

## INDUCED ABORTION; A CONTINUING TRAGEDY

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### ABSTRACT:

**Background:** Induced abortion remains one of the gravest problems associated with women's reproductive health in Nigeria. Induced abortion is commonly practiced in Nigeria with a prevalence ranging from 25-53% amongst adolescents in schools and 88-94% amongst out of school single women. It is a major contributor to maternal mortality and serious morbidity in Nigeria

**Objectives:** The objectives of this review were to assess the socio-demographic characteristics of patients that procure induced abortions, determine the gestational age at which these abortions occurred, as well as to determine common complications associated with induced abortions

**Methods:** This was a retrospective study of induced abortions that were seen at the Gynaecology Emergency unit of the Department of Obstetrics and Gynaecology, Jos University Teaching Hospital, Jos Nigeria between January 2001 and December 2003. The data were

retrieved from the medical records department and analyzed using Epi-info version 3.2.2.

**Results:** The mean age of the women was 22.1years (range 14-45years). More than half, 41 (56%) had secondary school education. Seventy five percent (54) of the patients were unmarried. Fifty four percent (39) of the patients were students. Doctors in private hospitals procured majority (34.7%) of the abortions. Retained products of conception, pelvic abscess, uterine perforation and gut injury were the common complications encountered.

There were 4 mortalities in the study giving a mortality rate of 5.6%.

**Conclusion:** Single and none working women were more likely to have induced abortions. The common complications following these procedures were retained products of conception, sepsis, gut injury, and maternal death.

**Key Words:** Induced Abortion, single women, retained products of conception, Jos University Teaching Hospital.

## **INTRODUCTION:**

Induced abortion remains one of the gravest problems associated with women's reproductive health in Nigeria.<sup>1</sup> The World Health Organization (WHO) estimates that of the 210 million pregnancies that occur each year, about 46 million (22%) end in induced abortion and globally, a majority of women are likely to have at least one abortion by the time they are 45 years old.<sup>2</sup> About 20 million or nearly half of induced abortions are estimated to be unsafe, being performed outside authorized health services and or by unauthorized and often unskilled providers.<sup>2</sup>

Induced abortion is commonly practiced in Nigeria with a prevalence ranging from 25-53% amongst adolescents in schools and 88-94% amongst out of school single women.<sup>3, 4, 5</sup> It is a major contributor to maternal mortality in Nigeria.<sup>4,5,6,7,8,9,10,11,12</sup> Induced abortion accounts for about 20,000 deaths annually.<sup>13</sup> The women who do not die end up with serious health problems such as infertility, chronic pelvic pain, ectopic pregnancies, recurrent spontaneous abortions and preterm labour.<sup>2,4,14,15,16,17,18,19</sup>

The law concerning abortion in Nigeria is the Offence Against the Persons Act of 1861, sections 58 and 59 which are in the 1999 Constitution.<sup>20</sup> It stipulates life imprisonment for individuals who supply or procure the means to terminate a pregnancy. It is with this scenario in

mind that this study focuses on the continuing problems of illegally induced abortions.

## **MATERIALS AND METHODS**

The records of 72 patients who were admitted and treated for complications of illegally induced abortion at the gynaecological unit of the Jos University Teaching Hospital, Jos, Nigeria between January 2001 and December 2003 were retrieved from the medical records department and analyzed using Epi-info version 3.2.2.

Information obtained from each patient's record included age, parity, employment and marital status. The gestational age, type of practitioner involved and the method of termination, complications and treatment were also obtained and analyzed.

## **RESULTS**

The mean age of the women was 22.1 years (range 14-45 years). Forty four percent of the patients that had induced abortions were aged between 20-25 years; 59.3% of patients within the group had mid trimester abortions (greater than 13 weeks gestational age). Fifty six percent (41) had secondary school education, 20.8% (15) had tertiary education, 15.3% (11) had primary education and 6.9% (5) had some form of formal education (Table I). Seventy five percent (54) of the patients were single, 23.6% (17) were married, and only 1.4% (1) was divorced.

