

Letters

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Incidence of induced abortions in Peru

Antonio Bernabé-Ortiz and colleagues misleadingly assert that, although access to induced abortion services is legally restricted in Peru, the incidence of induced abortion is “as high as, or higher than, the estimated incidence in many countries where induced abortion is legal and safe.”¹ The abortion rate (the number of abortions per 1000 women of reproductive age) is greatly influenced by a number of factors, namely contraceptive behaviour and fertility rates, and thus it is not a good measure to use to evaluate the impact of the legal status of abortion on the incidence of abortions in a particular jurisdiction. The estimated total fertility rate is 2.86 in Peru; in comparison, it is 2.04 in the United States and 1.66 in the United Kingdom.² Therefore, it is not surprising that the abortion rate in Peru may be similar to the rates in the United States and United Kingdom.

The legal status of abortion may strongly affect postconceptional attitudes concerning pregnancy termination; this effect is much better described by the abortion ratio (the number of abortions per 1000 live births). Of the approximately 8660 pregnancies reported by participants in the study by Bernabé-Ortiz and colleagues, 1127 ended in induced abortions and 996 in spontaneous abortions.¹ This means that there were approximately 6538 live births and the abortion ratio was 172.3. The authors referred to a study with US data from 2001, in which there were 6.4 million pregnancies, 1.1 million spontaneous

abortions and 1.3 million induced abortions.³ The corresponding abortion ratio was 325. More recent US data indicate that there were 1 206 200 abortions⁴ and 4 138 349 births in 2005.⁵ The corresponding abortion ratio was 291.5. In England and Wales, 193 737 induced abortions⁶ and 669 601 live births were registered in 2006, with a corresponding abortion ratio of 289.3.⁷ These data show that there is a lower incidence of abortion in Peru than in other countries where abortion is legal.

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Two of the authors respond:

The correct measure of the public health burden of a discrete event is its incidence: the annual per capita rate of occurrence of the event of interest in the relevant population group. As we reported, the incidence of induced abortion in Peru is as high as, or higher

than, the incidence in Britain and the United States, but in Peru this practice is illegal, performed clandestinely and potentially unsafe.¹

Evaluating the impact that legal restrictions on access to induced abortions have on the rates of induced abortion in different countries requires consideration of data from many countries. Neither we nor Renzo Puccetti undertook such an analysis; our aim was to perform a detailed analysis of data from a single country.

Puccetti’s calculation does not allow for underreporting of induced abortion by participants in our study; this does not affect the British and US statistics, which are based on clinical records.¹ Nevertheless, he is probably correct in his assertion that the legal restrictions in Peru result in relatively fewer pregnancies being terminated in that country than in Britain or the United States; that is, there are more unwanted births in Peru. Indeed, Ferrando reported that the “desired fertility rate in Peru is 1.8 children; however, an average of 2.9 children are born.”²

The high incidence of induced abortion clearly indicates a high incidence of unwanted pregnancy. In our study, 22% of pregnant women (91/410) reported that the pregnancy was unwanted. Almost half of the sexually active women in our study reported that they did not use contraception; therefore, increased provision of contraception and education on safer sex could greatly reduce the rates at which induced abortions are performed. We hope that our study will increase awareness of the scale of the problem and stimulate political action to address it; there is already public support in Latin America for such action.³

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