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Prevalence and factors associated with unsafe abortion among females below 25 years in Fort Portal regional referral hospital, Fort Portal City, Western Uganda

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ABSTRACT

Unsafe abortion is defined by the World Health Organization as a method of terminating an unplanned pregnancy that is either performed by someone who doesn't have the necessary skills or in a setting that does not meet the bare minimum of medical requirements, or both. While the concept appears to be related to the procedure, the criteria of an unsafe abortion refer to unsuitable conditions that may exist prior to, during, or following an abortion. An unsafe abortion often has the following characteristics, however occasionally only a few or even all of them apply: Abortion is self-induced by ingesting traditional medications or dangerous substances, abortion is provoked by insertion of an object into the uterus by the woman herself or by a traditional practitioner, or by a violent abdominal massage, abortion is induced by an unskilled provider, frequently in unhygienic conditions, or by a health practitioner outside official/adequate health facilities, no pre-abortion counseling and advice, the wrong drug is provided for a medical abortion, or a pharmacist gives out the wrong medication with no instructions and no follow-up**.** A cross-sectional study design was deployed to generate the data for this study. Quantitative and qualitative methods of data collection were utilized and the study population was women aged below 25years attending post abortion care services in Fort portal Regional Referral Hospital**.** According to this study, the prevalence of Unsafe Abortion was 15.7% and the socio demographic factors that was commonly associated with unsafe abortions were; age 17-20 years (52.0%), single marital status (55.2%), unemployment (58.6%), No formal education (53.6%), Residing in the rural area (55.2%), age of first sexual intercourse at 17-20 years (48.5%), Having at least one child (61.2%) and having a monthly income lesser than 100,000/=(56.7%). Unsafe abortion continues to be a major public health problem. The risk factors associated with unsafe abortion were; age, marital status, unemployment, Level of education, Place of residence, age of first sexual intercourse, Number of children and financial status. The recommendation of this study is to encourage the people who provide information about Unsafe abortion to package a right full information to the young women. And to add on these young women should obtain extensive knowledge about contraception methods and safe methods of abortion. Parents are recommended to practice family planning methods as it would increase the care of parents to their girl child and this will decrease on the number of unwanted pregnancies thus prevention of un safe abortion.

Keywords: Unsafe abortion, WHO and pregnancy.

INTRODUCTION

Unsafe abortion is defined by the World Health Organization as a method of terminating an unplanned pregnancy that is either performed by someone who

doesn't have the necessary skills or in a setting that does not meet the bare minimum of medical requirements, or both [1]. While the concept appears to be related to the procedure, the criteria of an unsafe abortion refer to unsuitable conditions that may exist prior to, during, or following an abortion. An unsafe abortion often has the following characteristics, however occasionally only a few or even all of them apply: Abortion is self-induced by ingesting traditional medications or dangerous substances, abortion is provoked by insertion of an object into the uterus by the woman herself or by a traditional practitioner, or by a violent abdominal massage, abortion is induced by an unskilled provider, frequently in unhygienic conditions, or by a health practitioner outside official/adequate health facilities, no pre-abortion counseling and advice, the wrong drug is provided for a medical abortion, or a pharmacist gives out the wrong medication with no instructions and no follow-up. Unintended pregnancies happen when women desire to stop having children or space out their childbearing but do not use contraception, use it ineffectively, or engage in nonconsensual sex. Some of these pregnancies are terminated by induced abortions, but others result in unwanted births. Women may try to self-induce an abortion or turn to unqualified practitioners in areas where abortion laws are restricted, safe abortion facilities are scarce or of poor quality, running the risk of major negative effects on their health and wellbeing.

