Abortion

17 May 2024

العربية | 中文 | Français | Русский | Español

Key facts

- **Six out of 10 unintended pregnancies end in induced abortion.**
- **Abortion is a common health intervention. It is very safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills.**
- **However, around 45% of abortions are unsafe.**
- **Unsafe abortion is an important preventable cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities and health systems.**
- **Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.**

Overview

Around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion *(1)*.

Comprehensive abortion care is included in the list of essential health care services published by WHO in 2020. Abortion is a simple health care intervention that can be safely and effectively managed by a wide range of health workers using medication or a surgical procedure. In the first 12 weeks of pregnancy, a medical abortion can also be safely self-managed by the pregnant person outside of a health care facility (e.g. at home), in whole or in part. This requires that the woman has access to accurate information, quality medicines and support from a trained health worker (if she needs or wants it during the process).

Comprehensive abortion care includes the provision of information, abortion management and post-abortion care. It encompasses care related to miscarriage (spontaneous abortion and missed abortion), induced abortion (the deliberate interruption of an ongoing pregnancy by medical or surgical means), incomplete abortion as well as intrauterine fetal demise.

The information in this fact sheet focuses on care related to induced abortion.

Scope of the problem

When carried out using a method recommended by WHO appropriate to the pregnancy duration, and by someone with the necessary skills, abortion is a safe health care intervention *(5)*.

However, when people with unintended pregnancies face barriers to attaining safe, timely, affordable, geographically reachable, respectful and non-discriminatory abortion care, they often resort to unsafe abortion.[1]

Global estimates from 2010–2014 demonstrate that 45% of all induced abortions are unsafe. Of all unsafe abortions, one third were performed under the least safe conditions, i.e. by untrained persons using dangerous and invasive methods. More than half of all these unsafe abortions occurred in Asia, most of them in south and central Asia. In Latin American and Africa, the majority (approximately 3 out of 4) of all abortions were unsafe. In Africa, nearly half of all abortions occurred under the least safe circumstances *(3)*.

Consequences of inaccessible quality abortion care

Lack of access to safe, affordable, timely and respectful abortion care, and the stigma associated with abortion, pose risks to women's physical and mental well-being throughout the life-course.

Inaccessibility of quality abortion care risks violating a range of human rights of women and girls, including the right to life; the right to the highest attainable standard of physical and mental health; the right to benefit from scientific progress and its realization; the right to decide freely and responsibly on the number, spacing and timing of children; and the right to be free from torture, cruel, inhuman and degrading treatment and punishment.

One review from 2003–12, found that 4.7-13% of maternal deaths were linked to abortive pregnancy outcomes *(4)* but noted that maternal deaths due to abortion, and more specifically unsafe abortion, are often misclassified and underreported given the stigma.

Deaths from safe abortion are negligible, <1/100 000 *(5).* On the other hand, in regions where unsafe abortions are common, the death rates are high, at > 200/100 000 abortions. Estimates from 2012 indicate that in developing countries alone, 7 million women per year were treated in hospital facilities for complications of unsafe abortion *(6)*.

Physical health risks associated with unsafe abortion include:

- incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus);
- haemorrhage (heavy bleeding);
- infection;
- uterine perforation (caused when the uterus is pierced by a sharp object); and
- damage to the genital tract and internal organs as a consequence of inserting dangerous objects into the vagina or anus.

Restrictive abortion regulation can cause distress and stigma, and risk constituting a violation of human rights of women and girls, including the right to privacy and the right to non-discrimination and equality, while also imposing financial burdens on women and girls. Regulations that force women to travel to attain legal care, or require mandatory counselling or waiting periods, lead to loss of income and other financial costs, and can make abortion inaccessible to women with low resources *(6,8)*.

Estimates from 2006 show that complications of unsafe abortions cost health systems in developing countries US$ 553 million per year for post-abortion treatments. In addition, households experienced US$ 922 million in loss of income due to long-term disability related to unsafe abortion *(10)*. Countries and health systems could make substantial monetary savings by providing greater access to modern contraception and quality induced abortion *(8,9)*.

A set of scoping reviews from 2021 indicate that abortion regulations – by being linked to fertility – affect women's education, participation on the labour market and positive contribution to GDP growth. The legal status of abortion can also affect children's educational outcomes, and their earnings on the labour market later in life. For example, legalization of abortion – by reducing the number of unwanted pregnancies and thus increasing the likelihood that children are born wanted – can be linked to greater parental investments in children, including in girls' schooling *(9)*.

Expanding quality abortion care

Evidence shows that restricting access to abortions does not reduce the number of abortions *(1)*; however, it does affect whether the abortions that women and girls attain are safe and dignified. The proportion of unsafe abortions are significantly higher in countries with highly restrictive abortion laws than in countries with less restrictive laws *(2)*.

Barriers to accessing safe and respectful abortion include high costs, stigma for those seeking abortions and health care workers, and the refusal of health workers to provide an abortion based on personal conscience or religious belief. Access is further impeded by restrictive laws and requirements that are not medically justified, including criminalization of abortion, mandatory waiting periods, provision of biased information or counselling, third-party authorization and restrictions regarding the type of health care providers or facilities that can provide abortion services.

