Factors Contributing to Abortions at Chitungwiza Population Service, Zimbabwe Reproductive Health Clinic

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Abstract: This research study determined the factors contributing to abortions among the patients reporting to Chitungwiza Population Service Zimbabwe (PSZ) Reproductive Health Care Clinic. The purpose of the study was to identify factors that contribute to abortions among patients reporting to Chitungwiza (PSZ) Reproductive Health Care Clinic. It utilized the descriptive survey design and recruited 50 participants using purposive sampling method. Data was collected during the month of October 2011 using a self-administered questionnaire. Data analysis was done using SPSS package version 17. The major findings showed that 20 (40%) of patients received post abortal care following abortion were women in the age group 21-25 years. The majority of the respondents 21 (42%) were married women. The mean age for the participants was 28.2 years. This is an indication that these women are sexually active within a Confidence Interval of $19.9 < \mu < 36.5$ considering the standard deviation of 8.3. Factors contributing to abortions should be stated. Among the respondents, 21 (70%) had attained Ordinary Level education. However, only 16 (53.3%) could identify the food which comprise a well-balanced diet but could not afford it. Of the respondents interviewed, 17 (34%) had planned the pregnancy and 13 (26%) were unplanned. All respondents were knowledgeable about the need for evacuation of retained products of conception following abortion. Apparently some women were not aware that any form of bleeding per vagina was abnormal during pregnancy. In conclusion, the findings showed that the majority of women did not book for antenatal care and they could not afford a well-balanced diet which could have contributed to abortion. Women of child-bearing age should be educated on booking at Antenatal clinic early and fees should be affordable. It is suggested that the research be carried on a wider scale to identify the knowledge, attitudes and practice of women of child bearing age towards abortion.

Key words: Abortion, reproductive health, population service.

1. Introduction

Abortion is a major public health problem across the globe due to the higher incidence and severity of its complications such as severe per vaginal bleeding, incomplete abortion, septic abortion, ill health, infertility and death of the woman. Integrated Regional Information Networks (IRIN) states that globally around 70,000 women die each year from the effects of unsafe abortions, a figure that barely

changed in the last 10 years [1]. An estimated 8 million women annually experience complications related to abortions and these need medical treatment, but only 5 million actually get that care. The complications include hemorrhage and damage to the internal genital organs [2]. Every hour of every day at least thirty women die from complications of pregnancy in Sub-Sahara Africa and these complications include septic abortions [2].

Abortion is not legal in most of African countries including Zimbabwe where abortion is available under

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a limited set of circumstance such as incest, rape, gross fetal congenital abnormalities and where the maternal condition is at risk [1]. However, about 42 million women worldwide decide whether they should continue with pregnancy or would seek abortion [3].

It was reported that 70,000 illegal abortions took place across Zimbabwe in 2005 [1]. However, abortion is controversial issue because of the illegal aspect associated with it in Zimbabwe.

The legality, prevalence and actual aspect of abortion vary substantially around the world. About 26 million abortions occur in countries where abortions are legalized and 20 million abortions occur in countries where the procedure is illegalized such as Zimbabwe [4]. An overall 46 million illegal abortions occur every year worldwide and these contribute to high maternal morbidity and mortality rates. It was estimated that about 28% of US women ages 15-40 have had abortions. Johnston reported that, this figure had risen from 2.8% in 1973 to 11% in 1980, and 19% in 1987, in 1994, 24% and in 2001, 27% [5]. In 2008, about 40% of women aged 40-55 years have had abortions in their lifetime. Johnston linked abortions to legal and illegal factors that are related to country policy on abortion.

An estimated 30%-50% of maternal deaths in Africa are due to abortion. In 2004, a study in Egypt [6] found that abortion consumed about 50% of the budget of one maternity hospital. In South-Africa, abortion was legalized but services remain inaccessible to most women because of stigma, provider resistance and lack of trained health services providers. Abortion is a time-restricted service because after twelve weeks the woman cannot have it done due to risks that may be encountered after this period and most women denied it. The 1996 South African Abortion Act stated that a pregnancy may be terminated upon a woman's request during the first 12 weeks of gestation. If the pregnancy is beyond 12 weeks, termination is illegal. Zimbabwe only legalizes the abortion when it is meant to save life of the at risk

mother. Women who perform an illegal abortion face criminal convictions in Zimbabwe [7].

