

ESTIMATING CLANDESTINE ABORTION WITH THE CONFIDANT METHOD

Results from Ouagadougou, Burkina Faso

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An anthropological perspective: the role of confidantes in accessing abortion

An ethnographic study conducted in 2000 in rural Burkina Faso showed that if people do not want to talk about their own abortion, they are aware of (and more willing to talk about) the abortions of others (Rossier 2002). Why?

- ❖ In a context of clandestinity, abortion services are not directly accessible to abortion seekers.
- ❖ Women (or couples) ask their network of peers to help them locate and access abortion providers.

⇒ A preliminary qualitative study showed the same pattern of access to abortion services in 2001 in Ouagadougou.

« (My girlfriend) started with tablets [chloroquine], but she was afraid because it's too bitter, she didn't want it. She procrastinated for 1 ½ months. I gave her 2500 FCFA [4 euros] for roots, again, nothing happened. Her girlfriend took her to another healer, they paid 6000 FCFA [9 euros], which I paid back afterwards. She told me she was feeling it was coming out, we were all glad, and then, nothing (...) Ah ! I saw that if we did not try harder, things were going to be difficult; I explained the deal to my friend who repairs mopeds, who talked to other friends of his, and they showed him (the health worker at) Lafitenga. They took him there, he scouted the place out for me, and two days later, he, the girl and I went there [to have an injection, 15000 FCFA, 23 euros.] »

Young man, single, 26 years old, peri-urban neighborhood

The confidant method

This method can be applied in 4 questionnaire sections:

- ❖ Ask a random sample of respondents to list all their close female friends of reproductive age.
- ❖ Ask respondents to describe each friend.
- ❖ For each friend and year preceeding the survey, ask respondents whether she had an induced abortion.
- ❖ Ask respondents to describe each reported abortion.

=>The confidant method is similar to the sisterhood method used to estimate maternal mortality.

This questionnaire was applied in ESRO 2001: representative sample of Ouagadougou, n=963 women and 417 men.

Validating the confidant method: collecting hospital data

- ❖ Inventory of all health centers in Ouagadougou. Selection of 5 reference centers.
- ❖ Health staff record all admissions for abortion during 4 months (Sept-Dec 2001) in these 5 centers, supervised by an intern.
- ❖ WHO protocol to distinguish induced from spontaneous abortions. Criteria: admits to an induced abortion, presence of lesions / objects, complications, unwanted pregnancy. Abortions classified as: certainly induced, probably induced, possibly induced, spontaneous.

Results of the confidant method

Fig 2: Annual induced abortion rate and total abortion rate (TAR) in respondents' social network during the 5 years preceding the survey, Ougadougou 2001 (n=961 respondents, 1150 relations)

