ISSN 2278 – 0211 (Online)

Factors Leading to Unsafe Abortions among Females of Reproductive Age at Kangundo District Hospital

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Abstract:
Background:The government of Kenya has rolled out a free maternity program to step up its efforts in curbing maternal mortality, therefore there is need to understand the reasons behind the high number of procured unsafe abortions in order to come up with health promotion strategies to aid policy formulation and implementation of health promotion interventions.
Aims and objectives: The study aimed to determine factors leading to induced unsafe abortions among females of reproductive age at Kangundo District Hospital. Specifically, determine the socio-demographic characteristic of the patients with induced abortion at Kangundo District Hospital, Find out the reasons for inducing abortion among women of reproductive age at the Kangundo District Hospital, and assess the complications associated with induced unsafe abortion among women of reproductive age at the Kangundo district Hospital.
Methods: Mixed methods research design based on self-administered questionnaire containing closed and open questions survey method enabled data collection from 30 respondents purposefully selected from among women of reproductive age that presented with induced abortion at the gynecology ward of Kangundo district hospital. The data collected was processed, organized and analyzed using the SPSS special version 20 and the quantitative results presented in form of tables, pie charts, and bar graphs, while narratives depicted content analysis of qualitative items. The respondents signed informed consent forms and the authorization of the study came from National Council for Science and Technology via the KMTC Director.
Results: Majority of respondents (60%) are ages 25-35 years; and 40% of the respondents were married; and 40% of the respondents had attained secondary education. Majority of the respondents (46.6%) cited lack of awareness or ignorance about family planning methods as their major reason for procuring and unsafe abortion. The major complication found among 48.4% of the respondents was post abortal pelvic infection.
Conclusion: The ignorance of family planning practices plus unstable economic status among a majority of women of reproductive age with unplanned pregnancy in Kangundo plays a major role in laying fertile ground for unsafe abortions.

1. Introduction

Unsafe abortion is the unskilled termination of pregnancy or termination of pregnancy in an environment that does not conform to minimum acceptable hygienic standards or both (WHO, 2011). Worldwide, unsafe abortion remains a serious and continuing public health challenge that accounts for 13% of global maternal deaths and it is associated with both short and long-term morbidity in women (Khan, 2003). Annually, about 8.5 million women globally suffer from complications of unsafe abortion and three million of these women go without treatment (Singh, 2010). In spite of having stringent restrictive laws in most African countries, the incidence of unsafe abortion is high due to limited access to reproductive health services and the unmet need for family planning services (Rasch, 2011).

In Kenya, unsafe abortion is a leading cause of maternal morbidity and mortality (Solo, 2003). Unwanted pregnancy is a major contributor to unsafe abortions in Kenya and in most of Africa (Magadi, 2006). The 2008–2009 Kenya Demographic and Health Survey (KDHS) showed that 43% of births in the preceding five years, were unwanted or mistimed (Kenya National Bureau of Statistics (KNBS), 2009). Stigma, inadequate information on sexuality, and cultural pressure are major hindrances to contraceptive use among women and girls in Kenya (Aloo-Obunga, 2003).

A 2002 study on the magnitude of abortion complications in Kenya found that about 20,000 women annually sought medical care for abortion-related complications in public sector hospitals alone (Gebreselassie, 2005). The treatment of abortion complications eats up a large junk of the meager health resources in Kenya (Nzioka, 2009).

.Scholars have documented some of the reasons that lead to unsafe abortions but the lack of reduction in the numbers after implementation of interventions means that there is more to it than meets the eye. The aim of this study was to assess reasons behind induced abortion and its determinants at the Kangundo District Hospital.

1.1. Problem Statement

Despite the Ministry of Health interventions in the provision of optimal maternal healthcare, there are increasing numbers of induced abortions at the Kangundo district hospital. For instance, the hospital records from June 2013 indicate high number of admission of women with incomplete abortion resulting from use of crude methods.