Fifty four percent (39) of the patients were students while 19.4% (14) were unemployed and 13.9 % ( 10) were artisans (Table II). Most (45) of the abortions were in the first trimester (Table III).

Retained products of conception, pelvic abscess, uterine perforation and gut injury were the common complications encountered (Table IV). Most 50 (69.5%) were treated by evacuation, either alone, or with antibiotics (Table V). Doctors in private hospitals procured majority 34.7% (25) of the abortions (Table VI).

The most common method of termination of pregnancy was dilatation and curettage (Table VII). The mean duration of hospitalization for patients with retained products of conception was 2.7days. Those with anaemia who had

subsequent blood transfusion had a mean hospital stay of five days while those with pelvic abscess and perforated viscera had a mean duration of hospital stay of 7.6 and 7.12 days respectively.

There were 4 mortalities in the study giving a mortality rate of 5.6%. Most of the patients presented 2 days after attempting to terminate the pregnancies (19.4%). Two out of the four mortalities (50%) presented 4 days after terminating their pregnancies. The abortions that ended in mortalities were performed by chemists and herbalists. One of the mortalities was performed by a person of unknown status by rupture of the membranes.

**TABLE 1: EDUCATIONAL STATUS OF PATIENTS WITH INDUCED ABORTION**

Educational status	Frequency	Percent (%)
<b>No formal education</b>	5	<b>6.9</b>
<b>Primary education</b>	11	<b>15.3</b>
<b>Secondary education</b>	41	<b>56.9</b>
<b>Tertiary education</b>	15	<b>20.8</b>
Total	72	100%

**TABLE II: OCCUPATION OF PATIENTS PROCURING INDUCED ABORTION**

OCCUPATION	FREQUENCY	PERCENT (%)
Student	39	54.2
Unemployment	14	19.4
Artisan	10	13.9
Civil servant	6	8.3
Others	3	4.2
Total	72	100%

**TABLE III. PATIENTS' AGE AND GESTATIONAL AGE AT TERMINATION.**

AGE (YEAR)	TOTAL NO OF PATIENTS (%)	FIRST TRIMESTER ABORTION (%)	SECOND TRIMESTER (%)
<20	25 (35)	16 (22.20)	9 (12.5)
20-24	36 (50)	20 (27.77)	16 (22.22)
25-29	6 (8.3)	4 (5.55)	2 (2.27)
30-34	4 (5.55)	4 (5.55)	0 (0)
>35	1 (1.39)	1 (1.38)	0 (0)
Total	72 100%	45 62.5%	27 37.5%

**TABLE IV: COMPLICATIONS OF INDUCED ABORTION**

COMPLICATIONS	FREQUENCY	PERCENT (%)
Retained products	28	38.9
Infectious Morbidity only	17	23.6
Perforated Viscus	8	11.1
Abscess	5	6.9
Sepsis and retained products	5	6.9
Anaemia	4	5.6
Shock	2	2.8
Other*	3	4.2
Total	72	100%

\*Other complications were alcoholic intoxication

**TABLE V: TREATMENT**

<b>TREATMENT</b>	<b>FREQUENCY</b>	<b>PERCENT (%)</b>
Evacuation only	30	41.7
Antibiotics only	11	15.3
Antibiotics and evacuation	9	12.5
Laparotomy and abscess drainage	5	6.9
Repair of uterine perforation	5	6.9
Repair of bowel perforation	3	4.2
Blood transfusion	3	4.2
Others	6	8.3
<b>Total</b>	<b>72</b>	<b>100%</b>

**TABLE VI: CADRE OF ABORTIONISTS**

<b>CADRE</b>	<b>NUMBER</b>	<b>PERCENT (%)</b>
Doctor	25	34.7
Chemist	18	25
Nurse	11	15.3
Unknown	16	22.2
Others*	2	2.8
<b>Total</b>	<b>72</b>	<b>100%</b>

\*Other cadre of abortionists included herbalists and self induced procedures.

