# Trend of Induced Abortions in Ilorin, Nigeria

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**SUMMARY**

***Context:*** Induced abortion remains a major cause of maternal mortality in developing countries. Reports from Nigeria put it's contribution to maternal death at between 15-40%. Prevention of maternal mortality project (Which trys to eliminate hospital delay in the treatment of complication of induced abortion) was introduced in Ilorin over a decade ago. There is need to review its impact on mortality from induced abortion.

***Objectives:*** To determine Social-demographic factors associated with induced abortion complications. To determines mortality pattern from induced abortion in Ilorin. To compare the result to the previous findings at this center.

***Study Design:*** A descriptive retrospective study. Date was generated from case notes of patients treated for complications from induced abortion in a teaching hospital in Nigeria, to identify social-demographic factors associated with induced abortion. Outcome measure: Maternal death, specific complications. Prevalence of induced abortion.

***Results:*** Induced abortion accounted for 3.28 percent of gynecological admission. Case fatality rate is 61.0 per 1000. Multiple complications are common, Age group 24 years and below accounted for 73.05%. Causes of death are hemorrhage and septicemia.

***Conclusion:*** Mortality from induced abortion has not changed significantly despite the implementation of prevention of maternal mortality project in Ilorin. There is need to redefine intervention strategy. Effort to increase contraceptive use especially by single women will reduced unwanted pregnancy and by extension induced abortion with its attendant complications.

*Niger Med. J, Vol 48, No.3, Jul - Sept., 2007: 65 - 68.*

**Key words: Induced Abortion, Maternal Mortality, Hemorrhage, Teenagers, Trend.**

**INTRODUCTION**

Induced abortion is a recurrent issue in maternal morbidity and mortality in developing Countries especially the sub – Sahara Africa[1,2,3,4.] World – wide latest estimate suggest that some 19million unsafe abortions are carried out annually, nearly all of them in developing Countries [5].

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Unsafe abortion as defined by World Health Organization is pregnancy termination in which either the operator and / or / the environment and technique of operation failed to meet the basic standard required for safely [6,7]. In Nigeria, the number of unsafe abortion carried out by women aged 15 to 44 years is in the region of 610,000[8,9]. The cost of managing complications from induced abortion is a major factor straining the meager human, financial and material resources of many developing nations of Africa. The proportion of abortions carried out by women aged 15 to 20years is on the increase especially in developing nations. In Nigeria many reports revealed that about 50% of induced abortion is carried out by women in this age group. It is also in this age group that majority of complications are seen [1,3,4].

It is estimated that preventing unwanted pregnancies would avert a total of 4.6million Disability Adjusted Life Years (DALYS) apart from preventing another 100,000 maternal death occurring from induced abortion[5]. Amongst the immediate complications of induced abortions are (1) heamorrhage, (2) injuries to the genital tracts and bowel, (3) post-abortal sepsis, as well as Psychological trauma. Death usually results from overwhelming Sepsis and heamorrhage, while many more millions suffer severe morbidity that places their future reproductive health in jeopardy[3,6,9,10]. This work was undertake as a follows up of earlier studies and to observe if there are changes in the Trend of induced abortion in Ilorin, Ten years after the introduction of prevention of maternal mortality project.

**MATERIALS AND METHODS**

This is a retrospective study. The case notes of all patients managed for complications from induced abortion at Ilorin University Teaching Hospitals between January 1st 1998 to December 31st 2001 were collected from records department and reviewed. The information extracted on demographic characteristic are age, marital status, parity and gestational age at termination, previous pregnancy termination and contraceptive history. Data was also collected on reasons for induced abortions and the types of complications as well as the treatment offered and the out come.Finally, morbidity and mortality data was compared with previous works in this center to give the trend on induced abortion in this center.

There were 103 cases out of which 17 case notes had incomplete information and were excluded from the study. Data were analysed in percentages and test of significance carried out using fizer's method.

**RESULTS**

During this five years period of review, the total Gynaecological admissions were 3145 including 103 cases of

induced abortions, thus induced abortion constituted 3.26% of gynaecological admissions. There were 5 death giving a case totality of 6.10 percent.

Table 1 showed the demographic characteristics of patient with complications from induced abortion. The age ranges from 15 to 40 years, and the mean age is 23 - 24 years " (3.42). The age group 20 - 24 has the highest number of cases with 35 (40.70%) while age group 15-19 years recorded 28 (32.56) cases. Together, these age group accounted for 63 (73.05%) of complicated induced abortions. It was noted that teenagers presented for abortion at advance gestation. The age group 35 years and above accounted for only 5 (5.81%) for the cases.

Majority 59 (69%) of the women were single, while 27 (31.40%) were married. The parity distribution showed that 58 (67.44%) were nulliparous and 28(32.56%) had one or more deliveries. Unmarried and nulliparous status tends to have significant correlation with complications related to induced abortion. P values < 0.05. The contraceptive usage amongst the patient showed that 76(88.37%) were not using contraceptions while only 10 (11.63%) had use contraception at one time in the past. This was statistically significant P value < 0.05.

