Abortion Worldwide Report: Part II

Reasons Given for Abortions

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Previous briefs have reviewed evidence that the child in the womb is a human life from conception, and that the mother and father, civil government, and society have a moral and legal obligation to protect this life. This conclusion did not depend on evaluating possible reasons for denying this protection in favor of abortion. Still, it is important to understand the reasons given for having abortions. First, particular reasons are used to rationalize abortion and consequently are part of the political and policy debate. Second, they reflect the problems and needs of women seeking abortion—issues which must be addressed. Finally, the combination of these political and personal reasons or needs affect the levels of abortion. Thus, understanding these reasons is part of the approach to reducing and eliminating abortion.

Reasons for abortion play a central role in policy debates because even abortion advocates acknowledge abortion is undesirable. Some of the most ardent defenders of unlimited abortion claim they would prefer there were no abortions, that abortion was not "necessary". These abortion advocates prefer to style themselves as "pro-choice," in part because they are unwilling to admit to a pro-abortion perspective. They in turn will cite heart-wrenching reasons for abortion to justify the practice. This only serves to betray that even these advocates recognize at some level that abortion is a negative act—that it is a betrayal of a woman's nature.

This rationalization of abortion is related to its political implementation: the majority of countries that permit abortion have some restrictions based on the reasons for abortion, including different permitted reasons at different stages of pregnancy. This reflects a widely-prevailing sense that all reasons for abortion are not equally acceptable, and that society may have interests in seeing those reasons limited. The implication of course is that most countries tacitly acknowledge something negative about abortion, even while authorizing it.

In regions with abortion on demand, women sometimes obtain abortions for non-critical reasons (e.g., to avoid lifestyle changes), but generally they choose abortion during a time of desperation in crisis. Abortionists seize upon these crises to profit and/or further their own agendas, victimizing both mother and child. But to eliminate abortion, legal prohibitions or restrictions are insufficient; the demand must be eliminated. Thus, the solution includes understanding the crises that lead women to this point, and addressing, as applicable, their needs, motives, and misunderstandings—and ultimately by doing so in a preventative manner.

Information on reasons women obtain abortion must be considered skeptically. Women may give false reasons for why they seek abortion if abortions are legally restricted as to cause, or if there is social stigma to abortion, or merely as part of rationalizing the decision to themselves.

Data gathered by abortion providers or advocates may be skewed in order to rationalize in the policy arena the supposed need for abortion. As will be shown, comparisons of statistics on reasons for abortion between regions reveals manipulation of data at various levels.

Types of Reasons Given for Abortion. Part III of this report contains a table ("National Policies Protecting Life or Authorizing Abortion") listing the policies for 196 nations, grouped by region. Part VI provides a one-page summary ("196 Nations Grouped by Life-Protecting or Abortion Policies") of these nations grouped by degree of restriction or permissiveness based mostly on possible reasons for abortion (other factors in policy differences involve gestational age, permitted methods, or required steps for obtaining abortion). Reasons for abortion are listed below, consistent with the part VI groupings with some elaboration:

- To save the physical life of the mother.
- Restrictive reasons:
  - mother's physical health,
  - mother's mental health,
  - fetal health (e.g., impairment or disability, whether life-threatening or not),
  - pregnancies resulting from rape or incest,
  - to preserve family honor.
- Socioeconomic reasons:
  - poverty,
  - too many children (i.e., as a means of birth control),
  - mother is unmarried and/or too young,
  - unstable household,
  - mother is pressured to have abortion by family.
- Other elective reasons:
  - convenience (e.g., to avoid lifestyle changes),
  - on request/on demand reasons,
  - selective elimination of female children (i.e., sex-select abortion),
  - selective reduction of assisted reproductive technology pregnancies (of fertilized embryos),
  - other on request/on demand reasons.
- By force of government (against the will of the mother):
  - population control,
  - eugenics,
  - political persecution.

Cited Reasons for Abortion, United States. Several developed Western countries that permit abortion with little or no restrictions also gather data on reasons women give for obtaining abortions. In the United States, national policy authorizes abortion on demand, but any statistical reporting is up to individual states. Table 1 shows available data by states on reasons for abortion (Johnston, "Reasons Given for Having Abortions"),[1] with the differences in data available reflecting what information each state chooses to gather and report. Only 7 of 50 states have reported any such data in the past 20 years, with limited data for other states

(Illinois and another 18 states) based on applications for federal funding in certain cases of abortion. Note that in almost all cases, medical and criminal reasons for abortion shown here are self-reported by women obtaining abortions, i.e., there is no independent medical assessment involved (as is required in some European countries).

