Socio-demographic Profile of Abortion Cases attending at a Tertiary Level Hospital

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Abstract

Introduction: Abortion in Bangladesh is illegal under most situations, but menstrual regulation is often used as a substitute. Abortion can be legally performed by a physician in a hospital if it is necessary to save the life of the mother. A person, who performs an abortion under any other circumstances, including a woman who self-aborts, can be punished by a fine and imprisonment.

Objective: To assess the socio-demographic profile of abortion cases attending a tertiary level hospital of Bangladesh.

Materials and Methods: This cross-sectional descriptive type of study was carried out among 80 patients at the Gynae ward and out patient department of Dhaka Medical College Hospital from March 2012 to June 2012. The study population was women attending the selected hospital for an abortion or abortion-related complications.

Results: Most of the respondents 35(43.8%) were below 25 years of age and all patients were housewives. The maximum number of patients 63(78.8%) had spontaneous abortion, low socio-economic status and majority were multigravidas. It was also found that patients with abortion were mostly in their second (43.8%) and third (21.3%) decade of life.

Conclusion: In this study, the commonest reason for termination of pregnancy was unplanned pregnancy. Creating awareness and timely intervention might decrease the number of abortion cases.

Key-words: Abortion, Reproductive health, Family planning.

Introduction

Abortion is the termination of pregnancy (expulsion or extraction of embryo or fetus) before 20 weeks or below 500gm weighing fetus[1]. Abortion is mainly two types that is spontaneous abortion and induced abortion. Spontaneous abortion is defined as a pregnancy terminating before the 20th completed weeks (139 days) of gestation. It implies that expulsion of any or all of the placenta or membranes. Although the definition includes cases with a live born or stillborn infant weighing less than 500gm, there may not be an identifiable fetus. Complete abortion is the expulsion of all the products of conception before the 20th completed weeks of gestation whereas incomplete abortion is the expulsion of some, but not all of the products of conception in the same interval. Early abortion occurs before 12 weeks and late abortion between 12 to 20 weeks[1].

Threatened abortion is intrauterine bleeding occurring before the 20th completed weeks with or without uterine contractions, without expulsion of the products of conception and without dilatation of the cervix[2]. Inevitable abortion refers to the state in which bleeding of intrauterine origin occurs before the 20th completed weeks with continuous and progressive dilatation of the cervix, without expulsion of the products of conception. Although spontaneous abortion generally occurs 1-3 weeks after the death of the embryo or fetus, in missed abortion the embryo or fetus dies in the uterus before the 20th completed weeks of gestation but the products of conception are retained[3].

Every year millions of women have an unwanted pregnancy, some unwanted pregnancies are carried to term, and others end in induced abortion. An estimated 26 to 31 million legal abortions were performed in 1987. Induced abortion is restricted by law in many countries. In others, pregnancy termination is legal on medical and social grounds. Sometimes, even where induced abortion is legal, services may be insufficient to meet demand or are inadequately distributed. Alternatively, a woman may be unaware of their availability. Despite restrictive laws and lack of adequate services, women continue to seek to terminate unwanted pregnancies[4]. Women who report to unauthorized facilities and/or unskilled providers put their health and lives at risk. Restrictive legislation is associated with high rates of unsafe abortion. It is, however the number of maternal deaths, not abortion, that is most affected by legal codes[5]. As record-keeping systems are inadequate or non-existent, many abortions are not reported, it is estimated that worldwide, 40-60 million induced abortions are performed each year. Every year, hundreds of thousands of these women die unnecessarily or suffer disastrous consequences, including sepsis and sterility, from clandestine abortion. In Bangladesh, it has been reported that at least 7800 women die due to abortion complications each year[6].

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Materials and Methods

This cross-sectional descriptive study was carried out among 80 patients at the Gynae ward and outpatient department of Dhaka Medical College Hospital. The study population was women who attended the hospital for an abortion or abortion-related complications. The study was done from March 2012 to June 2012. A written structured questionnaire was formulated to collect socio-demographic and treatment-seeking characteristics of the respondents. The questionnaire was pre-tested at Combined Military Hospital, Dhaka then modified and finalized for the collection of data.

Results

Most of the respondents 35(43.8%) were below 25 years of age and 12(15.0%) were above 35 years of age. Respondents education status was primary level 27(33.8%) and SSC level 28(35.0%) whereas respondent's husbands' education status was primary level37(46.3%) and SSC level 27(33.8%). Respondent's monthly family incomes were 10% below 3000 Taka and 20% above 14000 Taka (Table-I). About 20% of the respondents were in first pregnancy whereas 35 became pregnant for the fourth time 23.8% for the third time and 20% were fifth time pregnant (Table-II). More thanhalf (53.8%) of the respondents seek first treatment in a hospital after abortion, 20(25.0%) were in a clinic and 17(21.3%) were at home. About 44 (55.0%) respondents mentioned that their reasons of abortion were more children, 17(21.3%) by force, 12(15.0%) by heavy works and 7(8.8%) respondents mentioned malnutrition. Most of the respondents 63(78.8%) had spontaneous abortion and 17(21.3%) had induced abortion. About 39(48.8%) respondents experienced abortion for a single time, 28(35.0%) respondents two times and a small number of respondents experienced for 3, 4 and 5 times (Table-III).

