
Socio-Demographic Factors Responsible For Abortion

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ABSTRACT

Abortion plays a significant role in reproductive life of the women in which direct or indirectly affect to maternal mortality and disability. Study was conducted to assess the socio-demographic factors related with abortion under Comprehensive Abortion Care & Post Abortion Care (CAC/PAC) services in six districts of Lumbini Zone of Nepal. Hospital based cross sectional study was undertaken among the reproductive age group (15-49 years) who had received CAC/PAC services under the abortion law of Nepal. A total number of 1476 respondents were selected till sample size was met. Chi-square, mean age, standard deviation, co-efficient of variance, ANOVA statistical test was used for testing the significant of analyzed data. The results reveal that reasons for receiving CAC/PAC services was in various socio-demographic circumstances such as highly fertile age group between 20-30yrs (60.8%), early age pregnancy (10.0%), illiterate (26.0%) rural (82.5%), less than 50000 annual family income (68.8%) etc. The result shows the socio-demographic factors play a significant role in undergoing abortion.

Key words: Abortion, Comprehensive Abortion Care, Post Abortion Care, induced abortion, socio-demographic factors.

INTRODUCTION

Abortion, whether spontaneous or induced, is one of the most common obstetric events in the world secondary only to childbirth. About 4000 women die each year from illegal abortions in Nepal. World-wide, the percentage of maternal deaths due to unsafe abortions is 13%, but in Nepal this figure rises to 50 percent (Abortion law in Nepal, 2007). According to the Ministry of Health Maternal Mortality and Morbidity Study of 1998, approximately 5.4% of

all maternal deaths are due to abortion related complications (Pande 2005). Abortion is the termination of pregnancy at any time before the foetus has attained the stage of viability. This has been fixed administratively at 28 weeks, which corresponds to a foetal weight of 1000 gms. With expert neonatal care, this limit has been brought down to 20 weeks of pregnancy, corresponding to foetal weight of 500 grams in developed countries. Women are facing either induced or spontaneous abortion in various socio-demographic circumstance such as early/menopausal age pregnancy, illiteracy, poor socio-economic status, locality occupation etc. push to women undergo abortion which results into complications and consequent to women's health till maternal death & disability. In one hospital-based study of abortion in Nepal, deaths from abortion-related complications accounted for over half of all maternal deaths in the country. Recognition that illegal abortion contributed to Nepal's high maternal mortality was instrumental in advocacy efforts to legalize abortion (Andersen K., et. al. 2012). It has been estimated that 53.7% of gynaecological and obstetric hospital admissions were due to induced abortion complications (Shakya, G., 2004). Population, Health and Development Group and FHD/Ipas Nepal (2008) reported that Millions of women suffer long-term health consequences including infertility and thousands die following an unsafe abortion.

MATERIALS AND METHODS

Purposely selected hospital based cross sectional study was carried out during the 2011-2012 in six districts of Lumbini Zone of Nepal where providing the CAC/PAC services under the abortion law of Nepal. Total number of 1476 respondents was pulled as a sample size from client within reproductive age group who had received Comprehensive Abortion Care (CAC) and Post Abortion Care (PAC) under the abortion law of Nepal. Respondents were interviewed till sample size was met based on proportionate sampling method and multistage sampling technique was used in the study. Respondents were taken from the selected health institutions.

The Pre-structured pre-tested interview schedule was used for data collection. Collected data were compiled and coded in SPSS software. Analysis and interpretation of data was done in

diagrammatic form, tables, and tested for the significance by using mean age, standard deviation, chi-square, co-efficient of variance and ANOVA statistical test.

RESULTS

Table 1: Age wise distribution of respondents

Age Group (years)	Frequency	Percentage
Up to 20	148	10.0
20-30	898	60.9
30-40	390	26.4
40 above	40	2.7
Total	1476	100.0

Mean age =27.182 S.D. =6.525

Majority of the respondents (60.9%) were age group 20-30 years and one fourth of the respondents (26.4%) followed by 30-40 years where least numbers of respondents (2.7%) were 40 years above.

Table 2: Education wise distributions

Education	Frequency	Percentage
Illiterate	384	26.0
Literate	69	4.7
Primary Level	168	11.4
Lower Secondary Level	210	14.2
Secondary Level	369	25.0
Higher Secondary Level/+2	155	10.6
Graduate & above	121	8.2
Total	1476	100.0

Chi Square=411.019 df=6 Tab. Value=12.592 Significant

From the above table it is evident that the most of the respondents (27.4%) were educated up to secondary (9-10 class) level education, where 11.0 per cent respondents were only literate and 8.9 per cent respondents were illiterate. Similarly, only 8.2 per cent respondents were educated up to graduate and above.

Table 3: Locality wise distribution

Locality	Frequency	Percentage
Rural	1218	82.5
Urban	258	17.5
Total	1476	100.0

Chi Square=622.39 df=1 Tab. Value=3.841 Significant

Above table shows that maximum numbers of respondents (82%) were from rural area and only (17.5%) of respondents were from urban area.