Table 1
Reasons Reported for Abortion by U.S. States, Percentage of All Reported Abortions

State(s)	Arizona	Florida		Illinois	Louisiana	Minnesota	Nebraska	South Dakota	Utah	18 states
Years	1980–2013	1998–2008	2008–2009	2004–2007	1996–2012	1998–2014	2000–2014	1999–2014	1996–2014	2004–2007
Total abortions	337,816	937,162	122,576	135,174	165,546	209,220	45,036	11,969	61,722	842,579
Mother's life			0.06	0.02			0.18		0.45	0.03
Rape, incest			1.89	0.35	0.03	0.70	0.41	1.61	0.41	0.00
Medical	0.26	1.18	0.94		1.32	13.32	9.21	11.34	92.53	
Physical health		0.51	0.16		0.25	5.15	1.56	10.44		
Mental/emotional health		0.11	0.14		0.95	6.46	7.01			
Fetal health		0.56	0.64		0.12	1.71	0.64	0.90	0.68	
Socioeconomic			8.08				68.74			
Economic						33.57		39.74		
Elective	89.80	98.3	89.02					67.12	5.63	
Other		0.52			9.32	28.16	20.61	12.82	0.09	
Unknown	9.94	0.00	0.00	99.63	89.15	24.25	0.85	1.33	0.21	99.97

For what are considered extreme circumstances in the United States, cases of threat to the mother's life, rape, or incest, these consistently represent a small fraction of abortions. For most other reasons, the percentages vary widely between states. Given the relative consistency between states in terms of society, economics, and health care, these differences most likely reflect very inconsistent uses of these terms. This inconsistency reaches the point of dishonesty—note the claims by over 90% of women who obtained abortions in Utah that they did so for medical reasons. The average abortion rate (annual rate per 1,000 women ages 15–44) limited to abortions for medical reasons is 5.8 in Utah, over 10 times higher than the average rate for the other 6 states with available data. Note that health care levels are sufficiently consistent between U.S. states that such differences in purportedly health-related abortion levels are mostly due to differences in accuracy of reporting.

Johnston ("Reasons Given for Having Abortions") also provided adjusted state-reported data and other data by relative pregnancy rates, reported rape cases, and so on to produce

composite national-level estimates of reported reasons for abortion as percentages of all abortions, as shown in table 2. For comparison, percentages from 2 surveys by the Guttmacher Institute (GI) are shown. These 2 studies were surveys of 1,900 women in 1987 (Torres & Forest 169–76)[2] and 1,209 responding women in 2003-2004 (Finer et al., 110–18),[3] respectively. Note that the percentages for health or criminal causes are higher in the GI studies than what can be supported from state-reported data, likely indicating bias in these studies.

Table 2
Reasons Reported for Abortion in the United States, Percentage of All Reported Abortions

Primary reason given for having abortion	Johnston ("Reasons Given for Having Abortions")	Torres and Forest (169–76)	Finer et al. (110–18)
Total abortions	1,929,415*	1,900	1,209
Mother's life	0.1		
Rape or incest	0.33	0.4–1.3	0.5
Physical health	0.8	2.8	4
Fetal health	0.5	3.3	3
Selective reduction	0.4		
Economic	30	21.3	23
Social		56	60
Pressure from others		1–1.5	0–1
Lifestyle		16	4
Sex selection	0.1		

Total abortions from 8 states with any data on reasons for abortions, though most of these states report on only a subset of listed reasons.

Cited Reasons for Abortion, Other Western Nations. National statistics on reasons for abortion are reported by 9 Western European countries, plus Israel and New Zealand. These data are summarized in table 3 by country, reason, and 5-year period (Johnston, *AWR Working Paper 16*).[4] Five of these countries (Finland, Iceland, Israel, New Zealand, and United Kingdom) have abortion laws that currently restrict the reasons for which abortion is permitted. For a few others, the data in table 3 cover periods before the current permissive policies were put in place (e.g., Denmark and Spain). For reasons of maternal life or health, fetal health, or rape or incest, the percentages are low in almost all cases. The exceptions are maternal health reasons in New Zealand, Spain, and the United Kingdom, cited in 89–99% of abortions (for Spain, prior to a recent policy change), and maternal or fetal health reasons cited in 35–47% of abortions in Israel. This likely reflects widespread practices of falsely claiming such reasons in order to circumvent law restrictions. Such practices are widespread in the UK;[5] are implied in the data for Spain (where maternal health percentages dropped by a factor of 6 with the policy change,

even though abortions only increased by a factor of two); and are implied for Israel (where fetal health indicators are cited 10–20 times more frequently than in other developed countries).