Understanding the factors that lead to induced abortions among women of reproductive age at the Kangundo hospital would help in policy formulation and implementation of strategies geared at the promotion of safe motherhood in Kenya.

1.2. Broad Objective

To determine the factors leading to induced unsafe abortions among women of reproductive age in Kangundo District Hospital.

1.3. Specific Objectives

Determine the socio-demographic characteristic of the patients with induced abortion at Kangundo District Hospital.

Find out the reasons for inducing abortion among women of reproductive age at the Kangundo District Hospital.

Assess the complications associated with induced unsafe abortion among women of reproductive age at the Kangundo district Hospital.

2. Methodology

Mixed methods research design based on self-administered questionnaire containing closed and open questions survey method enabled data collection from respondents purposefully selected from among women of reproductive age that presented with induced abortion at the gynecology ward of Kangundo district hospital. The data collected was processed, organized and analyzed using the SPSS special version 20 and the quantitative results presented in the form of tables, pie charts, and bar graphs, while narratives depicted content analysis of qualitative items.

2.1. Ethical Consideration

National Commission for Science Technology and Innovation (NACOSTI) authorized the study through the KMTC Director. Further permission to conduct the study granted by the sub-county medical officer of health, the district commissioner and district educational officer. The respondents above 18 years provided informed consent while for the respondents that were less than 18 years, their parents or guardians signed the written consent.

2.2. Findings and Data Analysis

The study targeted 30 respondents who successfully participated in the study, which translates to 91% response rate.

2.2.1. Socio-Demographic Information of the Respondents

	Frequency	**Percentages**
15-18 years	2	7
19-25 years	7	23.
26 -35years	18	60
36-49 years	3	10
Total	**30**	**100**

Table 1: Age of the respondents

The majority of respondents were aged 26-35 yrs (60%) followed by 19-25 yrs (23.3%) while 36-49 yrs (10%) and 15-18yrs (6.6%).Table 1

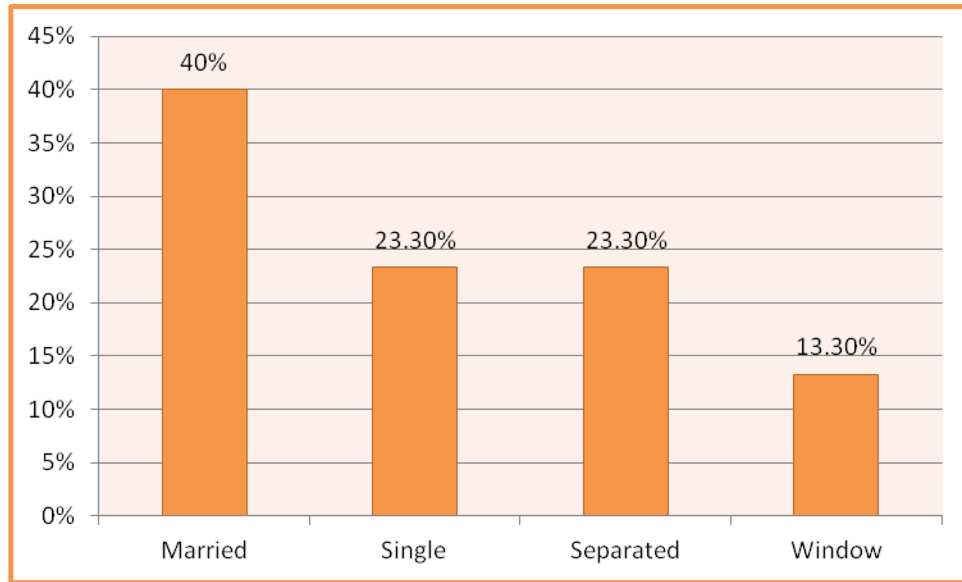

Figure 1: Marital Status of the respondents

The majority (40%) of the respondents were married, while 23.3% were single and seperated respectively and 13.3% were widowed. Figure 1

	Frequency	Percentages
Primary	10	33.3
Secondary	12	40
College	7	23.3
University	1	3.3
Total	30	100

Table 2: Educational Level of the respondents

The majority (40%) had Secondary Education , 33.3% had reached Primary level, 23.3% had reached College level , while 3.3 % had reached University level. Table 2

- Religion

Almost all (93.3%) of the respondents were Christians, while 3.3% were traditionist and Muslims respectively.