Table 4 Occupation wise distribution (multi response table) N=1476

Occupation	Frequency	Percentage
Housewife	999	56.9
Student	117	6.7
Service	88	5.0
Agriculture	422	24.0
Business	130	7.4
Total	1756	100.0

Chi Square=2072.88 df=4 Tab. Value=9.488 Significant

From the table it is evident that more than half proportions (56.9%) of the respondents' occupation was housewife, following by agriculture (24.0%) and least numbers of respondents' (5.0%) were engaged in service.

Table 5: Annual income of the family

Annual income (NRs)	Frequency	Percentage
Less than 50000	1016	68.8
50000-100000	172	11.7
100000-150000	113	7.7
150000-200000	56	3.8
200000 above	119	8.0
Total	1476	100.0

Nearly 69 per cent of the respondents were earning less than 50000 annual family incomes where only least i.e. 3.8 percentage of the respondents were lies in 150000-200000 annual family income.

DISCUSSION

The major findings of this study are discussed with comparison of others finding of the relevant studies on the basis of research objectives.

In the present study majority of the respondents (60.9%) were in the age group 20-30 years, mean age identified was 27 years and standard deviation is 6.525. This is suggested of peak period of reproductive phase. A similar study conducted by Paudel *et al.* (2013) reported that abortion contributed to about 1.68% of the total patient served in the hospital that provides both obstetrical and gynecological services. Of the total 4830 patients who underwent induced abortion in this period, the mean age was 27, 92.3% were from the Kathmandu valley. World Health Organization (2008) also reported that there were 14 unsafe abortions per 1000 women aged 15–44 years worldwide.

It is also found that most of the respondents (25.0%) were educated up to secondary level and only 8.2 per cent respondents were graduate and above level educated where 26.0 per cent respondents were still illiterate who don't have much more idea about proper use of contraceptives so they frequent conceived. It suggests that there should be more awareness regarding the use of modern contraceptive method. Duwadi and Shrestha (2007) reported that maternal education was a strong predictor of abortion. Another study by Paudel *et al.* (2013) reported that 35.2 per cent of the total 4830 patients who underwent induced abortion were illiterate who couldn't read and write.

This study reveals that majority of the respondents' occupation (56.9%) who had an abortion under CAC/PAC services was housewives and engaged in agriculture (24.0%), most of them(82.5%) were from rural area. This is because although women living in rural community they want to make a small size family but still challenging to easily access the modern contraceptives devices as well as lack of awareness they are facing unwanted pregnancy and abortion is using as a means of birth spacing method. A study conducted by **Thapa and**

Padhye (2001) reported that women in Nepal desire a small family size, especially those living in urban areas. Although significant numbers of women practice contraception, induced abortion is also used, primarily to control family size and for birth spacing. Trikha (2001) reported that women in urban areas who had ever had an induced abortion tended to be younger, of lower parity and more educated than those in rural areas.

Nearly 69 per cent of the respondents' annual family income was less than NRs. 50000/- where only least percentages of the respondents (3.8 %) were lies in NRs.150000-200000/- which clearly indicates that lesser income group had higher unwanted pregnancy which diverted to higher abortion whereas higher income group had lesser unwanted pregnancy& lesser number of abortions. It may be because higher income group easily can afford and access contraceptive devices as well as the health service in time and they have enough money to plan their family.

CONCLUSION

It can be concluded that on the basis of results socio-demographic factors such as age, education, locality, occupation, family income etc. plays the significant role with women undergoing abortion under CAC/PAC services.

REFERENCES

- I. Andersen K, Ganatra B, Stucke S, Basnett I, Karki Y B, Thapa K. A prospective study of complications from comprehensive abortion care services in Nepal: *BMC Public Health*. 2012;12(9): doi: [10.1186/1471-2458-12-9](https://doi.org/10.1186/1471-2458-12-9).
- II. Duwadi N, and Shrestha P S.Safe abortion services in Nepal: some insights. *Nepal Medical College Journal*. 2007; 9 (1):
- III. Population, Health and Development (PHD) Group and FHD/Ipas-Nepal, Country Office Teku, Kathmandu, Nepal. An Exploratory Study of Complications from CAC: Improvement of the Quality of Comprehensive Abortion Care (CAC) Services in Nepal. 2008.
- IV. Pande S, Sharma M, Saha R, Thapa M, Shrestha N and Regmi D. Comprehensive abortion care service at Kathmandu Medical College – An experience. *Kathmandu University Medical Journal (2005) Vol. 3, No. 3, Issue 11, 225-229*.

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- V. Paudel P, Paudel L, Bhochhibhoya M, Amatya Viadhya S, Shah N and Khatiwada D. Pattern of Abortion Care in a Tertiary Level Maternity Hospital in Nepal. *Journal of Nepal medical Association*.2013; 52:191.
- VI. Shakya G, Kishore Cherry S, Barakd B J.Abortion Law Reform in Nepal: Women's Right to Life and Health. *Reproductive Health Matters*.2004;12(24):75–84.
- VII. Thapa S and Pandhye SM.Induced abortion in urban Nepal. *International Family Planning Perspectives*. 2001; 27(3):144-147&151.
- VIII. Trikha S.Abortion Scenario of Adolescents in North India City- Evidence from a Recent Study.*Indian Journal of Community Medicine*. 2001; 26 (1):
- IX. World Health Organization.Unsafe abortion incidence and mortality; Global and regional levels in 2008 and trends during 1990 –2008. 2008.
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