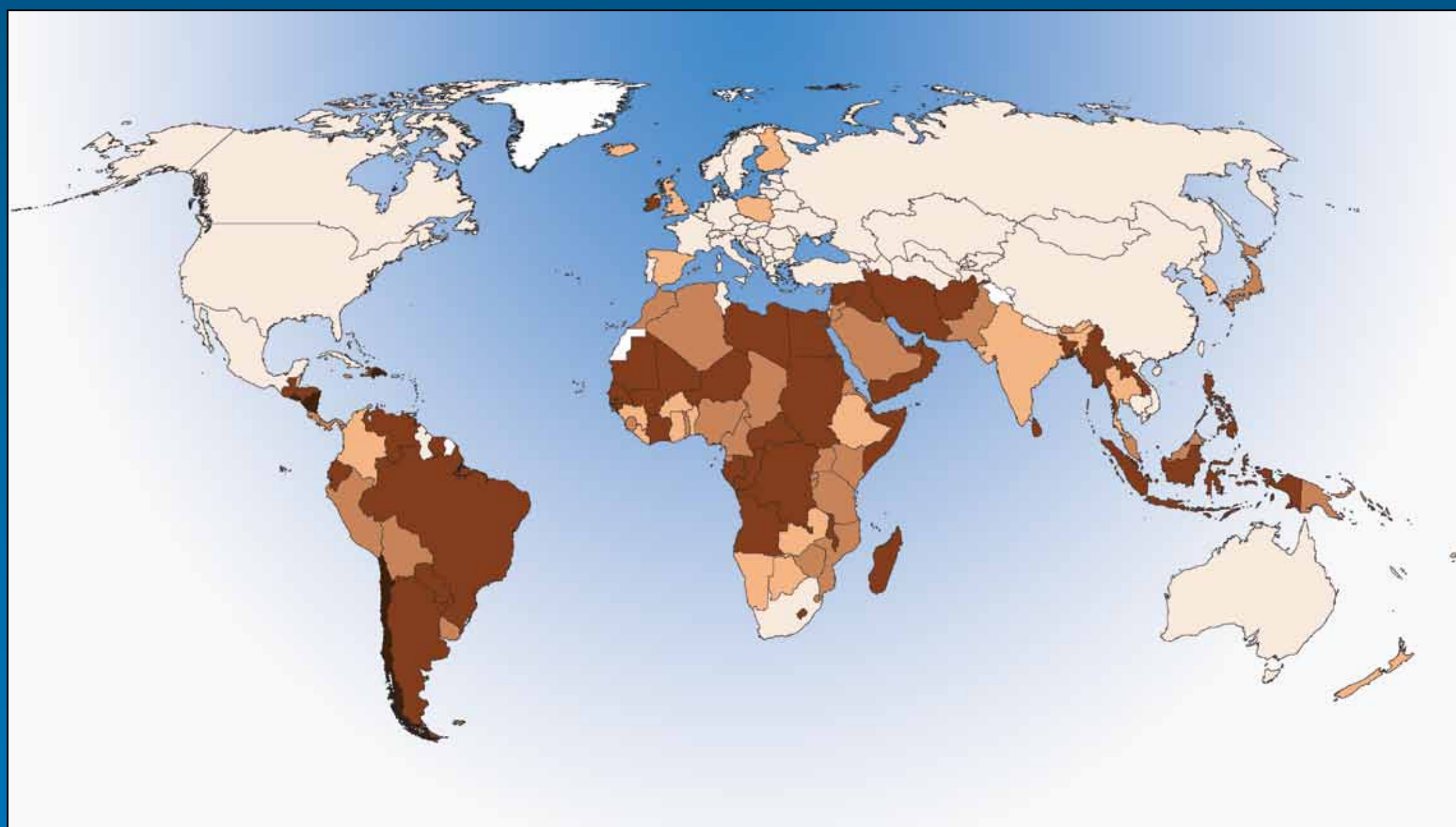
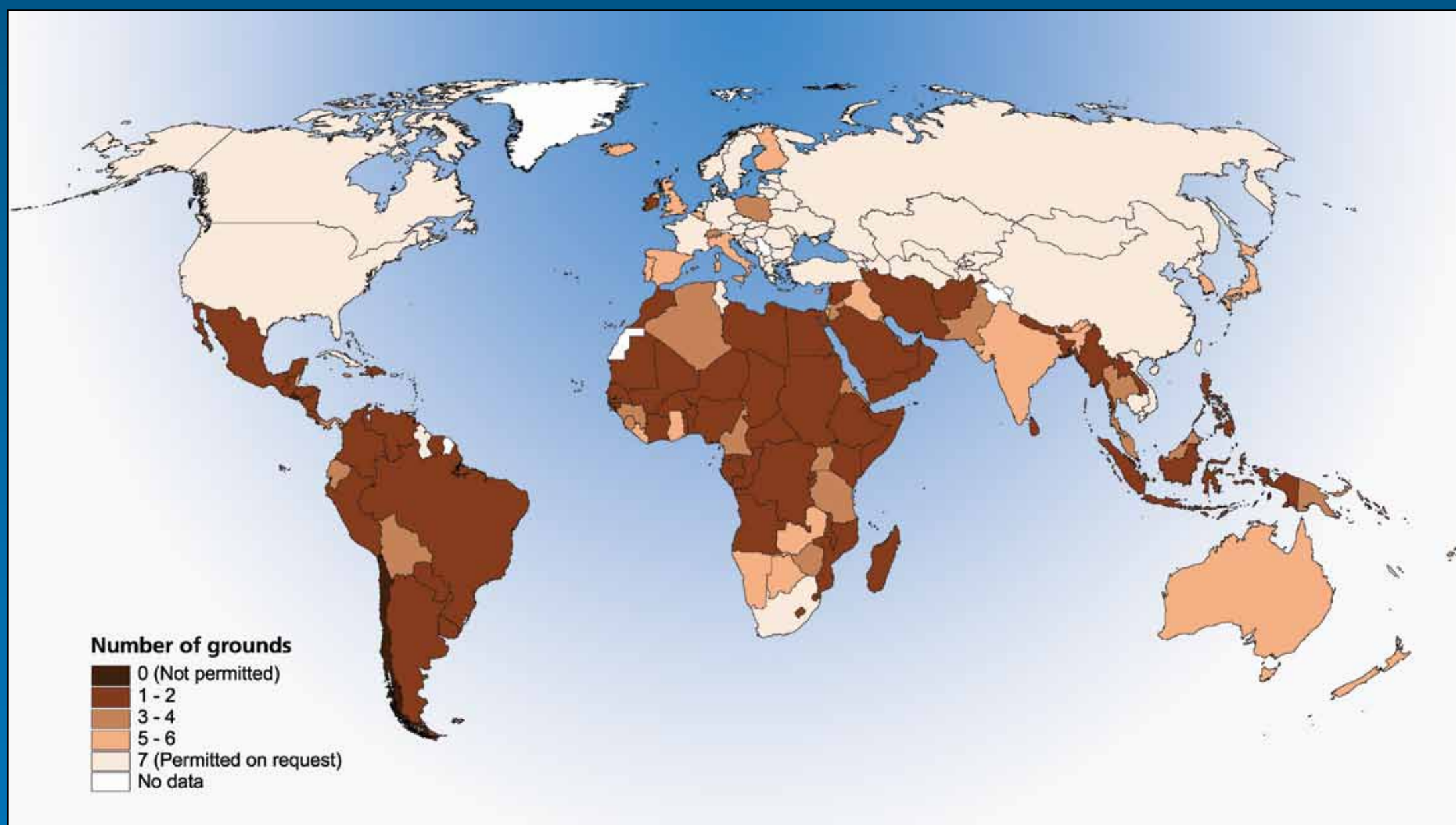




