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Studies in the Health Economics of Unsafe Induced Abortion in Uganda

Almost 300,000 induced abortions are performed annually in Uganda, resulting in 85,000 abortion-related complications and 1,200 deaths. This exerts a substantial morbidity, mortality, and cost burden on the country. The abortions are a consequence of the high prevalence of unintended pregnancies, which are a result of the high level of unmet need for contraception: 33 percent of Ugandan women have an unmet need for effective contraception. Since abortion is illegal in Uganda, it is usually performed in clandestine, unhygienic places by undertrained and unskilled practitioners; and is associated with a wide range of complications and myriad health and economic consequences.

Although some aspects of the health impact of abortion have been studied in Uganda, the post hospitalization health impact is not well understood. Also, the economic impact of induced abortion has in general not been well studied. This study will characterize the health impact of induced abortion in Uganda by estimating the morbidity, mortality, and costs associated with abortion procedures, abortion complications, hospitalizations, and post hospitalization complications. It will also estimate the cost-effectiveness of increasing contraceptive coverage or reducing the unmet need for contraception.

The study has three specific aims: to quantify the health and economic impact of the post hospitalization complications of induced abortion; to estimate the national cost of unsafe induced abortions; and to calculate the cost-effectiveness of increasing contraceptive coverage (reducing the unmet need for contraception). These aims will be achieved by performing three independent studies: (1) a six-month observational cohort study comparing the health (outpatient visits, hospitalizations, all-cause mortality, self-reported health, and health-related quality of life) and economic (labor and school participation, earning, and savings) characteristics of women discharged following a complication of induced abortion and women who have not had an induced abortion; (2) a cost-of-illness study to determine the total economic impact of unsafe induced abortion on Ugandan society; and (3) a decision analytic cost-effectiveness model to calculate the incremental costs and benefits—in terms of lives saved and maternal quality-adjusted life years saved—of increasing contraceptive coverage in Uganda.

Country where the research will take place

Uganda

How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

The research quantifies the opportunity cost of unsafe abortion—a core area in reproductive health—in terms of individual health and costs as well as health care and societal costs. Preventing unsafe abortions would reduce morbidity and mortality among Ugandan mothers and benefit society through increased productivity, because young mothers are at the core of agricultural production and child care in Uganda. Preventing unsafe abortions would also reduce healthcare spending with the potential of diverting saved resources to other areas in the economy.

How will the research address a policy need, and what kind of policy lesson is expected?

Unsafe abortion does not make the immediate policy agenda in Uganda because it is stigmatized and highly controversial. Expressing the impact of abortion in economic or monetary terms is likely to improve the standing of this issue on the policy agenda. Our studies will also contribute by quantifying the cost-effectiveness of increasing contraceptive coverage, which is a good place to start in designing policies to improve the situation.

Methods used

The study utilizes a prospective follow-up study and the health economic methods of cost-of-illness studies and cost-effectiveness analysis.

Data used

The study uses primary data collected in Uganda, hospital chart abstractions, and data from published research papers and reports.