It noted that the onset of sexual activity among the youths in Zimbabwe occurred at an average of 14 years, but they were often uninformed where pregnancy was concerned [8]. This led to high incidence of abortion in Zimbabwe as much as 40% amongst the teenagers. A study in Zimbabwe [9] pointed on the gap which was between the uptakes of oral contraceptives (56%) to increased rates of unplanned pregnancy that could contribute to abortions.

Abortion is sometimes attempted by causing trauma to the abdomen [10]. The degree of force, if severe, can cause serious internal injuries without necessarily succeeding in inducing miscarriage [10]. Both accidental and deliberate abortions of this kind can be subject to criminal liability in many countries including Zimbabwe. In Southeast Asia, there is an ancient tradition of attempting abortion through forceful abdominal massage [11]. One of the bas reliefs decorating the temple of Angkor Wat in Cambodia depicts a demon performing such an abortion upon a woman who has been sent to the underworld [11].

There were disturbing numbers of patients who sought postabortal care services at Chitungwiza (PSZ) Reproductive Health Care Clinic since January 2010. This was a major concern since this contributed to an increase in maternal mortality and morbidity rates due to complications associated with abortions. Therefore, this study sought to determine factors contributing to abortions among patients who reported for postabortal care at Chitungwiza (PSZ) Reproductive Health Care clinic in October 2011.

2. Materials and Methods

This study made use of the quantitative descriptive survey design. A sample of 50 participants who were selected using the purposive sampling method contributed to this study. These were selected from

patients who were reporting for postabortal care and who voluntarily agreed to participate. Permission was sought from the PSZ country director and the Medical Research Council of Zimbabwe (MRCZ) ethical clearance. This study made use of a structured interview schedule with both open and closed ended questions to collect data from the research participants. Data were analyzed using SPSS statistical package to come up with frequencies, percentages and confidence intervals. Thematic analysis was done for open ended questions.

3. Findings

The majority 20 (40%) were in the age group 21-25 years. The mean age was 28.2 years with an SD of 8.3. The CI at $P < 0.05$ and was significant. The modal age was 23.1 years and the median was 25 years. The majority 21 (42%) of the respondents were married. Majority 35 (70%) respondents had attained ordinary level of education. Christianity religion had the majority 40 (80%) of respondents who reported with abortion. Those informally employed represented the highest number 20 (40%) of the respondents.

On which condition that could contribute to abortion, malaria had the highest respondents of 43 (86%) followed by anemia which had 41 (86%), HIV infections had 35 (70%) respondents and was the third common cause of abortion according to respondents. Genital tract disorders, syphilis, hypertension in pregnancy, renal disorders and diabetes mellitus had 21 (42%), 20 (40%), 17 (34%), 17 (32%) and 4 (8%) respondents, respectively.

The following conditions were prevalent amongst the respondents, anemia 29 (58%), HIV 23 (46%) and malaria 14 (28%). Most 34 (68%) did not associate alcohol, any form of per vaginal bleeding and smoking with abortions.

Half of the respondents 25 (50%) were not happy about the loss of pregnancy. Thirteen (26%) were happy about the loss of the pregnancy whilst the other 12 (24%) respondents were not sure whether they

were happy or not. Forty one (82%) felt that it was not good as their religion was against it.

Forty one (82%) sought postabortal care at Chitungwiza Population Service Reproductive Health Care Clinic after passing through traditional and faith healers. The other 9 (18%) failed to come early for postabortal care because of monetary issues. Some of these who reported late also feared to be arrested because they had performed illegal abortion and these are those 13 (26%) patients who said they were actually happy with the loss of the pregnancy.

