women obtaining an abortion have a serious medical complication, and that about half of these would be hospitalized. These interviewed in the hospital survey also estimated that about 50% of women requiring hospitalization for an abortion complication would obtain such care. These results suggest that about one in five women who have an induced abortion will both need and obtain hospital care, producing a multiplier of five. Considering the very high ratio of population to hospital beds in Bangladesh (there are about 3,189 persons per hospital bed in Bangladesh, compared to 647 persons per bed in the Philippines), it seems realistic to expect that a lower proportion of women needing care would obtain it; if so, the multiplier would be higher. However, since we lacked any additional information that might provide the basis for a more likely multiplier than five, we chose to apply a range around it (four, five and six). These three multipliers were applied to the number of women estimated to be hospitalized for induced abortion each year in Bangladesh—52,400—to obtain a range of estimates of the total number of induced abortions (other than menstrual regulations) occurring each year—from 210,000 to 314,000 (Table 3).

**Number of Menstrual Regulations**

The legal provision of menstrual regulation was initiated in Bangladesh in 1975 and is administered by the government under the division of family planning. Programs to train medical personnel in menstrual regulation, started in the late 1970s, have expanded over the years and now include several government centers, as well as centers operated by nongovernmental organizations such as the Bangladesh Women’s Health Coalition, the Bangladesh Association for Prevention of Septic Abortion (BAPSA) and the Menstrual Regulation Training and Services Program.

Formal training courses, typically of 2–3 weeks’ duration, are given to physicians and family welfare visitors. Some trained providers may informally train others, mainly by allowing them to observe, assist in and, in some cases, practice the procedure under observation. These informally trained providers include physicians, family welfare visitors, medical assistants, nurses and traditional birth attendants.

Some private doctors, family welfare visitors and nongovernmental facilities report the procedures they have performed to the government’s management information system, and BAPSA publishes these statistics on a regular basis. However, such statistics suffer from a very high level of underreporting: A 1985–1986 survey of menstrual regulation providers found that recorded menstrual regulations represented only 29% of the number of procedures that surveyed providers said they had actually performed. Thus, we chose to use indirect methods to estimate the number of menstrual regulation procedures performed in 1995.

We combined estimates from the 1985–1986 study of the annual number of menstrual regulations performed in the mid-1980s with information on the rate of increase in the number of trained providers to project the number of menstrual regulations in the mid-1990s. From BAPSA records of the number of formally trained providers—both doctors and family welfare visitors—it is clear that this number almost doubled between 1985–1986 and 1995, from 6,158 to 11,944.

The 1985–1986 survey drew sampled providers from existing lists of formally trained providers and included informally trained providers reported by formally trained health professionals; an estimated 241,400 menstrual regulations were performed annually at that time. Given that the number of providers has nearly doubled since then, we might expect a corresponding increase in the number of procedures carried out—that is, about 468,000 menstrual regulation procedures in 1995 (Table 3).

**Results**

Combining the estimated numbers of induced abortions and of menstrual regulations yields three alternative estimates of the annual number of pregnancy terminations in Bangladesh in the mid-1990s (Table 3). Rounded to the nearest thousand, the national totals derived from these three alternative approaches come to 678,000, 730,000 and 783,000.

At the national level, the three estimates of the number of abortions in Bangladesh produce a range of estimated abortion rates for 1995—annual rates of 26, 28 and 30 abortions per 1,000 women aged 15–44 (Table 4). These rates are moderate compared to levels worldwide. Dhaka division, which contains the large Dhaka metropolitan area, has the highest incidence, a rate of 40 per 1,000 women (the medium estimate); estimated rates in all other divisions are much lower. Rajshahi and Khulna have similar, relatively low rates (20 per 1,000 women per year), while Barisal and Chittagong have slightly higher rates (28 and 24 per 1,000, respectively).

A recent review concluded that at least 450,000 menstrual regulations and induced abortions were performed annually in Bangladesh in the early 1990s. Our lowest annual total—678,000—is substantially higher than that estimate, because our approach produces higher estimates both of the number of menstrual regulations and of the number of induced abortions.

Are these estimates exaggerated? Almost 20 years ago, a 1978–1979 study concluded that nationally in Bangladesh, there were 780,000 abortions per year, a figure that some analysts considered too high. Yet an estimate of even half that level for the late 1970s (365,000 abortions) would imply an annual abortion rate of 24 per 1,000 women aged 15–44 in 1978. It seems unlikely that a rate twice that level (48 per 1,000) would have prevailed in the late 1970s; it is more likely that the level prevailing in the late 1970s would be similar to that currently estimated for 1995 or even lower. In light of the tremendous amount of social change in Bangladesh since 1978—not least of which are the increased desire of women and couples to control their family size, a concomitant decline in family size, a large increase in contraceptive use and the expansion of menstrual regulation services—it seems highly likely that the abortion rate would have at least remained at its earlier level, if not increased.

The overall rate of hospitalization due to complications of induced abortion is 2.4 per 1,000 women per year. Most of these complications (about 75%) are due to un-

![Table 4. Estimated annual abortion rate and abortion ratio, by division, according to multiplier](image-url)