

## What Proportion of Abortion Seekers in Calabar are Really Pregnant?

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### Abstract

**Context:** The incidence of induced abortion and the associated health risks are high in Calabar, Nigeria. There is need to confirm whether all the women subjected to these procedures are really pregnant.

**Objective:** To determine what proportion of women seeking abortion services in Calabar were really pregnant.

**Design and Setting:** Cross sectional study on women in Calabar who seek and obtain abortion services. Calabar is the capital of Cross River State in South-Eastern part of Nigeria.

**Subjects and Methods:** Women who sought and obtained induced abortions in Calabar during the period of study were recruited into the study. The products of conception from the induced abortions were sent for histopathological examinations to confirm whether they were really pregnant.

**Results:** One Hundred and Fifty claimed to be pregnant and procured induced abortions but 17 (11.3%) women were not pregnant from the histological reports of the products of conception.

**Conclusion:** A significant proportion of women seeking abortion services in Calabar Nigeria are not pregnant. The routine use of pregnancy tests and/or ultrasonography could prevent a substantial proportion of unnecessary procedures. This will result in reduced health risks and substantial cost saving for women.

**Key Words:** Pregnancy Test, Ultrasonography, Induced Abortion [Trop J Obstet Gynaecol, 2005, 22: 12-15]

### Introduction

The Nigerian abortion law prohibits induced abortion except for medical reasons in order to save the life of the woman. Although the law is restrictive many women who experience unplanned pregnancies seek and obtain abortion services freely every year. A community-based study has reported that approximately 610,000 induced abortions are procured yearly in Nigeria<sup>1</sup>. Recently, the prevalence of induced abortions has been quoted as ranging from 25 to 53% amongst adolescents in schools and 88-94% amongst out-of-school single women<sup>2,3</sup>.

Many studies in various centres in Nigeria have shown a high incidence of infection as abortion-related complications<sup>4,5</sup>. Induced abortion has also been implicated as a cause of secondary infertility, ectopic pregnancy, mid-trimester spontaneous abortion, pre-term delivery in our environment<sup>6,7</sup>. Maternal mortality reviews in our health institutions have shown that induced abortion is the leading cause, accounting for between 11-40 percent of maternal deaths<sup>8,9,10</sup>.

Many women in Nigeria will continue to experience unplanned pregnancies and seek abortion services as a result of high sexuality and low use of contraceptives<sup>11,12</sup>. These women have been found to prefer induced abortions to contraception even when induced abortion is unsafe<sup>13</sup>. The public health problems of induced abortion will continue in our society as long as the procedure is performed clandestinely, often in poor sanitary conditions, and the abortion providers are untrained and lack the necessary skill for the procedure. Any effort that will reduce the prevalence of induced

abortion and the associated risks to our women will certainly reduce the health and socio-economic burdens posed by it in our society.

The aim of this study was to determine whether some of the women who sought and obtained abortion services had unnecessary procedures, since amenorrhoea is not always due to pregnancy, even in the reproductive age. The identification and exclusion of such women from unsafe abortion procedures will reduce the maternal morbidity and mortality associated with it.

### Patients and Methods

This study was carried out between 1<sup>st</sup> August 30<sup>th</sup> November 2003 in Calabar which is situated in the South-Eastern region of Nigeria. Calabar city has a population of about 300,000 citizens (Nigeria Census of 1991) who are mainly farmers, fishermen, traders and civil servants. The University of Calabar Teaching Hospital (U. C. T. H.), a General Hospital, a Polyclinic, nine government owned health centres and 30 private medical clinics owned by general medical practitioners provide most of the healthcare services of the people.

One hundred and fifty (150) patients were recruited into the study. These were women who sought and obtained induced abortion(s) in the private medical clinics during the period of study. The private medical practitioners that provided the abortion services were identified by

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personal contact and were assured of confidentiality. The questionnaires designed for the study were given to the medical practitioners for documentation of the relevant data of the clients. They were advised to obtain the informed consent of the clients recruited into the study before an in-depth interview using the questionnaires. The data of the clients included the age, social and educational status, parity, previous induced abortion(s) and the gestational age at which the abortion(s) was procured. The last menstrual period (LMP) of the index unplanned pregnancy as well as the menstrual cycle were obtained.

Each practitioner was provided with universal bottles containing 10.0 percent formal-saline for proper preservation of the products of conception obtained from the induced abortions. The specimens were extracted completely and processed for histopathological examination by the histopathologist at UCTH.

**Histopathological Examination**

The specimens were examined grossly for identifiable foetal parts. Multiple fragments were then processed routinely through graded strengths of alcohol, cleaned in xylene and embedded in motten parffin wax. The paraffinised tissue blocks were sectioned at 2-5 microns thickness at several levels and stained by standard Haematoxylin and Eosin technique for light microscopy. The presence of trophoblastic villi and deciduas confirmed evidence of pregnancy. The socio-demographic data of the patients, the abortion-related information as well as the histopatological results were analysed by tables and percentages.

