UNSAFE ABORTION

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The term "ABORTION", commonly used in misrepresented terms, refers to "the premature or untimely expulsion of the foetus: in law, at any period; in obstetrics, before the 28th week- whether natural or induced by some means, medical or otherwise."[1]

Abortion is as ancient as mankind, being one of the oldest, and most widely practiced methods of preventing unwanted births.[2]It is also, one of the most harzardous when practiced in unsafe conditions. Unsafe abortion, therefore, refers tothe 'procedure for terminating an unwanted pregnancy either by persons loacking the necessary skills or in an environment lacking the minimal medical standards or both(WHO,1992)[3].

Most often times, abortions result from a failure of the complex, often tricky, balancing act engaged in by most women (and men) to reconcile two aspects of their lives - sexual intercourse and the wish or reluctance to have children.[4] Factors important in the circumstances leading to an unwanted pregnancy and induced abortion include: socioeconomic, cultural, psychological and societal.[5]

Sometimes, the society disapproves of child bearing (especially, when otside wedlock) or the resources (financial, maternal, psychological) are unavailable to cater forbabies born from unwanted pregnancies. Fear of single parenthood, involuntary/coerced sexual intercourse, the desire for small family size,wrongly timed pregnancies, religious/cultural bias against contraceptive use and contraceptive failure have been some leading contributors to unsafe abortions.

The fact that mistimed or unwanted pregnancies occur in large proportionsboth in developed and developing countriesmake it a global concern. Most of them end in induced abortionswith a great percentage of the proceduresbeing unsafe. Induced abortionis synonymous with unsafe abortion.[6] Also, induced abortion appear to be the lot of a particular class of women worldwide- younger women, more often not married, with fewer children alive and have experienced one or moreprevious induced abortion.[7] It is in tune with the global incidence and sequelae of unsafe abortions that thuis article attempts to discuss the bare factsand practice of abortions with particular reference to the local experience.

ABORTION IN FACT

Worldwide, about 46million women have induced abortions annually, 78% of these in the developing countries. While 58% live in Asia, 9% in Latin America and The Caribbean, 17% in Europe and 5% in Australia, Canada, Japan, New Zealand and the USA, Africa contributes 11% of the figure.[8] The proportion of abortions obtained by women in any region is similar to the proportion of women living there.

It is estimated that the number of legal abortions outnumbers that of illegal abortions (26million vs. 20 million), with Asia, Africa and Latin America providing the bulk of illegal abortions (50%, 25% and 20% respectively).[9]

The annual abortion rate (a measure of the number induced abortions each year per 1000women aged 15-44) is about 35 in 1000. The rate is similar between developed and developing regions of the world (39/1000 vs34/1000)[10]

Abortion rates are highest among women aged between 20 and 24 and lowest among those younger than20 and those over 40. This implies that women in their early twenties are therefore most likely to be sexually active, the most fecund and the most likely to be pregnant. However, data puts it that the proportion of pregnancies ended by abortion is greatest at the beginning and at the end of women's childbearing lives. This pattern reflects the reasons for abortions: marital status, readiness for a family, family size e.t.c.[11]

ABORTION IN PRACTICE

Whereas the practice of abortion is common and widespread, the conditions in which they are performed vary between regions and among nations. Information about such conditions are abundant in countries with liberal abortion laws but incomplete in countries where it is prohibited or severely restricted. Legality and safety usually coincide but are most times not synonymous. In countries where abortion is legal, not all procedures are safe and in some countries where abortion is illegal, "safe" services can be obtained.[12]

Making abortion legal therefore does not guarantee services to be easily accessible, of good quality or safe. Nor do conditions of illegality imply poor quality or unsafe abortions.[13] Consequently the World Health Organisation (WHO) notes, "The legality or illegality of... services may not be the defining factor of their safety.[14]

An estimate of twenty million unsafe abortions is performed each year of which 19 million occur in the developing world. The 20 million unsafe abortions account for 13% of all maternal mortality.[15] Around 25% of maternal deaths in Asia and 30-50% in Africa and Latin America occur as a result of induced abortion.