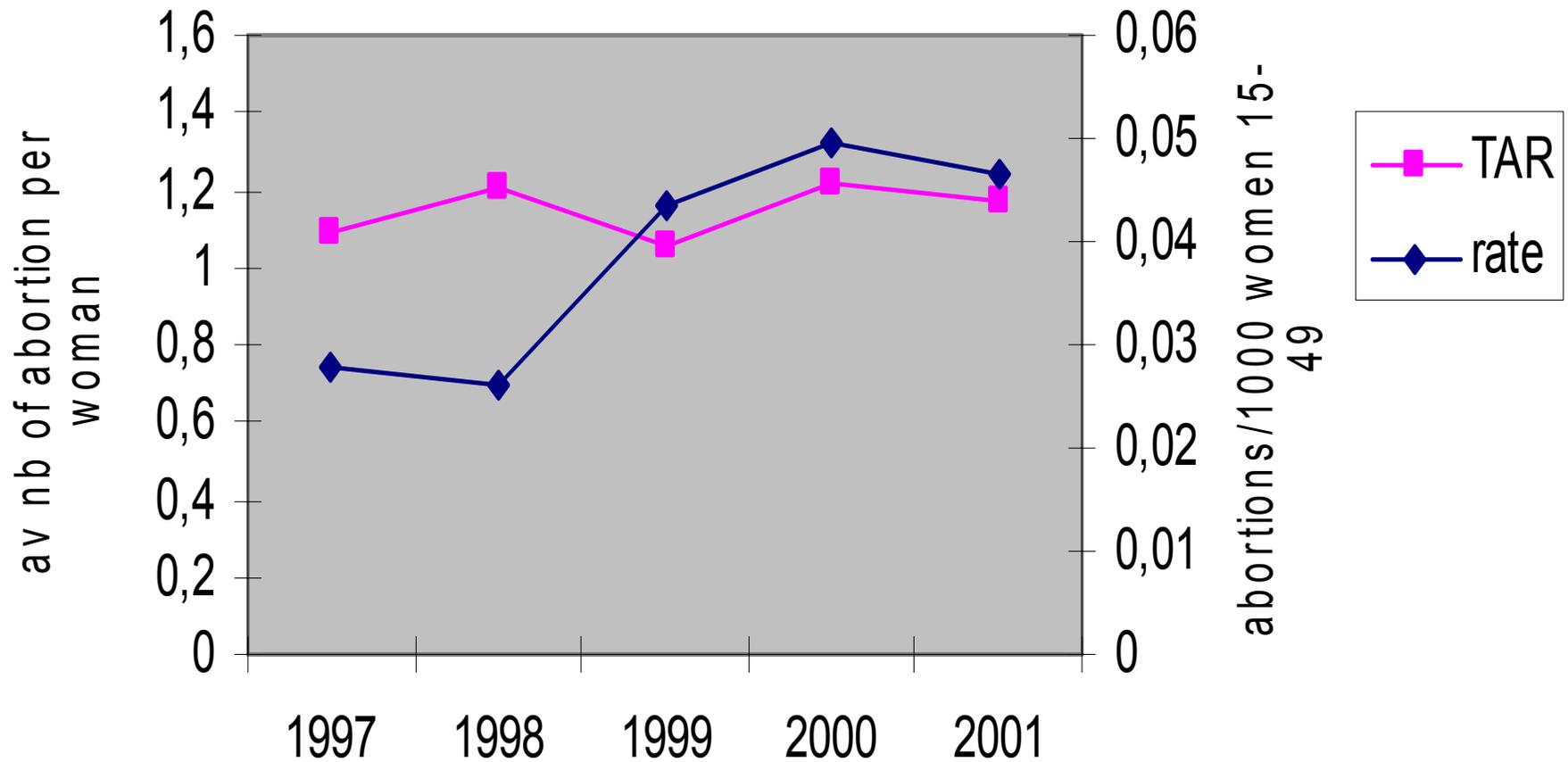