**Table 1:**  
**Age and Educational Status of Abortion Seekers**

	No. of Patients	Percentage
<b>Age (years)</b>		
≤20	40	26.7
21-25	66	44.0
26-30	29	9.3
31-35	9	6.0
36-40	5	3.3
>40	1	0.7
<b>Educational Status</b>		
Illiterate	1	0.7
Primary	18	12.0
Secondary	62	41.3
Tertiary	69	46.0
Total	150	100.0

**Table 2**  
**Reproductive Characteristics of Abortion Seekers**

Characteristic	No. of Patients	Percentage
<b>Parity</b>		
0	105	70.0
1	11	7.3
2	7	4.7
3	7	4.7
4	10	6.7
≥5	10	6.7
<b>Gestational Age of Induced Abortion (Weeks)</b>		
≤6	41	27.4
7-8	51	34.0
9-10	27	18.0
11-13	17	11.3
≥13	14	9.3
<b>No. of Previous Induced Abortions</b>		
1	84	84
2	17	34
3	20	60
≥4	29	78
Total	150	256

**Table 3**  
**Confirmation of Pregnancy**

Method	No. of Patients	Percentage
<b>Pregnancy Test</b>		
Yes	-	-
No	-	-
<b>USS:</b>		
Yes	-	-
No	-	-
<b>Histology:</b>		
Positive	133	88.7
Negative	17	11.3
Total	150	100.0

**Results:**

During the period of study, one hundred and fifty (150) patients sought and obtained induced abortion in private medical clinics in Calabar. As shown in Table 1 majority of the patients were in the age range of 20-25 years. One (0.66%) out of 150 patients recruited into the study was illiterate, 18 (12.0%) patients had primary education, 62 (41.3%) had secondary education and 69 (46.0%) patients had tertiary education. Majority of the

patients. 105/150 (70%) who had induced abortions were primigravida. One hundred and nineteen (79.3%) out of 150 patients terminated their pregnancies within 6 to 10 weeks from the first day of their last menstrual period while 14 (9.3%) patients terminated their pregnancies after the first trimester. Table 2 also shows that a total of 256 previous induced abortions had been procured by the patients with an average frequency of 1.7 per woman. As shown in Table 3, none of the patients had pregnancy test or ultra sound sonography to confirm the pregnancy prior to the induced abortion. Of the one hundred and fifty (150) patients claimed to be pregnant and were subjected to induced abortions, 17(11.3%) were not pregnant as revealed by the histopathological examination of the "products of conception". The histology reports revealed secretory endometrium in twelve patients and simple endometrial hyperplasia in the other five patients.

#### **Discussion:**

The study has revealed that private medical practitioners, in particular, clandestinely perform induced abortions. In this study, 17 (11.3%) out of 150 women who had induced abortions were not pregnant as revealed by the histopathological examinations of the products of conception. Trinh et al (1998) introduced pregnancy testing into menstrual regulation service in Vietnam and found that 17.0% seeking menstrual regulation had negative pregnancy tests<sup>14</sup>. Although our result is similar to the report from Vietnam, it is more reliable since our study eliminates false positive pregnancy tests in many laboratories.

The abortion providers in Calabar do not carry out any confirmatory pregnancy tests before procuring abortion in their clients. Since induced abortion in Nigeria is unsafe, it is unwise for our women to seek abortion services on mere suspicion of pregnancy without confirmation. Besides the risks associated with induced abortions, the cost of induced abortion is approximately Five Thousand Naira (N5,000.00 or US \$38.0) and is many times higher than the costs of pregnancy test (N200.00 or US \$1.5) or USS (N1000.0 or US \$7.6).

The medical practitioners who participated in this study had not been trained in the use of manual vacuum aspiration (VMA) technique, which has been found to be safer and less traumatic in procuring abortions. The complication of induced abortion by dilatation and curettage, especially in a non-gravid uterus, are

numerous. It could result in over-curretting with resultant Asherman's syndrome or uterine perforation with injury to the omentum, intestine or liver. Olarenwaju *et al* (1993) and Ogedengbe *et al* (1999) found that dilatation and curettage for induced abortions accounted for 72.7% and 40.95% of Asherman's syndrome in their studies respectively<sup>15, 16</sup>.

Presently in Calabar, the average cost of treatment of patients with septic induced abortion is approximately Forty Thousand Naira (N40,000.00) or Three Hundred US Dollars (US \$300.00). Most of these patients are poor and cannot pay the high cost of treatment in the hospital. Many of them have died as a result of cheap but poor treatment by native doctors or chemists. Ekanem AD *et al* (2003) found that induced abortion is a major factor in the high prevalence of secondary infertility (42.1%) and chronic pelvic infection (36.0%) in Calabar<sup>17</sup>. It is a medical tragedy for women who were not pregnant to be exposed to a procedure that could result in maternal morbidity or mortality.

In this study, 14 (9.3%) women obtained abortion services after the first trimester by dilatation and curettage, a procedure that has been observed universally to be associated with a lot of complications. This explains why induced abortions in our environment are often associated with serious complications. It is advisable that our abortion law should be liberalized so that women with unwanted pregnancy can seek abortion service very early in order to avoid serious complications.

Although the abortion law in Nigeria is restricted, this study has revealed that many women in Calabar seek and obtain induced abortions as often as they have unwanted pregnancies. A community-based study that will encourage our women to adopt effective methods of contraception in preference to induced abortions is highly recommended.

#### **Conclusion**

The study has clearly revealed that not all women who seek abortion services in Calabar are pregnant. Although unsafe abortions cannot be prevented completely in Nigeria, its prevalence can be reduced significantly. The routine use of pregnancy test and/or ultrasonography could prevent a substantial proportion of unsafe abortions. This approach will result in reduced health risks and a significant cost saving for our women.

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