

ORIGINAL ARTICLE

PUBLIC AWARENESS OF COMPLICATIONS OF UNSAFE ABORTIONS IN ILORIN, NIGERIA.

By

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ABSTRACT

Unsafe abortion has become a public health problem in Nigeria. An assessment of public awareness of the complications of unsafe abortion is necessary in order to be sure that the public understands the gravity of the problem. A survey of 95 public servants in Ilorin was carried out to determine their awareness of the complications of unsafe abortion and the depth of such awareness. Thirty-nine (41%) of the respondents were apparently aware of the complications of unsafe abortion (apparent awareness). Out of these only four (10.3%) could however describe such complications correctly (real awareness). The most recognized complication was death (33.8%). However, morbidities such as infertility, pelvic sepsis, ectopic pregnancy and chronic pelvic pain were poorly appreciated in the order of 21.4%, 16.8%, 15.3% and 12.7% respectively. It was concluded that the gravity of the complications of unsafe abortion was poorly appreciated, which may account for the stiff opposition to some of the suggested solution options like liberalization of abortion, family planning and sex education. An urgent and aggressive public enlightenment campaign needs to be institute and sustained.

KEY WORDS: Unsafe abortion; complications; public awareness; public enlightenment.

Introduction.

Unsafe abortion is a global health problem. The problem is worse in developing countries, especially in Africa where an estimated 3.7 million unsafe abortions are performed annually and they result in approximately 23,000 deaths, which accounts for 14-40% of maternal mortality in the regions^{1,2,3}.

There are also a number of complications from unsafe abortion such as infertility, chronic pelvic

pain, pelvic infections, ectopic pregnancies among others. These complications have serious consequences on the health of women, apart from the high cost of treating these complications, which place an additional burden on an already weakened health care system^{4,5}.

Previous researches on unsafe abortion have focused on various aspects of it, such as, complications, characteristics of women involved, social implications, incidence as well as perception awareness among health workers and students^{4,5,6,7,8}. No study has however focused on the level of public awareness, which is important for effective community intervention strategies. The public is the beneficiary of such interventions.

The need to know the depth of public enlightenment required for a successful campaign against unsafe abortion necessitated this research. The research was carried out in the middle-belt region of Nigeria with an appreciable presence of the main socio-cultural and religious groups in Nigeria. Meeting this conditions is important, when one considers the fact that oppositions to most suggested solutions of unsafe abortion are based on religious and cultural sentiments^{9,10}.

Methodology

Trained questionnaire administrators were made to cover randomly selected public institutions in the capital city of Ilorin, Kwara state, Nigeria, where randomly selected adults were interviewed.

The purpose of the sampling was to simulate a national survey, since Kwara state is in the middle-belt region of Nigeria with a sizeable number of Muslims and Christians, apart from the fact that major Nigerian tribes are also present in large numbers in the state.

The survey included each respondent's database, question that assessed previous knowledge (awareness) of the respondents to unsafe abortion problems and further assessment of the depth of the respondent's knowledge of the complications of unsafe abortion.

To assess the respondent's knowledge (awareness) of the complications of unsafe abortion, they were simply asked to sincerely answer yes, no or not sure to the question asked whether or not they knew that unsafe abortion was associated with medical complications such as death, sepsis, ectopic pregnancy, chronic pelvic pain and infertility. Those who answered in the affirmative were later assessed as regards the depth of their knowledge of the complications. The respondent's description of these complications were awarded maximum score of 3, if the description given was correct, and a minimum of 1 if the description was wrong, while 2 was awarded descriptions that were not wrong but were not exact either. The cumulative score for each respondents was calculated and then classified as very good knowledge if the score was between 13 to 15, good knowledge, if the score is from 9 to 12 and vague knowledge, if the score was from 5 to 8 respectively. Similarly the total score for each selected complication was calculated by adding the scores of the respondents for each complication to determine their degree of recognition.