# Number of grounds on which abortion is permitted

1996

2009



## World Abortion Policies 2011

**Introduction.** Induced abortion is permitted by most countries on certain grounds. In 2009, 97 per cent of all countries permitted abortion to save a woman's life. While the trend has been towards expanding the grounds on which abortion is permitted, abortion laws and regulations are significantly more restrictive in developing countries than in developed countries. Thus, 80 per cent of developed countries allow abortion for economic or social reasons and 69 per cent allow it on request. In contrast, 19 per cent of developing countries allow abortion for economic or social reasons and 16 per cent do so on request. Between 1996 and 2009, 46 countries extended the number of grounds on which abortion is permitted whereas 11 countries restricted that number. In addition to the restrictions established by laws or regulations, many countries have procedural requirements that must be met before an abortion may be performed legally. Such requirements generally include one or more of the following: gestational limits within which abortion may be induced, a mandatory waiting period, parental or spousal consent, third-party authorization, the categories of health care workers permitted to perform abortions, the types of medical facilities where abortions may be performed and mandatory counselling. Furthermore, even when abortion is legally permitted, access to abortion services may be limited. Recent information on abortion policy is not available for all countries. For some countries, the information available is either incomplete or unclear. Those having access to more recent or complete information are requested to send it to the Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, NY 10017.