Table 3
Reasons Reported for Abortion in Western Countries, by Percentage of All Reported Abortions

Years	1960–1964	1970–1974	1975–1979	1980–1984	1985–1989	1990–1994	1995–1999	2000–2004	2005–2009	2010–2014
Mother's life										
New Zealand								0.06	0.09	0.28
UK: England/Wales						0.00	0.00	0.00		0.00
Rape or incest										
Belgium						0.19	0.20	0.27		
Denmark	1.14						0.02	0.04	0.04	
Finland		0.16	0.00	0.04	0.04	0.02	0.07	0.09	0.05	
Germany			0.13	0.10	0.09		0.03	0.03	0.02	0.02
New Zealand								0.02	0.01	0.03
Portugal									0.10	0.07
Spain							0.03	0.04	0.01	0.00
Mother's health										
Belgium						3.74	4.21	4.41		
Denmark	88.21						0.16	0.25	0.35	
Finland		17.09	4.88	3.22	1.67	0.67	0.29	0.34	0.40	
Germany			28.74	18.53	11.44		3.19	2.62	2.64	3.03
Iceland				9.09	11.64	8.23	6.70	5.62	4.35	
Israel				35.06	26.02	27.65	22.07	20.03	18.04	19.20
New Zealand								99.36	99.70	99.28
Norway								0.52	0.69	0.55
Portugal									0.54	0.45
Spain							97.52	96.92	96.86	16.51
UK: England/Wales						89.05	92.07	94.88	97.51	97.72
UK: Scotland								96.60	95.44	95.68
Fetal health										
Denmark	10.65						1.26	1.64	2.03	
Finland		0.41	0.69	0.74	1.00	1.64	1.97	2.19	2.78	
Germany			3.91	2.64	1.26					
Israel				10.10	20.99	18.30	14.77	16.08	17.44	18.94
New Zealand								0.55	0.20	0.41
Norway								1.28	1.59	1.84
Portugal									2.49	2.32

Spain							2.22	2.82	2.94	3.20
UK: England/Wales						1.14	1.10	1.04	1.03	1.40
UK: Scotland								1.33	1.22	1.23

Table 3 (continued)

Years	**1960–1964**	**1970–1974**	**1975–1979**	**1980–1984**	**1984–1989**	**1990–1994**	**1995–1999**	**2000–2004**	**2005–2009**	**2010–2014**
Elective										
Belgium						96.07	95.60	95.32		
Denmark	0.00						98.56	98.07	97.59	
Finland		82.35	94.43	96.00	97.29	97.67	97.67	97.38	96.76	
Germany			67.21	78.73	87.21		96.79	97.36	97.34	96.94
Iceland				90.91	88.36	91.77	93.30	94.38	95.65	
Israel				54.84	52.99	54.05	63.16	63.89	64.52	61.86
New Zealand								0.00	0.00	0.01
Norway								98.19	97.72	97.60
Portugal									96.87	97.17
Spain							0.23	0.22	0.18	80.29
UK: England/Wales						9.81	6.83	4.09	1.45	0.88
UK: Scotland								2.07	3.34	3.10

Total number of abortions for samples above, by country: Belgium—140,910; Denmark—195,614; Finland—495,477; Germany—2,868,816; Iceland—16,295; Israel—567,770; New Zealand—199,505; Norway—218,663; Portugal—101,758; Spain—1,668,291; UK, England and Wales—4,228,813; UK, Scotland—176,855.

