

ORIGINAL ARTICLE

Induced abortion among Jimma comprehensive high school students: knowledge, attitude and practice**Lesanemariam Tenkir, MD¹, Abebe G/Mariam, MPH²,
Alemseged Janka, MD³**

Abstract: Reproductive and other sexual health indicators among adolescent young women have been little studied in developing countries especially in Ethiopia and south west region in particular. Therefore, a cross sectional study using a self administered pretested confidential questionnaire to assess the knowledge, attitude and practice (KAP) of 1067 sampled female students was carried out at Jimma Comprehensive High School in the month of February 1996. The information collected includes variables on socio-demography, and knowledge, attitude and practice on induced abortion. The information collected was analyzed using SPSS/PC computer program. 41.3%, 24.1% and 34.6% of the study subjects were in 9th, 10th, and 11th grade respectively. 82.3% are within the age group 15-19. About 14% reported to be aware of at least one induced abortion method, 27.2% knew the health hazards of abortion, and 69% were not aware of contraceptive methods. Almost 35% had no information on legal issues of induced abortion, 20.72% wished induced abortion be legalized while 67.4% opposed. Based on the study findings, intensification of sex education, and provision of family planning information and services to adolescents with in the school environment is recommended.

Introduction

Induced abortion is one of the most neglected areas of health care in developing countries. It is a serious concern to women during their reproductive life spans. Every day, an estimated 50,000 abortions are done under unsafe or adverse conditions (1,2). A very recent estimate showed that about 15% of the maternal deaths are attributed to the complications of unsafely induced abortion (1,3). Even this estimate is

probably too small as a result of underregistration of maternal deaths in many countries as well as the sensitive nature of clandestine abortions where the procedure is legally restricted (3-5).

Not only does unsafe induced abortion increases the risk of maternal death, but it also increases the development of incapacitating complications in women (6). Unsafe induced abortion often leads to infection,

¹ Police Hospital
Addis Ababa

² Community Health Program
JIHS, P.O.Box 378, Jimma

³ Department of Surgery,
JIHS, P.O.Box 378, Jimma

hemorrhage or uterine injury requiring hospital care. The management of abortion and its complications in hospitals uses a disproportionate share of resources, including hospital beds, blood supply, medications, and the health workers time (4,6-9)

The proportion or number of induced abortions is high among teenagers. In one Nigerian hospital 72% of patients hospitalized for complications was due to abortion (5). More than 75% of the induced abortion cases were reported among individuals who were 25 years and less, the peak incidence being among 20-24 years age group (4). Because so many adolescents do not understand how the human body works and because they do not have access to health and family planning services, many teenage pregnancies are unplanned (4,10). As a consequence of this adolescents choose abortion, many of which are done unsafely, leading to tragic death or disabilities.

The legal status of abortion decides whether or not an individual woman will have a safe professional operation or a hazardous one in the hands of unskilled abortionists. Underreporting of induced abortion is common in surveys from developing countries because of the many traditional methods used in inducing abortion among the abortees (4,5,8,9). Traditional means for self-inducing abortion includes carrying heavy loads up and down, ingestion of modern and traditional medications, and the introduction of foreign objects into the uterus (10,11).

Survey on knowledge, attitude and practice (KAP) on induced abortion in south west Ethiopia using either population or hospital-based data is scarce. Thus, the objectives of this survey were: to assess the KAP regarding induced abortion among Jimma Comprehensive

High School female students, and to provide updated information for local health professionals and family planning organizations in order to strengthen or initiate family health program in the school.

Methods

Study Site:- The study was conducted at Jimma Comprehensive High School, one of the secondary schools with high number of female students found in Jimma town, Jimma zone (Region 4), south west Ethiopia, located 335 km south-west of Addis Ababa. The school was established in 1946 and has a total of 183 instructors and 5,188 students (male and female) during the study period.

Design and Population:- This study used a cross-sectional study design on a sample of female students (1,067) from a total of 2,459 enrolled in the 9th to 11th grades in February 1996. Grade 12 students (234), who were preparing for Ethiopian School Leaving Certificate (ESLCE) exam, were excluded from the study.