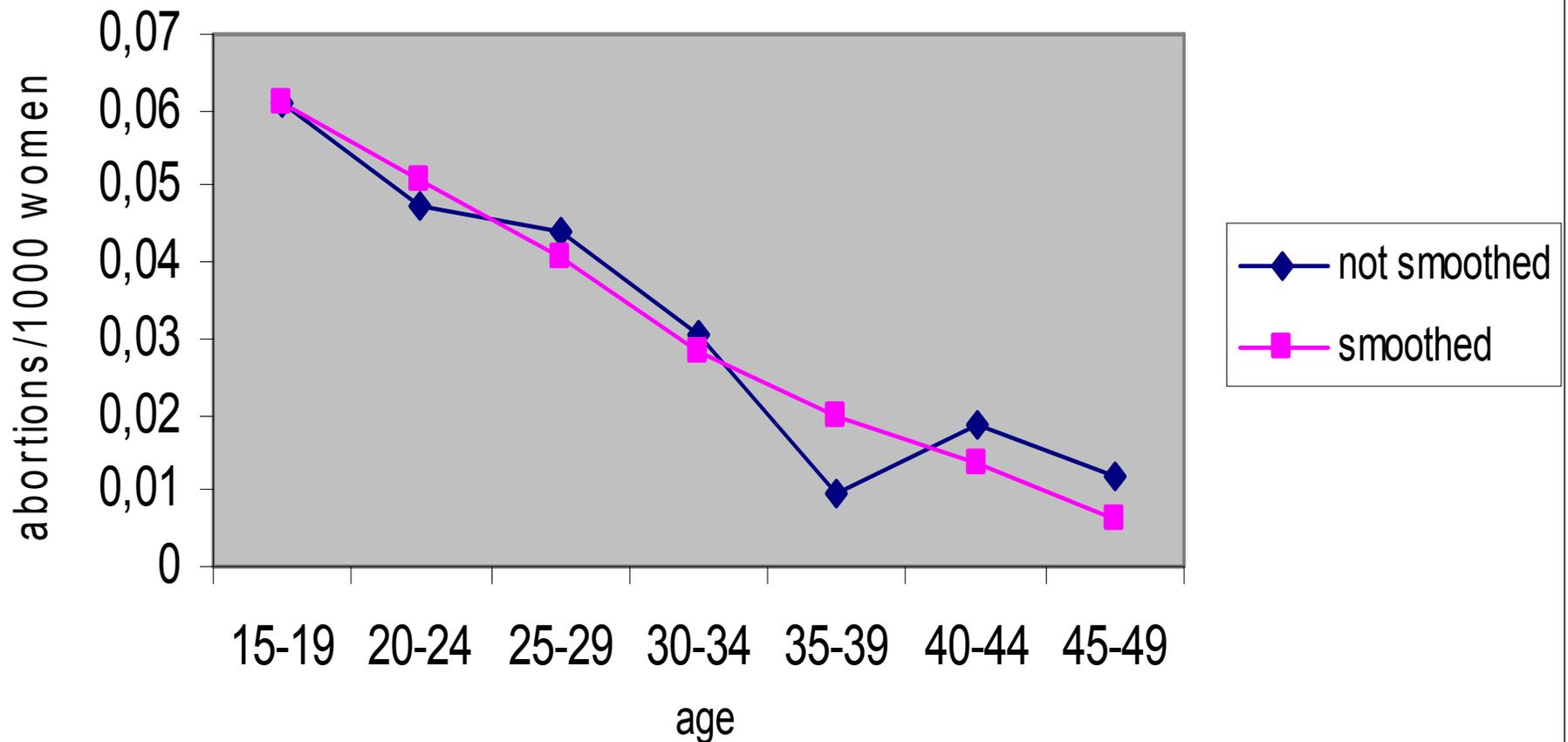