Results

A total of ninety-five (95) people were interviewed comprehensively for analysis. As shown in Table 1, thirty-six (36) were Christians, while fifty-nine (59) were Muslims. They were all aged 18 years and above, mostly educated to secondary school leaving certificate level (89.5%) and majority were also married (85.3%).

Result for the assessment of public awareness of the problems of unsafe abortion showed that 41% of the respondents were sure that unsafe abortion was associated with complications such as ectopic pregnancy, chronic pelvic inflammatory disease, chronic pelvic pain and death. As high as 48% of the respondents did not know about the complications of unsafe abortion, while 10.6% of them were not sure (Table 2).

The depth of knowledge assessment of those who claimed to be aware of the complications of unsafe abortion revealed that only 4 (10.3%) of them could describe the complications very well, while 11 (28.2%) gave a good description of complications and majority 24 (61.5%) gave vague descriptions of the complications. In terms of knowledge of each of the selected complications, the most recognized was death, followed by infertility, pelvic sepsis, ectopic pregnancy and chronic pelvic pain in that order. The cumulative scores for the respondents and for complications are shown in tables 3 and 4.

Table 1 Database of respondents

Characteristic	Christians		Muslims		Total	
	N	%	N	%	N	%
Age						
15-24	4	(11.11)	7	(11.86)	11	(11.58)
25-34	6	(16.66)	7	(11.86)	13	(13.68)
35-44	13	(36.11)	21	(35.59)	34	(35.79)
45-54	8	(22.22)	15	(25.42)	23	(24.21)
>55 yrs	5	(13.88)	9	(15.25)	14	(14.74)
Total	36	(37.9)	59	(62.1)	95	(100)
Sex						
Male	19	(20.0)	38	(40.0)	57	(60.0)
Female	17	(17)	21	(22.1)	38	(40.0)
Total	36	(37.9)	59	(62.1)	95	(100)
Level of Education						
< 1 st	-	(-)	10	(10.5)	10	(10.5)
2 nd	14	(14.7)	21	(22.1)	35	(36.8)
3 rd	22	(23.2)	28	(29.5)	50	(52.7)
Total	36	(37.9)	59	(62.1)	95	(100)
Marital status						
Single	5	(5.2)	9	(9.3)	14	(14.7)
Married	31	(32.6)	50	(52.7)	81	(85.3)
Total	36	(37.9)	59	(62.1)	95	(100)

Table 2 Knowledge of the problems of unsafe Abortion.

Response	Number	%
Yes	39	(41.0)
No	46	(48)
Not sure	10	(10.6)
Total	95	(100)

Table 3 Depth of Knowledge of respondents with "Yes" answers.

Rating	No	%
Very good	4	(10.3)
Good	11	(28.2)
Vague	24	(61.5)
Total	39	(100)

Table 4 Awareness rating for selected complication

Complication	Score	%
Chronic pelvic pain	44	(12.%)
Death	177	(33.8)
Ectopic pregnancy	53	(15.3)
Infertility	74	(21.4)
Pelvic sepsis	58	16.8
Total	346	100

DISCUSSION

When medical problems become public health issue, community approach is inevitable in solving them. This is the situation with unsafe abortion problems the world over^{12,11}. In developing public health solutions to the problem of unsafe abortion however, the level of awareness of the public for such a problem must be assessed to determine the depth of public enlightenment needed for a successful intervention².

The characteristics of the respondents fit very well into what is expected of a typical urban adult setting in Nigeria where the problem of unsafe abortion is pronounced¹².

The Age distribution showed more of adults than adolescents. Adolescents were said to be largely involved in unsafe abortion complications^{12,13}, but other studies have also shown that quite a large number of women are also involved^{14,15}. There are more males than females among the respondents even though women are the ones affected by complications of unsafe abortion in Nigeria and most developing countries. However, men are the decision-makers and the heads of their families. The respondents were mostly educated above secondary school level, which is appropriate for the study, since unsafe abortion is commoner among this group^{14,15}.