History of previous induced abortion from the patient showed that 28 (32.56%) had terminated frequency one or more times in the past and 58(67.44%) are doing so for the first time.

**Table 1: Socio Demographic Characteristics of Patients with Induced Abortion.**

| Variable Parameters | Ranges | No. of Patient | Percent-age | Statistics Significance P Value |
|---|---|---|---|---|
| Age Distribution | 15 – 19 | 28 | 32.56 | |
| | 20 – 24 | 35 | 40.70 | |
| | 25 – 29 | 14 | 16.28 | |
| | 30 – 34 | 4 | 4.10 | |
| | 35 – 39 | 4 | 4.60 | |
| | ≥40 | 1 | 1.17 | |
| Marital Status | Single | 59 | 68.60 | |
| | Married | 27 | 31.40 | 0.000008 |
| Parity | 0 | 58 | 67.44 | |
| | 1 Or More | 28 | 32.56 | 0.00004 |
| Contrac-Eptive Practice | +ve | 10 | 11.63 | |
| | -ve | 76 | 88.37 | 0.000001 |
| Previous Induced Abortion | +ve | 28 | 32.56 | |
| | -ve | 58 | 67.44 | 0.00004 |
| Reasons For Pregnancy Termination | Schooling | 8 | 9.30 | |
| | Not Yet Married | 25 | 29.07 | |
| | Male Partner Denied Responsibility | 6 | 6.98 | |
| | Too Many Children | 5 | 5.81 | |
| | Jobless | 4 | 4.62 | |
| | No Reason | 38 | 44.19 | |

The reasons why women carried out induced abortion were shown 25 (29.07%) terminate pregnancy because they are not married, 8 (9.30%) did so because they are still in school, 6 (6.98%) and 5(5.81%) carried out induced abortion because the male partner denied responsibility and that they already have too many children respectively.

Table 2 showed different types of complications encountered. 38 (44.19%) had incomplete abortion. While, 19 (22.10%) had post-abortal haemorrhage, lower genital tract trauma and pelvic abscess collection were seen in 13 (15.12%) and 3 (3.49%) respectively. Uterine perforation and intestinal injury (both small large bowel) were seen in 13 (15.12%) and 5 (5.81%) cases respectively.

Table 3 showed the different types of treatment given. Antibiotic was universally administered. Broad-spectrum antibiotics consisting of intravenous methonidazole and Ampicillin and Intramuscular Gentamicin initially, later modified based on the patient response and results of blood and endocervical swab culture and sensitivity pattern. In addition 35 (40.70) patients had uterine evacuation, 18 (20.93) had blood transfusion. 13 (15.12%) had Examination under anaesthesia and repair of laceration. Exploratory laparatomy was done in 19 cases out of which 14 (73.68%) had repair of uterine perforation, 3 (15.79%) had bowel surgery and 1 (5.26% ) had drainage of pelvic collection. One patient (5.26%) had colpotomy.

Table 4 and figure 1 showed prevalence and Mortality pattern for induced abortion. In Ilorin in the last fourteen years. Teenagers accounted for 32.2% in 1989, this rose to 53% in 1998 but fell to 33% in 2001. Mortality rose from 4.2 per 1000 abortion in 1989 to 90.3 per 1000 in 1998 and 61.0 per 1000 in 2001. Heamorrage and post-abortal sepsis continue to be the major causes of death in all the studies.

**Table 2: Complication Encountered in Patients with Induced Abortions**

| Types of Complications | No. of Patients | Percentage |
|---|---|---|
| Sespis + Incomplete Abortion | 35 | 40.70 |
| Post-abortal Heamorrhage | 18 | 20.93 |
| Lower Genital Tract Trauma | 14 | 16.28 |
| Uterine Perforation | 14 | 16.28 |
| Bowel Injury | 3 | 3.48 |
| Pelvic Abscess | 2 | 2.32 |
| **Total** | **86** | **100** |

**Table 3: Treatments Given to Patients with Induced Abortions**

| Type of Treatment | No. of Patients | Percentage |
|---|---|---|
| Antibiotics + Uterine evacuation | 35 | 40.70 |
| Antibiotic + Blood Transfusion | 18 | 20.93 |
| Antibiotic, Uterine Evacuation + Repair of laceration | 14 | 16.28 |
| Exploratory laparatomy for repair of Perforated Uterus only | 14 | 16.28 |
| Bowel Surgery + Repair of uterus | 3 | 3.48 |
| Drainage of abscess per abdomen | 1 | 1.16 |
| Colpotomy | 1 | 1.16 |
| **Total** | **86** | **100%** |

