63 Determinants of Abortion in Rural Bangladesh

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Examine the trend in induced abortion and attempt to identify associated risk factors since induced abortion contributes to a substantial proportion of maternal mortality in Bangladesh. Data for this study came from the Demographic Surveillance Systems of three ICDDR, B field sites; Matlab, Abhoynagar, and Sirajgonj. Although these data collection systems are extremely thorough, it is recognized that there may have problems in quality of data with an outcome as sensitive as abortion. Several hypotheses developed and were tested using the data on over 80,000 pregnancy terminations during 1982-1991. Induced abortion was defined as any voluntary termination of pregnancy. The study included bivariate analysis, using the ratio of abortions per 1,000 live-births, and estimating the effects of multiple factors in logistic and hazard models.

The induced abortion ratio increased over the study period, while miscarriage and still-birth ratios did not change. Induced abortion increased with the number of surviving children but decreased with maternal age and pregnancy interval. Abortion ratios were also higher among the contraceptive users, particularly condom and pill users, than among the non-users, whereas injectable users had abortion ratios similar to those of the non-users.

The findings of the study suggest that abortion is common among women who want to limit or space childbearing. There may be unplanned pregnancies due to failure of methods used and inaccessibility to services, and it is expected that many abortions may occur in the developing stage of family planning programme. To help couples achieve their desired reproductive goal and reduce maternity-related deaths, MCH-FP programs should provide safe abortion services and management of abortion-related complications.



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INDIAN SOCIETY FOR MEDICAL STATISTICS
&
SYMPOSIUM ON MEASUREMENT OF CHANGE
IN MATERNAL & CHILD HEALTH

22, 23, 24 NOVEMBER 1995





Organised by
Institute for Research in Medical Statistics
(Indian Council of Medical Research)
Spur Tank Road, Madras-600 031.