Fig 3: Age-specific induced abortion rates in respondents' social network during the 5 years preceding the survey, Ouagadougou 2001 (n=961 respondents, 1150 relations)



Projecting induced abortion rates at the population level

- ❖ We apply the age-specific abortion rates estimated with the confidant method to the weighted sample of women, by age group.
- ❖ We obtain an overall induced abortion rate of **39.9 abortion per 1000 women** aged 15 to 49.
- ❖ About **1 abortion per woman per life time**.
- ❖ About **7800 abortions in Ouagadougou every year**.
- ❖ Abortion rate of **61 per 1000 women aged 15-19**.
- ❖ The abortion rate decrease linearly with age.

Fig 4: Abortion provider depending on age at abortion in respondents' social network, Ouagadougou, 1997-2001 (n=961 respondents, 1150 relations, 168 abortions)

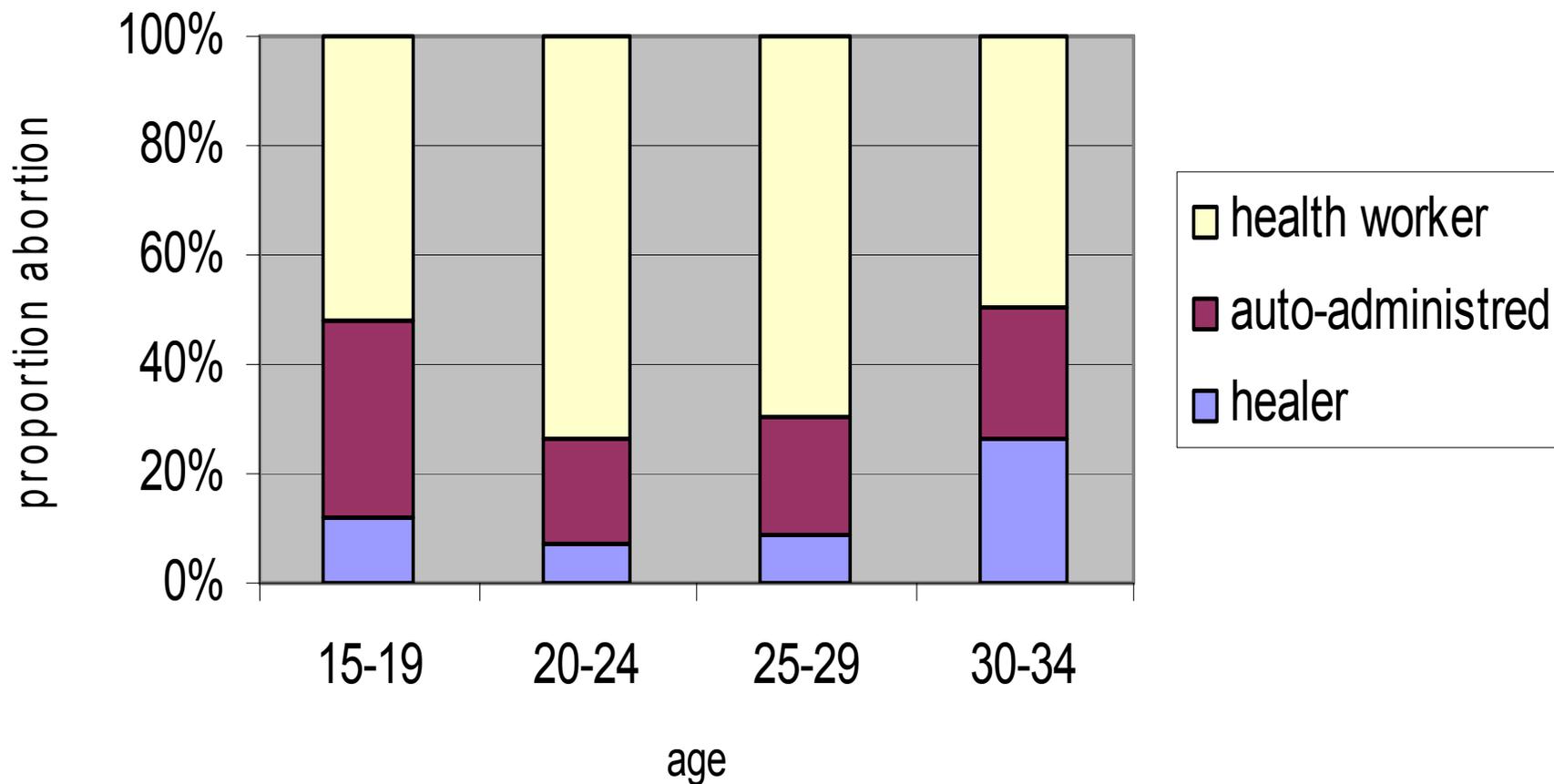
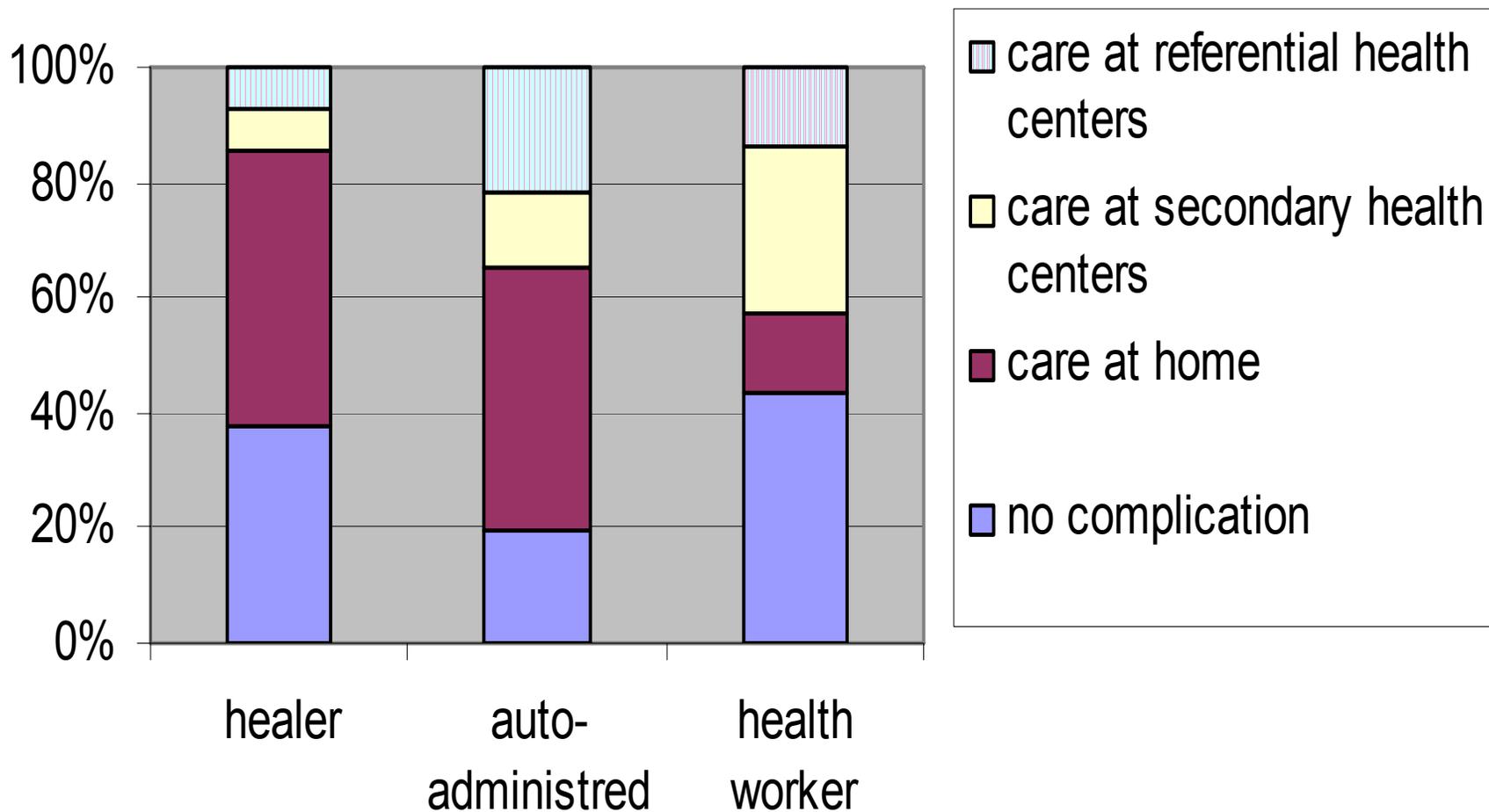