Recent detailed data released from the United Kingdom highlighted the range of conditions included under health-related reasons for abortion. From 1991–2011, about 2,000 abortions annually were performed in England and Wales for causes related to fetal health. Many of these are conditions so severe that survival of the child was in doubt, but some were treatable and/or manageable conditions, or merely suspected conditions. The annual number of abortions in cases of Down's syndrome increased from 369 to 942 during this time period, so currently most children with Down's syndrome do not survive to birth in the United Kingdom. In England and Wales in 2007 and 2008, 5 Down's syndrome children were aborted for every 4 born (Johnston, "Reasons Given for Abortions in England and Wales"; Morris & Alberman, "Trends in Down's Syndrome Live Births").[6] When only those pregnancies that are tested are considered, a full 90% of those diagnosed with Down's syndrome are aborted (Gee, "A World").[7, 8] In the U.K. in 2007 and 2009–2010, an average of 45 children per year were aborted because they had cleft lip or cleft palate. Dozens to hundreds per year were aborted in 1991–1994 for "suspected" exposure to radiation, drugs, or diseases (Johnston, "Reasons Given for Abortions in England and Wales").

Cited Reasons for Abortion, Former Soviet and Eastern European Countries. As described in part VII, while under communism, the U.S.S.R. and Eastern European countries exhibited some of the highest abortion levels of any countries. For most of the periods under communism, these countries had policies permitting abortion on demand. Abortion usually became the primary means of birth control due to its availability combined with the relative lack of access to modern contraceptives. Most abortions were obtained for reasons related to birth control. Since the fall of Soviet communism, Eastern European and former Soviet countries inherited permissive abortion policies, although abortion levels have dropped 70–90% in these countries (see part VII). Available data suggests that reasons for abortions have generally remained similar in recent years.

The U.S.S.R. authorized abortion on demand in 1920, restricted it to medical and limited other grounds in 1936, and then reauthorized it on demand in 1955. U.S.S.R. abortions promptly increased perhaps tenfold after reauthorization. A government survey of 26,000 women requesting abortion in Russia in 1958–1959 found illness of one or both parents cited in only 5.6% of cases; most reasons were related to limited income or living space or family issues (Heer 531–39).[9] At the fall of communism in 1991, only 1.87% of induced abortions in Russia were identified as being for medical reasons (although medical reasons may be present but not identified in early abortions) (Popov 84–112).[10] In a 1999 survey of 2,268 women who had obtained abortions, 6.5% cited maternal or fetal health issues, while 65.6% cited birth control or socioeconomic reasons (Centers for Disease Control and Prevention et al., *Reproductive, Maternal, and Child Health*).[11]

Similarly, most abortions in Eastern European countries were for elective reasons, both during and after communist rule. Pregnancy terminations for medical reasons were uncommon in Eastern Europe around 1960: 10% in Czechoslovakia, 6% in Slovenia, 4% in Hungary, and 1% in Romania (Potts 232–50).[12] Official data from Bulgaria, the Czech Republic, Hungary, and Slovakia are summarized in table 4 (Johnston, *AWR Working Paper 16*). During communism, abortions for medical reasons were between 3% and 20% in Bulgaria and the Czech Republic. Postcommunism fractions for this reason in all 4 countries are in that range, with mixed trends among these countries. Results from surveys in 1997 and 1999 in Moldova, Romania, Russia, and Ukraine are given in table 5, which also indicate low fractions of abortions (6–8%) for maternal or fetal health reasons, versus high percentages (83–85%) for birth control or socioeconomic reasons (Centers for Disease Control and Prevention, et al., *Reproductive, Maternal, and Child Health*). Generally, divisions between medical and elective reasons are similar to those in Western countries.

Table 4
Reasons Reported for Abortion in Bulgaria, Czech Republic, Hungary, and Slovakia

Years	Bulgaria		Czech Republic		Hungary				Slovakia	
	Medical	Elective	Medical	Elective	Criminal	Maternal health	Fetal health	Elective	Medical	Elective
1960–1964			15.6	84.4						
1965–1969			19.7	80.3						
1970–1974			19.2	80.8						
1975–1979			18.6	81.4						
1980–1984	2.7	97.3	19.5	80.5						
1985–1989	4.7	95.3	12.5	87.5						
1990–1994	3.3	96.7	13.4	86.6						
1995–1999	4.7	95.3	22.4	77.6	0.09	1.2	0.8	97.9	19.2	80.8
2000–2004	8.5	91.5	18.9	81.1	0.08	1.4	0.9	97.6	16.4	83.6
2005–2009	12.4	87.6	19.2	80.8	0.11	1.6	1.2	97.1	15.5	84.5
2010–2014	12.1	87.9	19.5	80.5					13.3	86.7

Total number of abortions for samples above, by country: Bulgaria—869,752; Czech Republic—3,121,005; Hungary—736,142; Slovakia—241,131.

