



Advancing sexual and reproductive health worldwide
through research, policy analysis and public education

40
YEARS

DONATE NOW

In Brief

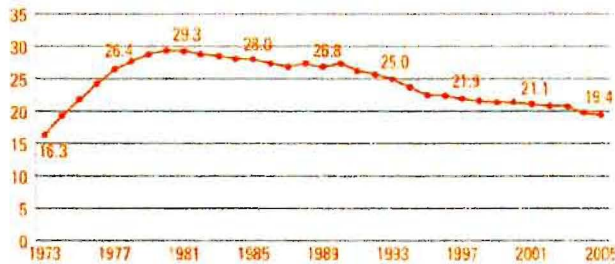
Facts on Induced Abortion in the United States

January 2008

INCIDENCE OF ABORTION

- Nearly half of pregnancies among American women are unintended, and four in 10 of these are terminated by abortion.[1] Twenty-two percent of all pregnancies (excluding miscarriages) end in abortion.[2]
- In 2005, 1.21 million abortions were performed, down from 1.31 million in 2000. From 1973 through 2005, more than 45 million legal abortions occurred.[2]
- Each year, about two out of every 100 women aged 15–44 have an abortion; 47% of them have had at least one previous abortion.[3]

Number of abortions per 1,000 women aged 15-44, by year



- At least half of American women will experience an unintended pregnancy by age 45[4], and, at current rates, about one-third will have had an abortion.[5,6]

WHO HAS ABORTIONS?

- Fifty percent of U.S. women obtaining abortions are younger than 25: Women aged 20–24 obtain 33% of all abortions, and teenagers obtain 17%.[7]
- Black women are 4.8 times as likely as non-Hispanic white women to have an abortion, and Hispanic women are 2.7 times as likely.[7]
- Forty-three percent of women obtaining abortions identify themselves as Protestant, and 27% as Catholic.[3]
- Women who have never married obtain two-thirds of all abortions.[7]
- About 60% of abortions are obtained by women who have one or more children.[7]
- The abortion rate among women living below the federal poverty level (\$9,570 for a single woman with no children) is more than four times that of

women above 300% of the poverty level (44 vs. 10 abortions per 1,000 women).^[3]

- The reasons women give for having an abortion underscore their understanding of the responsibilities of parenthood and family life. Three-fourths of women cite concern for or responsibility to other individuals; three-fourths say they cannot afford a child; three-fourths say that having a baby would interfere with work, school or the ability to care for dependents; and half say they do not want to be a single parent or are having problems with their husband or partner.^[8]

CONTRACEPTIVE USE

- Fifty-four percent of women who have abortions had used a contraceptive method (usually the condom or the pill) during the month they became pregnant. Among those women, 76% of pill users and 49% of condom users report having used their method inconsistently, while 13% of pill users and 14% of condom users report correct use.^[9]

- Forty-six percent of women who have abortions had not used a contraceptive method during the month they became pregnant. Of these women, 33% had perceived themselves to be at low risk for pregnancy, 32% had had concerns about contraceptive methods, 26% had had unexpected sex and 1% had been forced to have sex.^[9]

- Eight percent of women who have abortions have never used a method of birth control; nonuse is greatest among those who are young, poor, black, Hispanic or less educated.^[9]

- About half of unintended pregnancies occur among the 11% of women who are at risk for unintended pregnancy but are not using contraceptives. Most of these women have practiced contraception in the past.^[1,10]

PROVIDERS AND SERVICES

- The number of U.S. abortion providers declined by 2% between 2000 and 2005 (from 1,819 to 1,787). Eighty-seven percent of all U.S. counties lacked an abortion provider in 2005; 35% of women live in those counties.^[2]

