

Table 13 - Demographic Yearbook 2000

Table 13 presents legally induced abortions for as many years as possible between 1991 and 1999.

Description of variables: Abortion is defined, with reference to the women, as any interruption of pregnancy before 28 weeks of gestation with a dead foetus.ⁱ There are two major categories of abortion: spontaneous and induced. Induced abortions are those initiated by deliberate action undertaken with the intention of terminating pregnancy; all other abortions are considered as spontaneous.¹⁹

The induction of abortion is subject to governmental regulation in most, if not all, countries or areas. This regulation varies from complete prohibition in some countries or areas to abortion on request, with services provided by governmental health authorities, in others. More generally, governments have attempted to define the conditions under which pregnancy may lawfully be terminated and have established procedures for authorizing abortion in individual cases.¹⁹

Legally induced abortions are further classified according to the legal grounds on which induced abortion may be performed. A code shown next to the country or area name indicates the grounds on which induced abortion is legal in that particular country or area, the meanings of which are shown below:

- a) Continuance of pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
- b) Continuance of pregnancy would involve greater risk of injury to the physical health of the pregnant woman than if the pregnancy were terminated.
- c) Continuance of pregnancy would involve risk of injury to the mental health of the pregnant woman greater than if the pregnancy were terminated.
- d) Continuance of pregnancy would involve risk of injury to mental or physical health of any existing children of the family greater than if the pregnancy were terminated.
- e) There is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- f) Other.

The focus of the present table is on abortion as a social rather than physiological event. Differences among countries or areas in definition and in record-keeping would seem to preclude the collection of abortion data on any internationally comparable basis if abortion were defined solely in physiological terms. By restricting coverage to events that have been induced, the table minimizes any distortion arising either from differences in definition or from differences in accuracy and comprehensiveness of the records kept concerning spontaneous foetal loss. By further restricting coverage to events performed under legal auspices, the table at least reduces (if it does not eliminate altogether) the likelihood of distortion arising from any reluctance to report the occurrence of such procedure.

Reliability of data: Unlike data on live births and foetal deaths, which are generally collected through systems of vital registration, data on abortion are collected from a variety of sources. Because of this, the quality specification, showing the completeness of civil registers, which is presented for other tables, does not appear here.

Limitations: With regard to the collection of information on abortions, a variety of sources are used, but hospital records are the most common source of information.ⁱⁱ This obviously implies that most cases that have no contact with hospitals are missed. Data from other sources are probably also incomplete. The data in the present table are limited to legally induced abortions which by their nature, might be assumed to be more complete than data on all induced abortions.

Coverage: Legally induced abortions are shown for 54 countries or areas.

Earlier data: Legally induced abortions have been shown previously in all issues of the Demographic Yearbook since the 1971 issue.

ⁱ *Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1965 Revision, volume. I*, World Health Organization, Geneva, 1967. p. 243.

ⁱⁱ *World Health Statistics Report*, vol. 22, No. I, World Health Organization, Geneva, 1969. pp. 38-42.