The safest abortions are those performed early in pregnancy by well-trained practitioner, who work in hygienic conditions under a legal set-up with appropriate legal protections, using medical or surgical methods.[17] In such conditions, there is a low maternal mortality and

morbidity rate. However, the probability of complications and death increases with gestation.

The safety of a procedure is dependent on the technique used to induce abortion.[18] This, in turn, depends largely on the gestational age of the pregnancy. Vacuum aspiration has replaced dilatation and curettage as the most commonly used method within the first 12 weeks of gestation. The equipment is relatively inexpensive, easy to operate and maintain and the procedure can be performed under local anaesthesia with a low likelihood of complications. In the developed countries the use of pharmacological methods is becoming more prominent. Antiprogestins (e.g. mifepristone) to halt the growth of the foetus, in combination with prostaglandin (e.g. misoprostol) to stimulate uterine contractions, can be safely used before nine weeks of gestation.

At gestation of 13 weeks or more, dilatation and evacuation is commonly used. Medical induction of labour is also used for second trimester abortions in most developing and some developed countries. Instillation methods and hysterotomy are rarely used in most developed countries, except for the small proportion performed very late in pregnancy.

Safety is also dependent on non-medical considerations,[19] including legal requirements and legal restrictions, which cause a woman to delay obtaining an abortion and therefore increase the chance of adverse health consequences. Menstrual regulation- the practice of manual vacuum aspiration at an early gestational age (<10 weeks) without a test to confirm that the woman is pregnant is permitted in a few countries. But, the availability of manual vacuum aspiration is uneven in these countries, especially in rural areas, and many women may not know that the procedure is legal and may not understand how to comply with the legal; requirements.

The cost of abortion services is another determinant of safety.[20] A high cost relative to average family income can increase the health risks associated with the procedure. This is not so for most developed countries where abortion services are publicly financed or subsidised by private or government health insurance systems.

Each year, millions of women living in countries with severe restrictions on abortion ignore the law and attempt to end their pregnancies by unauthorised means, many of which are not safe, resulting in high morbidity and mortality rates. Developing countries (excluding China) have a rate of about 330 deaths per 100 000. This is highest in Africa; 680 deaths per 100,000.[21] According to WHO, of the approximately 600,000 pregnancy related deaths around the world, 13% (78,000) are related to complications of unsafe abortion especially in the developing countries.[22] Most of these women are unable to obtain the medical attention or care needed due to inaccessibility of the hospital emergency services. Those living in urban areas have fairly easy access both to safe abortion methods and practitioners and to emergency hospital care. The technique in rural areas is, by contrast, less likely to be safe, and emergency care services less readily available. Some women, also, do not seek treatment because of fear, embarrassment, shame or poverty.

Though several women with severe complications do not receive the required treatment, large numbers still find their way to hospitals. The cost of treating these women is quite substantial. In some countries where abortion is illegal, as many as 2 out of3 maternity beds in large urban public hospitals are taken up by women with abortion complications, and up to one half of obstetric and gynaecology budgets are spent on these problems.[23] Women when faced with unwanted pregnancy will resort to illegal abortion whatever the costs are to their health.[24] The management of complications of unsafe abortion require significant public sector expenditure. It is believed that the overall rate of complications due to unsafe abortion practices is declining in some places because of increased use of non-invasive abortion techniques and the growing use of antibiotics. Antibiotics are being prescribed prophylactically by many professionals and lay practitioners who now recognise that infection contributes a great deal to the likelihood of illness or death from unsafe abortion.[25]

Legalising abortion reduces or eliminates the need for unsafe procedures,[26] thus increasing women's chances of surviving the procedure and improving their subsequent health.[27] The incidence of complication from unsafe abortion is lessened and there is a drop in abortion related mortality and by extension overall maternal mortality rates. The case of Romania, Guyana and South Africa, where the rates of abortion related mortality, and septic and incomplete abortions declined after the effection of legislation are good reference points. A permissive legislation is an important pre-requisite for medically safe and early abortion. With restrictive legislation, abortion is difficult to obtain, costly and possibly unsafe, in particular to the least affluent women in the society.[28]

Perhaps, the most important factor in decreasing the trend of unsafe abortions and its attendant consequence is the post-abortion services available.[29] This, not only includes the treatment of abortion complications but also offering family planning advice including sex education and contraceptive services and referrals or actual services by physicians and non-physicians. These services save women's lives, help to prevent the long -term health problems of untreated complications, and help women who have had an unsafe abortion avoid repeating the experience. Nigeria, Egypt, Ethiopia, Kenya, Mexico, Zimbabwe, Nepal etc currently have pilot projects to introduce the use of manual vacuum aspiration, which can reduce post-abortion care costs and free up resources for other obstetric and gynaecology services. Limited attempts are also being made to expand and improve treatment protocols and contraceptive counselling for women who are hospitalised with complications from unsafe abortion.