Fig 5: Complication and hospitalization rates for abortions in respondents' social network, Ouagadougou, 1997-2001, (n=961 respondents, 1550 relations, 168 abortions)



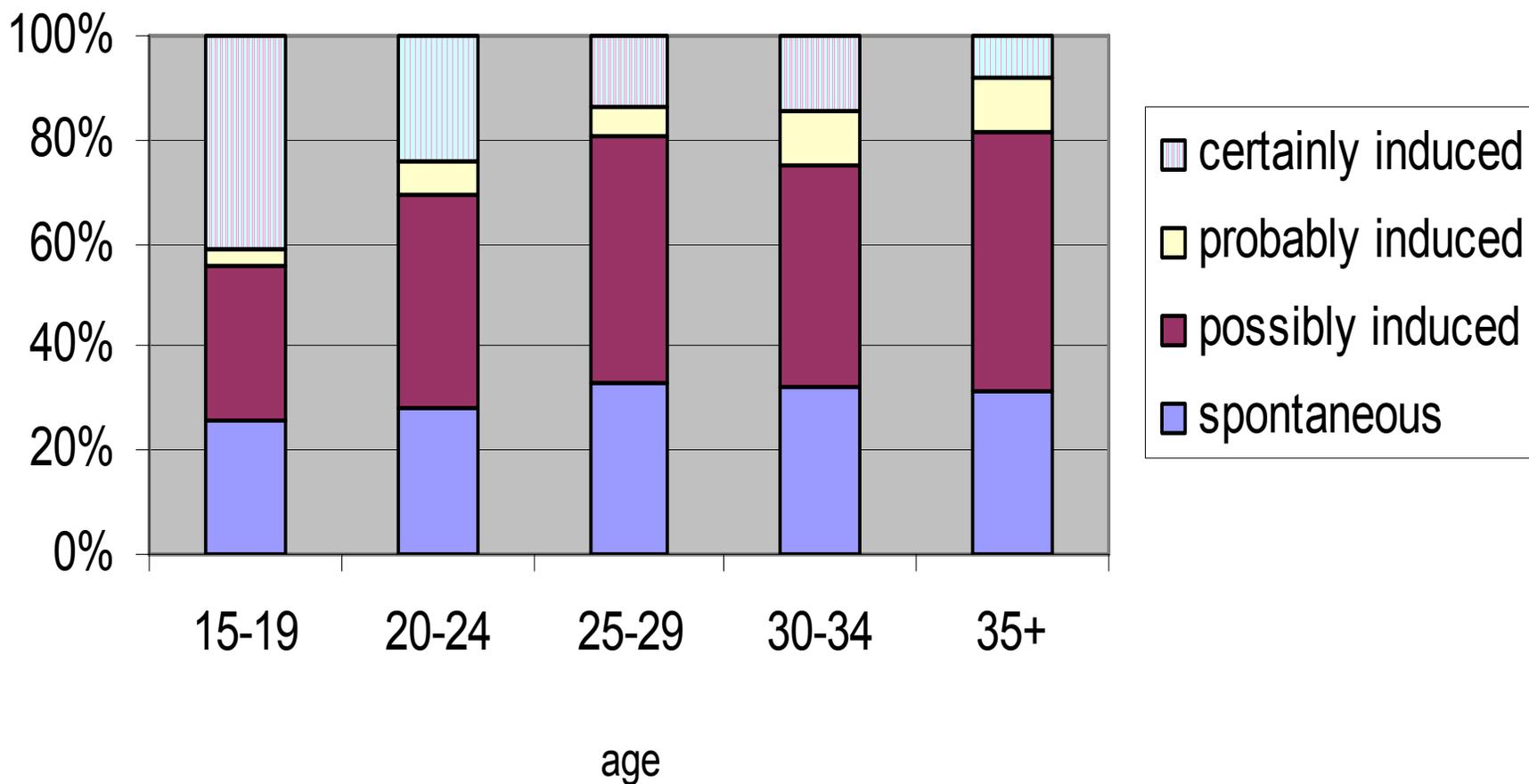
Projecting the annual number of hospitalized induced abortions using the confidant method

- ❖ Using age-specific abortion rates estimated with the confidant method, we projected that there are 7764 abortions annually in Ouagadougou.
- ❖ Applying the complication rate: there are 4645 complicated abortions annually in Ouagadougou.
- ❖ Applying the hospitalisation rate of 14.3%:

=> 1112 induced abortions are admitted annually in the 5 reference health centers in the city.

