

Factors for Abortion Seeking Among Women Attending Health Facilities

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ABSTRACT

Background: Unsafe abortion contributes to high maternal mortality in the country which is 281 per 100,000 live births. In line with the expansion of safe abortion services to all 75 districts, it was time for us to look into the depths of the determinants that lead women to seek abortion.

Methods: A cross-sectional descriptive study was conducted in three centers providing safe abortion services in Kathmandu valley, viz. Paropakar Maternity and Women's Hospital, Marie Stopes International (MSI), Nepal, at Sat Dobato and Tribhuvan University Teaching Hospital (TUTH) from 16th July to 31st August 2009. A total of 450 respondents were interviewed, out of them 270 (60%) were from public centers and 180 (40%) from INGO run centers.

Results: It was observed that 32% of the respondents were in the group of 25-29 years; more than a third (34.9%) of the respondents was pregnant for the third time; 58% were using some kind of contraceptive prior to this pregnancy and 90.4% showed a desire to use some kind of contraceptive after the abortion. The main reasons cited for termination were completed desired family size and mistiming and 101 (22.4%) had a history of previous induced abortion.

Conclusions: There was a significant association between the uses of contraceptive methods prior to the index pregnancy in women who had sought previous induced abortion and it was also seen that women having previous termination had completed their desired family size of two and the age of the last child was above five.

Keywords: contraceptive, induced abortion, repeat abortion, safe abortion services.

INTRODUCTION

Induced abortion is the deliberate termination of a pregnancy and unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by the persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.^{1,2} Globally each year around 210 million women become pregnant, as many as 80 million pregnancies are unplanned, 130 million pregnancies ends in live birth and about 46 million ends in an induced abortion.^{3,4}

It is estimated that 13%-22% of all maternal deaths in developing countries result from complications of induced abortions performed under unsafe conditions.^{3,4} Of these women, 36 million live in developing countries and 10 million live in developed countries. WHO estimates that globally 68,000 women die from complications of unsafe abortion each year.⁵ In the International Conference on Population and Development held in Cairo, Egypt in 1994, 179 countries agreed on 20 year Plan of Action

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to legalize abortion. Nepal, as one of the signatory countries of this conference, has adopted the abortion law and legalized abortion. This was done under the 11th amendment to the Country Code (MulukiAin) in March 2002, and received royal assent in September 2002.^{6,7}

Overall objective of this study was to identify the factors determining abortion seeking and acceptance of contraception following safe abortion services among women attending health facilities in Kathmandu.

METHODS

A cross-sectional descriptive study was conducted from 16th July to 31st August 2009, in three centers providing safe abortion services in Kathmandu valley, in Paropakar Maternity and Women's Hospital, Marie Stopes International (MSI), Nepal, at Sat Dobato and Tribhuvan University Teaching Hospital (TUTH). Women receiving safe abortion services at the above-mentioned sites comprised the study population. The research question was to identify what were the factors that lead women to seek abortion.

Sample size (N) = $4pq/L^2 = 450$

Total 50% of the women coming for SAS were within the period of 8 weeks of gestation and to avoid any non response and contingencies, additional 10% of the total samples were being considered.

A set of semi-structured questionnaire was used to collect quantitative data from the women seeking SAS. The survey questionnaire was pre-tested at MSI center and some changes incorporated in the questionnaire before collecting the data which was collected and coded for the entry into EPI-Info Version 6. Uni-variate and bi-variate methods were used and Chi-square Test, Odds Ratio and Confidence Interval (CI) were computed. Formal consent was taken from the concerned SAS centers, viz. Institute of Medicine, Maternity Hospital and MSI. Informed consent was taken from the women prior to the interview and their opinion was kept confidential for the purpose of this study.

RESULTS

A total of 450 respondents were interviewed from three centers providing safe abortion services, out of those 270(60%) were from public centers and 180(40%) from INGO run centers.