Table 5
Reasons Reported in Surveys for Abortion in Moldova, Romania, Russia, and Ukraine

Country	Years	Number of respondents	Percentage of abortions by reason given				
			Maternal health	Fetal health	Control childbearing	Cannot afford baby	Family situation or youth
Moldova	1997	1,333	4.9	2.9	27.8	57.4	7.0
Romania	1999	2,902	3.4	3.1	53.4	29.5	10.6
Russia	1999	2,268	4.4	2.1	65.6		11.0
Ukraine	1999	2,032	4.3	1.8	59.7	25.1	5.9

Cited Reasons for Abortion, Asian Developed Countries. Little data on reasons for abortions in developed Eastern Asian countries is available apart from surveys. Table 6 provides abortion percentages by reason cited primarily from limited surveys summarized by Bankole et al. (117–27, 152) (B98)[13] or reported in Koya et al. ("Preliminary Report") (K53)[14] and Lim et al. (219–22) (L12).[15] Percentages of abortions for sex selection in Hong Kong and South Korea are estimated from demographic data by Johnston (*AWR Working Paper 18*) (J17).[16] As in other developed countries, only a small fraction of abortions are for reasons of maternal or fetal health. The fractions of abortions for birth control reasons, however, are generally much higher than those claimed in western countries: 30% in Japan and 73–90% in Taiwan, Hong Kong, and South Korea.

Table 6
Reasons Reported for Abortion in Asian Developed Countries

Country	Years	Number of abortions[a]	Law[b]	Percentage of abortions by reason given						Source
				Maternal health	Fetal health	Control childbearing	Cannot afford baby	Family situation or youth	Sex selection	
Republic of China (Taiwan)	1980–1981	802	ESR	8.5	6.5	78.2	4.1			B98
Hong Kong	2005–2008	est	RQST						11.9	J17
	2009–2012	est	RQST						28.9	J17
	2013	est	RQST						6.7	J17
Japan	1949–1950	1,382	ESR	17.1		29.9	50.5			K53
Korea, South	1985–1989	est	RES						1.9	J17
	1990–1994	est	RES						6.0	J17
	1994	2,541	RES	9.7	5.1	69.5	3.7	5.0		B98
	1995–1999	est	RES						3.0	J17
	2000–2012	est	RES						1.2	J17
Singapore	1984	400	RQST	7.3		73.1	4.0	13.8		B98
	1985	23,512	RQST	2.0		90.2	6.9			B98
	2005–2009	1,998	RQST	2.0	5.7	76.4	11.9			L12

a. Note: For number of abortions, "est" indicates estimated percentage of sex-selection abortions from demographic data.

b. Note: For law, RES = restrictive reasons; ESR = economic or social reasons; RQST = on request. See text for explanation of reasons and source codes.

Japan's original authorization of abortion in 1948 only permitted abortion for reasons of maternal health. When the policy was amended in 1949 to permit abortions for economic reasons, the number of abortions significantly increased, and only 17% of women in a 1949–1950 survey cited health reasons for their abortions. Eventually, 99% or more of women would

cite economic reasons for obtaining their abortions (Norgren 46).[17] In recent years, a large fraction of Japanese abortions are obtained for birth control-related reasons (e.g., to postpone childbearing) (Sato, *Induced Abortion in Japan*).[18] Though the expansion of authorized reasons for abortion was particularly rapid in Japan, this is the typical pattern in developed countries in which grounds for abortion are progressively expanded after initial authorization, accompanied by dramatic increases in abortion numbers.

Cited Reasons for Abortion, Developing and Transition Countries. Within the country groups covered above, abortion levels as well as abortion reasons are generally consistent. Countries with developing or transition economies are widely varied in culture, economic development, health resources, and abortion policies and levels. This would tend to suggest widely varied mixes of reasons for abortion. Those countries being pressured to more broadly authorize abortion are subjected to arguments based on presumed reasons for abortion (maternal health, control of childbearing, and liberation of women).

