PD-AAL-174
ISN 2291

9320502/53

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date January 5, 1981

From Mark W. Oberle, M.D., M.P.H., and Benjamin P. Sachs, M.D.
Program Evaluation Branch, Family Planning Evaluation Division, BE

Subject Foreign Trip Report (AID/RSSA): Abortion Complications, Honduras, November 17-18, 1980

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE) PSB 1/6/81

SUMMARY

I. PLACES, DATES, AND PURPOSE OF TRAVEL
II. PRINCIPAL CONTACTS
III. DATA AVAILABLE
IV. FUTURE STUDIES

A) Contraceptive Prevalence Survey
B) Physician Attitude Survey

V. FOLLOWUP ON COMMUNITY-BASED DISTRIBUTION PROGRAM
ATTACHMENT: DRAFT PHYSICIAN ATTITUDE QUESTIONNAIRE

SUMMARY

Approximately 5,000 women per year are hospitalized for complications of abortion in Honduras. Two studies have examined the characteristics of these women, but we are not aware of any Honduran study of abortion incidence in the community.

The contraceptive prevalence survey to be conducted in early 1981 (with Westinghouse support) offers such an opportunity. We have suggested some modifications in the survey questionnaire to obtain additional information on abortion incidence. In addition, we designed a survey questionnaire to be used by the Honduran Family Planning Association to determine physicians' attitudes toward contraception and induced abortion.

In June 1980, the community-based distribution program reported 22,049 active users. This total is virtually unchanged from the 22,117 users estimated to be active in the program in June 1979.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

The purpose of this consultation was to provide technical assistance to the Asociacion Hondurena de Planificacion de Familia (AHPF) in reviewing the epidemiology of abortion in Honduras. This consultation was provided at the request of USAID/Honduras and DS/POP/Washington in conjunction

with a consultation in Guatemala, by Dr. Mark W. Oberle, Medical Epidemiologist, and Dr. Benjamin P. Sachs, Visiting Scientist, Program Evaluation Branch, Family Planning Evaluation Division, Bureau of Epidemiology, Centers for Disease Control. The travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED, during the period November 17-18, 1980.

II. PRINCIPAL CONTACTS

A. USAID/Honduras

1. Mr. Jimmy Stone, Director, Human Resources Division (HRD)
2. Mr. John Massey, Public Health Advisor, HRD

B. Asociacion Hondurena de Planificacion de Familia (AHPF)

1. Sr. Alejandro Flores, Executive Director
2. Dr. Joaquin Nunez, Medical Director

III. DATA AVAILABLE

The Ministry of Health (MOH) of Honduras has reported an increasing number of hospitalizations for abortion. In 1964, 2,786 hospitalizations for abortion were reported compared to 4,900 in 1977 (1, 2). However, between 1972 and 1977, the number of abortion hospitalizations have remained relatively stable (Table 1). Abortions constitute approximately 4% of all hospitalizations in the country. Two studies have examined the epidemiology of abortion in Honduras. Dr. Faraj Rischmawy analyzed service statistics from 1964 (1). More recently, the International Fertility Research Program (IFRP) has collaborated in a study of hospitalized abortion cases in Tegucigalpa and San Pedro Sula (3). Volunteer residents in gynecology prepared reports on 1,945 women hospitalized for spontaneous or induced abortions during 1977.

In the IFRP study, the mean age of cases was 27 years, and 17 percent were teenagers (Table 2). Between 17 percent and 20 percent were nulliparous at the time of their hospitalization (Table 3). Only 2 deaths were reported--a low hospital case fatality ratio of 1.0/1,000.

Complications of induced abortion appeared to be a greater problem in Tegucigalpa where 11 percent of abortion hospitalizations were classified as induced compared to 3 percent in San Pedro Sula. In addition, 29 percent of cases were septic in Tegucigalpa compared to 8 percent in San Pedro Sula.

Although the financial cost of abortion hospitalizations was not calculated in this study, the length of hospital stay, operating room time, and transfusions were tabulated. The mean hospital stay was 2.1 days in Tegucigalpa (1.8 days in San Pedro Sula). The mean time in the operating room was 16.5 minutes for patients in Tegucigalpa (5.7 minutes in San Pedro Sula). The mean amount of blood transfused per patient was 0.7 liters in Tegucigalpa

(0.6 liters in San Pedro Sula). Although the utilization of these health care resources has not been converted into economic terms, the impact is likely to be important in a country the size of Honduras: in 1977 the public sector had a total of 3,600 hospital beds and an MOH budget of $62 million. These general results appear in the IFRP report on abortion in Latin America, but a more detailed unpublished analysis by IFRP of abortion in Honduras will be made available to CDC.

IV. FUTURE STUDIES

A. Contraceptive Prevalence Survey

In January 1981, a Contraceptive Prevalence Survey (CPS) questionnaire will be field-tested by Westinghouse, AHPF, and the government census office. The draft questionnaire contains a question about the outcome of last pregnancy. We have suggested to USAID and to Mr. John Novack of Westinghouse that a more direct question be asked--whether the woman has ever experienced an abortion. In addition, we have suggested that women who have had an abortion be asked whether they were hospitalized after their last abortion. These questions will allow estimates to be made of the prevalence of abortion in the community, based on two approaches.