Multiple actions are needed at the legal, health system and community levels so that everyone who needs abortion care has access to it. The three cornerstones of an enabling environment for quality comprehensive abortion care are:

- respect for human rights, including a supportive framework of law and policy;
- the availability and accessibility of information; and
- a supportive, universally accessible, affordable and well functioning health system.

A well-functioning health system implies many factors, including:

- evidence-based policies;
- universal health coverage;
- the reliable supply of quality, affordable medical products and equipment;
- that an adequate number of health workers, of different types, provide abortion care at a reachable distance to patients;
- the delivery of abortion care through a variety of approaches, e.g. care in health facilities, digital interventions and self-care approaches, allowing for choices depending on the values and preferences of the pregnant person, available resources, and the national and local context;
- that health workers are trained to provide safe and respectful abortion care, to support informed decision-making and to interpret laws and policies regulating abortion;
- that health workers are supported and protected from stigma; and
- provision of contraception to prevent unintended pregnancies.

Availability and accessibility of information implies:

- provision of evidence-based comprehensive sexuality education; and
- accurate, non-biased and evidence-based information on abortion and contraceptive methods.

WHO response

WHO provides global technical and policy guidance on the use of contraception to prevent unintended pregnancy, provision of information on abortion care, abortion management (including miscarriage, induced abortion, incomplete abortion and fetal death) and post-abortion care. In 2022, WHO published an updated, consolidated guideline on abortion care, including all WHO recommendations and best practice statements across three domains essential to the provision of abortion care: law and policy, clinical services and service delivery.

WHO also maintains the Global Abortion Policies Database. This interactive online database contains comprehensive information on the abortion laws, policies, health standards and guidelines for all countries.

Upon request, WHO provides technical support to countries to adapt sexual and reproductive health guidelines to specific contexts and strengthen national policies and programmes related to contraception and safe abortion care. A quality abortion care monitoring and evaluation framework is also in development.

WHO is a cosponsor of the HRP (UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction), which carries out research on clinical care

Development and Research Training in Human Reproduction), which carries out research on clinical care, abortion regulation, abortion stigma, as well as implementation research on community and health systems approaches to quality abortion care. It also monitors the global burden of unsafe abortion and its consequences.

[1] An "unsafe abortion" is defined as a procedure for terminating a pregnancy performed by persons lacking the necessary information or skills or in an environment not in conformity with minimal medical standards, or both. The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and by pregnancy duration. In using this definition, what is considered 'safe' or unsafe needs to be interpreted in line with the most current WHO technical and policy guidance *(2).*

---

(1) Bearak J, Popinchalk A, Ganatra B, Moller A-B, Tunçalp Ö, Beavin C et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. Lancet Glob Health. 2020 Sep; 8(9):e1152-e1161. doi: 10.1016/S2214-109X(20)30315-6.

(2) Ganatra B, Tunçalp Ö, Johnston H, Johnson BR, Gülmezoglu A, Temmerman M. From concept to measurement: Operationalizing WHO's definition of unsafe abortion. Bull World Health Organ 2014;92:155; 10.2471/BLT.14.136333.

(3) Ganatra B, Gerdts C, Rossier C, Johnson Jr B R, Tuncalp Ö, Assifi A et al. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017 Sep.

(4) Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J et al. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014 Jun; 2(6):e323-33.

(5) Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol. 2012 Feb;119(2 Pt 1):215-9. doi: 10.1097/AOG.0b013e31823fe923. PMID: 22270271.

(6) Singh S, Maddow-Zimet I. Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries. BJOG 2015; published online Aug 19. DOI:10.1111/1471-0528.13552.

(7) Coast E, Lattof SR, Meulen Rodgers YV, Moore B, Poss C. The microeconomics of abortion: A scoping review and analysis of the economic consequences for abortion care-seekers. PLoS One. 2021 Jun 9;16(6):e0252005. doi: 10.1371/journal.pone.0252005. PMID: 34106927; PMCID: PMC8189560.

(8) Lattof SR, Coast E, Rodgers YVM, Moore B, Poss C. The mesoeconomics of abortion: A scoping review and analysis of the economic effects of abortion on health systems. PLoS One. 2020 Nov 4;15(11):e0237227. doi: 10.1371/journal.pone.0237227. PMID: 33147223; PMCID: PMC7641432.

(9) Rodgers YVM, Coast E, Lattof SR, Poss C, Moore B. The macroeconomics of abortion: A scoping review and analysis of the costs and outcomes. PLoS One. 2021 May 6;16(5):e0250692. doi: 10.1371/journal.pone.0250692. PMID: 33956826; PMCID: PMC8101771.

(10). Vlassoff et al. Economic impact of unsafe abortion-related morbidity and mortality: evidence and estimation challenges. Brighton, Institute of Development Studies, 2008 (IDS Research Reports 59).

Related

- Abortion care guideline
- Classification of abortions by safety: article in The Lancet
- Quality of care
- Maintaining essential health services during the COVID-19 outbreak
- Sexual and reproductive health and research including the Special Programme HRP

Fact sheets

Family planning/contraception methods
3 July 2025

Emergency contraception
9 November 2021

Maternal mortality
7 April 2025

More

Database

Global Abortion Policies Database

Related health topic

Abortion