



Abortion in university and college female students of Arba Minch town, Ethiopia, 2011



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ABSTRACT

Introduction: Globally, unsafe abortion is a significant cause of maternal mortality and morbidity. One of the commonest problems facing university and college students is unwanted pregnancy followed by abortion. This study has aimed to assess abortion practice of university and college female students and to identify contributing factors.

Methodology: Cross-sectional study design was used in 2011. Female students from one university and three colleges of Arba Minch town were selected by proportional probability sampling method. Quantitative data were collected using a self-administered structured questionnaire and focus group discussions were also conducted.

Results and discussion: Eight hundred and thirteen study participants with median age 20 have been involved in the study. Among participants 173 (21.3%) had had sex, 54 (6.6%) had been pregnant, and out of the students who had been pregnant 23 (43.4%) had an induced abortion, 4 (17.3%) of which were done under unsafe conditions. Students' current living residence and knowledge of abortion law are the identified contributing factors to their abortion practices.

Conclusion: A significant proportion of pregnancies in university and college students were terminated with induced abortion. Unsafe sex is the commonest cause of unplanned pregnancy that leads to abortion induction. Campus residents are more vulnerable to abortion induction. Knowledge of abortion law and abortion induction practices are statistically interrelated.

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Introduction

The World Health Organization defines abortion as the termination of a pregnancy by the removal or expulsion of a fetus from the uterus resulting in or caused by its death. Globally more than one-third of all pregnancies are unintended and a quarter of all pregnancies end in induced abortion [1,2]. Globally 21.6 million unsafe abortions take place each year; 98% occur in developing countries with restrictive abortion laws [2,3].

Despite global efforts to improve post-abortion care, advance reproductive rights and rising contraceptive use, every year 68,000 women worldwide, of which 36,000 African women, die from abortion representing 13% of all maternal deaths. Abortion is unsafe when done by a provider with lack of training, the use of dangerous techniques and/or performed somewhere that does not meet hygienic standards [2,4].

More than a fifth of all maternal deaths in Latin America result from complications related to unsafe abortion, which is the highest of any region in the world. It is the third leading cause of maternal mortality in Colombia [2,5].

Youths are more vulnerable to abortion-related problems. Two-thirds of abortions annually are performed on women between the ages of 15 and 30. In Latin America, almost 70% abortions are performed on women under the age of 30. In developing countries, 14% of abortions are performed on women under 20 years of age [6]. One of every two adolescents under 19 years of age, or 44.5%, has had an abortion [7]. Nearly 46% of women who die from unsafe abortion are younger than 24 years [2].

The rate of unsafe abortions and abortion-related deaths are more frequent in countries with more restrictive abortion laws than countries which allow abortions [6,8]. The world's lowest abortion rates are in Europe, where abortion is legal and widely available; in contrast, in Africa, Latin America, and the Caribbean, where abortion laws are the most restrictive, the rates are triple of those in Europe [9]. In South Africa, after abortion became legal and available on request in 1997, abortion-related infection decreased by 52%, and the abortion mortality ratio from 1998 to 2001 dropped by 91% from its 1994 level [10].

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The decision to have an abortion often puts a woman in conflict with social, cultural and religious values and is therefore not a decision women take lightly. Studies indicate that the negative psychological effects resulting from abortion are reduced in countries where it is legal. A study in the United States found no scientific evidence demonstrating that abortion has a negative psychological effect on women. However, in countries where abortion is criminalized, women experience the anxiety and psychic trauma [5].

Until 2005 the Ethiopian penal code permitted abortion only to save the pregnant woman's life, but, since late 2005, the penal code was amended to permit abortion under a much broader set of circumstances: in the case of rape, incest, fetal impairment, if pregnancy continuation or birth would endanger the health or life of the woman or fetus; if the woman has physical or mental disabilities; and if the woman is a minor who is physically or mentally unprepared for childbirth. However many Ethiopian women remain confused or unsure of their rights and do not know how to prevent unplanned pregnancies [11,12].

The Ethiopian government has accomplished a great deal since adopting the revised penal code. However, despite the progress, Ethiopian women continue to be confronted by obstacles to seeking abortion care. In 2005, Ethiopia's maternal mortality ratio was 720 deaths per 100,000 live births; however, according to the Ethiopian demographic and health survey (EDHS) of 2011, maternal mortality in the country is still 676 per 100,000 live births notwithstanding the law [13,14].