Officially collected data on reasons for abortion are mostly unavailable for these countries. Thus, table 7 provides abortion percentages by reason cited primarily from limited surveys summarized by Bankole et al. (117–27, 152) (B98), or reported in Centers for Disease Control and Prevention et al. (*Reproductive, Maternal, and Child Health*), Ganatra and Hirve (76–85) (GH02),[19] Ghana Statistical Service et al. (*Ghana Maternal Health*)(G09),[20] Hacettepe University Institute of Population Studies et al. (Turkey Health and Demographic) (H04),[21] the National Statistical Committee of the Kyrgyz Republic et al. (*Kyrgyz Republic Demographic*) (N13),[22] the National Statistical Service of Armenia et al. (*Armenia Demographic and Health*) (N10),[23] the National Center of Disease Control and Public Health of Georgia (*Reproductive Health Survey*) (N12),[24] Ngowa et al. ("Voluntary Induced Abortion") (N15),[25] and the State Statistical Committee of the Republic of Azerbaijan et al. (*Azerbaijan Demographic and Health*) (S08).[26] The trends reported recently in Chae et al. ("Reasons Women Have Induced Abortions")[27] are largely consistent with results shown here, although sample sizes and biases are an issue for some studies[28] cited by them as well as by Bankole et al. (117–27, 152). Sex-select abortion percentages for the People's Republic of China (China) are estimates based on demographic and abortion data (see following section).

Based on these developing/transition country surveys, as summarized in table 7, maternal or fetal health is generally a low fraction of abortions (comparable to fractions in European countries): 3.5–16%, except Kyrgyzstan (plus the time period in India immediately following abortion authorization only). In 10 of 18 countries, birth control was cited as the main reason for over half of all abortions. Otherwise, there are significant variations in breakdown between the other elective reasons cited—economic, job or education, and family reasons. In 10 countries, avoiding interfering with job or education was cited as the main reason in over 10% of abortions (and distinct from "can't afford the child" in these cases). Sex selection was cited for over 1% of abortions in 4 country surveys (plus China based on derived figures). The significant fractions of abortions where education, family situation, or sex selection are cited illustrate that abortion tends to be used for reasons other than the rationales preferentially cited by abortion advocates (e.g., health, poverty, birth control).

Four Islamic countries permit abortion for reasons of honor: Iraq, Jordan, Lebanon, and Syria.[29] This acceptance of killing to avoid societal dishonor to the family is unsurprisingly found in cultures that also practice honor killing of women ("At a Crossroads"; Chesler 61–69; Coogle, "Recorded 'Honor' Killings"; Sinjab, "Honour Crime").[30] Abortion data is not reported by these countries, so the levels of honor abortions cannot be compared to those for other reasons.

Table 7
Reasons Reported for Abortion in Developing and Transition Countries

Country	Years	Number of abortions[c]	Law[d]	Percentage of abortions by reason given							Source
				Maternal health	Fetal health	Control childbearing	Cannot afford baby	Job or education	Family situation or youth	Sex selection	
Armenia	2010	421	RQST	11.4	4.1	53.7	15.2		4.1	9.1	N10
Azerbaijan	2001	4,196	RQST	3.1	0.4	63.4	31.5		0.7		C03
	2006	1,554	RQST	7.7	1.0	64.6	12.6		9.5	3.3	S08
Benin	1993	108	RES			35.2	7.4	13.0	36.1		B98
Cameroon	2011	509	RES			32.1	10.2	34.3	23.4		N15
Chile	1988	357	ILLEG			5.0	30.0	15.0	50.0		B98
People's Republic of China (China)	1985–1989	est	GF							3.1	J17
	1990–1994	est	GF							5.1	J17
	1995–1999	est	GF							9.5	J17
	2000–2012	est	GF							12.1	J17
	2013–2015	est	GF							3.1	J17
Colombia	1990–1991	602	RES	8.8		10.6	35.2	15.3	29.6		B98
Georgia	1999	4,845	RQST	2.7	1.1	65.8	28.7		0.5		C03
	2005–2010	2,054	RQST	7.8		69.2	20.2		1.5	1.4	N12
Ghana	2002–2007	495	ESR	3.6		16.0	21.2	19.6	20.5		G09
India	1977–1978	13,511	ESR	37.9	11.1	20.6		17.9	12.5		B98
	1996–1998	1,717	ESR	5.3	1.9	69.8		5.6		17.5	GH02
Indonesia	1987–1988	200	RES				35.0	45.0	20.0		B98
Kyrgyzstan	2009–2012	445	RQST	42.1	1.9	32.7	10.0		8.4	0.5	N13
Malaysia	1981	148	RES		1.4	85.8	1.4		11.5		B98
Mexico	1967–1971	3,714	RES	8.3		26.4	44.3		15.1		B98
Nepal	1984–1985	165	RQST			88.0			12.0		B98