Validating the confidant method

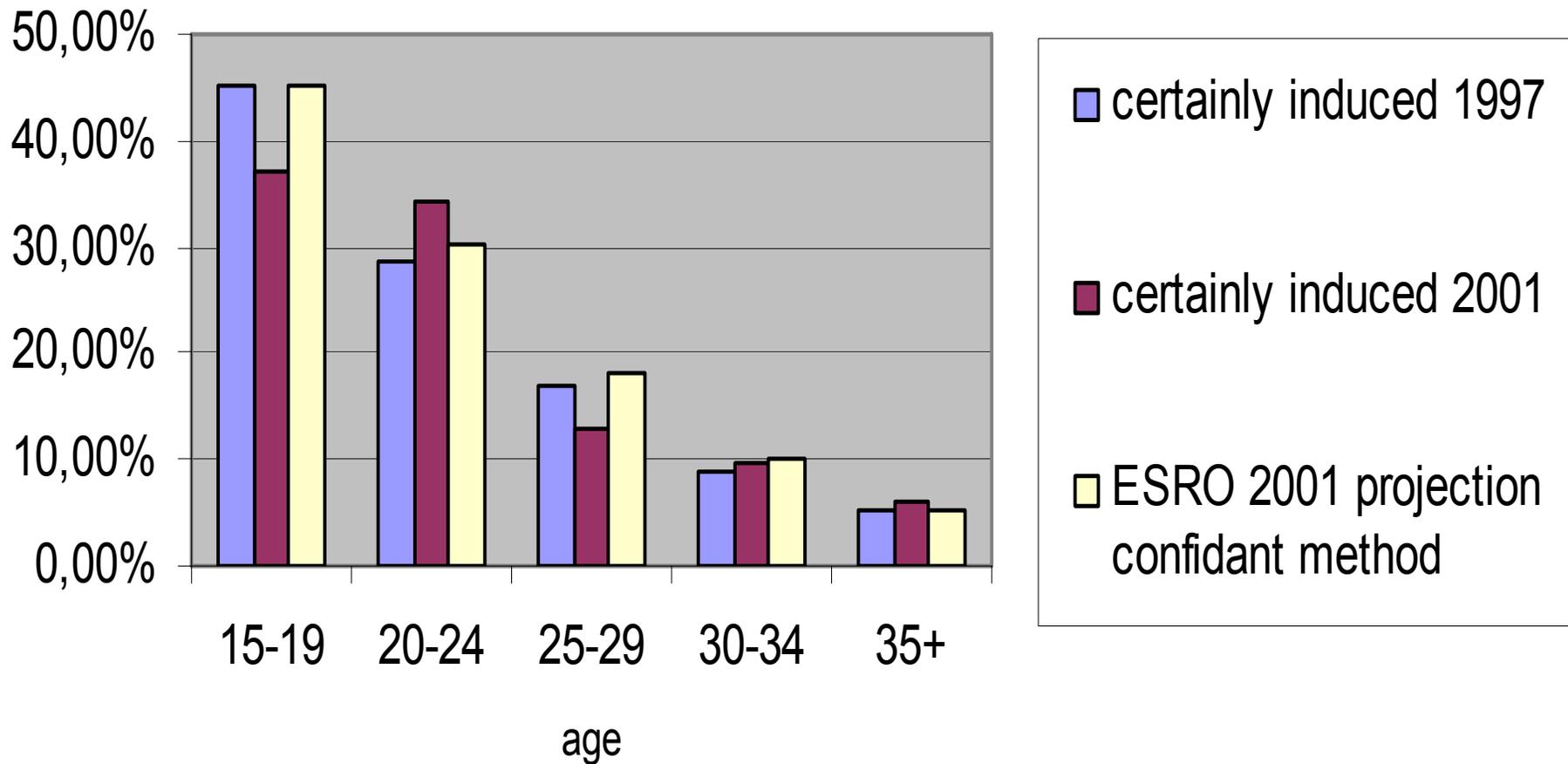
Fig 6: Admissions for post-abortion care in 5 referral health centers in Ouagadougou, 2001, by age: distinguishing induced from spontaneous abortions (WHO protocol)