Up until the middle of the 19th century, abortion in the United States was treated in much the same way as it has been frequently everywhere in history as a quiet reality that was lawful until quickening [2]. Unlike today, the original anti-abortion campaign in America wasn't primarily motivated by moral or religious considerations. Instead, doctors who wanted to regulate medicine were the first significant adversary of abortion in the United States. With a letter-writing campaign aimed at state legislators, the AMA pushed for the outlawing of abortion in 1857. They argued that life begins at conception rather than quickening because this is the general agreement among doctors. The campaign was a success. Between 1860 and 1880, at least 40 anti-abortion legislation were passed and put into effect. With the revelation of Associate Justice Samuel Alito's proposed majority opinion for the U.S. Supreme Court, which would reverse the 1973 Roe v. Wade ruling upholding abortion rights nationally, the heated abortion debate has flared up once more. Based on the research of some historians, Alito came to the conclusion in his draft opinion that the right to abortion was not a part of the nation's history or tradition [3].

Abortion is a frequent medical procedure. When done by a qualified individual, according to a procedure specified by the WHO, and with consideration for the length of the pregnancy, it is safe. Maternal fatalities and morbidities are primarily caused by unsafe abortion, which is also a preventable cause [4]. It may result in issues with women's physical and mental health as well as social and financial pressures on communities and health systems. A serious problem for both public health and human rights is the lack of access to abortion treatment that is quick, safe, inexpensive, and respectful. Each year, there are about 73 million induced abortions performed worldwide. Three out of ten pregnancies (29% of all pregnancies) and six out of ten (61%) of all unplanned pregnancies result in an induced abortion [5]. The effects of unsafe abortion vary depending on the situation and surroundings, reflecting the availability, security, and legality of abortion at the time. Women who are financially better off are frequently able to access safe, covert procedures because they can afford the services of a trained provider, whereas poorer women and other disadvantaged groups (such as adolescents and women in rural areas) will frequently turn to providers who lack training in countries where abortion is severely restricted legally or where access to safe services is poor despite the law permitting abortion under broad criteria [6].Every year, there are reportedly 73 million abortions worldwide 45% of them are considered unsafe [4].Unsafe abortion is an overlooked issue in underdeveloped

nations' healthcare [7].One of the main factors contributing to maternal morbidity and mortality is unsafe abortion. Abortion is more frequent and frequently unsafe in Sub-Saharan Africa (SSA), which significantly increases maternal mortality [8]. In Sub-Saharan Africa, unsafe abortion has not yet been greatly decreased, and the rate of maternal deaths as a result of unsafe abortion is still high [9]. According to a study in Ethiopia, Induced abortions were common, at 18.8% [10]. Unsafe abortion, which increases the risk of maternal death, is a significant issue in Nigeria [11]. According to respondent reporting, the yearly incidence of abortions in Nigeria in 2017 was 29.0 per 1,000 women aged 15 to 49, or more than 1.2 million abortions [12]. Combined with data from respondents' closest confidantes, there were nearly 2.0 million abortions performed in Nigeria. More than six out of ten abortions were regarded as most unsafe, and 11% of women sought treatment at a hospital after sensing problems. In East Africa, there is limited evidence on the prevalence and factors associated with abortion. The combined prevalence of abortion among women of reproductive age in East African nations was 5.96% with ranging from 3.10 percent in Malawi to 11.1 percent in Uganda [13].

The high rate of maternal deaths continues to be a public health challenge despite significant decreases in pregnancy-related deaths in Uganda over the past 20 years (the maternal mortality ratio declined from 684 per 100,000 live births in 1995 to 343 per 100,000 in 2015) [14]. This public health issue is still strongly impacted by unsafe abortion: According to a 2010 report from the Ugandan Ministry of Health, unsafe abortions were thought to be the cause of 8% of maternal fatalities [15]. Abortion is expressly permitted under Ugandan law to save a woman's life. The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights from 2006, however, go even farther by allowing abortion in additional situations, such as in cases of fetal abnormalities, rape, incest, or if the woman is HIV-positive [16].Obstetric violence against women who require abortion care still remains a serious issue if discursive technologies that exclude abortion care from national responses are not addressed [17].In Uganda, unintended pregnancies are frequently experienced, which increases the likelihood of unplanned deliveries, unsafe abortions, and harm to or death of mothers [18]. According to the 2016 Uganda Demographic Health Survey (UDHS) data, 18.1%, had ever had a pregnancies ended [19]. The findings showed that the likelihood of pregnancy termination was positively significantly correlated with the woman's age, marital status, exposure to mass media, working status, and having visited a health facility.

