

Estimating the Incidence of Abortion in Burkina Faso

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Abortion is highly legally restricted in Burkina Faso, and in such settings many abortions are unsafe. It is generally known that unsafe abortion is a significant cause of maternal morbidity and mortality.¹ Information on the incidence of abortion in Burkina Faso is vital to determining its role in maternal morbidity and mortality in the country. This information can also shed light on the scope of the problems of unintended pregnancy and unmet need for effective contraception. These findings can be important tools to raise awareness of the problem; compel policymakers and program planners to action; and monitor progress in improving women's reproductive health.

Measuring the incidence of induced abortion is difficult, particularly where abortion laws are highly restrictive. Several methods have been employed to date to estimate the frequency of induced abortions in such environments. These include surveys asking women about their experiences of abortion, either by questioning them directly, using self-completed questionnaires or employing other methods to ensure the respondent's confidentiality. Evidence suggests that all these methods are prone to underreporting by women, despite best efforts to encourage full reporting.²

Given the difficulty of documenting abortion in settings where it is illegal, we undertook research using two existing methodologies to provide robust and comprehensive information on abortion incidence, abortion-related morbidity, conditions under which the procedure is performed, and differences in these factors according to key characteristics of women including their age, poverty status and region of residence.

The first of these approaches has been referred to as the Anonymous Third Party Reporting (ATPR) method; it entails conducting a survey of women and asking respondents to report instances of abortion that they have heard of within their social networks.³ A 2001 study in Ouagadougou, the capital city of Burkina Faso, found that the rate of abortion was high, 60% had adverse health consequences, and 14% were treated in hospitals.⁴

The second approach is the Health Facilities Complications Method (HFCM).⁵ This method entails gathering statistics on the number of women hospitalized for abortion-related complications from all relevant facilities in the country, and surveying health professionals to obtain estimates of the complication rate of the abortion in the country and the proportion of women who seek treatment at a hospital when faced with abortion complications. Findings from studies employing this approach in several developing countries have been published elsewhere.⁶

In early 2009 we conducted the surveys necessary for these two approaches to estimating abortion incidence. Data analysis is nearly complete. We expect to present findings on

- 1) The incidence of abortion in Burkina Faso as whole as well as estimates of incidence by woman's age, poverty status and region of residence (urban or rural).
- 2) The incidence of morbidity from unsafe abortion
- 3) The proportions of women who seek treatment for abortion-related complications.
- 4) A comparison of findings from the two research methods with respect to the national incidence of abortion and abortion-related morbidity.

Preliminary results indicate that abortion incidence is low relative to other countries in the region, while the rate of complications is high.

¹ The World Health Organization, *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*, Fifth edition, Geneva, Switzerland, 2007.

² Rossier, C. Estimating induced abortion rates: A review. *Studies in Family Planning*, 34(2), (2003). 87–102.

³ Rossier, *ibid.*

⁴ Rossier C, Guiella G, Ouédraogob A, Thiéba B. Estimating clandestine abortion with the confidants method—results from Ouagadougou, Burkina Faso *Social Science & Medicine* 62 (2006) 254–266.

⁵ Singh (best reference to be determined).

⁶ Reference include:

Singh S. and Wulf D. Estimated levels of abortion in six Latin American countries *International Family Planning Perspectives* 20(1): 4-13, 1994.

Singh, S, Cabigon JV, Hossain A, Kamal, H, Perez AE. Estimating the level of abortion in the Philippines and Bangladesh. *International Family Planning Perspectives* 23(3): 100-107, 1997a

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