Sampling procedures:- Assuming homogeneity among the different sections of each grade, cluster sampling method was used taking the sections as the sampling unit. Proportionate number of sections (from a total of 64) and number of students from each grade (9th to 11th) were selected to ensure a fair representation. Then, simple random sampling method was applied to select 32 sections out of 64. All female students (1067) in the selected classes were considered for the study.

Data Collection:- Self-administered confidential questionnaire, initially prepared in English and later translated into Amharic, was used to collect the intended information. Fourteen senior medical students and one teacher who had previous experience in conducting

confidential surveys, were recruited to guide the process of filling out the questionnaire. All students included in the study were asked to enroll in 14 class rooms and one hall to fill the questionnaire at the same time to avoid contamination. Permission was obtained from both students and administrators of the school after giving explanation about the aim of the study and the confidentiality of the information. During data collection, the data collectors gave clarifications to those students who faced difficulty in answering some of the questions.

Data Analysis:- Data processing and analysis was done using SPSS/PC computer statistical package. χ^2 test was applied to find out associations between variables where applicable.

Results

Of the expected 1,067 female students, 815 (76.3%) completed the questionnaire. Characteristics of the studied sample is shown in table 1. Three hundred and thirty seven (41.3%), 197 (24.1%), and 281 (34.6%) were in 9th, 10th and 11th grades respectively. The majority of the respondents (82.3%) were within the late teenage years (15-19 years), with the mean age of 17.7 years and mode of 17.5 years. Five hundred and eighty six (71.9%) were Christian by religion. Only 39(4.8%) were married and 18(2.2%) were either divorced or widowed. About 14% (113) and 27.2% (222) reported to have awareness of at least one method of inducing abortion, and at least one contraceptive method respectively. About 27% of the students were aware of the medical hazards of abortion. Two hundred and eighty one (34.5%) reported that they have no information about the legality of abortion in Ethiopia (Table 2).

Table 1: Socio - demographic characteristics of the female students, Jimma Comprehensive High School, Jimma, February 1996.

	Number	(%)
Age Group (years)		
<14	68	8.3
15-19	671	82.3
20-24	52	6.3
>25	24	3.1
Educational level		
9	337	41.3
10	197	24.1
11	281	34.6
Religion		
Christian	586	71.9
Muslim	188	23.1
Other	41	5.0
Marital Status		
Single	758	93.0
Married	39	4.8
Divorced	9	1.1
Widowed	9	1.1

The attitude of the students towards legalization of abortion, and what they will do in case they have unwanted pregnancy was inquired. Accordingly 63.1% of the respondents reported that they would accept and give birth in case of unwanted pregnancy. About 32% prefer to terminate it whereas the remaining 5.1% were indifferent. Respondents' attitudes towards legalization of induced abortion shows that, 119(20.7%) supported its legalization, 387(67.4%) opposed its legalization, and the remaining 68(11.8%) were indifferent (Table 3).

One hundred and thirty three (16.3%) had sexual intercourse at least once and 82(10.1%) of all respondents had induced abortion at least once. The

Table 2: Distribution of female students' know-ledge on induced abortion and contraceptive methods. Jimma comprehensive High School, February 1996.

	Number	(%)
Abortion method (at least one)		
Aware	113	13.9
Not aware	688	84.4
No response	14	1.7
Medical hazards of abortion¹		
Aware	222	27.2
Not aware	557	68.4
No response	36	4.4
Legal Status of abortion in Ethiopia		
Legal	88	10.8
Not legal	438	53.7
No information	281	34.5
No response	8	1.0
Contraceptive method (at least one)²		
Aware	222	27.2
Not aware	562	69.0
No response	31	6.8

¹ Haemorrhage, infection, tetanus, infertility.

² Contraceptive Pills, Condom, Foam tablets and IUCD

majority (73.1%) of those who experienced induced abortion were in the age group 15-19. About 26% were younger than 15 years (mean age = 17.7 years with SD of ± 2.6). Eighty four percent (69 students) of the abortions were induced by health professionals, 10.9% (9 students) by non-health professionals (traditional practitioners) and the remaining 5% (4 students) were self

Table 3: Female students' attitude on pregnancy and legalization of abortion, Jimma, Comprehensive High School, Jimma, February 1996.