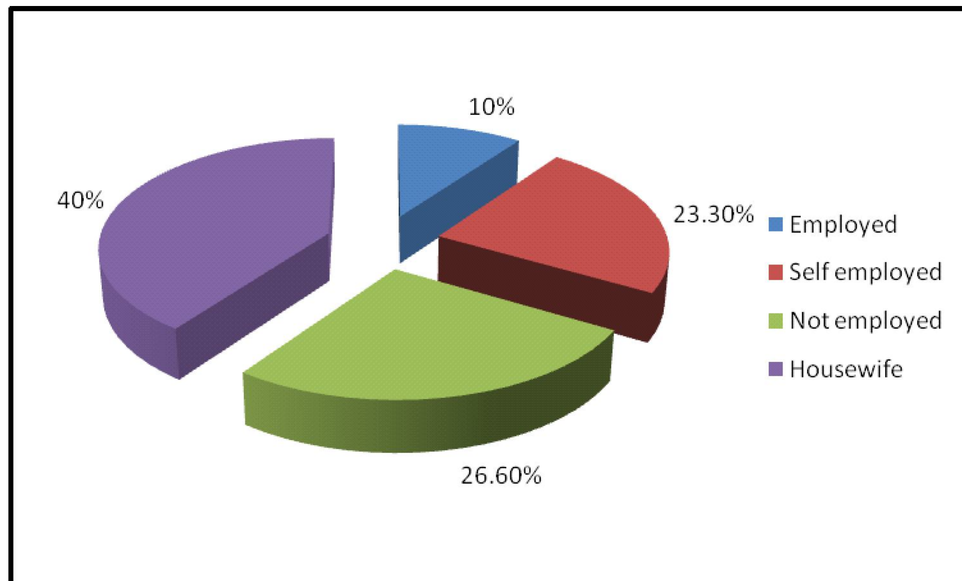

Figure 2 : Occupation of the respondents

Majority of respondents were not Employed 40%, 26.6% were housewives, 23.3% were self employed and only 10% were employed. Figure 2

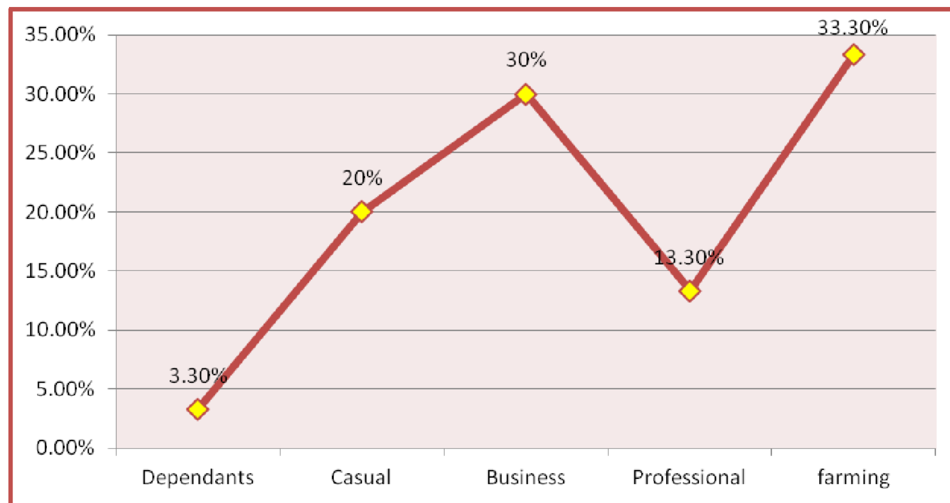

Figure 3: Income source

Farming was mostly practiced source of income with 33.3% , Business 30% . Casual labourers 20% , Professionals 13.3% and 3.3 % were all dependents.Figure 3

