

RISK FACTORS OF ILLEGAL INDUCED ABORTION

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ABSTRACT

Objectives: To find out frequency of various risk factors of illegal induced abortions.

Material and Methods: This was descriptive study performed in Gynae "B" Unit LRH from July 2010 to June 2012. This study included 40 consecutive cases of illegal induced abortion. All patients with history of illegal induced abortion admitted through OPD or casualty were included. Relevant information was recorded on a predesigned questionnaire prepared in accordance to the objectives of the study. An attempt was made to find out risk factors due to which women resorted to illegal induce abortion and their attitude towards contraception was assessed.

Result: The frequency of illegal induced abortion was 2.2%, of total abortion related admission. Thirty five (87%) illegal abortion were performed in first trimester. Twenty nine (72.5%) cases were above 31 years of age. Ninety nine (97.5%) patients were married and 1(2.5%) was unmarried female. Thirty two (80%) were illiterate. Thirty (75%) belong to low socioeconomic class, while only 20 (50%) had education up to primary and secondary. The illegal abortions were higher in older 29(72.5%), grand multiparous 27(67.5%), poor 30(75%) and illiterate 32(80%) women. The most common risk factor of illegal abortions were large family size (50%) and poverty (25%), less common were contraceptive failure 12.5% rate, 2.5% not wanted children (due to education problem) 5%, married with illegal pregnancy 2.5%.

Conclusion: The most common risk factors of illegal abortion were large family size, poverty contraceptive failure.

Key Words: Induced abortion, illegal, risk factors.

INTRODUCTION

Induce abortion is one of the most neglected health problem in developing countries and serious concern to women during reproductive lives¹. WHO estimate that 210 million women become pregnant each year world wide. More than 25% of these pregnancies end in abortion and unplanned birth. Globally 42 million² women with unintended pregnancy (the most common cause of abortion 82%) choose termination of pregnancy, annually 20 million (nearly half of these procedures) are unsafe globally³.

Up to 670,000 to 680,000 women mostly in developing countries die each year from untreated or inadequately treated abortion complication. Unsafe abortion is known to be major contributor to maternal mortality and poor maternal health, around 13% maternal death globally are due to unsafe abortion nearly all of which can be prevented with appropriate tanning technology and equitable access to safe termination of pregnancy⁴. According to study from Karachi 10% of maternal deaths were due to unsafe abortion.⁵

Abortion whether used as a method of contraception or due to failure of the contraceptive method, has its own disadvantages and complications⁶.

Unwanted pregnancies, poverty, lack of availability and accessibility to contraception and contraceptive

failure are some of the factor that account for the rise of number of women seeking termination of pregnancy in unsafe condition Majority of women seeking termination of pregnancy are married and they do it either to limit the family size or space pregnancies⁷.

It is estimated that 980,000 induced abortions are performed annually in Pakistan with annual abortion rate of 29/100 in women aging 15-49 year. The unwanted pregnancies rate is estimated as 77/ 1000 women 37% of all pregnancies⁸.

This study was carried to find the risk factors predisposing to illegal induced abortion so that high risk population could be identify and method devised to help these patients.

MATERIAL AND METHODS

This was descriptive study performed in Gynae "B" Unit LRH from July 2010 to June 2012. The study included 40 women in reproductive age group who had induced abortion. Related laboratory investigations (especially hematological) were performed. Abortions performed for medical reason were excluded. An induced abortion is deliberate termination of pregnancy that assures that embryo or fetus will not survive.

The definition of induced abortion used in this study was voluntary termination of known or suspected pregnancy, which lasted less than twenty weeks.

Women with induced abortion were enquired about the period of gestation at the time of abortion, state of abortionist method used for termination of pregnancy, the educational status of the women and the

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reason due to which they opted for abortion. An attempt was made to assess attitude towards contraception. The confidentiality of information was always ensured.

RESULT

A total of 40 women who had an induced abortion were interviewed. Age distribution shows that maximum 29(72.5%) cases were between 31-45 years while 11(27.5%) cases were between 15-30 years. Out of 40 patients majority 27 (67.5%) cases were grand multiparas, while 13(32.5%) cases were from P0—P4. Large number of cases 32(80%) were illiterate and only 8(20%) had education up to primary and secondary. Higher number of cases 35(87.5%) had first trimester induced abortion only 5(12.5%) had second trimester induced abortion, 23(57.5%) cases had previous history of abortion 11(27.4%) cases had previous 1 abortion while in 12(30%) cases there was history of multiple abortion, 4(10%) women had previous 3 abortion.