**Grounds on which abortion is permitted.** Seven grounds on which abortion is permitted are distinguished, namely: (1) to save a woman's life; (2) to preserve a woman's physical health; (3) to preserve a woman's mental health; (4) in case of rape or incest; (5) because of foetal impairment; (6) for economic or social reasons; and (7) on request. Each of these grounds is described below.

**(1) To save a woman's life.** The performance of abortion is most commonly permitted to save the life of

a pregnant woman. Although some laws or regulations provide detailed lists of the complications that are considered life-threatening, most of them do not specify them explicitly, leaving it to the judgement of the medical personnel performing or approving the abortion. In 2009, 97 per cent of developing countries and 96 per cent of developed countries either explicitly permitted an abortion to be performed when a pregnancy threatened a woman's life or allowed it under the general criminal law principle of necessity. In 1996, the equivalent figures had been 99 per cent of developing countries and 94 per cent of developed countries. The exceptions are Chile, the Dominican Republic, El Salvador, the Holy See, Malta and Nicaragua, all of which have provisions that do not allow abortion under any circumstances.

**(2) To preserve a woman's physical health.** In the majority of countries, abortion is permitted when it is necessary to preserve the physical health of a pregnant woman. The term "physical health" has been defined in different ways. In some countries, the definition is narrow in the sense that explicit lists of conditions threatening physical health are established. In other cases, "physical health" is broadly defined, allowing room for interpretation. In 2009, 88 per cent of developed countries permitted abortion to preserve the physical health of a pregnant woman, compared to 60 per cent of developing countries. The equivalent figures in 1996 were 87 per cent and 54 per cent, respectively.

**(3) To preserve a woman's mental health.** Many countries allow abortion in cases involving a threat to the mental health of a pregnant woman. As in the case of "physical health", the definition of what constitutes a threat to "mental health" varies. In some countries, the laws or regulations do not specify whether the term "health" encompasses both physical and mental health, but merely state that an abortion is permitted when it averts the risk of injury to a woman's health. In such cases, it has been considered that the laws and regulations encompass both threats to physical and mental health as grounds for abortion. Under that interpretation, in 2009, 86 per cent of developed countries and 55 per cent of

developing countries permitted abortion to protect the mental health of a pregnant woman. In 1996, the equivalent figures were 85 per cent of developed countries and 40 per cent of developing countries.

**(4) Rape or incest.** Many countries, even those with restrictive laws regarding abortion, allow abortion in cases of rape or incest, but such grounds for abortion are less common among developing countries than among developed countries. The laws or regulations of some countries specifically mention rape or incest as a ground for abortion. In other countries, the laws refer to cases in which the pregnancy is the result of "a criminal offence", without specifying the nature of the offence. Yet in other countries, the laws permit abortion only if the woman who is a victim of rape is also mentally impaired. In 2009, 84 per cent of developed countries and 37 per cent of developing countries permitted abortion in cases of rape or incest, up from 81 per cent and 30 per cent, respectively, in 1996.

**(5) Foetal impairment.** Abortion is often permitted when the foetus suffers from some kind of serious impairment, even in countries having restrictive laws on abortion. Several countries specify the type and level of impairment necessary to justify an abortion. In 2009, 84 per cent of developed countries permitted abortion because of foetal impairment and 34 per cent of developing countries did so, an increase from 81 per cent and 28 per cent, respectively, in 1996.

**(6) Economic or social reasons.** The laws and regulations permitting abortion on economic or social grounds vary widely. Some laws specifically mention economic or social conditions while others only imply them. Most laws that permit abortion on economic or social grounds are interpreted quite liberally and, in practice, differ little from laws that allow abortion on request. In 2009, 80 per cent of developed countries and 19 per cent of developing countries had laws permitting abortion on economic or social grounds as compared to 74 per cent and 17 per cent, respectively, in 1996.

**(7) On request.** In countries that allow abortion on request, a woman seeking an abortion is generally

not required to justify her reasons to have an abortion. However, in some countries, a woman may be required to state that she is in a situation of crisis or distress. For purposes of this chart, if an abortion can be authorized on request, it is assumed that it can be performed on any other grounds even if the law does not explicitly mention such grounds. In 2009, 69 per cent of developed countries and 16 per cent of developing countries permitted abortion on request. In 1996, the equivalent figures were 57 per cent and 13 per cent, respectively.

**Statistics on induced abortion.** Accurate information on induced abortion is difficult to obtain in many countries. In countries where abortion is legal under broad conditions, official statistics on abortion are collected and reach reasonable levels of coverage and accuracy. In other countries, official data are lacking or are incomplete. A common problem is that some privately performed abortion procedures go unreported and are therefore not reflected in the statistics available. In addition, some countries may include spontaneous abortions in the number of reported abortions. In countries where abortion is restricted, official statistics are generally unavailable or highly incomplete. Information on the number of abortions is available for 72 countries.