2.2.2. Reasons for Inducing Abortion

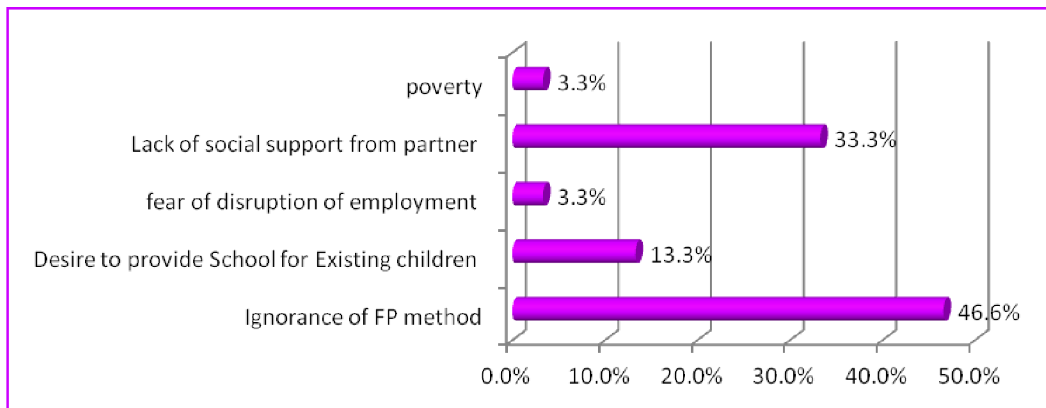

Figure 4: reasons for inducing abortion

Ignorance of Family Planning methods was the main reason for inducing abortion (46.6%) Lack of social support from partner (33.3%) Desire to provide School for Existing children (13.3%) And fear of disruption of employment and poverty had 3.3% respectively. Figure 4

2.2.3. Methods Used to Induce Abortion

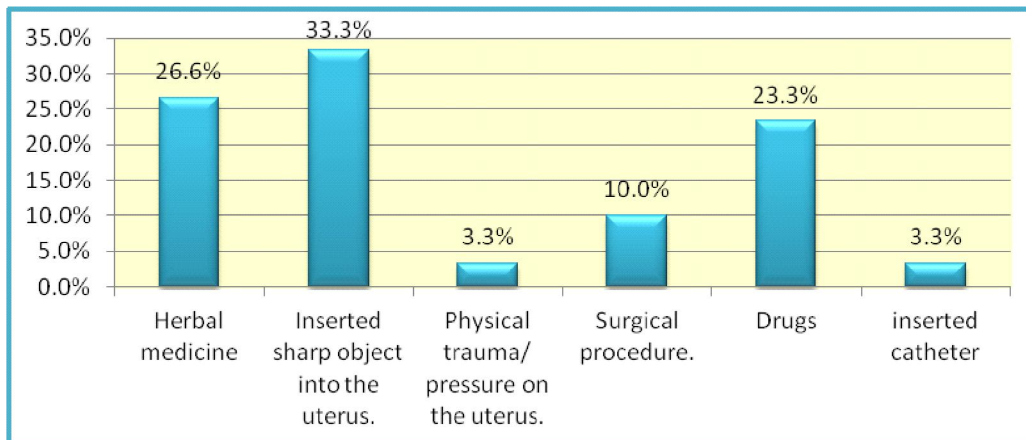

Figure 5: Method Used To Induce Abortion

Majority of respondents used sharp objects to procure abortion (33.3%) followed by use of herbal medicine (26.6%) and Drugs (23.3%) Surgical procedure (10%) while use of catheters and physical methods accounted for only 1%. Figure 5