The socio-demographic characteristics of the respondents included age, ethnicity, religion, occupation, educational status including that of her spouse. It was observed that one third (32%) belonged to the age group of 25-29

years, the mean and standard deviation being 27.72 and 5.53, respectively and with a range of 16 to 45. Janajatis comprised of 61.6 percent of all users, although there were a significant number of Brahmins and Chettris as well (34.2%), and most of the women (87%) were Hindus. Among the 450 respondents, 96 percent were married although small percentages (3.8%) were single. While studying the educational status of the women, it was seen that majority (72.7%) were educated and 1 in 4 had higher education. The number of women with no formal education and with higher education was almost the same. However, almost half of the respondents' husbands had higher education and only 7.6 percent had no education at all (Table 1).

Table 1. Socio-demographic characteristics of the respondents.

Variables	n=450 (%)
Age Group	
<20	19 (4.2)
20-24	116 (25.8)
25-29	144 (32.0)
30-34	110 (24.4)
35-39	52 (11.6)
40 & above	9 (2.0)
Mean Age± SD	27.72± 5.53
Range	16 - 45
Ethnicity	
Upper caste	154 (34.2)
Janajati	277 (61.6)
Others	19 (4.2)
Religion	
Hinduism	391 (86.8)
Buddism	40 (8.9)
Christianity	12 (2.7)
Others	7 (1.6)
Marital Status	
Unmarried	17 (3.8)
Married	432 (96.0)
Widowed	1 (0.2)

Pregnancy related factors like gravida, parity, number of living children, age of the last child and whether the respondent had sons at home or not were studied. It was found that 34.9 percent of the respondents were third gravida while 7.55 percent were grand multi-gravidae. Almost half the respondents were para-2 (44.4%) while 27.1 percent were primi-paras and 14.9% had no children. Almost three out of four of the respondents had 2 or less than 2 living children and half of the respondents had the last child less than 5 years of age while 40% had them above 5 years of age. Two third of the respondents had a male child at home (Table 2).

Table 2. Distribution of pregnancy related factors.

Variables	n=450	(%)
Gravida		
1	59	13.1
2	101	22.4
3	157	34.9
4	99	22.0
≥5	34	7.6
Number of Living Children		
0	67	14.9
≤2	322	71.6
>2	61	13.5
Age of last child (in years)		
≤5	203	45.1
>5	180	40.0
Sons at Home		
No	155	34.4
Yes	295	65.6

Table 3 illustrates that 58.9 percent were using some kind of contraceptive prior to this pregnancy and among them, 92 percent were using it irregularly. The main reasons for irregular use and discontinuation of contraceptives were excessive bleeding, weight gain and irregular cycles.

Table 3. Distribution of use of contraception prior to abortion.

Variables	n=450		(%)	
	Yes	No	Yes	No
Use of contraception prior to this pregnancy	265	185	58.9	41.1

Majority of the respondents 90.4 percent showed a desire to use some kind of contraceptive as illustrated by table 4. The reasons for not taking contraceptives were husbands being abroad, fear of side effects and some thought of using it at a later period.

Table 4. Distribution of use of contraception prior to abortion.

Variables	n=450		(%)	
	Yes	No	Yes	No
Showed a desire to use contraception after abortion	407	43	90.4	9.6

The main reasons for termination as shown below were; 44.4% had achieved their desired family size, 30.5% cited mistiming (expressed as pregnancy occurring at an unplanned time) and 21.1% had personal problems.

Table 5. Distribution of reasons for termination.

Variables	n=450	(%)
Mistiming	137	30.5
Desired family size	200	44.4
Family problems	15	3.3
Career	26	5.8
Education	17	3.8
Economic	37	8.2
Others	18	4.0

Out of the 450 women, 101(22.4%) had a history of a previous induced abortion in the past. Those who were using contraceptives prior to this pregnancy and who had a previous induced abortion was 28.6% and those who were not using any contraceptives were found to be 13.5% with a p-value of 0.00 which was statistically significant with an odds ratio of 2.75 (Table 6).