Table-I: Distribution of the respondents by socio-demographic characteristics (n=80)

Characteristics		Frequency	Percent
Age in years	<25	35	43.8
	25-29	17	21.3
	30-34	16	20.0
	>35	12	15.0
	Mean± SD = 27.55 ± 5.116		
Education status	Primary	27	33.8
	SSC	28	35.0
	HSC	19	23.7
	Degree & above	6	7.5
Husband's Education status	Primary	37	46.3
	SSC	27	33.8
	HSC	4	5.0
	Degree & above	12	15.0
Age during marriage	<18	64	80.0
	18-25	8	10.0
	>25	8	10.0
	Mean± SD = 16.75 ±2.75, Range = 11-34		
Monthly family income in Taka	<3000	8	10.0
	3000-8000	27	33.8
	8001-14000	29	36.2
	>14000	16	20.0

Table-II: Distribution of the respondents by pregnancy-related information (n=80)

Characteristics		Frequency	Percent
Age of last child	1-5	28	50.0
	6-10	20	35.7
	>10	8	14.3
	Mean± SD =3.15 ± 4.18		
No of pregnancy	1	17	21.3
	3	19	23.8
	4	28	35.0
	5	16	20.0

Table-III: Distribution of the respondents by abortion-related information(n=80)

Characteristics		Frequency	Percent
Place of 1st treatment	Hospital	43	53.8
	Clinic	20	25.0
	At home	17	21.3
Type of complication	Bleeding	47	58.8
	Anaemia	8	10.0
	Pain in the lower abdomen	4	5.0
	Infection of uterus	21	26.3
Reasons for abortion	By force	17	21.3
	Heavy works	12	15.0
	Malnutrition	7	8.8
	More children	44	55.0
Types ofabortion	Spontaneous	63	78.8
	Induced	17	21.2
Number ofabortion	1st	39	48.8
	2nd	28	35.0
	Multiple	13	16.2

Discussion

In Bangladesh, most women who seek menstrual regulation (early abortion) from clinics of the Bangladesh Women's Health Coalition are married. On average, they are 25-29 years old and have two living children. Their economic and educational levels are slightly higher than the average for the country. The majority of coalition clients were not using contraception three months prior to seeking menstrual regulation, but 88% accept a method of contraception afterwards[7]. Study by Haque MA[8] showed that the mean age of respondents was 27.92 years and about 29% of the respondents were illiterate but in the present study, the mean age was 27.55 years and 12 (15.0%) of the respondents were illiterate which is a quite much lower rate of illiterate than the previous study. It was evident from this study that showed 80 (100.0%) respondents were housewives. Maximum 40 (50.0%) respondent's husband's occupation was service holder and 16 (20.0%) were business. Most of the respondents 28(35.0%) had SSC level of education, 27(33.8%) had primary level of education. These findings were consistent with similar study[9].

According to monthly family income, most of the respondents 29(36.3%) monthly family income was 8001-14000 Taka, 56(70.0%) of the respondents had their child and 40(50.0%) of the respondents had 1-2 children, 16(20.0%) respondents had more than three children and 24 (30.0%) respondents had no child. Most of the respondents 28(35.0%) becomes pregnant

four times, 19(23.8%) of the respondents for three times and 16(20.0%) of the respondents for five times. 43(53.8%) of the respondents have been seeking for first treatment after abortion in a hospital, 20(25.0%) were in a clinic and 17(21.3%) respondents were at home[10]. In a study by Hanum AH et al[6] on reproductive health issues and Implementation strategies in Bangladesh states that treatment for complications of abortion is available at the district and divisional level hospitals. Thana health complex also has provisions for the treatment of complications to the extent of providing lifesaving interventions[11].

In this study, 47(58.8%) had bleeding complications, 21(26.3%) had known infection of the uterus, 8(10.0%) had anaemia and 4(5.0%) had pain in the lower abdomen which is consistent with similar study[12]. Though in Bangladesh illegal abortion is becoming increasingly prevalent despite the availability of a safer method of fertility control but in this study, it is observed that the maximum number of respondents (78.8%) had spontaneous abortion and minimum (21.3%) had induced abortion. The reason is abortion in Bangladesh is illegal under the most situations and induced abortion is illegal unless the woman's life is in danger[13].

Conclusion

In this study, the commonest reason for termination of pregnancy was that the patients did not want children at that moment and the commonest method of termination of pregnancy was Menstrual Regulation. From this study, the finding might be a useful basis for recognizing the problem existing in society and for future research on abortion.

References

1. WHO. Abortion: A Tabulation of Available Data on the frequency and Mortality of Unsafe Abortion. 2nd ed, Geneva.

2. Abortion. Available at http://www, Abortion Bangladesh, in pub. Med will retrive 112 citation.

3. Dutta DC, Text book of Obstetrics. 4th ed, p-172.

4. Measham AR, Obaidullah M, Rosenberg M et al. Complication from induced abortion in Bangladesh related to types of practitioner and methods and impact on mortality. Lancet 1981; 1(8213):199-202.

5. Kabir SM. Causes and consequences of unwanted pregnancy from Asian women's perspectives. SupplInt J Gynecol Obstet 1989; 3:9-14.

6. Hanum AH, Hafizur RM, Ahmed S. Reproductive Health Issues and Implementation. Strategies in Bangladesh. BIRPERHT, May 1996.

7. K-PARK, Text book of Prevention & Social Medicine 17th ed.

8. Hoque MA. Profile of abortion cases and treatment seeking behaviour in selected Medical College Hospitals:2003-2004.

9. Gulnaher B. Study of socio-demographic characteristics of abortion cases admitted in Dhaka Medical College Hospital- 2000-2001. (unpublished).

10. Irnam S. Study of fertility profile and selected characteristics of women with spontaneous Abortion- 2002. (unpublished).

11. WHO. Future pregnancies not Endangered by suction Abortion," International Family planning perspectives and Digest 1978. Vol 4, Number 2.

12. Weijinzou et al. Induced abortion and low birth in the following pregnancy. Int J Epidemio 2001, 29:100-6.

13. Khondker L, Khan AW, Khan SI et al. Pregnancy related complaints and its outcome among adolescents attending in selected tertiary hospital in Dhaka. Jopson 2004; 23(1):