Sri Lanka	1988–1990	548	ILLEG	4.7		62.7	9.7	4.7	2.0		B98
Thailand	1983–1984	750	RES	5.1	7.7	52.4	18.5	8.5	6.0		B98
Turkey	1993	1,674	RQST	15.9		66.3		16.9	0.3		B98
	2003	1,795	RQST	8.3	3.3	57.7					H04
Zambia	1985–1986	264	ESR	3.4		53.4		41.3	1.9		B98

c. Note: For Number of abortions, "est" indicates estimated percentage of sex-selection abortions from demographic data.

d. Note: For law, ILLEG = illegal except to save the mother's life; RES = restrictive reasons; ESR = economic or social reasons; RQST = on request; GF = sometimes government forced in addition to on request. See text for explanation of reasons and source codes.

Sex-Select Abortion. Abortions to eliminate female children are a widespread practice in Asia. Culturally, this is an extension of female infanticide practiced both historically and currently. In recent years, the availability of abortion along with sonograms to determine fetal gender before birth has led to extreme sex-ratio imbalances in many countries, as detailed in Eberstadt's essay, the next brief in this report.

Birth sex-ratio statistics allow for estimates of the numbers of abortions for sex selection, although this is complicated by killing or fatal neglect of girls after birth, and by incomplete birth and abortion statistics. In South Korea, the practice was banned in 1987; and though this restriction was later overturned, doctors increasingly rejected the practice. Estimates based on birth sex-ratios imply 4–8% of South Korean abortions in 1990–1996 were for sex selection (table 6) (Johnston, *AWR Working Paper 8*).[31] Similarly, the Republic of China (Taiwan) exhibited sex-ratio imbalances prior to the banning of sex-selective abortions in 2011. Estimates imply 5–10% of reported Taiwanese abortions in 1990–2010 were for sex selection, although it is believed that abortions in Taiwan are significantly underreported (Johnston, *AWR Working Paper 14*).[32] In Hong Kong, the estimated fraction of abortions for sex selection reached 28.9% in 2009–2012 before dropping to 6.9% in 2013. These high levels of sex-selective abortions are largely among recent immigrants from China (Basten & Verropoulou 323–34).[33]

Preference for male children is evident in some countries outside of East Asia. In survey-based studies referenced in table 6, sex selection was cited as the primary reason for abortion by 1.4% of respondents in the Republic of Georgia, 3.3% of respondents in Azerbaijan, and 9.1% of respondents in Armenia. Analysis of abortion statistics for Matlab province, Bangladesh, indicates that women there are more likely to abort a pregnancy if they have already had a son (DaVanzo 1739–1764)[34]—such abortions do not alter the birth sex-ratio but still represent bias against girl children.

Far more immense is the scale of sex-selection abortion in China and India. In China, the cultural preference for male children was enhanced by the government's one-child policy, producing high levels of abortions of female children. Only with the recent partial relaxation of

population control practices, plus a ban on sex-select abortion, have these levels begun to drop. Table 7 provides minimum estimates of the fraction of abortions in China for sex selection based on officially-reported sex ratios at birth and numbers of abortions (Johnston, *AWR Working Paper 18*). This suggests that 12% of abortions in China from 2000–2012 were of female children following sex determination. Data for 2013–2015 suggest a drop to 3% of abortions targeting female children, though data for these years are incomplete. In India, the driving force against female children is cultural; abortion data is too incomplete to yield meaningful percentages, but as reviewed by Eberstadt, the levels are substantial, particularly in some local regions.

Use of abortion to eliminate unwanted female children is a cultural issue found in the West as well. A study of Canadian live births (from 1993–2014) to women born in India found that if a woman had previously had two girls, the third birth was 1.9 times as likely to be a boy than a girl (Brar et al. 459–64).[35] This amounts to about 500 abortions in the population studied, or 1 sex-selection abortion for every 100 live births to Indian immigrant women.

Forced Abortion. There are 3 countries known to force women to have abortions against their will, or to have done so in the recent past: China, North Korea, and Vietnam. In China, this was implemented nationwide as part of their one-child policy to control population growth. This practice of forced abortion was unpopular internally and was criticized internationally.[36] Chinese authorities relaxed the policy progressively by regions and have stated that forced abortion is no longer practiced. However, local authorities have some degree of freedom in how they reach the population control targets, prompting some to continue forcing abortions according to reports. Vietnam also engaged in similar forced abortion as part of its 2-child policy (Goodkind 85–111; "UNFPA Supports Coercion").[37] It is unclear if the practice has been abandoned. North Korea is known to force political prisoners to have abortions, as well as to force women to have abortions if the fathers are Chinese.[38] Such eugenics-based forced abortion cannot be ruled out for China.

