

Facts on Abortion in Asia

INCIDENCE OF ABORTION

- The estimated annual number of abortions in Asia increased slightly between 2003 and 2008, from 25.9 million to 27.3 million. In 2008, the majority of these abortions occurred in South Central Asia (10.5 million), which includes India, and Eastern Asia (10.2 million), which includes China.

- The annual abortion rate for Asia remained virtually unchanged between 2003 and 2008, at 29 and 28 abortions per 1,000 women aged 15–44, respectively. Within the region, Southeast Asia had the highest abortion rate in 2008 (36 per 1,000), and the lowest rates were in Western and South Central Asia, at 26 per 1,000.

- The rate of safe abortion in Asia held steady at 17–18 procedures per 1,000 women aged 15–44 between 2003 and 2008. More than half of the safe procedures occurred in China, where abortion is permitted on broad grounds and is performed by medically trained professionals.

- The unsafe abortion rate was also unchanged, at 11 per 1,000 in 2003 and 2008. Some 40% of abortions performed in Asia in 2008 were unsafe.* In South Central Asia, Southeastern Asia and Western Asia, 60–65% were unsafe.

*In this report, abortions are categorized as safe or unsafe using standard World Health Organization definitions. An unsafe, or clandestine, abortion is a procedure for terminating an unintended pregnancy that is performed by an individual without the necessary skills, or in an environment that does not conform to the minimum medical standards, or both.

†The sum of the percentages exceeds 100 because of rounding.

- In Eastern Asia, the estimated overall abortion rate in 2008 was 28 per 1,000 women of childbearing age; almost all of the procedures in this subregion were safe.

PROVIDERS OF CLANDESTINE ABORTIONS

- Although abortion is permitted only on narrow grounds in Pakistan, a survey of knowledgeable health professionals suggests that two-thirds (68%) of women who have a clandestine abortion obtain the procedure from doctors, nurses or midwives. The remaining one-third have an elevated risk of complications because they go to traditional providers (24%), rely on pharmacists or other commercial outlets

(5%), or attempt to induce abortion themselves (4%).†

- Poor Pakistani women more commonly use unsafe methods and untrained providers for abortion services than do their better-off peers, which may in part explain why higher proportions of poor women having an abortion experience serious complications (45% vs. 31%).

- In some Asian countries—notably Cambodia, India and Nepal—abortion laws are liberal, but many procedures are nonetheless performed in substandard conditions. Bangladesh is a special case: Despite the country's very restrictive abor-

Legality of Abortion

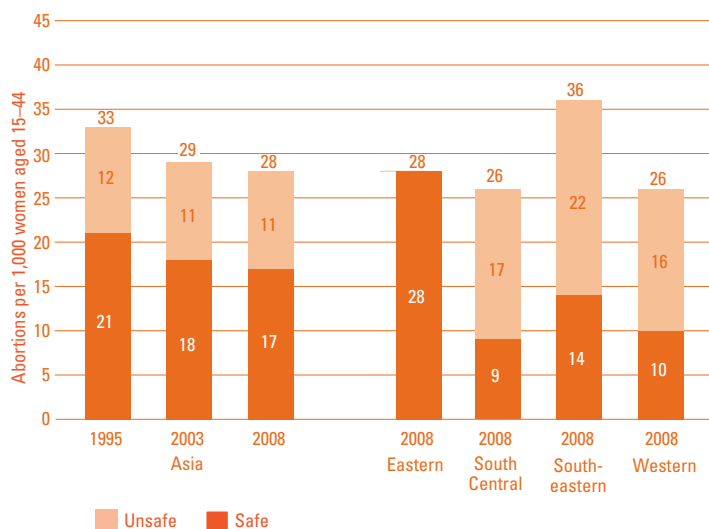
Countries and territories in Asia can be classified into six categories, according to the reasons for which abortion is legally permitted.

Reason	Countries and territories
Prohibited altogether, or no explicit legal exception to save the life of a woman	Iraq, Laos, Oman, Philippines
To save the life of a woman	Afghanistan, Bangladesh, Bhutan (a,b,d), Brunei Darussalam, East Timor (c), Indonesia, Iran (c), Lebanon, Myanmar, Sri Lanka, Syria (e,f), United Arab Emirates (e,f), West Bank and Gaza, Yemen
To preserve physical health (and to save a woman's life)*	Jordan, Kuwait (c,e,f), Maldives (f), Pakistan, Qatar (c), Saudi Arabia (e,f), South Korea (a,b,c,f)
To preserve mental health (and all of the above reasons)	Israel (a,b,c,d), Malaysia, Thailand (a,c)
Socioeconomic grounds (and all of the above reasons)	Cyprus (a,c), Hong Kong (a,b,c), India (a,c,e,h), Taiwan (b,c,e,f)
Without restriction as to reason	Armenia, Azerbaijan, Bahrain, Cambodia, China (g,i), Georgia (e), Kazakhstan, Kyrgyzstan, Mongolia, Nepal (g), North Korea (i), Singapore, Tajikistan, Turkey (e,f), Turkmenistan, Uzbekistan, Vietnam (i)

