Original Article

Socio-Demographic Aspects of Complicated Induced Abortions

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Abstract

Worldwide millions of women seek induced abortion. When successful and complete, it remains secret and if complicated gets highlighted. Hospital data represents a tip of the ice berg. It is an important cause of maternal morbidity and mortality but is preventable. This study was done to have a view to some socio-demographic aspects of induced abortion. This study was conducted from January 2012 to July 2012. Patients admitted with illegal induced abortion (N=50) were included in this study. Patients with spontaneous abortions were excluded. Data was collected using pre-designed data collection sheet and were expressed as actual number and percentage. Age range was 15-45 years with maximum incidence in 25-35 years. Peri-urban & rural area were the maximum habitat. Majority patients and their husbands were illiterate or only had primary level education. Most of them were housewives and majority of their husbands were day laborers or small-business holders. Most of their knowledge about different contraceptives was poor and knowledge of MR services was uncertain or none. 96% of their pregnancies were unwanted. Abortions were induced at local clinic, at own residences or at inducers' residence. Methods of abortion induction were MR, drugs or herbal agents. Abortions were induced by nurse, respondents herself, 'dai' or by midwives; none by physician or well trained personnel. One (2%) patient died due to haemorrhage and sepsis.

Rural, illiterate persons of our community with little or poor knowledge of family planning services are at risk of having unwanted pregnancy. And, poor knowledge regarding MR or related facilities, as well as legal restriction provokes them to induce abortions by poorly trained personnel and thereby endangering their lives.

Key words: Complicated induced abortion, socio-demographic aspects

Introduction

Induced abortion is the intentional termination of pregnancy before the fetus can live independently.[1-3] Approximately, 208 million pregnancies that occurred worldwide in 2008, 33 million (16%) resulted in unintended births and 41 million (20%) ended in induced abortions. About 185 million pregnancies that occur in developing countries, 40% are unintended and 19% are induced abortion.[4]

Worldwide millions of women seek induced abortion. When it is successful and complete it remains secret and if complicated gets highlighted due to their management at hospital level. The

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hospital data represents just tip of the ice berg. The problem at the community level is much bigger and graver. It is a great problem that puts an extra burden on already over worked staff and limited resources of government hospitals. Septic induced abortion is an important cause of maternal morbidity and mortality and is completely preventable.[5]

Induced abortion is illegal in Bangladesh unless for therapeutic reasons. BDHS reveals that 3.7% of currently married women reported induced abortion. Among the abortion experienced women 20% were non-users of family planning (FP) and more than three-fifth made their FP decisions jointly with partners. The decomposition results suggest that 6% of total fertility were explained by reported induced abortions.[6]

Study showed that about half of the abortions were obtained by young unmarried women in developed countries. But in the developing countries abortion is most common among married women with 2 or more children.[7] Induced abortion is also higher in the developed countries. A review article published in characterized induced abortion in Latin America as an epidemic with 3-5 million performed each year.[8]

Taking the above scenario into consideration, this study was conducted at the Department of Obstetrics and Gynecology in tertiary level hospital of Bangladesh to have a view to some socio-demographic aspects of illegal induced abortion.

Materials and Methods

This descriptive cross sectional study was conducted at the Department of Obstetrics & Gynecology of Rajshahi Medical College Hospital, Rajshahi, Bangladesh from January 2012 to July 2012. All admitted patients (N=50) of illegal induced abortion were included in this study by purposive sampling technique. Following patients were included in our study**:** 1. Age: Any age. 2. Both primi and multigravida. 3. Patient with intentional termination of pregnancy.4. Patient with per-vaginal bleeding or foul smelling per-vaginal discharge after MR or D&C. Patients with spontaneous abortion were excluded from our study. With due consent from the patients, data was collected using pre-designed data collection sheet and were expressed as actual number and percentage.

