GUTTMACHER INSTITUTE

Fact Sheet

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Unintended Pregnancy and Induced Abortion In Colombia

• In 2006, Colombia's Constitutional Court overturned an absolute ban on abortion, allowing the procedure in cases of threat to a woman's life or health, fetal abnormality incompatible with life, and rape or incest. Despite the ruling, the vast majority of abortions remain clandestine and thus potentially unsafe.

• Conditions for women have changed in recent decades. Between 1990 and 2010, the proportion of the population living in urban areas rose from 68% to 75%, and the proportion of women educated beyond primary school increased from 55% to 76%.

• Although average family size in Colombia steadily declined over this period, the poorest women still have the largest gap between actual and wanted fertility (that is, they have roughly one child more than they want to have).

• In 2010, nearly 80% of Colombian women in union (legal or consensual) practiced contraception; 73% used a modern method and 6% used a less effective traditional method.

INCIDENCE OF ABORTION AND UNINTENDED PREGNANCY

• An estimated 400,400 induced abortions were performed in Colombia in 2008, of which only 322 were reported as legal procedures. In 1989, there were 288,400 abortions. This increase was primarily due to an increase in the number of women of reproductive age.

• However, the abortion rate has remained relatively constant: 36 abortions per 1,000 women of reproductive age in 1989, compared with 39 per 1,000 in 2008.

• Abortion rates vary greatly by region, from 18 abortions per 1,000 women in Oriental to 66 per 1,000 in Bogotá.

• Despite notable gains in contraceptive use over the past two decades, 67% of all pregnancies in Colombia were unintended in 2008, an increase from 52% in 1989.

• Similarly, the proportion of all pregnancies that ended in abortion rose by a third from 1989 to 2008. Both of these increases likely occurred because of women's growing motivation to avoid unplanned births.

THE PROVISION OF LEGAL ABORTION SERVICES

• Although manual vacuum aspiration (MVA) is the method recommended by the WHO for first trimester abortions, eight in 10 legal abortion procedures performed at secondary and tertiary facilities are carried out using dilation and curettage (D&C), a method which is more invasive, more time consuming and more costly.[1]

• The estimated cost of a legal abortion at higher-level facilities where D&C is the primary method used is approximately US$200. At primary-level specialized facilities, where MVA or medication abortion is offered, the estimated cost is just $45.[1]

CONDITIONS OF CLANDESTINE ABORTION

• Colombian women routinely face unnecessary barriers in accessing legal abortions. As a result, many resort to clandestine procedures.

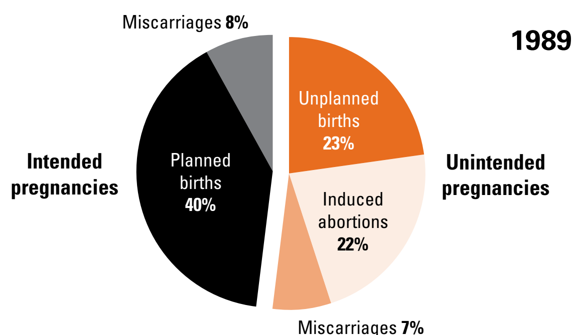
• Half of all abortions in Colombia are performed using the drug misoprostol, which is widely available. However, despite the drug´s safety and efficacy when used correctly, inadequate knowledge of its use among women and providers results in a high rate of complications (32%), primarily heavy bleeding and incomplete abortion.

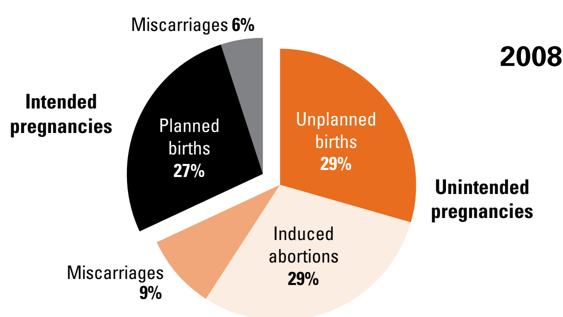
• The most common type of abortion among women living in urban areas involves the use of misoprostol—obtained from a number of sources, including the black market, pharmacies and doctors. However, in rural areas, poor women are much less likely than nonpoor women to use misoprostol. Half of poor rural women's abortions involve methods other than misoprostol and are provided by traditional midwives or are induced by the woman herself.

• Abortions that do not involve misoprostol are performed by a range of providers, including doctors (primarily using surgical techniques), pharmacy personnel (using high doses of oral contraceptives), nurses (using methods such as oxytocin injections and insertion of catheters) and traditional midwives (by vaginally inserting sharp objects or herbs, or providing herbal preparations or massages).

Pregnancy Outcomes in Colombia

The proportion of pregnancies that are unintended increased from half in 1989 to two-thirds in 2008.





CONSEQUENCES OF UNSAFE ABORTION

• Thirty-three percent of all women having clandestine abortions experience complications that require medical attention, but the complication rate is as high as 53% among poor rural women.

• However, approximately one-fifth of all women who develop complications do not receive the medical attention they need. Among poor rural women, half of postabortion complications go untreated.

• The vast majority of facilities offering postabortion care (93%) most commonly use D&C. Only 7% most commonly treat complications with nonsurgical MVA.

• Complication rates are highest among women who do not use misoprostol and who self-induce (65%) or seek the help of a traditional midwife (54%).

• The highest regional complication rate is found in Pacífica, a relatively poor area in which 40% of abortions require follow-up treatment; the lowest rate (25%) is found in the much wealthier region of Bogotá.

• According to projections from 2008 data, in 2012, approximately 102,000 women were treated for complications at higher-level health facilities in Colombia (71% at secondary facilities and 29% at tertiary facilities).[1]

• It costs the Colombian health care system approximately $14.4 million annually to provide postabortion care (including only direct costs).[1]

POLICY IMPLICATIONS AND RECOMMENDATIONS

• There is great need to improve the implementation of the 2006 ruling, ensure that guidelines are followed, lift barriers to legal services, and improve the dissemination of information on legal criteria among women, physicians and judges.

• The coverage and quality of postabortion care needs to be improved, and more widespread use of MVA should be encouraged. The cost of providing both postabortion care and legal abortion services would be significantly reduced if MVA and medication abortion were more widely used at primary-level facilities, rather than D&C.

• Special attention must be devoted to poor and rural women, who are the most likely to develop complications and the least likely to receive treatment.

• Almost two-thirds of health facilities that could provide postabortion care do not, suggesting that there is a need to expand the number of facilities offering such care, particularly in rural areas.

• Colombian women want fewer children than they did in the past. Higher-quality contraceptive services—including focused counseling on improving the consistency and effectiveness of current use, and wider access to emergency contraception—will reduce unintended pregnancies and women's need for abortion.

1. Prada E, Maddow-Zimet I and Juarez F, The cost of postabortion care and legal abortion in Colombia, *International Perspectives on Sexual and Reproductive Health,* 2013, 39(3):114–123.

Unless otherwise indicated the data in this fact sheet come from Prada E et al., *Unintended Pregnancy and Induced Abortion in Colombia: Causes and Consequences,* New York: Guttmacher Institute, 2011.

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