Forced abortion is not limited to these countries; many surveys indicate some women cite pressure from family (including the baby's father) or others as the primary reason for their abortion. In the U.S., surveys in 1998 and 2005 both found 0.5–1.5% of women cited pressure from others as the primary reason for their abortion (table 1) (Finer et al. 110–18; Torres & Forest 169–76). Such cases in the U.S. could be even more common, as there are known cases of abortion providers ignoring signs of physical or emotional abuse of women obtaining abortions ("Forced Abortions").[39] A 1992 survey of 2,127 Australian women found 12% reported pressure from their husband or partner, and 6% cited pressure from their parents, as one of several factors in choosing abortion (Bankole et al. 117–27, 152). Recently in Japan many women indicated being pressured by employers to obtain abortions ("We're Busy. Get an Abortion").[40] While this might be surprising in developed countries with significant legal protections for individuals, it can be linked to policies that permit abortion on demand either explicitly or in practice—there is consequently no need or motivation for evaluation of a woman's individual situation by abortion providers when they seek an abortion. Such pressure on women to obtain abortions may be an unreported problem in developing countries. Surveys

tend not to address this question, but those that do cite it as a factor in several percent of abortions (Bankole et al. 117–27, 152; Chae et al. "Reasons Women Have Induced Abortions").

Conclusions. Prevailing reasons for abortions vary among countries and over time depending on factors such as culture, development status, and abortion policies. Nonetheless, some general points are evident:

- **Abortions for criminal or health reasons are small fractions of all abortions.** In the U.S. and Europe where data is available and abortions are broadly permitted, only about 1 in 1,000 abortions is to save the mother's life, and only about 1 in 300 are in cases of rape or incest. Abortions for reasons of maternal or fetal health tend to range from 1–20% where credible reporting or surveys are available, and this applies equally for developed, transition, and developing countries.
- **As abortion policies become more permissive, most abortions are for elective reasons.** If abortion is permitted for reasons other than health reasons, these other reasons become the prevalent reasons. Further, significant numbers of abortions may occur for reasons with diverse impacts on society, such as sex-selection abortions targeting females, or abortions "forced" by family or others. Some countries that have authorized abortion on demand have been compelled to reintroduce restrictions as a result.
- **The particular problems with widespread elective abortions are seen in developed and developing countries alike.** In developing countries, large fractions of abortions are for reasons of birth control. Apart from this, however, the range of elective reasons is surprisingly similar to those in developed countries; for example, interfering with job or education, or family problems, are often cited more than poverty. Further, developing countries are where the greatest social problems from sex-selective abortion are emerging.

Protection of the life of the mother as an excuse for an abortion is a smoke screen. In my 36 years in pediatric surgery, I have never known of one instance where the child had to be aborted to save the mother's life (Koop).[41]

Introducing abortion even on restrictive grounds is not necessary to protect the life of pregnant women . . . Rather what is needed is for the appropriate training bodies to produce clinical guidelines on the management of high-risk pregnancies that keep up to date with current medical evidence and support good obstetric practice (Doctors for Life Ireland, "Is Abortion Ever Necessary").[42]

What a man thinks about the most vulnerable among us says everything about him. It will determine all of his other decisions (Jessen, abortion survivor, *FNIF*).[43]

[In the United States]: *Every 72 seconds a black baby is murdered in the womb of his or her mother. This holocaust is genocidal to the point that today a black child has less than a 50% chance of being born* (Hoye, *Citizenlink*).[44]

> *If a woman with a serious illness—heart disease, say, or diabetes—gets pregnant, the abortion procedure may be as dangerous for her as going through with the pregnancy . . . With diseases like lupus, multiple sclerosis, even breast cancer, the chance that the pregnancy will make the disease worse is no greater that the chance that the disease will either stay the same or improve. And medical technology has advanced to a point where even women with diabetes and kidney disease can be seen through a pregnancy safely by a doctor who knows what he or she is doing. We've come a long way since my mother's time. . . . The idea of abortion to save the mothers' life is something that people cling to because it sounds noble and pure—but medically speaking, it probably doesn't exist. It's a real stretch of our thinking* (Sloan, "Choice").[45]

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