Results

Total number of cases was 50. Mean (±SD) age was 31.00 (±6.74) with the range being 15-45 years. 29 out of 50 cases (58%) were in age range in 25-35 years-the age group for maximum incidence.

Table I: Distribution of the cases by their area of residence and nature of habitat (n=50)

Area of residence	Frequency	Percentage (%)
Rural	15	30
Peri-urban	19	38
Urban	10	20
Urban slums	6	12
Total	50	100

Above table shows that most of the cases came from peri-urban (38%) and rural (30%) area.

**Figure-1: Literacy rate of patients & their husbands**
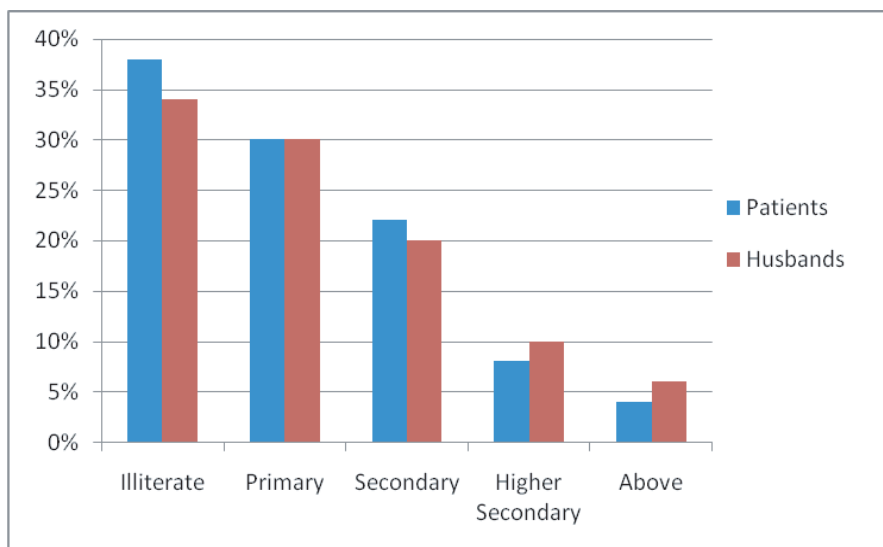
Above figure shows that most of the cases as well as their husbands were illiterate or only have primary education.

Table II: Occupational status of the patients & their husbands (n=50)

Occupation of patients	Number & (%)	Occupation of husbands	Number & (%)
House wife	35 (70%)	Job/service holder	9 (18%)
Maid servant	7 (14%)	Businessman	12 (24%)
Garments worker	3 (6%)	Day labourer	15 (30%)
Student	2 (4%)	Rikshaw puller	4 (8%)
Service holder	3 (6%)	Carpenter	2 (4%)
		Garments worker	2 (4%)
		Missing	3 (6%)
		Others	3 (6%)

Figure 2: Shows the distribution of the respondents by their duration of marriage (n=50)
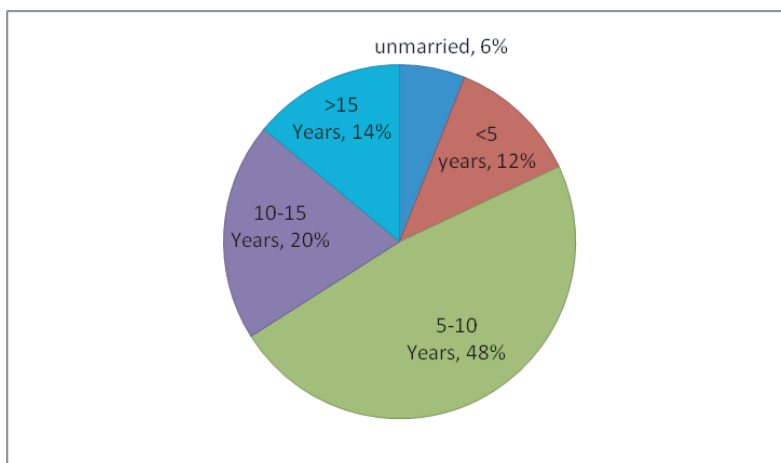
Table III: Shows the knowledge of different contraceptive methods, menstruation regulation (MR) and practice of contraceptive use

