Role of abortion in control of global population growth

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No nation desirous of reducing its growth rate to 1% or less can expect to do so without the widespread use of abortion.

This observational study, based on the experience of 116 of the world's largest countries, supports the contention that abortion is essential to any national population growth control effort.

Except for a few countries with ageing populations and very high contraceptive prevalence rates, developed countries will need to maintain abortion rates generally in the range of 201-500 abortions per 1000 live births if they are to maintain growth rates at levels below 1%.

The current rate in the USA is 426 abortions per 1000 live births.

No developing nation wanting to reduce its growth to less than 1% can expect to do so without the widespread use of abortion, generally at a rate greater than 500 abortions per 1000 live births.

Widespread availability of abortion is a necessary but not sufficient condition to achieve growth rates below 1%.

A high contraceptive prevalence is essential as well in order to achieve growth rates below 1%. A high rate of abortion (generally 201-500 or more abortions per 1000 live births in the developed and greater than 500 abortions per 1000 live births in the developing countries) is essential to achieve growth rates below 1%. The different and more difficult set of circumstances faced by developing countries that will necessitate even higher abortion rates than developed countries includes a young population with resultant rapidly growing numbers of young fertile women, low prevalence of contraception, and poor or non-existent systems for providing contraceptives.

These data show that **high death rates of infants and children can moderate population growth rates - a most undesirable solution.** The data in this report suggest that actual alternatives are high death rates of infants and children or widespread use of contraception and abortion. African nations tend to have the very lowest abortion rates and the very highest infant and child death rates. **To avoid a world with deteriorating social, economic and political stability, with the concomitant loss of personal and national security, we must ensure that safe abortion is made available to all who wish to use this service.**

PIP: Population control is an important but neglected social benefit of abortion. To examine this role, the authors compared population growth rates and abortion (legal and illegal) incidence rates for the 116 largest countries in the world. These 116 countries were first ranked by their abortion rates into 4 groups: very high (greater than 500/1000 live births), high (201-500/1000), moderate (50-200/1000) and low (less than 50/1000). Then each of these 4 groups was ranked according to contraceptive prevalence: very high (60% or above), high (40-59%), moderate (15-39%), and low (less than 15%). Within each of the 16 groups, the countries were then ranked according to their population growth rate. The age distribution and mortality of children under 5 years of age were also considered for each country. The data indicate that where abortion and contraceptive prevalence rates are the highest and populations are the oldest, growth rates tend to be the lowest. As contraceptive prevalence decreases, the growth rate increases. The younger the population, the greater the growth rate. Where the abortion rate is very high with only modest use of contraception, a high growth rate can result. Thus, abortion is necessary but not sufficient to cause low growth rates. With the exception of a few countries with aging populations and very high contraceptive prevalence rates, developed countries need to maintain abortion rates in the range of 201-500/1000 if they are to maintain growth rates at levels below 1%. An even greater reliance on abortion--over 500/1000 live births--is required in developing countries to reduce population growth.

https://pubmed.ncbi.nlm.nih.gov/3709011/

The risk of unwanted pregnancy, a Latin American perspective

Viel B. IPPF Med Bull. 1989 Feb;23(1):1-3.PMID: 12281957

PIP: The most important risk of an unwanted pregnancy is induced abortion. Where abortion on demand is legal, the risk attached to an early induced abortion is minimal. Where it is illegal, as in most of South and Central America, the risk for a pregnant woman varies with her economic situation. The poorer the woman, the higher the risk.

Two approaches are used to estimate the number of illegal abortions: the use of hospital statistics for women hospitalized for complications of abortion and a inquiry into the obstetric history of a representative random sample of women of fertile age. The first strategy was mostly used in the 1960s, and the data were widely used to justify the use of contraceptives for the prevention of unwanted pregnancies. Although family planning programs, operated by both national governments and by the private sector, are now common in Latin America, all contraceptives have a certain proportion of failures, and some have side-effects which result in discontinuation of use. These factors, among others, help to maintain a high prevalence of illegal abortion.

In Cuba, abortion was legalized in 1979 after a study showed that illegal abortions were the major cause of female death in the age group 15-44. Combined with contraceptive counseling, this has led Cuba to have a birth rate as low as Western European countries, and the lowest maternal and infant mortality rates in Latin America.

In countries where abortion is illegal, the frequency of unwanted births in high. A study of **2485** pregnant women in a working class district of Santiago, Chile, showed only **33.1%** of the women were **happy** with their **pregnancy**, **38.4%** had **mixed feelings**, and **28.5%** were **unhappy**. These children were followed up until they were 1 year old. More than 1 appointment at the well-baby clinic

was missed by 12.2% of the mothers who had not wanted to be pregnant, as compared to 4.7% of mothers who had wanted to be pregnant. 19.8% of the unwanted children showed nutritional deficiencies at 1 year, while 12.7% of the wanted children did, 28.9% and 17.3% respectively, were undernourished.

It is essential that the governments in Latin America increase their efforts to prevent unwanted pregnancies and to start seriously to think about changing their penal codes in order to legalize induced abortion.

https://pubmed.ncbi.nlm.nih.gov/12281958/

Virgin and martyr

A M Portugal, A Claro 1993 Spring-Summer;14(1-2):28-32. PMID: 12178855

PIP: Women still die as a result of pregnancy in Latin America. Hispanic culture and Catholicism consider motherhood to be the most honorable and gratifying role a woman can achieve. Women who do not become mothers tend to be scorned or condemned. Women who have experienced abortions face the worst possible criticism. The Catholic Church leads the way in keeping abortion illegal. In Latin America, the role model for mothers is the Virgin Mary. Underregistration of maternal deaths is the norm in Latin America.

36% of maternal deaths take place during pregnancy; 94% could have been prevented. Hemorrhage, complications during puerperium, preeclampsia/eclampsia, and illegal abortions comprise at least 75% of maternal deaths in some countries (e.g., Argentina, Chile, and Venezuela). In Colombia, illegal abortions are responsible for 60% of maternal deaths. 22-63% of pregnant women in Latin America have anemia. Women need to rise up and question why the entire social, economic, and health systems in Latin America allow high maternal mortality to continue. The number of obstetric beds

is so low that 2 mothers share 1 bed. They often suffer consequences of this overcrowding and lack of hygiene.

Cuba has among the lowest maternal mortality rates in Latin America and the Caribbean because women have access to pre- and postnatal care, abortion is legal, and contraceptives are freely distributed.

Attending to women who conduct illegal self-induced abortions makes up a considerable part of the health budget (e.g.,k 1 hospital in Lima, Peru, spent $US 8 million in 1980). Women's groups in Brazil are leaders in promoting women's health. Their efforts have resulted in the establishment of the Integrated Health Care for Women Program, a conference on women and reproductive rights, and discussions about sexuality through the Group for Women's Health. Women in Latin America are indeed demanding to be seen and heard.

https://pubmed.ncbi.nlm.nih.gov/12178855/