First, the proportion of women who report ever experiencing an abortion can be ascertained by the direct question. (In neighboring El Salvador in 1978, 19.9 percent of currently married women aged 15-44 claim to have ever had an abortion (4). A second more indirect method of estimation can be made by combining data from the CPS and service statistics. The total number of abortion hospitalizations can be determined from government service statistics plus the total number of abortion hospitalizations in other facilities. The proportion of women with an abortion history who were hospitalized can be determined from the CPS. By combining these two figures a total count of abortions can be estimated. For example, if 41 percent of women with an abortion history were hospitalized for complications, as occurred in El Salvador, and 5,000 women were hospitalized for abortions, an estimated 12,100 abortions would have occurred in the country (5000 : 0.41). Of course, this crude estimate is based on an unverified assumption that women who admit to having an abortion experience the same hospitalization rate as women who do not admit to having had an abortion. It has been suggested that women who have had serious complications may be more likely to report having had an abortion. However, it seems reasonable to make such a first approximation based on the CPS data when it becomes available before deciding on an additional community survey.

B. Physician Attitude Survey

Dr. Nunez of AHPF requested assistance in preparing a physician attitude survey to complement the CPS data and to ascertain the degree of support in the medical community for altering Honduras' abortion laws. A draft one-page questionnaire has been prepared, based on the work in the United States by Granberg (5). The questionnaire, which is attached to this

report, will be mailed to all 1,300 physicians in Honduras with a followup mailing for non-respondents. Interviews of a sample of non-respondents would be desirable. The survey would be conducted by AHPF and data processed by the AID Mission's computer center.

V. FOLLOWUP OF COMMUNITY-BASED DISTRIBUTION PROGRAM

In the second quarter of 1980, the community-based distribution program (CBD) listed 22,049 active users. This is virtually unchanged from the total of 22,117 users estimated to be active in the program on June 30, 1979. As of our consultation, the source of funding for the CBD program in 1981 had not been determined.

Mark W. Oberle, M.D.

Benjamin P. Sachs, M.D.

TABLE 1

REFERENCES

1. Faraj Rischmawy E. El aborto ilegal como problema de salud en Honduras, en Procedimientos del Seminario Centroamericano y de Panama sobre Poblacion, Desarrollo Economica y Planificacion Familiar, IPPF Western Hemisphere Region, p 266-278.

2. Ministerio de Salud Publica y Asistencia Social. Memoria 1977, Tegucigalpa, Honduras, p 60.

3. International Fertility Research Program. Abortion in Latin America. Res Rep DDX p 5, March 1980.

4. Morris L. The use of contraceptive prevalence surveys in Latin America. Presented at the Annual Meeting of the American Statistical Association, Washington, D.C., August 16, 1979.

5. Granberg D, Granberg BW. Abortion attitudes, 1965-1980: Trends and Determinants. Fam Plan Perspectives 12:250-261, 1980.

TABLE 1

Reported Hospitalizations for Abortion Complications
Honduras: 1964, 1972, 1977

Year	No. of Hospitalizations	Percent of Total
1964	2,786	4.3
1972	4,931	5.2
1977	4,900	4.4

Source: References 1, 2.

TABLE 2

Abortion Hospitalizations in Tegucigalpa and San Pedro Sula
Percent Distribution by Age: 1977

City	Percent <19	Percent 20-29	Percent 30-39	Percent ≥40	Mean Age
Tegucigalpa	16.8	50.9	25.1	7.2	26.7
San Pedro Sula	17.2	50.9	23.8	8.1	26.9

Source: IFRP, Reference 3

TABLE 3

Abortion Hospitalizations in Tegucigalpa and San Pedro Sula
Percent Distribution by Parity: 1977

City	0	1	2-3	4+
Tegucigulpa	20.4	19.5	28.5	31.6
San Pedro Sula	16.5	16.8	29.6	37.1

Source: IFRP, Reference 3

Estimado Colega:

La Asociación Hondureña de Planificación de Familia (ASHONPLAFA) está haciendo una encuesta de la actitud del médico con relación a algunos aspectos sobre metodos anticonceptivos. Su respuesta será confidencial y la usaremos solamente para un análisis estadístico.

Para cada pregunta, llene la casilla correspondiente.

1) Edad — 20-29 /__/ 39-39 /__/ 49-49 /__/ 59-59 /__/ 60-69 /__/ 70+ /__/

2) Sexo — Masculino /__/ Femenina /__/

3) Especialidad
- Médico General /__/
- Cirujano /__/
- Gineco-Obstetra /__/
- Pediatra /__/
- Internista /__/
- Otro, Médico Graduado /__/ _____(especifique)
- Residente /__/

4) Cree usted que debe ser posible para una pareja obtener metodos anticonceptivos para evitar embarazos no deseados?
Sí /__/ No /__/

5) Cree usted que debe ser posible para una pareja obtener esterilización quirúrgica:
- Por alguna indicación médica? Sí /__/ No /__/
- Por cualquiera razón personal? Sí /__/ No /__/

6) Cree usted que un médico debe de recetar anticonceptivos a una mujer si está soltera?
Sí /__/ No /__/

7) Cree usted que debe ser posible para una mujer embarazada obtener un aborto legal bajo las circunstancias siguientes:

a. Si la salud de la mujer está seriamente amenazada por el embarazo?
Sí /__/ No /__/

b. Si el embarazo resultó de una violación sexual?
Sí /__/ No /__/

c. Si existe una probabilidad alta de defecto congénito grave en el feto?
Sí /__/ No /__/

d. Si la familia tiene escasos recursos y no puede sostener mas hijos?
Sí /__/ No /__/

e. Si la mujer no esta casada y no quiere casarse con el hombre?
Sí /__/ No /__/

f. Si la mujer esta casada y no quiere mas hijos?
Sí /__/ No /__/

g. Por cualquiera razón personal de la mujer? Sí /__/ No /__/

Comentarios _____

/__/__/__/