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The burden of unsafe abortions in a context of restrictive abortion laws: An estimate from a retrospective and prospective study at the Central and the Gyneco-obstetric and Pediatric Hospitals of Yaoundé, Cameroon, in 2023

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However, the situation is more severe in countries in development, particularly in those where abortion laws are stern. Adolescents and young adults are particularly vulnerable, because of limited access to family planning, and their involvement makes the expected impact worse in a context where the population is relatively young. A more adequate evaluation of the impact of complications and deaths needs to include the ages at which they occur.

Objectives: The specific objectives of this study were to evaluate the distribution of unsafe abortions in 2 reference hospitals in Yaoundé in 2023, with respect to sociodemographic variables; to determine the unsafe abortion ratio, and the frequency of various complications and deaths due to unsafe abortion; and to calculate the DALYs due to unsafe abortions in these two hospitals in 2023.

Methodology: The study is cross-sectional, with retrospective and prospective data collection. It will last ten months (September 2024 to June 2025) and included all recorded cases of abortion managed at the central (CHY) and the gyneco-obstetric and pediatric (GOPHY) hospitals of Yaoundé in 2023. Data on complications of unsafe abortions and deliveries are collected from the records of these two hospitals and used to determine unsafe abortion ratio, and make estimates for incidence of infertility and maternal deaths due to unsafe abortion complications, based on recognized assumptions in the literature, and for calculation of DALYs.

Results (partial): From the CHY we have identified 171 cases for complication of abortion that were managed, 39 (22.8%) induced and 132 declared spontaneous. The mean ages were 25.5 ± 7.56 for induced abortion and 28.5 ± 6.85 for cases of spontaneous abortion.

The most common provider of abortion was the patient (62.3%), 45.7% were achieved by the use of tablets and the most common complications of induced abortion were anemia and shock (92.3%).

Interview of survivors to review the type of abortion and assess the final outcome of the cases recruited at CHY and data collection at the GOPHY are still to be achieved.

Conclusion: partial data from this study suggests a significant proportion of abortion cases are due to induced abortion. Data required to estimate the remaining indicators will be done in the coming weeks.

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