

Knowledge, Perception and Factors Associated with Self Induced Abortion among Female Medical Students of Kampala International University

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ABSTRACT

The knowledge and perception of abortion has highly influenced the choice to undergo self-induced abortion. The identified outcomes of which have continued to increase maternal morbidity and mortality. This is to say self-induced abortions which are mostly done by unsafe methods apart from claiming lives, often result in serious health problems. The main purpose of this study was to determine the knowledge on factors and perception of females' medical student on self-induced abortion. This was a cross-sectional study. About 185 females' medical students participated and filled self-administered questionnaire following their consent to participate in the study. Data collected were entered into excel spread sheet and analysed with the help of excel. Results were presented on tables. Out of 185 participants, 165(89.2%) said unsafe abortion is abortion done by inflicting trauma, 185(100%) agreed that comprehensive abortion should be done by medical practitioner, 185(100%) said abortion can lead to death, infertility and psychological trauma. 66(35.7%) responded that abortion is safe at any age while 119(64.3%) said no, it is not safe at any age. 54(29.2%) said abortion can be done anywhere as long as drug is available while 131(70.8%) responded no, 172(92.9%) said abortion is right of every female in Uganda while 13(7.0%) disagreed. Also, 185 (100%) said pregnancy caused by raped as one of the factors triggering self-induced abortion, stigma 178(96.2%), fear of forced marriage 168(90.8%), fear of responsibility and denial by father 150(81.1%) and desire to finished school 110(59.5%). Response of participants on perception of female students on self-induced abortion. 139(75.1%) said abortion should be permitted, 151(81.6%) believe contraceptives used can reduced abortion incidence, 157(84.9%) blamed inadequate sex education for self-induced abortion. 131(70.8%) believed free access to abortion care can reduced mortality or morbidity related to abortion complications. 149(80.5%) said marriage can reduce self-induced abortion, 70(37.8%) said friends should be advised to go for abortion to avoid unplanned pregnancy while 36(19.5%) said abortion is for family planning and 149(80.5%) disagreed that it is not a form of planning a family. This study concludes that the females' folks have knowledge on self-induced abortion however, their perception shows abortion should be the right of every female and not only on medical basis.

Keywords: Knowledge, Perception, Self-Induced Abortion, Female Medical Students.

INTRODUCTION

The practice of abortion is as old as pregnancy and it threatens the health and social life of females; its contribution to maternal deaths is a major case in point globally [1]. In ancient Greek Hippocrates (460 -357 B.C) referred to abortion in his oath. The oath forbids the use of pessaries (vaginal suppositories) to induce abortion. In Aristotle's (354-322B.C) view, abortion if

performed early is not the killing of something human. He permitted abortion if birthrate is too high, but only at a stage before life and sense had begun in the embryo. In ancient cultures, owing to absence of pregnancy tests and tools for early abortions, the baby is delivered prematurely but alive and the abortion process completed by infanticide of the

born child.

Depending on individual sociocultural background, the issue of abortion is viewed in different perspectives. On one hand, spontaneous abortion in Africa is believed to be an unfortunate situation usually attributed to the evil deeds of an enemy, which may be a close family relative. The victim may resort to seeking psych spiritual solutions to unravel the mystery depending on her socio-religious background [2].

On the other hand, induced abortion is considered to be the intentional termination of a pregnancy before the fetus can live independently; it may be commenced voluntarily based on a woman's personal choice due to various reasons or it may be commenced in-order to preserve the health or save the life of a pregnant woman [3]. An unsafe abortion may be self-induced and, in most instances, various dangerous and or unhygienic methods are used [4].

Worldwide, nearly one in ten pregnancies ends in unsafe abortion; It is estimated by the World Health Organisation that as many as 4.4 million abortions are sought by adolescent girls each year [5]. Compared to adults, adolescents' delay the process, resort to unskilled persons to perform it and use dangerous methods which may lead to complications or may be fatal.