Knowledge about different methods of contraception	Number & (%)	Knowledge about Menstration Regulation (MR)	Number & (%)
Good	7 (14%)	Good	2 (4%)
Average	13 (26%)	Uncertain	32 (64%)
Poor	30 (60%)	None	16 (32%)
Practice of contraceptive use:			
Used contraceptives	38 (76%)	Not used	12 (24%)

Table IV: shows Previous H/O MR, abortion, number of gestation, expectance of recent pregnancy & duration of recent pregnancy

Previous H/O MR	Yes=7 (14%)	No=43 (86%)
Previous H/O abortion	Yes=6 (12%)	No=44 (88%)
Number of gestation	Primigravida =12 (24%)	Multigravida =38 (76%)
Expectance of recent pregnancy	Wanted=2 (4%)	Unwanted=48 (96%)
	< 10 weeks=17 (34%)	10-12 weeks=20 (40%)
Duration of recent pregnancy	12-16 weeks=8 (16%)	> 16 weeks=5 (10%)

Table V: Shows the patients' reason for induction of abortion (n=50), and the persons who took the decision for induction of abortion.

Reason	Frequency & (%)	Deciding person	Frequency & (%)
To keep the family small	28 (56%)	Self	17 (34%)
Poverty	8 (16%)	Husband	9 (18%)
For birth spacing	11 (22%)	Both	22 (44%)
Other (don't want baby now, familial dysharmony, ill health)	4 (8%)	Mother	2 (4%)
Illegal pregnancy	3 (6%)		

Abortions were induced at local clinic in 26 (52%) cases, at own residence in 18 (36%) cases and at inducers' residence in 6 (12%) cases. Methods of abortion induction were MR in 29 (58%), allopathic drugs in 11 (22%), homeopathic drugs in 8 (16%) and herbal agents in 2 (4%) cases. About one third of the respondents 17 (34%) had their abortion induced by nurse, one fourth 13 (26%) were induced by respondents herself (taking medicine).Of remaining inducers, 12(24%) were *'dai'* (traditional birth attendants) and 6 (12%) were midwives. Out of these 50 cases only 1 (2%) patient died due to haemorrhage and sepsis.

Discussion

A total number of 50 induced abortions were included in this study. In this study 58% of patients were in the age group of 25-35 years. Mean age was 31.00 (±6.74) years. Most of them (76%) were multipara, maximum (38%) were illiterate. These findings are consistent to Fawad et al'sstudy.[9] Most of the patients were married 94% and only 6% respondents were unmarried. Another study found that all the women, except two, were married.[10]

In this study, maximum cases and their husbands were either illiterate or only had primary level education. Akhter et al. found that almost half had no schooling, while one quarter had schooling for five years or less, and the rest had schooling for over five years; they also found nearly half of the husbands had schooling of six years or more and one third had no schooling.[11]

Out of the 50 cases, majority was housewives; and, their husbands were day-laborers or business-man. Among the participants, 76% were on contraceptive use and 24% were with no practice of contraception. Majority of patient's knowledge about MR and related services was unsatisfactory. In Akhter et al also found similar results.[11]

Abortions were induced at local clinics, at own residence or at inducers' residence. Methods were MR or drugs or herbal agents. Abortions were induced by nurse, by respondents herself or *'dai'* or midwives. None of them was done at well-equipped centers and none was done by well trained personnel or physician.

Conclusion

Unwanted pregnancy is a public health hazard both in developed and developing countries. Rural, illiterate persons of our community with little or poor knowledge of family planning services are at risk of having unwanted pregnancy. Poor knowledge regarding MR or related facilities, as well as legal restriction provokes them to induce abortions by poorly trained personnel and thereby endangering their lives.

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