Despite the fact that unsafe abortion is one of the preventable causes of maternal mortality, an estimated 25.1 million (45.1%) of the 55.7 million abortions performed globally annually between 2010 and 2014 were unsafe [20]. Every year, there are reportedly 73 million abortions worldwide 45% of them are considered unsafe [4]. Unsafe abortion is an overlooked issue in underdeveloped nations' healthcare [7]. Abortion is more frequent and frequently unsafe in Sub-Saharan Africa (SSA), which significantly increases maternal mortality [8]. In Sub-Saharan Africa, unsafe abortion has not yet been greatly decreased, and the rate of maternal deaths as a result of unsafe abortion is still high [9]. In East Africa, there is limited evidence on the prevalence and factors associated with abortion. The combined prevalence of abortion among women of reproductive age in East African nations was 5.96% [13]. The high rate of maternal deaths continues to be a public health challenge despite significant decreases in pregnancy-related deaths in Uganda over the past 20 years (the maternal mortality ratio declined from 684 per 100,000 live births in 1995 to 343 per 100,000 in 2015) [14]. This public health issue is still strongly impacted by unsafe abortion: According to a 2010 report from the Ugandan Ministry of Health, unsafe abortions were thought to be the cause of 8% of maternal fatalities [15]. Approximately 50 patients attend Fort portal Regional Referral Hospital for post abortion care each month. Thus, this study will determine the prevalence and factors

associated with unsafe abortion among females below 25 years in Fort portal Regional Referral Hospital.

METHODOLOGY

Study Design

A cross-sectional study design was deployed to generate the data for this study [21]. Quantitative and qualitative methods of data collection were utilized.

Study Area

The study was conducted from Fort portal Regional Referral Hospital in Fort portal city, Western Uganda. Its approximately 148kilometers by road west of Mubende Regional Referral hospital and 294 kilometers west of Mulago National Referral Hospital in Kampala, Uganda's capital city.

Study Population

The study population was women aged below 25years attending post abortion care services in Fort portal Regional Referral Hospital.

Eligibility Criteria

Inclusion criteria

Women aged below 25years attending post abortion care who consented to the study.

Exclusion criteria

Women who didn't consent to the study.

Sample Size Determination

The researcher used the Kish-Leslie formula to determine the required sample size.

$n=Z^2P(1-P)/E^2$

n=Estimated minimum sample size required

P=18.1% (Mwebesa et al., 2022)

Z=1.96(For 95% confidence interval)

e=Margin of error set at 5%

$n=1.96^2\times0.181(1-0.181)/0.05^2$

n=228

Therefore, the minimum sample size required was 228

Sampling Procedures

The researcher adopted convenient sampling method to obtain study participants for the study. All women below 25years attending post abortion care in Fort portal Regional Referral Hospital enrolled on a daily basis till the required minimum sample population was attained.

Study Variables

Independent variables

- Age
- Marital status
- Occupation
- Level of education
- Area of residence
- Age of first sexual contact
- Number of children
- Income earned per month

Dependent variable

Unsafe abortion among women aged below 25years.

Data Collection Tools

Respondents were interviewed using structured questionnaires to gather information relevant to the study objectives. The questionnaire were divided into sub-sections.

Data Analysis and Management

After collecting the data, the principal investigator checked the completed questionnaires for consistency and completeness**.** Data was coded, cleaned and entered into the computer using the Microsoft Excel and then analyzed using SPSS version 20. Logistic regression analysis was done to ascertain the relationship between dependent and independent variables. The findings were summarized inform of frequency tables and p-values

Quality Control

Data collection tools were pre-tested in Kampala International University Teaching Hospital to ensure accuracy and consistency. Data collection tools were checked for completeness and accuracy and stored safely after each field day. The principal investigator was trained in the data collectors prior to the study.

