ORIGINAL ARTICLE

Prevalence of Post-Abortion Morbidity in arural community: A Neglected Burden

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ABSTRACT

Background: The issue of abortion is a threat to women's reproductive wellbeing and unsafe abortions performed by unskilled attendantsis major cause of Post Abortion Morbidity in Pakistan and other developing countries.

Aim: To identify prevalence of postabortion morbidity in Unsafe and Safe abortions in ever- married women of reproductive age group residing in Dyal village Wahga town Lahore.

Methods: Cross sectional comparative study conducted in Dyal village, Wahga Town, Lahore in 2013-14. All 746 houses were surveyed and 196 ever-married women with abortion history were identified, out of these, 139 had abortionduring the last five years so they were consecutively enrolled but only 86 gave consent for the study. A Semi-structured questionnaire with open and close-ended questions used to gather the information for abortion variatesand post abortion morbidity.

Results: Eighty six women experienced 402 pregnancies during their reproductive span.Among these 402 pregnancies, experienced no of abortions was 127/402 (31.6%). Out of 120 abortions included per study inclusion criterion, unsafeabortions were 46/120 (38.3%). 88/120 (73.33%) abortions cases had received health care services, out of which 36/88 (40.90%) were performed by Dai. Post Abortion Morbiditywas 74/120 (61.7%). All 74 abortioncases experienced pain and weakness, 89.19% bleeding,89.19% fever, 24.32% Vaginal Discharge, 13.51% had Retained Products of Conception and 5.41% had uterine damage.Significant association found between health care provider for Abortion and Post abortion morbidity with P Value<0.001.

Conclusion: Post Abortion morbidity is quite high in rural communities and is associated more with unsafe abortions widely practiced by the unskilled persons.

Keywords: Unsafe and Safe abortions, Post Abortion Morbidity.

INTRODUCTION

Worldwide abortion rate is 28 per 1000 women of reproductive age, 24 in developed and 29 in developing countries. 20 million nearly half of all abortions worldwide are unsafe (nearly 98% occurring in developing countries) with the rate of 14 abortions per 1000 women aged 15-44 ("Facts on Induced Abortion Worldwide," 2015). An estimated 890,000 abortions are performed annually in Pakistan. An estimated one pregnancy out of six ends in abortion(Paola, Walker, & Nixon, 2010).An "abortus" is defined "as a fetus or embryo removed or expelled from the uterus during the first half of gestation—20 weeks or less, or in the absence of accurate dating criteria, born weighing <500 g"(Cunningham et al., 2010). Mifepristone in combination with a prostaglandin analog (misoprostolor gemeprost) is the most common early first-trimester medical abortion regimens up to 9 weeks gestational age (Klulier R, 2011). Unsafe abortionsare performed by unskilled individuals, with hazardous equipment, or in unsanitary facilities(WHO, 2015). Unsafe abortion is common in rural areas, where many women use plant species to terminate an unwanted pregnancy (Rasch, Sorensen, Wang, Tibazarwa, & Jager, 2014). When access to legal abortion is restricted most of the time women seek health care services of unsafe methods like attempt toself-abort or seek the services of an untrained person who does not have proper medical training or access to proper health care facilities (Parmar et al 2015). Complications due to unsafe abortion cause high maternal morbidity and mortality, especially in developing countries (Ziraba et al, 2015). A young woman having an abortion may face several negative consequences, including abdominal pain, vomiting, hemorrhage, infection, injury to her reproductive organs, intestinal perforation (if metallic or sharp materials are used) and toxic reactions to substances or drugs used to induce abortion even infertility (A Khan 2009, H Khan 2012, Nyblade, Edmeades& Pearson, 2010)Intestinal injury may arise as a complication of induced abortion following instrumentation through the genital tract (akinola et al 2012). These complications may end up in physiological impacts like Backache, Weakness, Anemia (low Hb), High/low blood pressure, vaginal discharge and Nausea (Nyblae et al 2010). A woman

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who has an unsafe abortion, a miscarriage, or even a safely performed abortion (in rare instances) may suffer from complications demanding care (Fetters, 2010). The most underprivileged, group is of rural reproductive age group females who suffer from serious complications after abortion but who do not obtain hospital treatment mainly due to their lack of access to a medical facility and their inability to afford the costs of treatment (Kariapear 2012). Although controversial and sensitive issue due to religious values and legality status in Pakistan, still was important considering the wellbeing of females. So the present study was designed to focus the abortions along with the Post Abortion Morbidity. The findings of the present study regarding the magnitude/burden of abortion and post Abortion Morbidity could be the base for future research targeted on the selection of different types of health care services for Post Abortion Morbidity.