	Fate of unwanted pregnancy			
	Continue	Induced	No	Total
				Comment
Abortion:				
. Be legalized	26(21.8)	92(77.3)	1(0.8)	119(20.7)
. Should not be legalized	290(74.9)	71(18.3)	26(6.7)	387(67.4)
. Not Stated	46(67.6)	20(29.4)	2(2.9)	68(11.8)
Total	362(63.1)	183(31.9)	29(5.1)	574(100)

Data based on non-missing values.

Numbers in parenthesis are percentages.

induced. As shown in table 4, physical interference by inserting using plastic tube was the commonest method (68.3%) used to induce abortion, followed by metallic instruments (23.2%).

Table 4. Materials used for inducing abortion among female students who had experienced abortion. Jimma Comprehensive High School, Jimma, February 1996.

	No.	%
Plastic tubes	56	68.3
Metallic Objects	19	23.2
Modern Medicine	4	4.9
Local herbs roots	2	2.4
Other	1	1.2
Total	82	100.0

Discussion

The question of abortion is a sensitive social and legal issue in many developing

countries (9,11-13). The information pertaining to the practice may be under reported (3,5).

The age distribution of the female students who participated in this study shows that most of them are in the teenage group, in particular the late teens. It is this group of females who are prone to unwanted pregnancy, and therefore to induced abortion and its untoward effects.

This is reported in studies done in Egypt, Kenya, Addis Ababa and Jimma (3,9,13-15).

Among the sexually active female students who had been pregnant at least once almost all pregnancies were terminated possibly because they were unwanted. As only 27% of the study subjects were aware of pregnancy prevention it is to be expected that a significant proportion get pregnant and end by inducing abortion. Even those who claimed to be aware of at least one contraceptive method may not be protected from unwanted pregnancy, however, as students who reported having induced abortion were using some form of contraceptives (mostly pills) irregularly.

Studies have shown that lack of knowledge in preventing pregnancy from unprotected sexual intercourse contributes to the increased prevalence of induced abortion (3,9,11,16). Induced abortion being a medical and social problem above 67% of the subjects opposed the legalization of abortion which is contrary to findings of other studies (11,16). This could be due to the age difference among the subjects for most of our study subjects did not initiate sexual activity. The role of factors like religion in one's attitude to the legalization of abortion needs investigation.

Health professionals conducted the majority of induced abortions (84.1%), this is higher than that reported from Yirgalem Hospital (55%). The type

of instrument or methods used to induce abortion in our study was similar to a study done in Addis Ababa (4). Other methods (abdominal massage, pesticides, inserting cola into the vagina and strenuous labors) were reported as methods to induce abortion in Tanzania (17). The use of foreign materials could lead to increased chances of sepsis, and tetanus in addition to damaging the reproductive organs (15,18).

The fact that more than half of the subjects included in this study who had experienced sexual intercourse ended in induced abortion could be a reflection of the low coverage of the family planning program (16,19,20). The level of awareness of the female students on induced abortion methods and the accompanying hazards is low (14% and 27% respectively). This calls for intensification of information, education and communication on family and sex education at schools. Pregnancy among girls* in many parts of Africa compels them to abandon their education and loose employment opportunities (21-23). In the long term, this may affect their ability to improve upon their status.

As was noted in this study most of the induced abortions were conducted by health professionals. Considering the question of legality and the unhygienic methods they use, it may be important to make every effort in identifying the abortionists in order to hamper the number of induced abortions. This could be one way of tackling the problem.

Since induced abortion may result in disastrous conditions particularly in young females, professionals as well as policy planners have to give consideration to the issue. It is important to change the attitude of the at-risk population (teens) regarding inducing pregnancy. This can be done by providing knowledge on legal, social and medical aspects of the problem

on the side of health professionals and the society as a whole. This may not be easy where discussing sex and sex related issues in public are considered as a social taboo (17,20,24). However, effort should be made to use every possibility to provide sex education to the young population; the school environment being an ideal place. The case for increased provision of family planning information and service to adolescents at any possible site cannot be overemphasized.

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