

Unsafe abortion

Global and regional estimates of
the incidence of unsafe abortion
and associated mortality in

2008

SIXTH EDITION



World Health
Organization

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Preface

This sixth edition of the WHO *Global and regional estimates of unsafe abortion and associated mortality* is intended for policy-makers and programme managers, health workers and nongovernmental organizations in the area of sexual and reproductive health, researchers, groups and individuals concerned with unsafe abortion as well as others interested in information on unsafe abortion. More details of the data and methods used in the estimates are given in Annex 1.

A background to and characteristics of unsafe abortion are presented in Chapter 1. To better understand the levels and trends in unsafe abortion, the legal context of abortion and barriers both to abortion services and to medical care for women who have had an unsafe abortion and experience complications are described in Chapters 2 and 3. Chapter 4 covers interactions in abortion, unplanned pregnancy, contraceptive use and failure and unmet need for contraception; as well as the role that abortion plays in the transition from high to low fertility levels. The health consequences of unsafe abortion and the global burden for women and for society are examined in Chapter 5.

The distinction in rates and ratios when calculated for *all* countries or for countries *with evidence* of unsafe abortion are explained in Chapter 6. The global incidence and subregional differentials are presented in Chapter 7 with an in-depth analysis of the levels and trends. The geographical regions and subregions referred to in this report are those classified by the United Nations Population Division (UNPD).

Chapter 8 presents the mortality estimates. The report highlights the urgency in preventing unsafe abortion and concludes (Chapter 9) with policy and programme recommendations to reduce unsafe abortion.

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Definitions

Contraceptive prevalence (CPR): Percentage of married or cohabiting women of reproductive age (15–49 years) using any method of contraception.

Unmet need for family planning (%): Women with unmet need are those who were fecund but were not using any method of contraception at the time of the survey, and yet reported not wanting any more children or wanting to delay the next child. Data pertain to women in union. (A union involves a man and a woman regularly cohabiting in marriage or a marriage-like relationship.)

Total fertility rate per woman (TFR) aged 15–44 years: TFR is the average number of live births a woman would have by the end of her reproductive life if she were subject, throughout her life, to the age-specific fertility rates observed in a given year.

Unsafe abortion rate: The unsafe abortion rate is the number of unsafe abortions per 1000 women aged 15–44 years in a year. This measure describes the level of unsafe abortions in a population.

Unsafe abortion ratio: The unsafe abortion ratio is the number of unsafe abortions per 100 live births (as a proxy for pregnancies)^a in a year. The unsafe abortion ratio indicates the likelihood that a pregnancy will end in unsafe abortion rather than a live birth.

Per cent of maternal deaths due to unsafe abortion: The number of unsafe abortion deaths per 100 maternal deaths for all causes. This measure describes the relative importance of unsafe abortion as a cause of maternal death. Where the maternal mortality ratio is relatively low and other causes of maternal deaths have already been substantially reduced, a small number of unsafe abortion deaths may account for a significant percentage of maternal deaths. The interpretation of this measure is, therefore, not straightforward and it is not useful for comparison purposes.

The number of unsafe abortion deaths: These are estimated from the number of all estimated maternal deaths.^{2–6} New estimates of maternal deaths have recently been released for 2008.⁶

Unsafe abortion case-fatality rate: The unsafe abortion case-fatality indicates the estimated number of deaths per 100 000 unsafe abortions. This rate shows the mortality risk associated with unsafe abortion.

Unsafe abortion indicators: rates and ratios are calculated for *all* countries, unless indicated to the contrary. Indicators may be calculated for two differing regional groupings of countries:

- (1) **all countries in the region or subregion**, whether they show evidence of unsafe abortion or not;
or
- (2) **only the countries with evidence of unsafe abortion**, thereby excluding from the denominator the populations of countries where there is no evidence of unsafe abortion for rate and ratio calculations. These countries do not report unsafe abortions (numerator) and therefore their populations appropriately are not included in the denominator. (See Section 6.1 for further details.)

Unsafe abortion mortality ratio: The unsafe abortion mortality ratio is the number of deaths due to unsafe abortion per 100 000 live births.^a This measures the risk of a woman dying due to unsafe abortion relative to the number of live births.

^a The number of live births serves as a proxy for the number of pregnancies. A more appropriate denominator would be the total number of pregnancies (live births, stillbirths, induced and spontaneous abortions, ectopic pregnancies), but this figure is rarely available. Live births are therefore used in the denominator for international comparisons.

Acronyms

AGI	Alan Guttmacher Institute
CDC	Centers for Disease Control and Prevention, United States
DHS	Demographic and Health Surveys
HCM	hospitalization complications method
ICPD	International Conference on Population and Development (ICPD), Cairo, Egypt, 1994
ICPD+5	Five-year Review and Appraisal of the Programme of Implementation of the International Conference on Population and Development, New York, 1999
RAMOS	reproductive age mortality studies
RRT	randomized response technique
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPD	United Nations Population Division
WHO	World Health Organization

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