Ethical Considerations

All the required permissions to carry out research was sought from the research and ethics committee of KIU, as well as the hospital administration of Fort portal Regional Referral Hospital. Before collecting data, consent were sought from the respondents. Respondents were interviewed individually to ensure privacy and confidentiality [22].

RESULTS

The Prevalence

According to this study, the prevalence of Unsafe Abortion was 15.7% as shown in the table below.

Table 1. Prevalence Of Unsafe Abortion

Variables.	Frequency (N)	Percentage (%)
Safe abortion.	192	84.2
Unsafe abortion.	**36**	**15.7**

Social demographic factors

In this study, majority of the respondents were aged 17-20(54.0%), single (42.1), unemployed 56.0%, had no formal education (55.5%), resided in the rural area (67.0%), had first sexual contact between the age of 17-20 years (58.1%), had at least 1 child (43.0%) and earned lesser than 100,000/= per month (42.4%0 as shown in table 2 below.

Table 2: Socio-demographic factors

Variables	Category	Frequency (N=228)	Percentage (%)
Age	≤13years	0	0.0
	14-16years	6	3.0
	17-20years	123	54.0
	≥21years	99	43.0
Marital status	Married	21	9.4
	Single	96	42.1
	Separated	83	36.4
	Widowed	28	12.1
Occupation	Student	44	19.2
	Formally employed	56	24.8
	Unemployed	128	56.0
Level of education	Primary	0	0.0
	Secondary	43	18.7
	Tertiary	60	26.5
	No formal education	125	55.5
Area of residence	Rural	152	67.0
	Urban	76	33.0
Age of first sexual contact	≤13years	0	0.0
	14-16years	17	7.4
	17-20years	132	58.1
	≥21years	79	34.2
Number of children	0	36	16.0

	1	98	43.0
	2	82	36.0
	>3	12	5.0
Income earned per month	≤100,000/=	97	42.4
	100,000-200,000/=	59	25.9
	≥200,000/=	72	31.7

Relationship Between Unsafe Abortion and Social Demographic Factors

In this study, the sociodemographic factors that was commonly associated with unsafe abortions were; age 17-20 years (52.0%), single marital status (55.2%), unemployment (58.6%), No formal education (53.6%), Residing in the rural area (55.2%), age of first sexual intercourse at 17-20 years (48.5%), Having at least one child (61.2%) and having a monthly income lesser than 100,000/=(56.7%).

Table 3 Relationship between unsafe abortions and socio-demographic factors

VARIABLES	CATEGORY	FREQUENCY (N=228)	UNSAFE ABORTION			
				FREQUENCY	PERCENTAGE (%)	P-VALUE
Age	≤13years	0	YES	0	0	
			NO	0	0	
	14-16years	6	YES	4	66.6	
			NO	2	33.4	
	17-20years	123	YES	64	52.0	0.026
			NO	59	48.0	
	≥21years	99	YES	50	50.5	
			NO	49	49.5	
Marital status	Married	21	YES	8	38.1	
			NO	13	61.9	
	Single	96	YES	53	55.2	0.027
			NO	43	44.8	
	Separated	83	YES	33	39.7	
			NO	50	60.3	
	Widowed	28	YES	10	35.7	
			NO	18	64.3	
Occupation	Student	44	YES	24	54.5	
			NO	20	45.5	
	Formally employed	56	YES	10	17.8	
			NO	46	82.2	
	Unemployed	128	YES	75	58.6	0.028
			NO	53	41.4	
Level of education	Primary	0	YES	0	0	
			NO	0	0	