Annual number of induced abortions hospitalized in the 5 reference centers

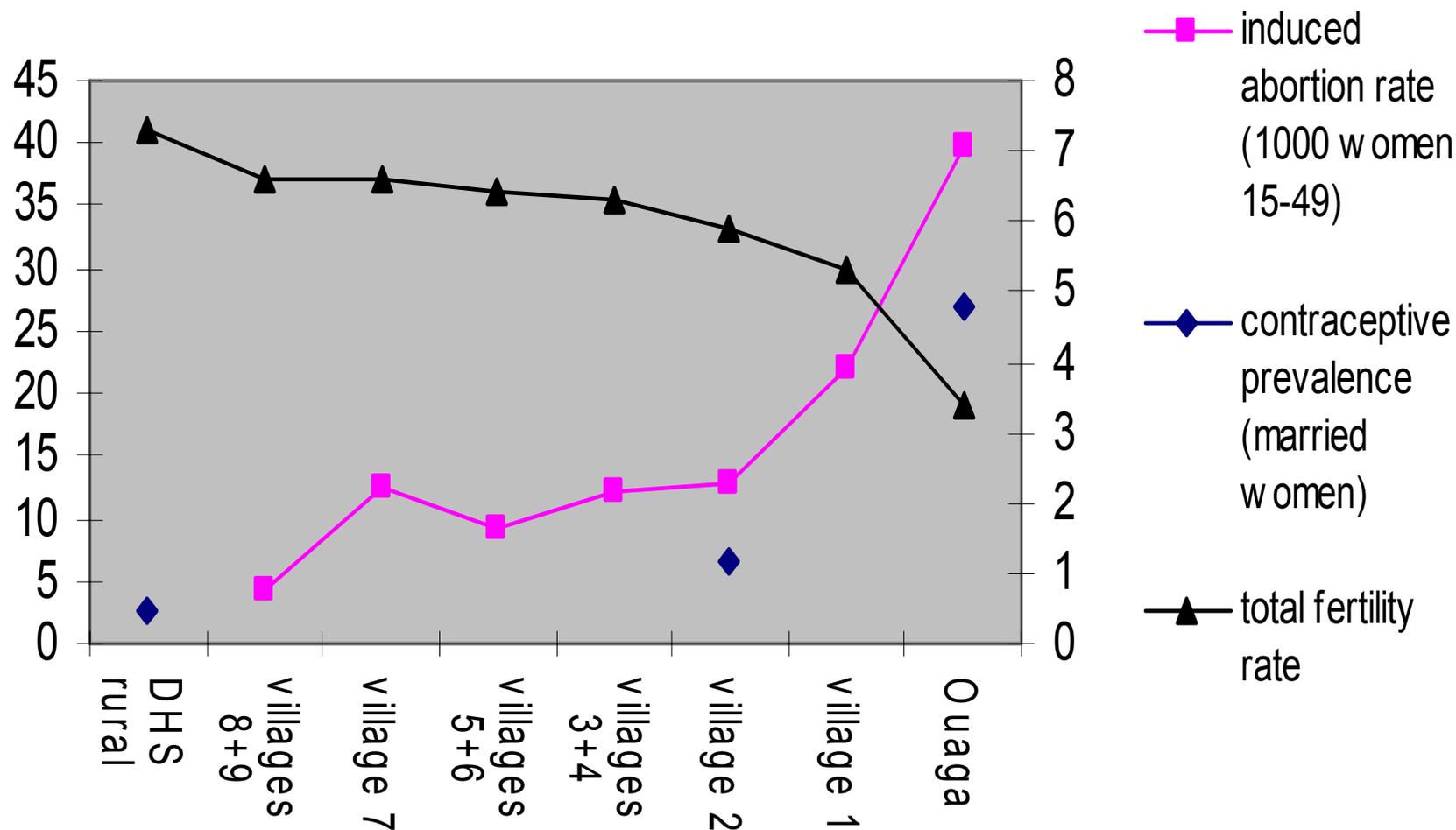
- ❖ It is generally admitted that by adding certainly + probably + possibly induced abortions in the WHO protocol, we obtain the correct proportion of induced abortions among admissions. Here, these 3 categories amount to 71% of 464 admissions: 328 cases are classified as induced.
- ❖ There are therefore **984 induced abortions hospitalized annually in the 5 reference centers.**

Fig 7: Age distribution of hospitalizations for induced abortion in Ouagadougou, hospital statistics in 1997 and 2001, and confidants' method, ESRO 2001



Comparing urban and rural results

Fig 8: Fertility, contraception, and induced abortion in rural Burkina (DHS 1998-99), in 9 villages in Bazega province in 2000 (n=1055), and in Ouagadougou in 2001 (n=963)



Biases

- ❖ Friends should be weighted by their probability of being listed by respondents (by their own number of close friends). ++
- ❖ Abortion cases should be weighted by their probability of being known by close friends. ++
- ❖ Not all abortions are known to close friends. ---
- ❖ Not all respondents talk about their friends' abortions. ---

=> These biases seem to cancel each other, since we are able to validate the estimates of the confidant method against observed data.

Generalization of the confidant method

An application of this method in India gave mediocre results (Elul, 2004): the abortion rate calculated from self-reported abortion histories is higher than that calculated from the respondent's friends' abortion histories.

The success of the confidant method depends on two contextual conditions:

- ❖ abortion services are clandestine
- ❖ abortion seekers' social networks help them in accessing abortion services.