Developing countries are the most plagued with almost all unsafe abortions with 99% abortion related deaths cases [6]. About one-quarter of the unsafe abortions in Africa are among adolescents and is estimated to be higher than that obtainable in any other region in the world [7]. Unskilled practitioners are the last resort when adolescents can't access safe abortion. Such practitioners are reported to use variety of unsafe methods which may include but not limited to insertion of a sharp object into the uterus, physical abuse such as jumping or falling from high places, vigorous sexual intercourse over long periods, prolonged and hard massage to manipulate the uterus, or repeated blows to the stomach [8].

In Uganda and most African countries, the case is not different as abortion is considered illegal unless the woman's life at risk [1].

Induced abortion is medically safe when WHO- recommended methods are used by a skilled individual, with nonhazardous equipment and in sanitary facility, less safe when only one of those two criteria is met and least safe when neither is met. Many women in Africa undergo unsafe (i.e. less safe or least safe) procedures that put their wellbeing at risk [1].

Unsafe Abortion poses negative consequences beyond its immediate effects on individual women's health. Treating complications increases the economic burden on poor families and incurs considerable costs to already struggling systems public health systems [1].

Between 2010 and 2014, an estimated 56 million induced abortions occurred each year worldwide. This number represents an increase from 50 million annually during 1990-1994, mainly because of population growth. The highest annual rate of abortion in 2010-2014 was in the Caribbean, estimated at 59 per 1,000 women of reproductive age, followed by South America at 48 per 1000 women. The lowest rates were in Northern America, at 17 per 1,000 and in Western and Northern Europe at 16 and 17 per 1,000 respectively [1]. The proportion of abortions worldwide that occur in developing regions rose from 76% to 88% between 1990 -1994 and 2010-2014. Women in developing regions have a higher likelihood of having an abortion than those in developed regions-36 vs.27 per 1,000 [1]. The Ugandan constitution in article 22, item 2 states; No person has the right to terminate the life of unborn child except as may be by law. However, what is authorised by law remains poorly understood. According to a study on 'Incidence of Induced Abortions in Uganda' [9], an estimated 314,304 induced abortions occurred and 128,682 women were treated for abortion complications. Statistics on abortion rates by region given by this study shows the highest incidence at 77 per 1,000 women in Kampala with the western region recording the least incidence of; 18 per 1,000 women. Deaths and disabilities related to unsafe abortions are difficult to measure. This is because they occur following a secret or illegal procedure. Stigma and fear of punishment discourage reliable reporting of incident

thus maternal deaths and disabilities resulting from unsafe abortions are grossly underreported. This research will assess

the knowledge, perception and factors associated with self-induced abortion among medical students of KIU -WC.

METHODOLOGY

Study design

The study was a descriptive cross section study which employed a qualitative method [10].

Study Area

This study was carried out at KIU-WC in Bushenyi district, approximately 360 kilometres by road, south-west of Kampala the capital city of Uganda. The western campus is the School of Health Sciences established in 2004. It is recognised by the medical and dental licensing boards of Kenya, Tanzania and Uganda. The campus has an estimated 5000 students.

Study population

The study targeted female medical students of Kampala International University Westerncampus.

Sample Determination

The sample size was estimated using Fisher's formula (1986).

$$n = \frac{Z^2pq}{r^2}$$

Where:

n = desired sample size

z = standard deviation at desired degree of accuracy which is 1.96 at 95% degree of accuracy. p = is the proportion of the abortions in Uganda which is 0.14 (Guttermacher, 2013).

q = (1-p) 1-0.018 = 0.982

r = margin of error for sampling = 0.05.

$$n = \frac{(1.96)^2 \times 0.14(0.86)}{0.05^2}$$

n = 185

Sampling procedures

Convenience sampling technique was utilised to recruit study participants.

Inclusion Criteria

Female medical students in KIU-WC in their clinical years were included in the study

Exclusion Criteria

Non-medical students and those who are eligible but absent at the time of data collection were excluded from the study.

Data collection methods and instruments

Self-administered questionnaire consisting of both open ended and closed ended

questions was used to collect data on knowledge, perception and determinants of self-induce abortion among the study participants.

Data Quality Control

To ensure quality of data collected the reliability and validity of the data collection tools were assessed. Completed questionnaires were reviewed before leaving the field to guarantee uniformity of data collected.

