



PROFILE OF WOMEN WITH INDUCED ABORTION COMPLICATIONS IN NIGERIA

DR. AWUSI VINCENT OGHENEKOBARO

Department of Family Medicine, Faculty of Medical Sciences, Delta State University, Abraka, Delta State, Nigeria.

ABSTRACT

Background: Complications of induced abortion remain significant causes of maternal mortality and morbidity globally, particularly in countries, such as Nigeria, that do not provide access to safe abortion services.

Aim: The aim of this retrospective study was to determine the socio-demographic characteristics of 180 women who were treated for post-induced abortion complications.

Design: This was a retrospective study.

Setting: Delta State University Teaching Hospital, Warri (temporary site), Nigeria.

Subjects: Women treated for various cases of abortion complications over a 3year period, January 1st 2006 to December 31st 2008.

Results : Majority of the respondents were aged 15 – 24years (69%) and presented themselves for abortion when the pregnancy was more than 12weeks(34%); were unmarried(66%), attained (or about to attain) at least secondary education(86%), dependants –students/applicants(80%). The chief reason for procuring an induced abortion was the desire to complete school or training(45%) .Post-induced abortion contributed significantly to the maternal morbidity(9.68%) and mortality(0.43%) in this study.

Conclusion: The study shows that induced abortion is mainly undertaken by teenagers who are mainly students/apprentices and the main reason of procuring abortion was to complete school or training, . Health and social workers could use the social profile obtained from this study as a guide to identify women at risk of unwanted pregnancy, consequent induced/unsafe abortion, and formulate preventive- initiatives targeted at them.

Keywords: Induced abortion; Socio-demographic traits; Contraception; Institutionalization of safe abortion.

INTRODUCTION

In Nigeria, Clinicians are often faced by patients requiring immediate and sympathetic help in procuring induced abortion. Inspite of this, abortion law in Nigeria is still restrictive¹, hence abortions are clandestinely and illegally undertaken everyday by those least qualified to do so^{2, 3}. Besides the mortality associated with their practice³, the immediate and long-term morbidity is enormous^{5, 8}. It has been reported³ that unsafe abortion causes about 20,000 deaths a year in Nigeria. It is therefore imperative to prevent

“unwanted” pregnancy, the main reason women seek induced abortion (safe or unsafe). Preventing unwanted pregnancy can be planned and better achieved after a good understanding of the profile of women who commonly seek induced abortion, and reason(s) for doing so.

Thus, this study was conducted to assess the socio-demographic characteristics of women treated for post-induced abortion complications in Central Hospital, Warri, Delta State, Nigeria; and the reason(s) why they sought induced abortion.

This, it is hoped, will help policy-makers, programme managers and health-care professionals to formulate initiatives that will reduce the incidence of unwanted pregnancy, and therefore, rates of abortions(safe or unsafe) and its health consequences while improving women's health overall and promoting safe motherhood⁴.

MATERIALS AND METHODS

This was a retrospective study. The case-notes of women treated for various cases of abortion

RESULTS

During the period under review, a total of 1,860 various cases of abortion were treated. Of these, 180 cases were illegally induced giving an incidence of 9.68 percent. Of the 180 cases of induced abortion, 8 deaths were recorded giving a death rate of 0.43 percent of all the abortion cases and 4.44% of the induced abortions.

The mean age of the respondents was 20.4 ± 4.6 years (range of 13 – 38 years). Majority were, in the age groups 15 – 19 years (36%) and 20–24 years (33%), unmarried (66%), dependants (students/applicants) (80%), attained or about to attain at least secondary education(86%) and,

complications over a 3year period, January 1st 2006 to December 31st 2008, in Central Hospital, Warri, Delta State, Nigeria, were retrieved from the Medical Records Department Library.

A total of about 1,860 of such cases were treated, out of which 180 were illegally induced. This form the centre of discussion in this study. Data collected related to the socio-demographic profile of these 180patients and, reasons why they underwent induced abortion. Data was analyzed manually using SHARP – EL – 531LH Scientific Calculator.

gave “to complete education/training” as chief reason for undergoing induced abortion(45%). Table 1 shows the age distribution of the respondents and gestational age at termination. It shows that in 107(59%) patients, the pregnancy was terminated in the first trimester (≤ 12 weeks) and 73(41%) had theirs terminated after first trimester (> 12 weeks). Majority(20%) who had 2nd trimester pregnancy termination were in the age group 15 – 19 years; followed by those in age groups 20 –24(14%), 25 – 29 years(3%), 30– 34 (1%) and > 34 (1%) . All the women less than 15years had their pregnancy terminated in the 2nd trimester.