The consequences of unsafe abortion on women's health need to be acknowledged by everybody in the

society in order to improve abortion care. It is necessary to adjust legal and other barriers to medically safe abortion in order to follow the declaration at the UN conference on population (ICPD) in Cairo, 1994, which stated that abortion, wherever legal, should be safe.30

COMPLICATIONS OF UNSAFE ABORTION

Following an unsafe abortion, some women experience no side effect or only mild complications. Others however experience severe trauma, such as tears in the cervix and perforation of the uterus. Fever, infection (sepsis), septic shock and severe haemorrhage are other complications that may occur. Infertility isa common sequelae of unsafe abortion.

In a study conducted in Pakistan involving 83 cases of induced abortion, the commonest complication detected was haemorrhage, occurring in 31 (43.25%) patients, followed by sepsis in 24 (33.33%) and trauma in 13(18%) cases. If health-care services are immediately available, the women may fully recuperate, but often there are lasting consequences, including compromised reproductive function.[31]

THE LOCAL EXPERIENCE

In Nigeria, where about half of illegal abortions are believed to be performed by doctors or nurses, many paramedics use prostaglandins and many women go to chemists (pharmacies) to obtain abortifacients, experts believe that about 4 in 10 women having induced abortion experience severe complications and that the majority of these (about 60%) do not receive treatment. These findings are similar in Latin America and in South and Southeast Asia, and reflect the illegality of abortion, the unavailability of safe services and the absence of emergency health services in urban and rural areas, thus explaining the high levels of morbidity and mortality often associated with unsafe abortion in developing countries.[32,33]

Being a developing nation, the experience in Nigeria is similar to what obtains in the other developing countries. It is noteworthy that 30% of the 40 million pregnancies occurring each year in Africa are unwanted and 12% end in abortion.

The major factors accounting for high incidences include:

•Lack of adequate legislation and policies to regulate their procedure

•Financial constraints. This can be for any of the following:
- To raise children
- To seek adequate contraceptive means
- To acquire appropriate education
- To seek such procedures under safe conditions
- To seek proper medical care – for the purpose of counseling or managing complications from unsafe abortion.

•Low literacy levels

•Unstable family set-ups – because of illegal methods sometimes employed in starting families

•Societal outlooks and taboos on
- Single parenthood
- Student pregnancies
- Marital zones of choices

•Religious condemnation of pregnancies even in such unavoidable circumstances

•Inadequate supervision of health facilities especially the non governmental firms

•Lack of information about:
- Prevalence rates of unsafe abortions and as sociated complications
- Appropriate measure to be taken before car rying out such procedures
- Possible complications of various options
- Preventive measures
- Legal measures taken before this procedure

•Residence- with a significant proportion of the population based mainly in the rural areas, they are removed away from appropriate health care and thus seek traditional methods to induce abortion.

•Inability/ refusal to seek post abortions services and thus increasing possibilities of future procedures

CONCLUSIONS AND RECOMMENDATIONS

From the foregoing it is clear that unsafe abortion is a health-care concern. The underlying reasons for the existence of high levels of unplanned pregnancies and hence induced abortion are similar in many parts of the world. They include:

•Many women, who do not want to get pregnant are either not using a contraceptive method or they are using a method that provides insufficient protection against pregnancy.

• Some women using contraceptives nevertheless get pregnant. This could be due to either a user failure or a method failure.

• Economic reasons: Couples struggling to make ends meet many times cannot afford the extra burden of an unwanted birth.

• Many societies frown at an unmarried woman having a child.

• In response to pregnancies resulting from rape, incest or other kinds of sexual violence.

