Adolescent abortions across countries: levels and access to safe services

Ann M. Starrs
President and CEO

Global Maternal Newborn Health Conference
Mexico 2015
Background

- Adolescent pregnancies associated with adverse social and economic outcomes

- In developing countries, maternal morbidity and mortality are higher among adolescents than among women in their 20s and 30s

- Adolescents who seek to terminate their pregnancies are more likely than older women to have an unsafe abortion
The only prior comparisons of adolescent pregnancy and abortion rates across countries were conducted in the mid-1990s. To estimate pregnancy rates, one must have data on births, abortions, and miscarriages. Estimates were not available for developing countries in Africa or Latin America because of lack of data on abortions.
Objectives

• To examine current adolescent pregnancy and abortion levels across all countries with reliable data

• To examine the evidence on adolescent women’s abortion experiences in selected developing countries
Data sources

• Pregnancy and abortion rates:
  - Country reports
  - UN Demographic Yearbook
  - UN Population Prospects
  - Country studies by Guttmacher & partners

• Abortion experiences and barriers to care:
  - Review of literature
What are the levels of adolescent pregnancy and abortion across countries?
The adolescent pregnancy rate is higher in the US than in other developed countries.
Adolescent pregnancy rates in sub-Saharan Africa and Latin America are highest of all countries in this review.

Pregnancies per 1,000 females 15-19

- Burkina Faso: 187
- Kenya: 174
- Malawi: 154
- Mexico: 130
- Ethiopia: 121
- United States: 57
- New Zealand: 51
- Eng & Wales: 47
- Scotland: 46
- Estonia: 43
- Hungary: 40
- Slovakia: 33
- Iceland: 30
- Sweden: 29
- Portugal: 27
- Spain: 26
- France: 25
- Finland: 23
- Norway: 23
- Belgium: 21
- Denmark: 21
- Netherlands: 14
- Slovenia: 14
- Switzerland: 8
Adolescent abortion rates vary widely across the countries with restrictive abortion laws.

### Abortions per 1,000 females 15-19

<table>
<thead>
<tr>
<th>Country</th>
<th>Abortions per 1,000 females 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>44</td>
</tr>
<tr>
<td>Kenya</td>
<td>38</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>30</td>
</tr>
<tr>
<td>Malawi</td>
<td>21</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11</td>
</tr>
<tr>
<td>Sweden</td>
<td>20</td>
</tr>
<tr>
<td>Eng and Wales</td>
<td>20</td>
</tr>
<tr>
<td>Estonia</td>
<td>19</td>
</tr>
<tr>
<td>New Zealand</td>
<td>18</td>
</tr>
<tr>
<td>Scotland</td>
<td>17</td>
</tr>
<tr>
<td>Hungary</td>
<td>17</td>
</tr>
<tr>
<td>Iceland</td>
<td>15</td>
</tr>
<tr>
<td>France</td>
<td>15</td>
</tr>
<tr>
<td>United States</td>
<td>15</td>
</tr>
<tr>
<td>Denmark</td>
<td>14</td>
</tr>
<tr>
<td>Spain</td>
<td>13</td>
</tr>
<tr>
<td>Norway</td>
<td>13</td>
</tr>
<tr>
<td>Finland</td>
<td>13</td>
</tr>
<tr>
<td>Belgium</td>
<td>8</td>
</tr>
<tr>
<td>Portugal</td>
<td>8</td>
</tr>
<tr>
<td>Netherlands</td>
<td>7</td>
</tr>
<tr>
<td>Slovenia</td>
<td>7</td>
</tr>
<tr>
<td>Slovakia</td>
<td>6</td>
</tr>
<tr>
<td>Switzerland</td>
<td>5</td>
</tr>
</tbody>
</table>
Proportions of adolescent pregnancies ending in abortion are low in developing countries

Distribution of adolescent pregnancies by outcome

- Abortions
- Births
- Miscarriages
What are the experiences of adolescents seeking an abortion in developing countries?
Traditional practitioners are often a first resort for adolescents seeking abortion

- Methods used to induce abortions among adolescents include:
  - teas and herbal solutions
  - quinine or other malaria drugs
  - the insertion of sharpened sticks into the cervix
  - D&C without proper equipment in unhygienic conditions
Many adolescent women with an unintended pregnancy attempt a self-induced abortion.

- Methods documented for use to attempt self-induced abortion include:
  - caffeine pills
  - painkillers
  - laundry detergent
  - overdoses of malaria drugs
  - large doses of oral contraceptive pills
  - misoprostol
Adolescent women face a range of barriers to accessing safe abortion services

- Delay in finding out they are pregnant
- Poor knowledge of sources of safe abortion
- Costs that are out of reach
- Stigma attached to premarital sexual activity
- (Anticipated) poor treatment by providers
Conclusions and Implications

• Adolescent abortion rates vary widely across countries
• Restrictive abortion laws are not directly associated with low adolescent abortion rates
• Adolescents need access to family planning and safe abortion services
Thank you

This research was made possible with support from:

U.S. Centers for Disease Control and Prevention
U.S. Office of Population Affairs
Dutch Ministry of Foreign Affairs