International Journal of Research (IJR)
e-ISSN: 2348-6848, p- ISSN: 2348-795X Volume 2, Issue 12, December 2015
Available at http://internationaljournalofresearch.org

The Social Determinants of Septic Induced Abortion: A Study of Tertiary Care Hospital

Shakila Khanum[1]& Huma Qasim[2]
[1] Department of Gynae & Obs, Quaid-E-Azam Medical College, Bahawalpur, Pakistan
[2] District Health Department, Bahawalpur, Pakistan,
E-mail: huma.qasim89@yahoo.com (Corresponding author)

ABSTRACT:
The main objective of this study is to determine the various determinants of septic induced abortion. Women having septic abortion were personally interviewed by the help of questionnaire at a tertiary care hospital. SPSS version 21 was used for statistical analysis. Results show that low socioeconomic status, being unmarried and lack of awareness about contraceptives are main reasons for abortion. Septic abortion may lead patients to serious infections. Government should provide easy access for legal abortions and increase its quality to avoid severe consequences.
Key Words: septic induced abortion; unwanted pregnancy; social determinants

[1] Department of Gynae & Obs, Quaid-E-Azam Medical College, Bahawalpur, Pakistan

[2] District Health Department, Bahawalpur, Pakistan, E-mail: huma.qasim89@yahoo.com (Corresponding author)

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INTRODUCTION

Majlessi et al (2008) conducted a cross sectional study in hospitals of Isfahan, Iran during 2003-2004. 417 women were interviewed who had abortion and it was examined that 12% were illegally induced. The major risk factor of induced abortion was unwanted pregnancy. Begum and Naz (2004) conducted a survey for one year in a private hospital of Lahore, Pakistan for determining the problems occurring in gynecological patients and discovering the reasons for abortion. The major reason found was inadequate contraceptive awareness although maternal mortality from septic induced abortion could be avoided by adequate knowledge, adequate provision and utilization of contraception and this needed mass education.

Jabeen et al (2013) carried out a descriptive study in department obstetrics and gynecology, Fauji Foundation Hospital Rawalpindi to study the methods used for terminating pregnancy and complications related to induce abortion. Different factors related to abortion like socioeconomic status, age, contraceptive failure and parity were asked using interviewing technique. They inferred that most commonly used method was instrumentation and common factors contributing to abortion were high parity and financial crisis.

Bisht (2012) conduct a study to evaluate the incidence, maternal morbidity & mortality, clinical features, management in cases of septic abortion in the Department of obstetrics & Gynecology in Government Medical College, Haldwan. They found that most common causes were low socioeconomic status. The frequency of illegal and septic abortion can be reduced by increasing awareness about family planning services and making legal abortion services easily available to the women and that too at a cheaper cost.

According to the study of Osazuwa and Aziken (2007) septic abortion is more common following unsafe induced abortion with an extreme risk among teenagers who are single with health professionals contributing considerably as providers. Interferences must be re estimated to offer a more general outreach and the involvement of healthcare professional is very useful.

Das et al (2006) examined 122 cases of septic abortion from 01.05.2003 to 30.04.2004 at a local tertiary care hospital using various social demographic and economic factors. They concluded that by spreading knowledge, making easy and cheap availability of legal abortion services and strict laws may decrease the frequency of septic and illegal abortions.

MATERIAL AND METHODS

We conducted a cross sectional study in Department of Obstetrics and Gynaecology, Bahawal Victoria Hospital, Bahawalpur. Interviewing technique was used to gather information. Different social factors were used in analysis. Statistical software SPSS version 21 was used for descriptive and inferential statistical analysis.

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RESULTS

Table 1. Distribution of Patients according to their Characteristics

Characteristics	Percentage
Residential Area	
Urban	34.0
Rural	66.0
Age Groups	
<20 years	6.70
20-24 years	25.3
25-29 years	20.7
30-34 years	30.7
35 years or above	16.6
Education	
Literate	43.3
Illiterate	56.7
Socioeconomic Status	
Low	52.7
Middle	31.3
High	16.0
Marital Status	
Married	80.7
Unmarried	19.3
Pregnancy	
Wanted	44.0
Unwanted	56.0
Number of Abortions before	
zero	32.0
1-2 times	59.3
More than 2 times	8.70

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Table 2.Distribution of Patients according to various factors

Factors	Percentage
Reasons of Abortion	
Unmarried	19.3
Family complete	2.7
Small last born	2.7
Contraceptive Failure	35.3
Contraceptive Unawareness	40
Fever	
Yes	26.7
No	73.3
Abnormal Vaginal Discharge	
Yes	60
No	40
Clinical Presentation	
Vaginal Bleeding	42.0
Purulent Discharge	18.7
Acute abdomen	16.0
Shock	11.3
Anuria	12.0
Management	
Medical	20.0
D&C	48.0
Laparotomy	32.0

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Table 3. Cross Tabulation and Chi Squares

Determinants	Number of abortions before	Percentage			P-value
		Unwanted Pregnancy	Wanted Pregnancy	Total	
Age less than 24 years	zero	16.0	10.7	26.7	0.038
	1-2 times	30.7	34.7	65.3	
	More than 2 times	5.3	2.7	8.0	
Illiteracy	zero	14.1	10.6	24.7	0.044
	1-2 times	31.8	32.9	64.7	
	More than 2 times	7.1	3.5	10.6	
Low socioeconomic status	zero	22.8	10.1	32.9	0.021
	1-2 times	27.8	39.2	67.1	
	More than 2 times	4.3	0.0	4.3	
Unmarried	zero	37.9	0.0	37.9	0.039
	1-2 times	37.9	6.9	44.8	
	More than 2 times	17.2	0.0	17.2	
Contraceptive failure	zero	13.2	3.8	17.0	0.139
	1-2 times	41.5	34.0	75.5	
	More than 2 times	3.8	3.8	7.5	
Contraceptive Unawareness	zero	21.7	15.0	36.7	0.036
	1-2 times	16.7	40.0	56.7	
	More than 2 times	5.0	1.7	6.7	