Reliability of Data Collection tools

This was assessed by pretesting, using 10% of the total questionnaire in a similar population soas to remove vague questions

Validity of Data Collection tools

To measure validity, the instrument was given to two experts to evaluate the relevance of eachitem in the instrument to the objective of the study.

Data Processing

Crude data were sorted, cleaned and entered into MS Excel Version 2013

Data Analysis.

Sociocultural and other baseline characteristics were analyzed based on type/scale of measurement they assume. Numerical variables were analyzed by way of central tendency i.e. mean and median and measures of variation i.e. standard deviation and interquartile ranges respectively. All statistical analysis was carried out using SPSS version 20.

Study limitation and Delimitation

The study faced with challenge especially with medical student's participants who may want to fill in expert opinions instead of actual opinion. This challenge was tackled by explaining the aim of the study and encouraging participants to give honest responses.

Ethical Consideration

Respondents as autonomous individuals have the right and chooses whether to participate or not in the research [11]. Voluntary informed consent was obtained from all respondents. In the event participants take interest to filled the given questionnaire, the participant leaves any question she preferred not to reply.

Human Right

Participants were allowed to refused to take part in the study and can pull out from the study withno penalties.

Confidentiality

Data collected were kept secure. Only members of the research team and the associated support staff will see completed Questionnaires. No information was addressed in a way that would permit reader to relate any reactions to individual respondents. Results of the study will be accounted for as summative information.

Benefits and Risks

There is no direct benefit for the participants in this study. However, the results of this study was contribute

The table assessed response of participant's knowledge on factors associated with self-induced abortion with 165(89.2%) said unsafe abortion is abortion done by inflicting trauma, 185(100%) agreed that comprehensive abortion should be done by medical practitioner, 185(100%) said abortion can lead to death, infertility and psychological trauma. 66(35.7%) respondent that abortion is safe at any age while 119(64.3%) said no, it is not safe at

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towards the formulation of programs aimed at promoting reproductive health services and reducing incidence of complications from unsafe self-induced abortion. The research posed no physical harm to the participants as no invasive procedure was used at any point.

Ethical Approval of Proposal

For ethical approval, the research was submitted for review and approval by ethics committee of Faculty of Clinical Medicine and Dentistry KIU-WC.

Dissemination of the Study Findings

Results from the study was shared between the researcher, the supervisor and the Faculty of Clinical Medicine and Dentistry KIU-WC.

RESULTS

any age. 54(29.2%) said abortion can be done anywhere as long as drug is available while 131(70.8%) response no. 172(92.9%) said abortion is right of every female in Uganda while 13(7.0%) disagreed. Also, 185 (100%) said pregnancy caused by raped as one of the factor triggering self-induced abortion, stigma 178(96.2%), fear of forced marriage 168(90.8%), fear of responsibility and denial by father 150(81.1%) and desire to finished school 110(59.5%).

Variables	Response n=185	Percentage
Unsafe abortion is abortion done by inflicting Trauma	Yes: 165 No: 20	89.2 10.8
Comprehensive Abortion is abortion done by medical practitioners which is free from complications	Yes: 185 No: 0	100 0
Unsafe Abortion can lead to death, infertility and psychological trauma	Yes: 185 No: 0	100 0
Abortion is safe at any age	Yes: 66 No: 119	35.7 64.3
Safe abortion can be done anywhere as long as there is drug available for the person	Yes: 54 No: 131	29.2 70.8
Self-induced abortion is right of all females and legal in Uganda	Yes: 172 No: 13	92.9 7.0
Pregnancy caused by rape or incest	Yes: 185 No: 0	100.0 0
Stigma	Yes: 178 No: 07	96.2 3.8
Fear of forced marriage	Yes: 168 No:17	90.8 9.2
Fear of responsibility denial by father	Yes: 150 No: 35	81.1 18.9
Desire to finish school	Yes: 110 No: 75	59.5 40.5

Table 1. Knowledge of female medical students on factors associated with self-induced

The below table shows response of participants on perception of female students on self-induced abortion. 139(75.1%) said abortion should be permitted, 151(81.6%) believe contraceptives used can reduced abortion incidence, 157(84.9%) blamed inadequate sex education for self-induced abortion. 131(70.8%) believed free access to abortion

care can reduced mortality or morbidity related to abortion complications. 149(80.5%) said marriage can reduce self-induced abortion, 70(37.8%) said friends should be advised to go for abortion to avoid unplanned pregnancy while 36(19.5%) said abortion is for family planning and 149(80.5%) disagreed that it is not a form of planning a family.