**TABLE VII: METHOD OF TERMINATION**

<b>METHOD</b>	<b>NUMBER</b>	<b>PERCENT (%)</b>
Dilatation and curettage	45	62.5
Rupture of membranes	8	11.1
Oral medication	7	9.7
Combination*	5	6.9
Vaginal insertion of substances	2	2.8
MVA	2	2.8
Not stated	3	4.2
Total	72	100%

Doctors in private hospital settings performed 84% (21) of the induced abortions by dilatation and curettage.

\* Combination of two or more of the stated methods of termination.

## **DISCUSSIONS**

The age distribution of patients procuring induced abortion in this study was comparable to that reported in Nnewi by Ikechebelu et al.<sup>7</sup> The mean age in that study was 20.6years while it was 22.1 years in this study. The age range of those that died from abortion related complications was 18-34 years with a mean of 22.5 years. This is similar to a previous study by Mutihir et al in Jos University Teaching Hospital (JUTH) that reported the age range of 18-31 years over an 18-month period.<sup>3</sup> In Sagamu the mean age of the mortalities was 24.8 years<sup>5</sup> while in Ife it was  $20.5 \pm 4.7$  years.<sup>6</sup> Our study was, however, carried out over a longer period.

Seventy five percent of patients in this study were single. This agrees with the study in Ife that showed 97.8% of patients procuring induced abortions to be single.<sup>6</sup>

In this study, 73.6% of the patients were unemployed. This is similar to findings from Ife and Nnewi that had 70% and 76.5% respectively to be dependent on others for a living, and unemployed.<sup>6, 7</sup>

Most of the abortions in this study were procured by women aged between 20-24 years (Table IV). This age group accounted for about 28% of first trimester abortions and 22% of second trimester abortions. This is similar to the findings in Sagamu where a majority of the abortions (38%) occurred in the age group of 20-24 years.<sup>5</sup> In Port-

Harcourt the largest number of abortions (28.9%) was in women between 20-24 years of age.<sup>9</sup> A different picture was seen in the Nnewi study where the majority of abortions (30.26%) occurred in women aged between 15-19 years.<sup>7</sup>

The most common complication in the study was retained products of conception which accounted for 38.9% of the complications (Table V). This was followed by infectious morbidity, accounting for 23.6% of complications. The treatment commonly instituted on patients was evacuation of retained products of conception (41.7%). This agrees with findings in Nnewi which found evacuation to be the most common treatment accounting for 60.5% of treatment for complications. The number of patients in Nnewi was however greater.<sup>7</sup> This may be because of the lower case retrieval rate in this study.

Perforated viscera accounted for 8 (11.1%) of the complications. Bowel repair was effected in 5 patients (6.9%) and 3 (4.2%) had intestinal resection and anastomosis. This was higher than that of Nnewi which had 3 (3.9%) cases of laparotomy and repair of the uterus and 1 case (1.3%) of intestinal resection and anastomosis<sup>7</sup> (Tables V and VI). A larger proportion of patients in Ife had these complications. Ninety five percent had retained products of conception and 21.7% had perforated uterus.<sup>6</sup> The Ife study was however carried out over a 10 year period.<sup>6</sup>

The findings in this study showed that medical doctors in private medical settings are the most culpable in performing abortions (34.7%) which agrees with findings by the WHO as well as Okonofua et al.<sup>2, 12</sup>

A majority of patients (79.2%) presented within one week of procuring the abortion. This is in agreement with the Ife study where more than half of the patients (54.4%) presented within a week of terminating their pregnancies (Table VII).

It is significant that the mortalities in this study followed abortions performed by chemists (2), a herbalist and a person of unknown status. Similar data was observed in the Port-Harcourt study where patent medicine vendors performed 39.7% of the abortions that ended in mortalities.<sup>9</sup> Autopsies were not done in this study to determine the causes of death, as this was refused by the relations of the deceased.

## CONCLUSION

The study showed that dependent females were more likely to procure induced abortions. The most common complication following these procedures was retained products of conception. The Abortion laws in Nigeria should be reviewed to make it more relevant to the present day realities. In addition, family planning services should be strengthened to meet the needs of the targeted population. Furthermore, post abortion care should be made accessible and affordable.

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