Discussion

Table 1 represents the traits of respondents and shows that 34% respondents were from urban and 66% were from rural areas. Majority of patients fall in age group 30-34 years. 43.3% females were literate while 56.7% females were illiterate. 52.7% respondents were having low socioeconomic status, 31.3% were middle class whereas 16% respondents were from high class. The married respondents were 80.7% while 19.3% respondents were unmarried. The percentage of women who were willing to get pregnant and who were not willing to get pregnant was 44 and 56 respectively.

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32% females never aborted their baby before, 59.3% females had abortion 1-2 times whereas 8.7% females had abortion more than 2 times.

Table 2 shows the distribution of patients according to various factors. The reasons why respondents had abortion were that they were unmarried, their family was complete, had small last born, contraceptive failure or lack of contraceptive awareness. 19.3% females were unmarried, 2.7% respondents had complete family and didn't need another baby, 35.3% women faced contraceptive failure, 2.7% women had small last born while 40% respondents were unaware of contraceptive methods. 26.7% females suffered from fever during abortion process while rest of them didn't. The percentage of women having abnormal vaginal discharge was 60%. In clinical presentation it was seen that 42.0% women had vaginal bleeding, 18.37 % had purulent discharge, 16% women suffered from acute abdomen pain, 11.3% women had shock while 12% respondents undergone with anuria. Majority of respondents preferred D&C with percentage of 48, while 32% women went with Laparotomy and only 20% women liked to have medical management for abortion.

Table 3 shows the cross tabulation and chi square results. The main reason of using the Chi Square test was to find the association among different determinants, number of times a respondent had abortion and either the pregnancy was wanted or unwanted. There were 16% women who had unwanted pregnancy, they never had abortion before and their age was less than 24 years. 34.7% respondents having age less than 24 years wanted to get pregnant had abortion 1-2 times before also. 5.3% women having age less than 24 years did not want to get pregnant also had abortions more than 2 times before this one. 14.1% illiterate respondents neither wanted to get pregnant nor they had abortion before. Among the illiterate respondents who had 1-2 times abortions before, there were 31.8% whose pregnancy was unwanted whereas 32.9% women's pregnancy was by their choice. 10.6% illiterate women aborted their baby for more than 2 times. The percentage of women having unwanted pregnancy, low socioeconomic status and no abortion before was 22.8 while in the same group the percentage of women with wanted pregnancy was 10.1. 27.8% women with low socioeconomic status and unwanted pregnancy had 1-2 times abortion and 39.2% women wanted to get pregnant, had 1-2 times abortion before also and had low socioeconomic status. 4.3% women with low socioeconomic status had unwanted pregnancy and more than 2 times abortion. 37.9% unmarried women neither aborted a baby before nor their pregnancy was wanted. For unmarried women in both of groups unwanted and wanted pregnancies total percentage of those who had 1-2 times abortion before was 44.8. 17.2% unmarried women had more than 2 times abortion before and this pregnancy was also unwanted. For 13.2% respondents with unwanted pregnancy and no abortion before had abortion because of contraceptive failure, 41.5% respondents with unwanted pregnancy and 1-2 times abortion before had abortion because of contraceptive failure whereas 3.8% respondents with unwanted pregnancy, having more than 2 times abortion had abortion this time because of contraceptive failure. There were 21.7% women who were unaware of different contraceptive methods never had abortion before and their pregnancy was unwanted. 15% women who wished to get pregnant were not aware of contraceptives had to abort their baby for the first time due to some issues. There were total 56.7% women in both groups who wished and did not wish to get pregnant had 1-2 times abortion

before were unaware of contraceptive methods whereas there were 6.7% women unaware of contraceptive methods who had more than 2 times abortion in both groups of women who wished and did not wished to be pregnant.

For both groups of women who wanted and did not want to get pregnant and age less than 24 years has a significant effect on number of abortions. P-value shows that illiteracy is also a major cause of abortion. Results prove that low socioeconomic status plays a vital role in aborting a baby. Being unmarried and lack of awareness about contraceptives are also main reasons for abortion. It can be seen from the results that there is no association between abortion and contraceptive failure.

Conclusions

Septic abortion may lead patients to serious infections. It is quite common in our society. From the above findings it can be inferred that foremost cause of septic abortion is low socioeconomic status. Whereas age less than 24 years, illiteracy, unmarried, and contraceptive unawareness are also leading causes of women having abortion. Married women usually abort their baby because they can't afford a baby. Their poor socioeconomic status forces them to go with the abortion. Determinants like abnormal vaginal discharge, fever, shocks, vaginal bleeding and anuria are results of septic abortion. Having poor knowledge about birth control methods also leads women to do abortion. Government should take measure to spread awareness about contraceptive methods. Local government should take initiative for this. It should introduce new programs and policies regarding family planning and contraceptive services. Unwanted pregnancy is also a leading cause of illegal abortion. Government should also emphasize on education of women and should take measures to stop early age marriages. Government should provide easy access for legal abortions and increase its quality to avoid severe consequences.

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