This survey revealed low level of awareness of abortion complications, which translates to an unbelievably high level of ignorance of unsafe abortion. This is supported by the fact that the apparent awareness rating of respondents dropped from 41% to 10.3% when actual awareness was assessed. The study did not dwell on whether the respondents have heard of unsafe abortion before or not, but specifically on the complications. Therefore, for as high as 48.4% of the respondents to have confirmed that they had no knowledge of unsafe abortion complications means that if they were faced with the choice of unsafe abortion, they would have gone through it before realizing the dangers involved. This can also be said to apply to the 10% respondents who were not sure of the complications. Attempt at assessing the depth of knowledge of selected complications among the respondents with claim of awareness of unsafe abortion complications revealed that only 10.3% of them could give very good description of the complications. This casts some doubts on the authenticity of their claim of awareness in the first place and therefore supports the need for an aggressive public enlightenment campaign against unsafe abortion, in the manner that will inform and educate them.

It is heartwarming to note however, that all respondents who claimed to know about the complications of unsafe abortion recognized death as a complication, a situation that resulted in its having earned the highest score of (117) among the complications listed. This translated to 33.8% of the total score. The other complications of unsafe abortion were poorly described. These are complications that result in permanent psychological and physical damage to the victims⁴, apart from the huge amount of money spent on their treatment⁵. In conclusion, this survey revealed clearly the need for urgent public enlightenment campaigns that will inform and educate the public on the complications of unsafe abortion, especially on the gravity of such complications. This might instill the necessary fear among would-be victims, apart from increasing public support for suggested solutions for the eradication of unsafe abortion.

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References

1. World Health Organization (WHO): Abortion: a tabulation of Available Data on the frequency and mortality of unsafe abortion. Geneva 1994, Table 3.p.8
2. PPF, memorandum, Vision 2000: Issues from the EPA perceptive. September 1993.
3. Adetoro O. : A 15 year study of illegally induced abortion Mortality at Ilorin, Nigeria. Int J of Gynaecol. Obst. 1989 29:41-46
4. Pregnancy termination, complications of abortion in developing countries (July 1980). Population report series, F numbers 7.
5. Makinwa-Adebusayo P. The National cost of illegal Abortion. A case for family planning programs. Journal of Society culture and the environment, 1981 4:36-50
6. Ibanga AKJ, Medubi G, and Udofia O. Attitudes towards abortion complications. Study of male and female students in secondary and tertiary in situation: Nigerian Journal of Medicine 1996; 5(1):14-17.

7. Oronsaye AY, Odiase GI Attitudes towards abortion and contraception among Nigerian secondary school Girls. *Int. J Gynaecol. Obstet.* 1983. 21 (5): 423-428
8. Makinwa-Adebusayo P, Singh S, and Audam S. Nigerian health professional's perception, about abortion practices. *Family planning perspective* 1997. 23(4): 155-161.
9. Would you abort for your child. *Ladylove Magazine*. May 6. 1988. 1 (10):13&20.
10. Sadden AZ. "Islam, procreation and the law " In *International family planning perspectives* (1990) 16: 107-111.
11. United Nations Department of Economics and social Development, Abortion policies. *A Global Review*, Vol. ii New York, 1993.
12. Okonofua F: Preventing unsafe abortion in Nigeria. *African Journal of Reproductive Health* 19971 (1) Vol. No: 25-26.
13. Okonofua F, and Aina B. Why Nigerian women abort. *A.M News*, Friday November 24, 1995.
14. Okonofua FE, Odimegwu C. Women's experience of unwanted Abortion in Nigeria. Final technical Report presented to the population council, New York, December, 1995.
15. Anate M, Awoyemi O, Oyawoye O, Petu O. The Continuing problem of procured abortion- the way out. *Nigerian Journal of Medicine* (1997), Vol 6 (4): 10-11.