**Table 4: Mortality / Morbidity / Trends / From Induced Abortion**

| Previous and present works | Prevalence | Case Fatality | Proportion of Induced Abortion done by Teenager | Causes of death. |
|---|---|---|---|---|
| Adetoro 1989 | 0.21% of women in Reproductive Age | 4.2/1000 | 32.2% | Septicaemia and heamorrhage. |
| Anate 1998 | 7.6% of total abortion. | 90.3/1000 | 53% | Septicaemia and heamorrhage. |
| Adeleke 2004 | 3.26% of Gynaecological admissions | 61.0/1000 | 33% | Septicaemia and heamorrhage. |

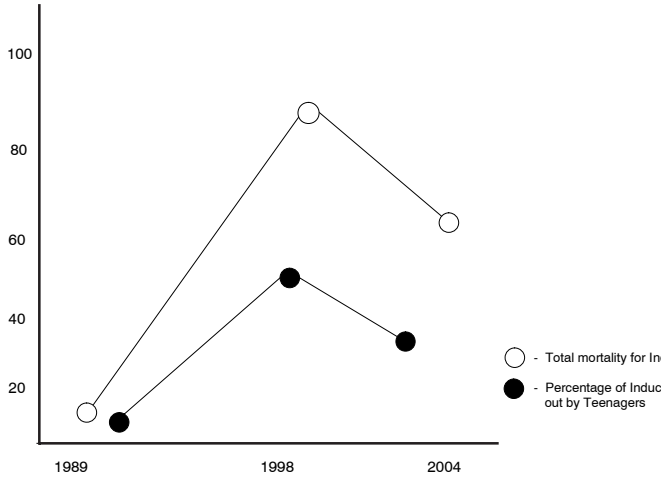


**Figure 1 : Mortality/Pattern from Induced Abortion in Ilorin**

## DISCUSSION

Induced abortion remains an important gynaecological problem in developing countries, where it is a cause of unsafe-motherhood and a significant contributor to high level of maternal morbidity and mortality[11, 12]. In this review the case fatality rate from induced abortion is 6.10 percent. Causes of death are heamorhage and septicaemia. About one third of the patient had carried out induced abortion in the pasts, this is a serious danger to their reproductive health. This is a retrospective study negatively affected by inefficient hospital record keeping. However, cases with incomplete informations were excluded from the study. The study relates prevalence and mortality of induced abortion to that of earlier reports from the same center.

Adetoro in 1989 reported case fatality rate of 0.42 percent, while Anate in 1998 reported 9.03 percent from the same centre. The low rate reported by Adetoro may be as a result of the dilutional effect from the denominator used (women in the reproductive age group) and a reflection of low hospital patronage of the time, while the 9.0 percent reported by Anate may be a true reflection of the situation. The figure of 6.1 percent in this report showed that there had been very little change despite Ilorin being one of the centers for prevention of maternal mortality project introduced about ten years ago. The causes of death are the same over these period these are post-abortal sepsis and haemorrhage.

From this review one third of women with complication from induced abortion are teenagers, while age 24 years and below accounted for three out of every four cases. Other authors reported similar findings.[13,14.] This finding brings out the fact that these age groups are sexually active and contribute the greater percentage of single women that have never used modern contraception. Majority of the women in this studies are nuliparous. These women jeopardize their much desired future reproductive potential and this can be a life time agony especially in our society that place high premium on children.

The study revealed that 90 percent of patient have never used modern contraception, while one third have carried out induced abortion in the past. This is a reflection of unmet need (i.e. women who are sexually active, not desiring pregnancy yet not using contraception) for contraception[15]. The prevalence of induced abortion was noted to fall as the contraceptive prevelence increases [5,16]. Therefore it is not surprising that non-use of contraception was high amongst patient in this study. About 30% of women resulted to induced abortion because they are not yet married, this is a reflection that our society has not yet accepted single parent as normal. Other reasons why women procured abortion are schooling, Joblessness, partner refuse responsibility and family completion. These finding suggest that, these pregnancies were unwanted and resulted mainly from non use of contraception. This corroborate an earlier report of low contraceptive use in Ilorin. Aboyeji et al [17]. however, the fact that family planning services in Ilorin as in many parts of Nigeria. are not adolescent friendly [19], may be a factor for low contraceptive use.

Infections in various severity was present in all the patients. 0ther types of complications seen are incomplete abortion, haemorrloge, genital tract trauma and uterine perforation as well as intestinal injury; other authors reported similar finding [3,4,10].

Different therapies were employed, based on the types of complications seen. However, the use of broad spectrum antibiotics was universal. In addition 44% had uterine re-evacuation. About 34% had exploratory laparatomy either for drainage of pelvic abscess, closure of uterine perforation and/or/repair of lntestinal lujuries.

## CONCLUSION AND RECOMMENDATION

Case fatality from induced abortion has not changed significantly over the last fifteen years in Ilorin. There is need to

redefine intervention strategies. More success would be achieved by improving the contraceptive use especially among single women in this environment. This can be achieved by making the Family Planning Services adolescent friendly. The Society should begin to accept single parenthood., as doing so will remove an important reason why single women indulge in induced abortion, even when such women have economic power to rise a child.

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