4. Discussion

The results showed that 20 (40%) of the respondents were women in the age group 21-25 years. Respondents interviewed who were below 20 years were only 5 (10%). The majority 21 (42%) were married. The mean age for the participants was 28.2 years. This is an indication that these women are sexually active within a confidence interval of $19.9 < \mu < 36.5$ considering the standard deviation of 8.3. This gives a different picture from a study done in Cameroon [13] which concluded that 9% of women aged 15-17 years and 20% of women aged 18-22 years had an abortion. The modal age for the participants was 23.1 years and it helped reflect those participants who had a risk of abortion. Most women 35 (70%) had attained ordinary level of education. Most of these women were married as reflected by 21 (42%). This suggests that risk perception is very low on factors contributing to abortions amongst the married. An observation made during this study showed that most married women engaged in extra marital relations and abortion was sought to conceal the extra marital relationship. However, those who were widowed, also significantly contributed to this research study most probably because of the fact that most of them were still in the child bearing age (23-30 years) and would require to have sexual intercourse yet they did not take contraceptives. This is the reason why the widowed respondents had induced abortions as they feared to be

discovered that they are pregnant yet their husbands are dead.

Among the respondents interviewed, all 50 (100%) had knowledge of the term abortion. They described it as loss of pregnancy before 28 weeks gestation age. Having knowledge about the gestational age is important when giving obstetrical history to differentiate abortion from pre-term labour. Most respondents were aware of the complications of abortion. However, some respondents thought that bleeding per vagina in early pregnancy was normal. All respondents interviewed were aware that evacuation of retained products of conception should be done after incomplete abortion. This is a good indicator of knowledge of preventing complications of abortion, but unfortunately most of the participants reported late with complications such as septic abortions.

All respondents interviewed were aware that abortion on request was illegal in Zimbabwe. Those who knew that it is available under legal request were 19 (38%) who said that it is available under the following circumstances; that is incest, rape or when the condition of the mother puts her at risk of yet other medical conditions or when there has been studies done for the foetus which indicates congenital abnormalities such as mental retardation, and down's syndrome. This concurred with Finer et al. [12] and Guttmacher [4] who said abortion can be performed for these reasons as reflected in this study. This can influence disclosure if abortion was induced because of the legal implications associated with it.

Most 41 (82%) respondents said abortion was not accepted by their religion and community. This concurred with Finer et al. [12] who said that abortion is a sensitive issue because of cultural and religious views about it. Individuals have ethics and religious views about planned interruption of pregnancy [9]. Nine (18%) of the respondents stated that they delayed in seeking medical care for lack of finance and they did not recognize the need for postabortal care. They

usually consulted their mothers or elderly women who informed them that per vagina bleeding in early pregnancy was normal, "kutapudza". They would come if bleeding continued or was severe. Most respondents interviewed had abortion during the first trimester. This concurred with a study in USA [14] which showed that 88.2% of abortions were conducted at or prior to 12 weeks.

On evaluation of care given by health care providers following abortion, 27 (54%) respondents said they received good medical care early while 19 (38%) said they had very good medical care from care givers. These respondents who said that they received very good medical care cited that the health care team had professional people who showed maturity in dealing with health care of patients with abortions whether induced or spontaneous.

Some respondents had been tested for HIV since pregnant women are usually tested when they book with antenatal clinic (ANC) and is mandatory in the prevention of mother to child transmission (PMTCT) programme for women of child bearing age to be tested for HIV. 33 (66%) of the respondents had tested HIV positive and were infected amongst those who presented with abortion. This helped show that HIV infection can predispose to abortion. Most respondents stated that they rarely ate nutritious food because they could not afford it. This can lead to malnutrition, which may contribute to abortion. This concurred with Guttmacher [4] which indicated that malnutrition in Zimbabwe contributed to abortions. Fifty (100%) agreed that anaemia is a major complication of abortion. Most of the respondents 48 (96%) were also aware that haemorrhagic shock was a complication of abortion and another 43 (86%) said that septicaemia could arise from abortion. These results indicate that respondents were aware of complications of abortion. However, the knowledge gap that existed on infertility as a complication of abortion, pointed out to the need of having education to clients who come either for postabortal care.

5. Results

Results showed that most women who had abortion were married and were Christians and aged between 21-25 years. Some women are not aware that any form of bleeding per vagina during early pregnancy is abnormal. Most women delay seeking professional care putting their lives at risk following abortion.

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