

Investigating Induced Abortion in Developing Countries: Methods and Problems

Thália Barreto, Oona M.R. Campbell, J. Lynne Davies,
Vincent Fauveau, Véronique G.A. Filippi, Wendy J. Graham,
Masuma Mamdani, Cleone I.F. Rooney, and Nahid F. Toubia

Interest in abortion research is reemerging, partly as a result of political changes and partly due to evidence of the contribution of induced abortion to maternal mortality in developing countries. Information is lacking on all aspects of induced abortion, particularly methodological issues. This article reviews the methodological dilemmas encountered in previous studies, which provide useful lessons for future research on induced abortion and its complications, including related deaths. Adverse health outcomes of induced abortion are emphasized, because these are largely avoidable with access to safe abortion services. The main sources of information are examined, and their relevance for assessing rates of induced abortion, complications, and mortality is addressed. Two of the major topics are the problems of identifying cases of induced abortion, abortion complications, and related deaths, and the difficulties of selecting a valid and representative sample of women having the outcome of interest, with an appropriate comparison group. The article concludes with a discussion of approaches for improving the accuracy, completeness, and representativeness of information on induced abortion. Although the prospects for high-quality information seem daunting, it is essential that methodological advances accompany program efforts to alleviate this important public health problem. (STUDIES IN FAMILY PLANNING 1992; 23, 3: 159-170)

Published research on induced abortion derives primarily from studies done before the 1984 International Conference on Population, when the United States government announced its policy of barring financial assistance to groups involved in abortion-related activities. Interest in abortion research is now gradually reemerging, partly as a result of political changes and partly due to evidence that induced abortion is a major cause of maternal mortality in developing countries, with complications of abortion contributing up to one-half of all maternal deaths in some countries (Dixon-Mueller,

1990; Kwast et al., 1986; Rosenfield and Maine, 1985; Royston, 1991; Royston and Armstrong, 1989). Two recent meetings have explored methodological issues in abortion research. Proceedings of the first, "Methodological Issues in Abortion Research," held at The Population Council in New York, 12-13 December 1989, were edited by Coeytaux and colleagues (1991). This paper was prepared following the second meeting, "Workshop on Methodologies for Case Identification in Studies of Abortion," held at the London School of Hygiene and Tropical Medicine, 18-19 October 1990.

Maternal death is the most extreme consequence of unsafe abortion, but it is thought to represent only the tip of the iceberg. There is undoubtedly considerable morbidity associated with illegally induced abortion, although its magnitude has not been quantified. Moreover, the paucity of available information extends to all aspects of induced abortion. In most developing countries, the consequences for women's health, the social and cultural context within which induced abortions are performed, and even the levels and the characteristics of women resorting to abortion are unknown. Without such informa-

A list of all the authors and their affiliations can be found at the end of this article, under the heading "Author Notes." Correspondence should be addressed to Dr. Oona Campbell, Maternal and Child Epidemiology Unit, Department of Epidemiology and Population Sciences, London School of Hygiene and Tropical Medicine, London WC1E 7HT, England.