*Includes countries with laws that refer simply to "health" or "therapeutic" indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) incest, (c) fetal impairment or (d) other grounds. Some restrict abortion by requiring (e) parental or (f) spousal authorization. Two countries (g) have abortion laws that prohibit sex-selective abortions, and one (h) bans sex-selective abortion as part of a separate fetal imaging law. Countries that allow abortion on socioeconomic grounds or without restriction as to reason have gestational age limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds. A few countries (i) do not specify gestational limits, and regulatory mechanisms vary. Because their abortion laws differ from those of China, Hong Kong and Taiwan are listed as separate entities.

Abortion Rates in Asia

Abortion rates held steady for 2003 and 2008.



tion law, early menstrual regulation[‡] has been widely available since 1977.

- Even though abortion is broadly legal in India, only two-fifths of abortions there are considered safe. Shortcomings of the country's abortion-provision system—including substandard conditions in public health facilities and high fees charged by private-sector facilities, where most trained abortion providers work—mean many women are unable to afford a safe abortion. Access is particularly poor in rural areas because there are relatively few trained providers.

HEALTH CONSEQUENCES OF UNSAFE ABORTION

- The World Health Organization estimates that in Asia in 2008, 12% of all maternal deaths (17,000) were due to unsafe abortion.¹

- About 2.3 million women in the region are hospitalized annu-

ally for treatment of complications from unsafe abortion.

- The most common complications from unsafe abortion are incomplete abortion, excessive blood loss and infection. Less common but very serious complications include septic shock, perforation of internal organs and inflammation of the peritoneum.

- Because poor and rural women tend to depend on the least safe methods and providers, they are more likely than other women to experience severe complications from unsafe abortion.

- Women with untreated complications often experience long-term health consequences, such as anemia, chronic pain, inflammation of the reproductive tract, pelvic inflammatory disease and infertility.

- In some parts of Asia, postabortion services are of poor quality, largely because government spending on all health care is low. Common shortcomings include inadequate access, delays in providing treatment, shortages of

trained health workers and medical supplies, use of inappropriate methods and high costs imposed on patients.

LEGAL STATUS OF ABORTION

- Because abortion is broadly legal in the region's two most populous countries—China and India—the majority of women in Asia live under liberal abortion laws.

- Abortion is not permitted for any reason in four Asian countries: Iraq, Laos, Oman and the Philippines.

- Seventeen countries allow abortion without restriction as to reason. All of these countries impose gestational limitations, with the exception of China, North Korea and Vietnam, which have different regulatory mechanisms.

RECOMMENDATIONS

- Because contraception is the surest way to prevent unintended pregnancy and reduce the need for abortion, programs and policies that improve women's and men's knowledge of, access to and use of contraceptive methods should be established and strengthened.

- To reduce the number of clandestine and unsafe procedures, the grounds for legal abortion should be broadened in many countries, and safe abortion services should be implemented under the criteria permitted by existing laws.

- To reduce the high levels of morbidity and mortality that result from unsafe abortion, the provision of high-quality postabortion care should be improved and expanded.

- Because rates of morbidity and mortality from unsafe abortion are disproportionately high among poor and rural women

throughout the region, equitable access to family planning services and postabortion care should be emphasized in health policies and programs.

- Establishing a liberal abortion law does not in itself ensure that women are able to obtain safe procedures. Health providers, legal bodies and the general public need to be made aware of the circumstances under which abortion is allowed and providers need to be trained and facilities equipped.

Unless otherwise indicated, the data in this fact sheet are from Sedgh G et al., Induced abortion: incidence and trends worldwide from 1995 to 2008, Lancet, 2012 (forthcoming), and Singh S et al., Abortion Worldwide: A Decade of Uneven Progress, New York: Guttmacher Institute, 2009.

REFERENCES

1. World Health Organization (WHO), *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*, sixth ed., Geneva: WHO, 2011.



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[‡]Menstrual regulation is considered "an interim method for establishing nonpregnancy" in Bangladesh. Procedures are permitted to be carried out by a trained paramedic within eight weeks of a woman's last menstrual period or by a physician within 10 weeks.