	Secondary	43	YES	25	58.1	
			NO	18	41.9	
	Tertiary	60	YES	32	53.3	
			NO	28	46.7	
	No formal education	125	YES	67	53.6	0.026
			NO	58	46.4	
Area of residence	Rural	152	YES	84	55.2	0.027
			NO	68	44.8	
	Urban	76	YES	43	56.6	
			NO	33	43.4	
Age of first sexual contact	≤13years	0	YES	0	0	
			NO	0	0	
	14-16years	17	YES	4	23.5	
			NO	13	76.4	
	17-20years	132	YES	64	48.5	0.019
			NO	68	51.5	
	≥21years	79	YES	44	55.7	
			NO	35	44.3	
Number of children	0	36	YES	0	0	
			NO	0	0	
	1	98	YES	60	61.2	0.031
			NO	38	38.8	
	2	82	YES	45	54.9	
			NO	37	45.1	
	>3	12	YES	7	58.3	
			NO	5	41.6	
Income earned per month	≤100,000/=	97	YES	55	56.7	0.027
			NO	42	43.3	
	100,000-200,000/=	59	YES	36	61.0	
			NO	23	39.0	
	≥200,000/=	72	YES	23	32.0	
			NO	49	68.0	

Note; P-value > 0.05 was considered significant.

DISCUSSION

The prevalence of unsafe abortion

According to this study, the prevalence of Unsafe Abortion was 15.7%. This finding is less than half the national prevalence of 39.0% [23] and global fund for women 2022 further enlightened the burden of unsafe abortion in sub-Sahara Africa. This study is inconsistence with a study done In Nigeria, 67.4% of respondents said they had abortions and approximately 75.4% of those had unsafe abortions [24]. Because of significant cultural stigma and the prohibition of the practice in many situation. However, this reflects a two-fifths decrease since 2000, which was facilitated in part by advancements in the safety of abortion and post abortion care. A cross-sectional study in Ethiopia found a magnitude of induced abortion 42.7% [25]. In Côte d'Ivoire, a population-based survey of women in the age range of 15 to 49 in 2018 revealed a high confidante incidence of 40.7 per 1,000 women of reproductive age, the one-year incidence of induced abortion was lower at 27.9 per 1,000 [26], [27]. The variation in the prevalence maybe attributed to lack of necessary skills or living in an environment that doesn't

conform to minimal medical standards or both.

Relationship Between Unsafe Abortion and Socio-Demographic Factors

In this study, the sociodemographic factors that were commonly associated with unsafe abortions were; age 17-20years (52.0%), single marital status (55.2%), unemployment (58.6%), No formal education (53.6%), Residing in the rural area (55.2%), age of first sexual intercourse at 17-20 years (48.5%), Having at least one child (61.2%) and having a monthly income lesser than 100,000/=(56.7%). This finding has been widely reported in other scholars. According to an unmatched cross-sectional study in Ethiopia, being single, having only completed primary and secondary school, earning between $100 and $300 per month, getting married before the age of 18, having two children, and having first sexual contact between the ages of 15 and 19 were independent predictors of unsafe abortion [20]. This is also consistent with finding in a study done by Jamie & Abdosh, 2020 postulating, being employed as a student, and working in commercial sex was associated with increased prevalence of unsafe abortion. More unsafe abortions were performed on adolescents, less educated women, and the poorest women [26]. These associations maybe attributed to rise of unprotected sex which predisposes to unsafe abortion.

CONCLUSION

Unsafe abortion continues to be a major public health problem. The risk factors associated with unsafe abortion were; age, marital status, unemployment, Level of education, Place of residence, age of first sexual intercourse, Number of children and financial status.

Recommendation

The recommendation of this study is to encourage the people who provide information about

Unsafe abortion to package a right full information to the young women. And to add on these young women should obtain extensive knowledge about contraception methods and safe methods of abortion.

Parents are recommended to practice family planning methods as it would increase the care of parents to their girl child and this will decrease on the number of unwanted pregnancies thus prevention of un safe abortion.

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