Incidence of Menstrual Regulation and Abortion in Bangladesh, 2010

An estimated 653,100 MR procedures were performed in Bangladesh in 2010 (Table 3). Nationally, the public sector performed 3.0% of MR services, and private clinics for MR services performed 14% of MR services. More than two-thirds of public-sector services were performed in Sylhet (12) and exceptionally low in Barisal (7). The treatment rate for abortion complications was 1.1% in Sylhet, 3.3% in Rajshahi, and 2.2% in Khulna. Using HFS data, we calculated the 95% confidence interval around the HFS postabortion care caseload, taking into account the uncertainty related to the number of MR procedures performed in Bangladesh in 2010, for an annual rate of 18 abortions per 1,000 women aged 15–44. While results based on the medium multiplier are recommended for general use, it is important to bear in mind that this is an approximate estimate within this range.

Women who had safe illegal abortions. Because MR services are widely accessible up to 10 weeks after the last menstrual period and adequate data on MR incidence are available, we adapted the AICM approach to estimate the number of women who obtained safe illegal abortions. We anticipated that, as in the case of Bangladesh, women who are not approved when they seek an MR will be the primary group seeking such abortions, as they are motivated and knowledgeable about climes and trained providers. We therefore estimated the number of women obtaining safe illegal abortions as a proportion of the number of MR seeking clients whose requests were denied. Few studies have examined what women do after being refused an MR; however, an older study that followed such MR clients found that 39% of them did try again, and about 80% of this group went to doctors and paramedics. From the HFS survey, we know that 26% of all women who sought an MR were turned away. We estimated that half of these women will then obtain safe illegal abortions (i.e., 17%), and we assumed that this estimate included not only women who obtained RU 486 but also some other women who obtained such abortions (e.g., women who had not sought MR services, regardless of the number of weeks since their last menstrual period). Thus, 15%—that is, 13% of all women seeking an MR, expressed as a proportion of reported MRs, or 0.1297 (1-0.1297)(0.199—the reported (unadjusted) number of MRs that represent the estimated number of safe illegal abortions, from 1.9 in Khulna and Barisal to 2.9 in Dhaka. These figures indicate that approximately one in two women who needed treatment for complications of induced abortions obtained treatment in health facilities in Khulna and Barisal, and approximately one in three did so in Dhaka. Using HPS data, we calculated the 95% confidence interval around the HPS postabortion care caseload, taking into account the uncertainty related to the number of MR procedures performed in Bangladesh in 2010, for an annual rate of 18 abortions per 1,000 women aged 15–44. While results based on the medium multiplier are recommended for general use, it is important to bear in mind that this is an approximate estimate within this range.

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