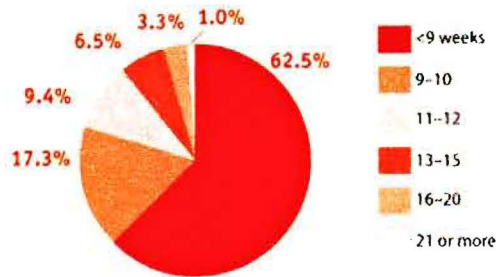
- Forty percent of providers offer very early abortions (during the first four weeks' gestation) and 96% offer abortion at eight weeks. Sixty-seven percent of providers offer at least some second-trimester abortion services (13 weeks or later), and 20% offer abortion after 20 weeks. Only 8% of all abortion providers offer abortions at 24 weeks.^[2]

- The proportion of providers offering very early abortion (at four or fewer weeks' gestation) increased from 7% in 1993 to 40% in 2005.^[11]

- In 2005, the cost of a nonhospital abortion with local anesthesia at 10 weeks' gestation ranged from \$90 to \$1,800; the average amount paid was \$413.^[2]

When women have abortions (in weeks)

Eighty-nine percent of abortions occur in the first 12 weeks of pregnancy, 2004.



MEDICATION ABORTION

- In September 2000, the U.S. Food and Drug Administration approved the abortion drug mifepristone to be marketed in the United States as an alternative to surgical abortion.
- In 2005, 57% of abortion providers, or 1,026 facilities, provided one or more medication abortions, a 70% increase from the first half of 2001. At least 10% of nonhospital abortion providers offer *only* medication abortion services.[2]
- In 2005, an estimated 161,100 early medication abortions were performed in nonhospital facilities.[2]
- Medication abortion accounted for 13% of all abortions, and 22% of abortions before nine weeks' gestation, in 2005.[2]

SAFETY OF ABORTION

- The risk of abortion complications is minimal: Fewer than 0.3% of abortion patients experience a complication that requires hospitalization.[12]
- Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.[13]
- Exhaustive reviews by panels convened by the U.S. and British governments have concluded that there is no association between abortion and breast cancer. There is also no indication that abortion is a risk factor for other cancers.[13]
- In repeated studies since the early 1980s, leading experts have concluded that abortion does not pose a hazard to women's mental health.[14]
- The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to one per 29,000 at 16–20 weeks—and one per 11,000 at 21 or more weeks.[15]
- Fifty-eight percent of abortion patients say they would have liked to have had their abortion earlier. Nearly 60% of women who experienced a delay in obtaining an abortion attribute the delay to the time it took to make arrangements and raise money.[16]
- Teens are more likely than older women to delay having an abortion until after 15 weeks of pregnancy, when the medical risks associated with abortion are significantly higher.[17]

LAW AND POLICY

- In the 1973 *Roe v. Wade* decision, the Supreme Court ruled that women, in consultation with their physician, have a constitutionally protected right to have an abortion in the early stages of pregnancy—that is, before viability—free from government interference.
- In 1992, the Court reaffirmed the right to abortion in *Planned Parenthood v. Casey*. However, the ruling significantly weakened the legal protections previously afforded women and physicians by giving states the right to enact restrictions that do not create an “undue burden” for women seeking abortion.
- Thirty-five states currently enforce parental consent or notification laws for minors seeking an abortion. The Supreme Court ruled that minors must have an alternative to parental involvement, such as the ability to seek a court order authorizing the procedure.[18]
- Even without specific parental involvement laws, six in 10 minors who have an abortion report that at least one parent knew about it.[19]
- Congress has barred the use of federal Medicaid funds to pay for abortions, except when the woman’s life would be endangered by a full-term pregnancy or in cases of rape or incest.
- Seventeen states use public funds to pay for abortions for some poor women, but only four do so voluntarily; the rest do so under a court order.[20] About 13% of all abortions in the United States are paid for with public funds[21] (virtually all from state governments).[22]
- Family planning clinics funded under Title X of the federal Public Health Service Act have helped women prevent 20 million unintended pregnancies during the last 20 years. An estimated nine million of these pregnancies would have ended in abortion.[23]