The predominant reason for abortion were large family size 21(52.5%), poverty 10(25%) contraceptive failure 5(12.5%), rape 1(2.5%) not want children because of education problem 2(5%), married with illegal

Table 1: Sociodemographic characteristic of patient with induced abortion total no of cases of illegal abortion – 40

Age	Age years	No of patients	%age
	31-45	29	72.5
	15-30	11	27.5
Parity	P5+	27	67.5
	PoP4	13	32.5
Socio-economic status	Lower	30	75
	Upper & Middle	10	25
Education level	Nil	32	80
	Primary Secondary	8	20

Table 2: Frequency of risk factors of illegally induced abortion

Risk Factors	No. of patients	%age
Large family size	21	52.5
Poverty	10	25
Contraceptive Failure	05	12.5
Rape	01	2.5
Not want children (due to education problem)	02	5
Married with illegal pregnancy	01	2.5

pregnancy 1 (2.5%). In majority of illegal induced abortion (75%) instrumentation was done, other methods included medicine/drugs (12.5%), IUCD 10% and in 25% cases laminaria tent was used.

Majority of illegal abortion were performed by TBAs and untrained daies while other were induced by nurses, LHV 37.5% and 5% of cases by doctors. The complication rate was 100% in illegal abortion, heamorrhage was present in 18(45%) sepsis 14(35%) cases others uterine perforation 3(7.5%), uterine and gut perforation 1(2.5%) and 10% of casse had renal failure, DIC and Jaundice. Most of the women (30/40) were aware of family planning method commonest known method was oral contraceptive (20%), while least known method was barrier contraceptive.

DISCUSSION

Each year million have unwanted pregnancy, some of these carried to term other end in induced abortion. It is one of most neglected health care problem in developing countries, and serious concern to women during their reproductive lives⁹.

WHO has coined a new term 'unsafe abortion' "characterized by lack of provider, hazardous technique, and unhygienic facilities¹⁰.

Abortion in Pakistan is illegal unless it is performed to save the life of pregnant woman. Nevertheless a large number of clandestine abortions continue to be carried out regularly with dire consequences for the lives and health of women involved. In our study the frequency of induce abortion was 2.2% of total cases abortion admitted. According to different studies from Karachi, Rawalpindi and Lahore the frequency of illegal induced abortion were 2.3%, 3.06%, 3.08% and 3.6%¹¹⁻¹⁴. Lower frequency of illegal abortion shown in our study and studies from different parts of Pakistan is not encouraging as these do not depict the actual situation. The main bulk of these cases remain unreported. Thus only women developing complications report to the hospital and even on hospital admission most of the patients suspected from history and examination deny any intervention. Another reason for low rate of illegal induced abortion in our study is that most of our people are religious and they do not go for termination.

In our study 72.5% of the women were 31-45 years of age and 67.5% of women were grand multiparous. A study conducted by Naib JM¹⁵ in Peshawar 53.5% of patient was above 35 years of age, while 87% patients were grand multiparous. However in study of JPM in Peshawar the corresponding figure were 52% and 60%.⁸ most of our patients have completed their families by that age and then resort to induced abortion to limit the size of the family. We can reduce the rate of illegal induced abortion in older age group by educating and counseling the women about the risks and complication of unsafe abortions antenatalley and by provision of an effective family world health organization planning services in postnatal period.

Eighty percent (80%) of patients with illegal abortion were illiterate and 20% had primary to secondary level of education. Najmi RS¹² have reported that 79.17% of patient with illegal abortion were illiterate. Tayyab S and Samad NJ¹³ have found that 92% of patients with illegal abortion were of low educational status.⁹ our study is comparable to study of Najmi RS in which most of the patients inducing abortion illegally were illiterate because most of them do not know that abortion is illegal for social reason in Islamic law.

Seventy five percent (75%) patients in our study belonged to low socioeconomic status and 25% to middle and upper socioeconomic status. The numbers of poor patients were significantly higher in illegal. Saeed GA¹¹ have reported that 78.8% of illegal patients were of low socioeconomic status, while Najmi RS¹¹ have reported 50% patients belonged to low socioeconomic status.⁸ Our study is quite comparable with Saeed GA¹¹ that most of patients resorting to induced abortion were poor. Poverty is one of the major risk factor in our setup for illegal abortions in married women.

In our study 52% patients had abortion due to large family size, 25% due to poverty, 12.5% due to contraceptive failure, 2.5% due to rape, 5% to continue education and 2.5% are due to extramarital affairs (illegal pregnancy from her brother in law). Jaffrey S has reported indications of illegal induced abortion as 45% pregnancy due to shorter interval between successive pregnancies, 30% due to large family size, and 15% due to ill health of mother¹⁶. Rehan¹⁷ have reported 55.2% of induced abortion were due to unwanted pregnancies, 23.8% were due to contraceptive failure, 15.2% due to medical reasons, 4.8% due to premarital affairs and 1% due to extramarital affairs (these are reason of abortion given by health care providers.)⁵ Most of illegal abortions are performed due to large family size or poverty. These are preventable causes and can be prevented by an effective family planning services and by improving women educational and social status, thus reducing the incidence of abortion.

CONCLUSION

The predominant risk factors for illegal abortion in our study were large family size, poverty and contraceptive failure.

RECOMMENDATION

The number of unsafe abortion can be reduced by education and awareness of public about Islamic law, prevention of unwanted pregnancy, prevention of effective family planning services, educating and counseling the women and her partner about the risk and complications of unsafe abortion and educating the medical professional TBAs and health workers about consequences of unsafe abortion.

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