**Abortion rate.** The abortion rate is calculated as the number of induced abortions per 1,000 women aged 15 to 44 years. Among the 72 countries with data allowing calculation of abortion rate, 20 had abortion rates lower than 10 abortions per 1,000 women aged 15 to 44, 37 had abortion rates ranging from 10 to 20 abortions per 1,000 women aged 15 to 44; while 15 had abortion rates above 20 abortions per 1,000 women aged 15 to 44.

**Unsafe abortion.** Unsafe abortions continue to be widespread and nearly all are performed in developing countries. According to the World Health Organization, the number of unsafe abortions in 2008 reached 21.6 million, up from 19.7 million in 2003. Such an increase was caused, almost entirely, by the increase in the number of women of reproductive age. Between 2003 and 2008, the unsafe

abortion rate remained unchanged at 14 unsafe abortions per 1,000 women aged 15 to 44. Modest reductions in the unsafe abortion rate are estimated to have taken place in some regions. Furthermore, the increases estimated for Middle Africa, Western Asia and Central America are attributed primarily to better coverage and more reliable information in 2008 than in 2003. In 2008, the highest rates of unsafe abortion were estimated for Eastern and Middle Africa. Globally, it is estimated that 47,000 women lose their lives each year from the complications of unsafe abortion, almost all of which could have been prevented through better access to sexuality education, access to contraceptive information and supplies, and safe abortion services where allowed by law.

**Contraceptive prevalence.** The use of contraception has been increasing steadily. In 2009, 63 per cent of women aged 15 to 49 who were married or in a union used some contraceptive method and 56 per cent used a modern method of contraception. Among women aged 15 to 49 who were married or in a union in 2009, contraceptive prevalence averaged 72 per cent in developed countries and 61 per cent in developing countries. Contraceptive prevalence was much lower in the least developed countries, where in 2009, 31 per cent of women aged 15 to 49 who were married or in a union used some contraceptive method and 25 per cent used a modern method of contraception.

**Government support for family planning.** Governments may provide direct support, indirect support, no support or may limit family planning services in their countries. In 2009, 75 per cent of Governments provided direct support to family planning services through Government-run facilities or outlets, and another 16 per cent provided indirect support through non-governmental sources. The remaining 9 per cent of Governments (18 countries) either did not support or limited access to family planning services. The percentage of Governments providing direct support for family planning services increased in developing countries, from 82 per cent in 1996 to 87 per cent in 2009, whereas it decreased in developed countries, from 58 per cent in 1996 to 39 per cent in 2009.

**Unmet need for family planning.** Women having an unmet need for family planning are women aged 15 to 49 years, married or in a union, who are fecund and sexually active but are not using any method of contraception although they report not wanting any more children or wanting to delay the next pregnancy. Globally, it is estimated that in 2009, 11 per cent of all women aged 15 to 49 who were married or in a union had an unmet need for family planning. Unmet need among the least developed countries was markedly higher at 24 per cent.

**Total fertility.** Total fertility is the number of births a woman would have if she were subject during her lifetime to current age-specific fertility rates. In 2005-2010, total fertility at the world level stood at 2.6 births per woman. Total fertility was estimated to average 2.7 births per woman in developing countries and 1.6 births per woman in developed countries. Total fertility was greater than 4 births per woman in 45 of the 151 developing countries, which accounted for 16 per cent of the world population in 2010.

**Maternal mortality.** The persistence of high maternal mortality, particularly in sub-Saharan Africa and Southern Asia, is a major concern. Reducing maternal mortality ratio by three quarters, between 1990 and 2015, is one of the Millennium Development Goals (MDGs). The reduction of maternal mortality requires improved coverage of antenatal health care, skilled birth attendants at delivery, access to emergency obstetric care when complications arise and universal access to family planning to prevent unintended pregnancies. Among the estimated 358,000 maternal deaths that occurred in 2008, 99 per cent (355,000) occurred in developing countries. Sub-Saharan Africa and South Asia accounted for 87 per cent (313,000) of all maternal deaths. Between 2000 and 2008, the maternal mortality ratio in developing countries is estimated to have declined from 370 to 290 maternal deaths per 100,000 live births. A significant part of that decline can be attributed to the declining number of children that women in developing countries have. Maternal mortality is very low in developed countries, averaging 17 maternal deaths per 100,000 live births in 2008.



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