Table 6. Association of previous induced abortion with the use of contraception prior to the index pregnancy.

Use of contraception prior to the index pregnancy	previous induced abortion		p-value	Odds Ratio (95%CI)
	Yes n (%)	No n (%)		
Yes	76 (28.68)	189 (71.32)	0.00	2.75 (1.563-4.237)
No (Ref.)	25 (13.5)	160 (85.5)		
Total	101 (22.4)	349 (77.6)		

Association of previous induced abortion with the acceptance of contraception following the abortion procedure was not found to be significant, where 95% showed a desire to use some form of contraception. There was seen to be a statistical significance between the association of the number of living children and previous induced abortions. Those women having 2 or more children with a history of previous abortion was 26.4% and those with one children or none was 16.9%, which was statistically significant (p value 0.017)

DISCUSSION

In this study out of 450 women seeking abortion, 72.7% were literate, out of which 18.45% had primary education, 24.2% had secondary education and 30% had received higher education. The high literacy rate than national standards could be due to the fact that the study was conducted in urban settings.⁸

The age ranged from 16-45 years with the mean age of 27.5 years. It was significant to note that only 4.2% out of

all the women who had come for termination were less than 20 years. A study conducted at Maternity Hospital in the year 2004 stated that the women younger than 20 years that sought abortion services were about 4.3% of all ages. This shows that very few women in the younger age groups utilized the abortion services at health facilities. Other studies conducted at the national level, by CREHPA and S Thapa and SM Padhye, also showed a similar result.^{10,11} 96% of the respondents were married, which was similar to other studies conducted at the national level. In contrary, the figures of the western world showed that 81.5% were unmarried at the time of receiving services, as per the study conducted in 27 countries by Bankole A.¹²

The maximum numbers of respondents (33.8%) were third gravida and were in the age group of 25-29. But, surprisingly 0.3% of the women under the age of 20, were gravida three and above. As such, 14.9% had no living children while 86.9% had two or less than two and 13.1% had more than two children. This data makes it clear that the preference for the small family size about two is now has become the norm among the women.¹⁵

Out of the 450 women seeking abortion services, 101 (22.4%) had a previous induced abortion that is similar to the studies conducted in China, where 35% had previous induced abortion and in Sri Lanka 29%.¹³ Women who had previous induced abortion and had two or more living children was 26.4%. Women having children more than 5 years of age and seeking subsequent abortion was 32.2%, which shows the importance of motivating and counseling women in this group for accepting an effective form of contraceptive method and it has to be communicated that "Abortion cannot be treated as the substitute of the family planning method".

More than half of the total respondents had used some form of contraception prior to this index pregnancy. However in the study by Duwadi N almost one third of the total women had not used any contraceptives prior to the abortion which shows there are unmet needs which have to be addressed.¹⁴ The fact that the use of contraceptives prior to the index pregnancies reveals the cumulative success of programs promoting the use of contraception.

Total 90.4% of the respondents expressed their desire to use some form of contraceptive methods amongst which 95% chose a modern method of contraception. These findings are closer to that of the findings of CREHPA and S. Thapa and SM Padhye.^{10,15} The main reason cited for abortion seeking was having completed family size by 44% and mistimed pregnancy by 30%. This finding is closer to the study conducted in 27 countries by Bankole Aet al.¹² However, contraceptive failure was seen to be

in a small percentage, unlike 20.3% in a study conducted by Rehan N in Pakistan.⁹

CONCLUSIONS

Effective use of contraceptive methods must be given a high priority to avoid unwanted pregnancies and the consequences of abortions. Moreover, post abortion period might be the right time to introduce contraceptive advices because women are more susceptible at this period. Therefore, enhancing the access of women to contraceptives and providing a wide choice of methods may reduce the incidence of unwanted pregnancies, repeated abortions and its consequences.

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