It is important to note that early adolescent sexual activity accounts for much of unplanned pregnancies. These teenagers not being ready to be parents want to delay child bearing at all costs, therefore resort to abortion as a way out. Although young women and their male counterparts are at the center of a transition in sexual behavior, parents are too silent about sexuality and contraceptive practice. The absence of adequate contraceptive services in most parts of the country as well as negligible gov-

ernment input to this aspect of reproductive health. It is in the light of this that the following recommendations are made.

1.Societal responsibility:

Society has a large role to play in the eradication/ reduction of unsafe abortion. The first step in achieving this goal is to acknowledge the magnitude of the problem. Increased political will with respect to provision of affordable contraceptive services and education will go a long way to ameliorate the problem .However, public and private sector collaboration is required to achieve this.

2.Reproductive health education:

Incorrect information on human reproduction by both sexes especially women of the risk age group is a root care of the burden of unplanned pregnancy in our society. It is essential to produce accurate, understandable and relevant information on sexuality and contraception. Using a variety of acceptable approaches (culturally and religiously) to enable sexuality active men and women of whatever age to come to terms with the risks attendant to sexuality and human reproduction and the means by which they can avoid them. Parents ought to be the first line source of information on sexuality for the adolescent. However, an adolescent sexuality survey conducted in Nigeria showed that parents rank low as a source of accurate information.[2] The larger society should be involved in its entirety in the education of its youth in this regard. Contraceptive counseling should exist and both formal and informal systems must be adopted to convey accurate information to the target population. Myths such as "condoms will get lost inside a woman and cause infertility" must be dispelled.

3.Access to Contraceptive Services

Early access to contraceptive services that are cheap and appropriate for the need of the people will reduce the number of unwanted pregnancies. Government must as a matter of urgency establish facilities for contraceptive services all the way to the local government areas. Carefully trained personnel should be used and efforts should be geared towards helping each individual find the appropriate contraception for her based on her reproductive status, religious and cultural beliefs.

4.Legalized Abortion.

This is a controversial area of discourse. The arguments for and against legalized abortion are usually beclouded by sentiments, social taboos and religions predilections. It is said that even the best practice of contraception will not eliminate the need for abortion. In W. Europe, where couples want very small families and the use of both modern and traditional birth control methods is extremely high, the average annual abortion rate is 11 per 1, 000 women of childbearing age, a low but significant level.[34] This is because all forms of contraceptive currently in use have some risk of failure. Therefore the argument for the legalisation of abortion to provide for this eventuality.

However, it should be noted that legalising abortion services does not necessarily make it safe.[14] Where healthcare services are still prohibitive in cost and lacking in skilled manpower as is evident in most developing countries including Nigeria, abortion will to a large extent remain in the domain of quacks and semi-skilled health care providers working in the most unhygienic conditions. This negates the belief that removal of restrictions will guarantee safety.

At the International Conference on Population and Development (ICPD) in Cairo, 1994 the programme of action declared: "In no case should abortion be promoted as a method of family planning." Government efforts should be geared towards health awareness and increasing the contraceptive knowledge and use of its people. This would help reduce the levels of unwanted pregnancies. Until health care services improve, with adequate funding of all tiers of healthcare delivery and services are affordable by the populace, legalising abortion will not confer safety to abortion procedures in our country.

In conclusion, to ignore the problem of unsafe abortion is to our peril. Scarce resources will continue to be spent on treating complications of unsafe abortion. Valuable man-hours will be lost at great consequence to the Nation. For a preventable condition, this is appalling. It is important for medical personnel to adopt advocacy using government as well as non- governmental agencies as a means of ensuring appropriate response to the menace of unsafe abortions. Unsafe Abortion is a product often times of poverty, ignorance and the absence of relevant healthcare facilities at affordable prices as well as the presence of restrictive legislation. The ICPD plan of action is as shown in figure 1.

Fig. 1

"All governments and relevant intergovernmental and non-governmental organisation are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances, where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post abortion counseling, education and family planning services should be offered promptly, which will help to avoid repeat abortions."

(ICPD, para 8.25)

Liberalisation of abortion laws with regards rape and incest might be acceptable to most societies. In the absence of abortion legalisation, efforts should be doubled to increase contraceptive awareness and use our society.

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