Table 2: Perception of female medical students on self-induced abortion

Variables	Response n=185	Percentage
Abortion should be permitted in certain Cases	Yes: 139 No: 46	75.1 24.9
contraceptives use will reduce incidence of self-induced abortion	Yes: 151 No: 34	81.6 18.4
Inadequate sex education has affected indirectly self-induced abortion	Yes: 157 No: 28	84.9 15.1
Free access to abortion care will reduce the incidence of morbidity and mortality rate associated with unsafe Abortion	Yes: 131 No: 54	70.8 29.2
Being married reduce woman's probability of inducing an abortion	Yes: 149 No: 36	80.5 19.5
Friends should be advised to go for abortion for unplanned pregnancy.	Yes: 70 No: 115	37.8 62.2
Abortion is a form of family planning	Yes: 36 No: 149	19.5 80.5

DISCUSSION

Knowledge of female medical students on factors associated with self-induced

This study recruited 185 participants all who are medical students from Kampala International University western campus on self-induced abortion. The response of participants about knowledge on factors associated with self-induced abortion shows that majority of the participants [Table 1.] said unsafe abortion is abortion done by inflicting trauma, 100% agreed that comprehensive abortion should be done by medical practioner, this study also found that abortion can lead to death, infertility and psychological trauma. About 35.7% of the respondent that abortion is safe at any age while 64.3% said no [Table 1.] it is not safe at any age. Also, few percentage of the

respondents said abortion can be done anywhere as long as drug is available while others said no, others also said abortion is the right of every female in Uganda while others disagreed. Also, said pregnancy caused by raped as one of the factor triggering self-induced abortion, stigma, fear of forced marriage, fear of responsibility and denial by father and desire to finished school. Findings in this study is also supported by several scholars who advocate permitting induced abortion in cases where mothers' life is in danger and in cases of rape [10]. This study finding is in line with [13] in his research observed stigma in Abortion Work and reported that social process ascribes negative attributes to women who access

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abortion care, abortion providers and those associated with abortion and for this reason, many resorted to go and abort secretly and can only come to light when they suffered complications. This study observed that one of the factors of self-induced abortion among the female's youth is the fear of interruption of schooling, bringing shame to the family, denial of responsibility by prospective father, lack of economic resources to support child amongst others and these factors were supported as reasons why adolescents terminate pregnancies as reported by [14].

Perception of female medical students on self-induced abortion

The perception of participants on self-induced abortion showed that majority believed that abortion should be permitted, majority also believed that contraceptives used can reduced abortion incidence. Also, a higher percentage of the participants blamed inadequate sex education for self-induced abortion. Others group of thought respondent that free access to abortion

This study concludes that the females' folks have knowledge on self-induced abortion however, their perception shows abortion should be the right of every females and not only on medical basis.

Recommendations

This study recommends more awareness on females' youth against their perception

Precious care can reduced mortality or morbidity related to abortion complications while others said marriage can reduce self-induced abortion, another school of thoughts said friends should be advised to go for abortion to avoid unplanned pregnancy while still in school. A smaller percentage of respondents said abortion is for family planning while bigger percentage disagreed that it is a form of planning a family. Study by [15] also revealed among other reasons; financial barriers as a reason to resort to self-induced abortion. According to Population Policy Data Bank, (2014), abortion in Uganda is permitted to save woman's life, preserve the physical health of a woman and to preserve mental health. It is not permitted in terms of rape or incest, fetal impairment, economic or social request. However, in this study the perception of participants is contrary to the statement as majority believed that abortion should be a legal right for all females in Uganda irrespective of the caused of the pregnancy [16].

CONCLUSION

to see self- induced abortion as wrong and can lead to fatal complications other than seen it as a fight to freedom. This called for the stakeholders to intensify campaign and educate the females on the risk of legalizing abortion outside medical reasons.

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