MATERIAL AND METHODS

Cross sectional comparative study was conducted in Dyal village, Wahga Town, Lahore in 2013-14. All 746 houses were surveyed and 196 ever-married women with abortion history were identified, out of these, 139 had abortions during the last five years so they were consecutively enrolled but only86 gave consent for sharing information. A semi-structured questionnaire with open and close-ended questions used to gather the information. These women had 127 abortions out of which 120 abortions during the last five years were included. Data entry was done on SPSS version 20. Age groups, marital status education, income (all divided into categories), abortion by safety variates, Post Abortion Morbidity all presented by frequency table. For comparative groups, Chi square with P-value ≤ 0.05 was considered significant.

Operational Definitions: Abortion Termination of pregnancy before 20th week of gestation (five completed months) reported by women, occurred during their last five years of reproductive span. All abortions occurring spontaneously (with no history of external manipulation or medication) were considered as miscarriages and those induced purposely were considered as induced abortion. All miscarriages and induced abortions on medical grounds were considered as legal and rest considered as illegal abortions.

Types of abortion: Safe abortion:any abortion done by a trained health care provider (Trained birth attendant, Nurse, doctor, consultant/specialist) under aseptic conditions (either home or facility based).

Unsafe abortion: Any abortion that is self- induced or done by untrained health care provider (Dai) and under septic conditions (either at home or at a clinic).

Abortion-related morbidity (during the forty days after abortion): Pain: Lower abdominal pain only dull aches, backache, lower abdominal pain continuous and severe, abdominal pain with abdominal distention.

Bleeding: Off and on bleeding, more than menstrual loss, dark colored blood loss.

Vaginal Discharge: Clear /white mucoid no odor, Whitish/ curd like no odor with itching sensation, Whitish/grey frothy with odor and itching,Grey/bloody purulent offensive discharge.

Fever: Just a warm feeling with restlessness and body aches, warm feeling with headache and restlessness, very warm feelings with increased heart rate, cold clammy skin with heart sinking.

Weakness: Able to work but lethargic feeling, not able to work with feelings of not being well, wasn't able to sit without support.

Incomplete abortion (still having RPOC'S inside uterus) / infection: Fever, offensive discharge and blood loss (darker in color) or heavy fresh blood loss with passage of clots.

Damage to the uterus, birth canal, or vagina, something coming out of vagina: Extreme pain excessive blood loss/distended abdomen verywarm feeling followed by cold clammy skin**.**

RESULTS

Table 1: Basic socio-demographic information

	n	%age
Education		
Can't read or write her name in Urdu	15	17.4
Between 1-5 grade education	28	32.6
Between 6-10th grade education	25	29.1
>10th grade education	18	20.9
Total	86	100
Family income		
<10,000	16	18.6
10,000-25,000	38	44.2
>25,000	32	37.2
Total	86	100
Marital status		
Husband lives with wife	73	84.9
Husband lives else were	5	5.8
Separated	6	7
Widow	1	1.2
Divorced	1	1.2
Total	86	100
Age		
≤25	28	32.6
26-35	51	59.3
≥36	7	8.1
Total	86	100

Socio-demographic variables and Safety abortion variates: Among 86 females, 28 (32.6%) were <25 years and only 7 (8.1%) were of age 36 years or above. There were 18 (20.9%) with education above

10th standard, 15 (17.6%) completely illiterate and rest had education either 1-5th standard or 6-10th standard. Majority 38 (44.2%) belong to families with income 10– 25 thousand, and 16 (17.6%) had family income less than 10 thousands. Most 73 (84.9%) were living with their husbands. (Table No. 01). No significant association was found between Demographic variables and safety abortion variates with a P value > 0.05.

Abortion health care sought and safety variates: Total Pregnancies experienced by 86 women were 402. For these women 127 (31.60%) abortions were recorded through their lives. Abortions/Women with Abortion found to be 1.48.Distribution of 120 abortion cases by safety variates: 46/120 120 (38.3%) unsafe abortions were reported with 36/46 (78.26%) performed by Dai and 10/46(21.74%) were Self-induced. While 74/120 (61.7%) abortions were Safe.

Table 2: Health care providers for abortion

	Doctor	Un-trained Dai	Self-induced	Sudden	Total
Hospital	17	0	0	0	17
Clinic	17	0	0	0	17
Home	8	17	10	32	67
Dais place	0	19	0	0	19
Total	42	36	10	32	120

Table3: Abortions by variates

	Frequency	%age
Unsafe	46	38.3
Safe	74	61.7
Total	120	100.0

Table 4: Post abortion morbidity

	Yes	No	Total
Unsafe	41(89%)	5(11%)	46(100%)
Safe	33(44.59%)	41(55.41%)	74(100%)

Table5: Post abortion morbidity

	Bleeding	Fever	Pain	Weakness	Vaginal discharge (VD)
Unsafe	39	37	41	41	21
Safe	27	29	33	33	7
Total	66	66	74	74	28

Post Abortion Morbidity and Safety Variates: Post Abortion Morbidity was 74/120 (61.7%). All 74 abortioncases experienced pain and weakness, 66/74(89.19%) bleeding,66/74(89.19%) fever, 28/74(24.32%)Vaginal Discharge,89% unsafe abortion cases had morbidity comparative to 45% safe cases with morbidity.10/74 (13.51%) abortion cases had RPOC'S while 4/74 (5.4%) had uterine damage, all were unsafe.

