



POP Briefs

Family Planning Prevents Abortion

Each year, women undergo an estimated 50 million abortions. Of these, 20 million are unsafe, costing some 78,000 women their lives, and for every woman that dies from unsafe abortion, several others suffer lifelong disability and pain or complicated future pregnancies. (1) According to the World Health Organization (WHO), complications of unsafe abortion are responsible for 13% of all maternal deaths. In most of these cases, women die or are disabled because they do not receive medical treatment for their complications soon enough. (2)

The primary cause of abortion is unplanned pregnancy. Family planning programs that emphasize counseling, repeat contact with clients, and offer a broad range of methods from which a client can choose can help couples determine whether, when, and how often they will have children. Expanding women's access to safe and voluntary family planning counseling and services and to a range of modern, safe, and effective contraceptives allows them to control their reproductive lives.

Facts and Figures

- Every day, 55,000 unsafe abortions take place, 95 percent of them in developing countries, causing the deaths of at least 200 women each day. (1)
- The lifetime risk of dying from an unsafe abortion is highest in the developing world: ranging from 1 in 150 procedures in Africa to 1 in 900 in Latin America and the Caribbean. In contrast, the risk in the developed world is 1 in 3,700 procedures. (1)
- Estimates of abortions among women under age 20 in developing countries range from 1 million to 4.4 million a year. (2) Unsafe abortion may be one of the greatest health risks that a young woman can face. (3)

- An estimated 150 million married women want to stop having children or postpone their next pregnancy, but are not using contraception. An additional 12 to 15 million unmarried women also want to avoid pregnancy but lack the means. (1)

- This unmet need is significant. Studies show that fewer than one-third of women in Latin America, Asia, and Africa receiving care for complications of unsafe abortion has ever used modern contraceptives. (2)

- Numerous studies show that use of effective modern contraception reduces unintended pregnancies and abortions. In Chile, increased use of contraception since 1960 has been accompanied by a dramatic decline in abortion rates, which were estimated to drop from 77 per 1000 married women of reproductive age in 1960 to 45 in 1990. (4)

USAID Response.

By increasing the availability of and access to family planning services, USAID has played a major role in preventing abortion and improving the health and lives of women.

Safe, voluntary, and accessible family planning services reduce women's reliance on abortion. The Soviet era left a legacy of widely available abortion and scarce reproductive family planning and reproductive health services in countries throughout the former Soviet Union. USAID is providing training and much-needed contraceptives to health systems to help women in Russia and the Central Asian Republics avoid abortion. (6) For example, women in Kazakhstan are having fewer induced abortions now than 5 years ago and are choosing new methods of family planning to plan their



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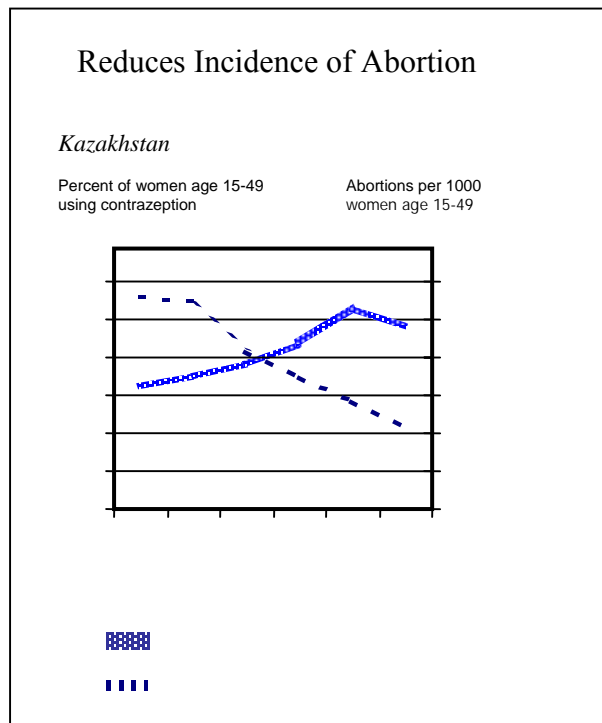
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births. A comparison of the 1999 Kazakhstan Demographic and Health Survey (KDHS) and the 1995 KDHS indicates a decline of 22 percent in the total abortion rate. (7) Prior to legalization of family planning services in Romania in 1989, an estimated 86 percent of maternal deaths was due to unsafe abortions. In the first year after legalization, maternal deaths fell 40 percent. When use of modern contraceptives more than doubled between 1993 and 1999, the abortion rate decreased by 35 percent and abortion-related maternal mortality dropped by more than 80 percent.

This relationship is also demonstrated in countries with poorer infrastructure and economic indicators. Analysis of data from more than 20 years of study of the impact of quality family planning services on women's reproductive health needs in the Matlab area of Bangladesh show that where such services are available, demand for abortion declines. (8)

Linking emergency post-abortion care with family planning services is critical in helping women prevent future unintended pregnancies. USAID has funded pilot programs designed to improve treatment for the complications of unsafe abortions. These programs, which were carried out in 30 countries, also showed that offering family planning at the time of emergency treatment was a highly effective measure in preventing future abortions. A woman's fertility can return within two weeks after an abortion, making it important that she learn the best methods for preventing another pregnancy.

As traditional methods of family planning are replaced by more modern methods, abortion rates decline. In the 1980s, Turkish couples either relied heavily on traditional methods of family planning, especially withdrawal, that have high rates of failure, or they used no methods at all. As modern, safe and effective contraceptive use increased (by more than 20 percent from 1988 to 1998), the ratio of abortions per 100 live births dropped by one-third, from 24 to 15. (9)



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Sources: (1) World Health Organization. 1997. *Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion*, Third Edition. Geneva: World Health Organization. (2) Salter, C., H.B. Johnston, and N. Hengen, 1997, Care for postabortion complications: Saving women's lives. *Population Reports*. Series L. 25:8. (3) McLaurin, K.E., Hord, C.E. and Wolf, C.E., *Health Systems' role in abortion care: The need for a pro-active approach*. Carrboro, North Carolina, Ipas International Projects Assistance Services, 1991. (4) John Paxman, et al., "The Clandestine Epidemic: The Practice of Unsafe Abortion in Latin America," in *Studies in Family Planning*, Vol. 24, No. 4, July/August 1993, pp. 206-214. (5) Loffredo, S. Global view: Adolescents. In: *Conveying Concerns: Women write on reproductive health*, Washington, D.C., Population Reference Bureau, July 1994 (6) Population Resource Center, *The Replacement of Abortion by Contraception in Three Central Asian Republics*, 1998 (7) DHS+ Dimensions, A Semiannual Newsletter of the Demographic and Health Surveys Project, Vol. 2, No. 2, Fall 2000 (8) Fertility Transition, Contraceptive Use, and Abortion in Rural Bangladesh: The Case of Matlab by Mizanur Rahman, Julie DaVanzo, and Abdur Razzaque, February 2000 (9) *Saving Women's Lives, Protecting Women's Health: US Global Leadership in Family Planning*, USAID, April 2000.