A study in India about the awareness of legal and safe abortion found that nearly 40 years after India legalized abortion, women continue to be unaware. This study shows that policy alone will only have a limited effect on the health and lives of women. A study in Nepal about nine months after the abortion legislation showed that only 15% of rural married women were aware of the new abortion law, and 56% still believed that abortion was illegal in the country [15,16].

The Ethiopian Federal Ministry of Health had planned in its health sector development program (HSDP) to reduce unsafe abortion from 50% in 2005 to 10% in 2010; however, unsafe abortion is still above 50%. The reasons suggested are that both women and health care providers are not aware of the revised 2005 Criminal Code of the Federal Democratic Republic of Ethiopia [13,17–19].

In 2008, 101 unintended pregnancies occurred per 1000 women aged 15–44, representing 42% of all pregnancies. In 2008, an estimated 382,500 induced abortions were performed in Ethiopia, for an annual rate of 23 abortions per 1000 women aged 15–44 and only 27% were safe. The main reasons for induced abortion were fear of the family and the community, to not interrupt school and financial problems [4,20].

One of the commonest problem university and college students facing is abortion and its complications. Nearly three quarters of pregnancies in university students are reported as ended with induced abortion. A significant proportion of these abortions are induced in an unsafe way [21,22].

Objective

This study has aimed to assess abortion practices of university and college female students of Arba Minch town and to identify factors contributing to their abortion practices in March 2011.

Methodology

An institution-based cross-sectional quantitative study supported by qualitative data was conducted in March 2011 in Arba Minch town, Southern Ethiopia which is located about

500 km south of Addis Ababa, Ethiopia [23]. Of the nine colleges and one university in Arba Minch town, Arba Minch University and three colleges were randomly selected.

Using a single population proportion formula, a sample of 845 was determined. Students were stratified in the years stayed in the current institution and clustered in faculties (specialities) and the institution they were learning at. Samples were distributed to each cluster, and then years stayed in that institution proportional to number female students. Finally each participant was selected by simple random sampling using their name list. Since abortion is a sensitive issue, the questionnaire was self-administered, no information identifying them was written in the questionnaire, and selected participants were recruited after being convinced of the confidentiality of the information they were going to provide.

Focus group discussions (FGDs) comprising 8–12 students were conducted in each institution until saturation of idea was reached using interview guide. Discussants were female students randomly selected from four institutions selected for quantitative survey. Each discussion session had been moderated by two trained diploma nurses and researchers also supervised the whole discussion processes. Each discussion session took 30–60 min.

Ethical clearance was obtained from the Arba Minch University ethical review committee. Signed permission of each participant was sought. To ensure data quality, pre-test was done in Arba Minch Health Science College which was not included in the main study. Training was given to both data collectors and supervisors by the principal investigators. After intensive revision of literature, the final adopted English version was translated into Amharic and back into English to ensure consistency.

Data entry, data cleaning and coding were performed using SPSS version 16 and analyzed with the same software. Abortion was considered as induced abortion when pregnancy was deliberately terminated by any means. Abortion was considered as unsafe abortion if terminated either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both. Students were considered as knowledgeable about abortion law if they scored positively on half or more questions asking about criteria about liberalized abortion, if not they were considered as not knowledgeable.

Associations between dependent and independent variables were assessed and presented using logistic regression test. Odds ratio was used to see the association with p value ≤ 0.05 as significant; variables showing association in crude odds ratio (COR) were included in adjusted odds ratio (AOR) calculation. FGDs data were transcribed from an audio cassette, analyzed thematically and reported by triangulating with quantitative results at the time of analysis.

Result

Quantitative result

Eight hundred and forty five reproductive age female students from one University and three colleges participated in this study. All questionnaires distributed for completion were returned to the investigators; however, 32 questionnaires were found to be majorly incomplete and were fully excluded from the whole analysis process.

The study participants' median age was 20, the oldest was 35 and youngest was 17 years old. The majority (67.8%) of the study participants were living on campus, 83.3% never married, 63% perceived their income as being similar to their friends, and almost two third of study participants' family were urban (Table 1).

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