Fig. 5: Post-abortion morbidity

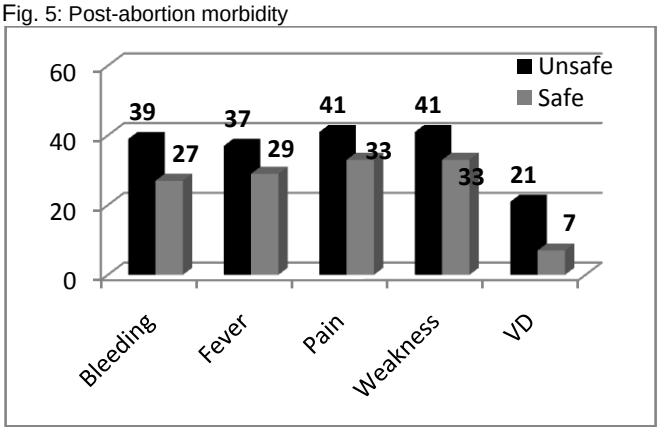

Table 5: Post abortion morbidity

Fever	Unsafe	Safe	Total
Warm feeling with restlessness and body aches	28	29	57
Warm feeling with restlessness headache palpitations	5	0	5
Very warm feeling with increased hear rate	3	0	3
Cold clammy skin with heart sinking	1	0	1
Total	37	29	66

Table 5A: Post-abortion morbidity

Weakness	Unsafe	Safe	Total
Able to work but lethargic	24	29	53
Not able to work feeling of being unwell	13	4	17
Was not able to sit without support	4	0	4
Total	41	33	74

Table 5B: Post-abortion morbidity

Pain	Unsafe	Safe	Total
Low back ache	11	18	29
Lower abdominal only dull ache	24	15	39
Lower abdominal pain continuous and severe	5	0	5
Abdominal pain with abdominal distension	1	0	1
Total	41	33	74

Table 5C: Post-abortion morbidity

Bleeding	Unsafe	Safe	Total
More than menstrual loss	14	9	23
Darker colored blood loss	10	0	10
Heavy fresh vaginal bleeding with blood loss	3	0	3
Less extensive blood loss abdominal distension	1	0	0
Off and on bleeding	11	18	29
Total	39	27	65

Table 5E: Post-abortion morbidity

Vaginal discharge	Unsafe	Safe	Total
Clear/white mucoid no odor	0	6	6
Grey/bloody purulent offensive discharge due to foreign body	11	0	11
White curd like no odor with itching sensation	0	1	1
Whitish/grey frothy with odor and itching	12	7	19

DISCUSSION

In our study we found that out of 1145 reproductive age group females 196 females experienced abortion in their lifetime, out of which 139 had abortion during the last five years. Out of 139 women with abortion only 86 females responded, with a response rate of 62%. Eighty six women had 402 pregnancies. Among these 402 pregnancies, experienced no of abortions were 127, which is 31.6% of the total much higher than 16.66% according to a review study stating, “an estimated one pregnancy out of six ends in abortion” (Kariapper R., 2012) & 20% according to another study stating, “an estimated one pregnancy out of five ends in abortion (Sedgh et al, 2012)**.** Possible reason of increased abortion rate in my study could be the availability of tertiary health care facility in this rural community. Among 88/120 (73.33%) abortions performed by health care providers 36/88 (40.90%) were performed by Dai. While 10/88 (11.36%) had self-medication. This way 46/88 (52.27%) were unsafe. But if consider the safety status out of 120 abortions 38.3% abortions were unsafe which is much lower than 56%, developing countries global status of unsafe abortions (Facts on Induced Abortion Worldwide, 2015).Significant association was found between abortion Safety variates and Health Care Provider with a P value of <0.001. 74/120 (61.7%) had PAM which is lower than 73.21%, but still a very high level of abortion-related morbidity in Pakistan (Kariapper R., 2012).All 74 abortioncases experienced pain and weakness, 66/74(89.19%) bleeding, 66/74(89.19%) fever, 28/74(24.32%) Vaginal Discharge,89% unsafe abortion cases had morbidity comparative to 45% safe cases with morbidity.10/74 (13.51%) abortion cases had RPOC’S while 4/74 (5.4%) had uterine damage, all were unsafe.Significant association was found between abortion safety variates and Post Abortion Morbidity with a P value of <0.001.The improved safety status in current studycomparative to previous study could be attributed to the presence of private tertiary health care facilities available close to this rural community.

CONCLUSION

High numbers of unsafe abortions widely practiced by the unskilled persons are the major cause of Post Abortion Morbidity demanding attention of planners, and policy makers to increase the strength of trained manpower by introducing new effective educational programs by the health care institutions in Pakistan.

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