2.2.4. Complications of Induced Abortion

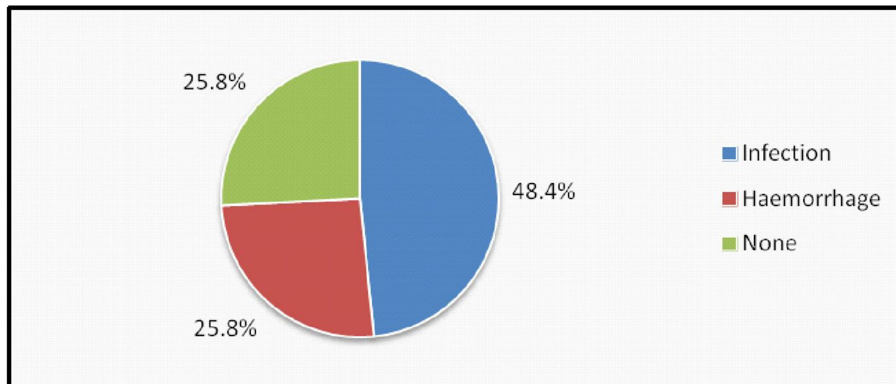

Figure 6: Complications of induced abortion

Infections were common among many respondents with (48.4%) and Hemorrhage (25.8%) and other accounted for only (25.8%). Figure 6.

3. Study Findings and Discussion

The study shows that majority of the respondents were youthful between 26-35 years of age indicating that abortion is present among youthful school age population or in premarital relationship as well as females with career aspirations. The findings correlated to the study in Ethiopia that concluded that youths highly affected compared to older women (Solomon W., & Mesganaw, F., 2006). In addition, this study revealed that less than half of the respondents were married, findings that indicate that induced abortion was prevalent among singles group owing to their autonomy and marital insecurity. According to Mbizvo et al 2007 study in Zimbabwe, singles are more likely to have unplanned for pregnancy and induced abortion compared to their married counterparts reasons being that singles may not be in the stable union, and also single parenthood is frowned upon in the African cultural context.

Results relating education level confirm that most of the respondents had secondary education thus were more likely to be sexually active and yet desire to continue with education and if they got into the family way, then induced abortion may be an attractive option for them. The findings support another study (Advocate for Youth, 2005) done in Kenya that reported that women with no education had first sexual intercourse at least three years earlier than their counterparts with at least a secondary school education .

In terms of religious affiliation, almost all of the respondents were Christians. Similarly, it was evident that unemployment was also significant factor contributing to induced abortions as this can be link with combined two third of respondents who were either house wives or unemployed.

On the other hand results related to reason for induced abortion confirm that ignorance of contraceptives despite engagement in sexual activity played critical role in the occurrence of induced abortion as confirmed by 46% and 33% of the respondent respectively. These findings relate well with Akinrinola Bankole et al (2008) that pointed out disruption of education or employment as reason for induced abortion. In addition, another study in Kenya cited relationship and economic implications to prevalence of induced abortion (Kamau et al, 2006)

Besides that, this study established that majority of the induced abortion was done via unsafe methods like use of used sharp objects and herbal medicine. The fact that abortion is illegal in Kenya may force many women with unplanned pregnancies to resort to unsafe back street abortion practice. These findings concur with Maternowska (2012) in Tanzania who indicated that methods used for self-inducing an abortion vary and include herbs, high doses of chloroquine, and detergents and contraceptive pills.

Finally, concerning complication of abortion it was explicit that infection was the common complication, findings that are rampant in cases of unsafe methods of procuring abortion. This concurs with the study in Pakistan by Saleem (2007), whereby the post-abortion complication rate reported was 68.5% of which fever and heavy vaginal bleeding were the majority.

4. Conclusion

The ignorance of family planning practices in Kangundo, Kenya, plus unstable economic status among a majority of women of reproductive age with unplanned pregnancy play a major role in laying fertile ground for unsafe abortions.

5. Recommendation

There is need to conduct a larger comprehensive study to evaluate the effectiveness of the family planning campaign messages in Kenya with a view of aligning the themes to the appropriate target population in order to enhance success of the campaigns. Further to this, the government of Kenya plus the individual county governments ought to explore more innovative ways of empowering both the male and girl child economically in order to reduce the need for unsafe abortions.

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