Table 1 – Age distribution of the Respondents and period of pregnancy termination

Age	No.of 1 st trimester (≤ 12 weeks)abortion(%)	No.of 2 nd trimester (> 12 weeks)abortion(%)	Total (Years)
<15	0(0)	3(2)	3(2)
15 – 19	28(16)	36(20)	64(36)
20 – 24	34(19)	25(14)	59(33)
25 – 29	21(12)	6(3)	27(15)
30 – 34	16(9)	2(1)	18(10)
>34	8(4)	1(1)	9(5)
Total	107(59)	73(41)	180(100)

Table 2 show the marital status of the respondents. It showed that majority(66%) were single; and 29% married, 3% widowed and 2% separated.

Table 2 – Marital status of the Respondents

Marital status	No. of Respondents(%)
Single	119 (66)
Married	52 (29)
Widow	5 (3)
Separated	4 (2)
Total	180(100)

Table 3 depicts the educational status of the respondents. It shows that majority(68%) attained or in the process of attaining secondary school education; same for tertiary(18%), primary(4%) and vocational(10%) education.

Table 3 – Educational status of the Respondents

Educational status	No. of Respondents(%)
Primary	8 (4)
Secondary	122 (68)
Tertiary	32 (18)
Vocational	18 (10)
Total	180(100)

Table 4 depicts the occupations of the respondents. Majority(47%) were students; and others were applicants(33%), artisans(8%), civil servants(7%) and full-time housewives(5%).

Table 4 – Occupation of the Respondents

Occupation	No. of Respondents (%)
Students	84 (47)
Applicants	60 (33)
Artisans(traders/hairdressers/tailorsetc)	15 (8)
Civil Servants	12 (7)
Full-time housewives	9 (5)
Total	180 (100)

Table 5 shows patients' reasons for undergoing induced abortion. The major reason given was the desire to complete school or training(45%); other reasons were "not yet ready"(22%), "partner did not want the pregnancy"(10%), "too many children"(7%), Nursing/ breastfeeding baby(5%), failed contraception(1%), "to retain job"(2%), "too old(2%) and too young(2%) for pregnancy" and others, such as marriage refusal, (4%).

Table 5 – Respondents' reason for induced abortion

Reason	No. of Respondents(%)
To complete education/training	82 (45)
Not yet ready	39 (22)
Partner did not want pregnancy	18 (10)
Too many children	12 (7)
Nursing/Breastfeeding baby	9 (5)
Failed contraception	2 (1)
To retain job	4 (2)
Too old for pregnancy	3 (2)
Too young for pregnancy	4 (2)
Others(refused marriage/parent objection etc)	7 (4)
Total	100 (100)

DISCUSSION

Unsafe induced abortion is an important gynaecological problem which contributes significantly to maternal morbidity(9.68% in this study) and mortality(0.43% in this study) in our environment^{2, 3, 5} . The restrictive abortion law in

Nigeria¹ is a contributory factor to these negative maternal health indices as the law has prevented the institutionalization of safe abortion practices¹² and has continued to pave way for thriving backdoor and lay abortionists^{1, 12}.

As in other studies^{2, 6, 9,13}, majority of our women who had undergone induced abortion were young(15 – 19years) and tended to present themselves for abortion when the pregnancy was advanced^{5, 8} and, therefore require relatively more complicated termination procedure which only a specialist may handle. But because of socio-economic reasons and legal restrictions, these women present in inappropriate places⁸ to be undertaken by people least qualified to do it². The inverse association of patients' age and gestational period of termination has been attributed to⁶ (1) inexperience of the young in recognising pregnancy (2) lack of economic resources to pay for abortion services (3) ignorance, fear and shyness concerning the sources of advise and help (4) unwillingness to accept the situation and seek prompt treatment and (5) the abortive attempt to use it as a bargain for marriage.

Majority of these patients were unmarried, confirming other reported findings^{6,9,13} which showed that women who seek induced abortion are commonly single adolescents. Some of the problems these group of women might encounter include situations where men suddenly severe relationships with them or stop giving them money upon being informed of the pregnancy and others in which men who had promised to marry them changed their minds when the women became pregnant⁶.

Studies^{6, 9} has shown that patients with induced abortion had higher educational status. This is confirmed by this study where 86% of the respondents attained or in the process of attaining at least secondary school education and the chief reason given for undergoing induced abortion being the desire to complete school or training as also reported in the study from Ghana⁶.

As in other studies^{7, 9, 12, 13}, majority(80% - students +applicants) of our respondents were dependants, hence of low economic potential. This, together with the finding that most of them were unmarried tend to suggest that many of them might have been in the relationships partly for the added financial support of their partners. It is also possible that the issue of relationship problems and the link to financial issues is becoming more prominent as the economic situation in the country declines. Therefore, empowering these women, in the form of social security, may have a positive impact on the prevention of unwanted pregnancy in the long run¹¹.