References

1. Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90–96.
2. Jones RK et al., Abortion in the United States: incidence and access to services, 2005, *Perspectives on Sexual and Reproductive Health*, 2008, 40(1):6–16.
3. Jones RK, Darroch JE and Henshaw SK, Patterns in the socioeconomic characteristics of women obtaining abortions in 2000–2001, *Perspectives on Sexual and Reproductive Health*, 2002, 34(5):226–235.
4. Jones RK et al., Repeat abortion in the United States, *Occasional Report*, New York: Guttmacher Institute, 2006, No. 29.
5. Henshaw SK, Unintended pregnancy in the United States, *Family Planning Perspectives*, 1998, 30(1):24–29 & 46.
6. Guttmacher Institute, State facts about abortion: New York, 2006, <http://www.guttmacher.org/pubs/sfaa/new_york.html>, accessed Oct. 31, 2007.
7. Distributions published by the Centers for Disease Control and Prevention, adjusted for year-to-year changes in the reporting states and applied to the total number of abortions in Jones RK et al., Abortion in the United States: Incidence and access to services, 2005, *Perspectives on Sexual and Reproductive Health*, 2008, (forthcoming).
8. Finer LB et al., Reasons U.S. women have abortions: quantitative and qualitative perspectives, *Perspectives on Sexual and Reproductive Health*, 2005, 37(3):110–118.
9. Jones RK, Darroch JE and Henshaw SK, Contraceptive use among U.S. women having abortions in 2000–2001, *Perspectives on Sexual and Reproductive Health*, 2002, 34(6):294–303.
10. Mosher WD et al., Use of contraception and use of family planning services in the United States: 1982–2002, *Advance Data from Vital and Health Statistics*, 2004, No. 350.
11. Henshaw SK, Factors hindering access to abortion services, *Family Planning Perspectives*, 1995, 27(2):54-59,87.

12. Henshaw SK, Unintended pregnancy and abortion: a public health perspective, in: Paul M et al., eds., *A Clinician's Guide to Medical and Surgical Abortion*, New York: Churchill Livingstone, 1999, pp. 11–22.
13. Boonstra HD et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006.
14. Adler NE et al., Psychological responses after abortion, *Science*, 1990, 248(4951):41–44; and Gilchrist AC, Termination of pregnancy and psychiatric morbidity, *British Journal of Psychiatry*, 1995, 167(2):243–248.
15. Bartlett LA et al., Risk factors for legal induced abortion-related mortality in the United States, *Obstetrics & Gynecology*, 2004, 103(4):729–737.
16. Finer LB et al., Timing of steps and reasons for delays in obtaining abortions in the United States, *Contraception*, 2006, 74(4):334–344.
17. Strauss LT et al., Abortion surveillance—United States, 2004, *Morbidity and Mortality Weekly Report*, 2007, Vol. 56, No. SS-9.
18. Guttmacher Institute, Parental involvement in minors' abortions, *State Policies in Brief*, 2007, <http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf>, accessed Oct. 31, 2007.
19. Henshaw SK and Kost K, Parental involvement in minors' abortion decisions, *Family Planning Perspectives*, 1992, 24(5):196–207 & 213.
20. Guttmacher Institute, State funding of abortion under Medicaid, *State Policies in Brief*, 2007, <http://www.guttacher.org/statecenter/spibs/spib_SFAM.pdf>, accessed Oct. 31, 2007.
21. Henshaw SK and Finer LB, The accessibility of abortion services in the United States, 2001, *Perspectives on Sexual and Reproductive Health*, 2003, 35(1):16–24.
22. Sonfield A, Alrich C and Gold RB, Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980–2006, Occasional Report, New York: Guttmacher Institute, 2008, (forthcoming).
23. Alan Guttmacher Institute (AGI), *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*, New York: AGI, 2000.

* Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 USC 9902(2).

© copyright 1996-2008, Guttmacher Institute