The modal reason for wanting an induced abortion, in this study, was because the pregnancy

was unwanted at the time, which is similar to findings from other studies^{6, 9, 12, 13}. Therefore, concerned with the health hazards of induced abortion, the use of contraceptives should be optimised among all women, but in particular among adolescents who are the major victims of unwanted pregnancy as shown in this study and other studies^{7, 8, 9, 13}. However, low contraceptive uptake among unmarried girls and separated couples have been reported in Nigeria¹³ and other developing countries^{6, 9}. This has been attributed to their attitude of wanting to keep sexual activity secret; therefore most sexually active women do not use contraceptive, with the attendant risk of unwanted pregnancy, consequent induced abortion¹⁴ and its sequelae^{3, 8, 10}.

This study brings out the profile of women that have undergone induced abortion – they are younger, unmarried (therefore in less stable relationship and most likely to have a pregnancy that is unwanted), educated, mostly students and applicants (dependants) and therefore of low economic potential. From this results, it can be said that measures aimed at preventing unwanted pregnancy will yield major results if directed at adolescents and women in their early 20s who (1) have at least primary education, (2) unmarried and (3) of low economic potential. Health and social workers could use the social profile obtained from this study as a guide to identify women at risk of unwanted pregnancy. Such women should be given advice regarding contraception, the reality of relationships with men, improving their economic ability and the risks of induced abortions.

Finally, this study, like other studies^{1, 2, 5, 8} shows that no legal restriction may control induced abortion until alternatives are provided. Some of these alternatives include mass literacy campaign on the dangers of induced abortion, family-life education, provision of family planning services to all women (and men) without discrimination and liberalization of abortion laws¹². The issue is not whether to legalize abortion or not, but rather the merit between safe abortion made legally available and one obtained clandestinely and illegally under unsafe conditions with its untoward consequences.

ACKNOWLEDGEMENT

We wish to thank the staff of the medical records library of Central Hospital, Warri, for their assistance in retrieving the case-notes of the women used for this study.

REFERENCES

1. Okonofua, F.E. Unwanted pregnancy, unsafe abortion and the law in Nigeria. *Trop.J.Obstets.Gynaecol.*2002; 19 : 515 – 17 .
2. Ikechebelu, J. I. and Okoli, C.C. Morbidity and Mortality following induced abortion in Nnewi, Nigeria. *Trop.Doct.*2003; 33 : 170 – 2.
3. Raufu, A. Unsafe abortions cause 20,000 deaths a year in Nigeria. *BMJ* 2002; 325 : 988.
4. Abortion: women decide. *Reprod.Hlth.Matters* 2002; 10 : 1 – 180 .
5. Ntia, I.O. and Ekele, B.A. Bowel prolapse through perforated uterus following induced abortion. *West Afr.J.Med.* 2000; 19 : 209 –11.
6. Adanu, R.M.K., Ntumy, M.N. and Tweneboah, E. Profile of women with abortion complications in Ghana. *Trop. Doct.* 2005; 35 : 138 – 41 .
7. Munasinghe, S. and Nynke, vanden-Broek. Abortion in adolescents. *Trop. Doct.* 2005; 35 : 133 – 5 .
8. Oladapo, O.T. and Coker, A.A. Bowel prolapse and gangrene following vaginal vault perforation : an example of the menace of criminal abortion in Nigeria. *Trop. Doct.* 2005; 35 : 177 – 8 .
9. Lema, V.M., Mpanga, V. and Makanani,B.S. Socio-demographic characteristics of adolescent post-abortion patients in Blantyre, Malawi. *East Afr.Med.J.*2002; 79 : 306 – 10 .
10. Robert, O. Unsafe abortion in Kenya. *Trop.Doct.*2005; 35 : 159 – 160.
11. World Population Monitoring, 2002. New-York : United Nations Population Division, Department of Economic and Social Affairs, 2004.
12. Vanessa, S. Safe abortion : a woman's right. *Trop.Doct.*2005; 35 : 130 – 33 .
13. Olukoya, A.A., Kaya, A., Ferguson, B.J. and Abou-Zahr, C. Unsafe abortion in adolescents. *Int.J.Gynaecol.Obstets.*2001; 75 : 137 – 47 .
14. Santelli, J.S., Lindberg, L.D., Orr, M.G., Finer, L.B. and Speizer, T. Toward a multi-dimensional measure of pregnancy intentions : Evidence from the United States. *Studies in Family Planning* 2009; 40(2) :87 – 100 .