



Unsafe abortion among young people in Katete, Zambia

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ABSTRACT

The current research took place at Saint Francis Hospital. It is a hospital based health survey using semi-structured questionnaire. A total number of 39 youths participated in the study, including 28 adolescents (71.8%) and 11 older youths (28.2%). The majority were single and school going girls. 37% of adolescent had their first sex intercourse on the year following menarche. The average ages at menarche and first sex were 13 years and 15 years respectively for both groups. Most girls (61.5%) did not know their HIV status while 38.5% were HIV negative. All pregnancies were unplanned and unwanted, resulting in induced abortions. The majority of abortions were unsafe and unsanitary, conducted in the bush, in homes/villages, at school, and sometimes in drug shops. They were either self induced or conducted by lay providers. Only 28.6% of adolescent had used contraceptives in the past, mostly condoms; as compared to 54.5% of older youths. 67.9% of adolescents and 81.8% of older youths were involved in risky, unstable relationships (multiple and/or concurrent sexual partners). The common complications of abortions were: retained product of conception, sepsis, haemorrhage, shock, pelvic infection, and lacerations of the cervix. Projects and programmes aiming at addressing unsafe sex and reproductive health needs among young people are urgently needed.

Keywords: Unsafe, Induced, Abortion, Youth, Katete, Zambia

INTRODUCTION

Unsafe abortion is among the most neglected global sexual and reproductive health issues today.¹ This challenge needs an urgent public health and human rights attention. According to the lancet paper, unsafe abortion is defined by the World Health Organization (WHO) as a procedure to terminate an unintended pregnancy either by individuals without essential skills or in an environment without minimum medical standards or both.¹

The global abortion rate dropped from 35 to 29 (abortions per 1,000 women of reproductive age) between 1995 and 2003. This rate remained virtually constant (at 28) in 2008. Almost 50 percent of all abortions are unsafe throughout the world, and just about all unsafe abortions (98 percent) happen in

developing world. About 56 percent of all abortions in developing countries are unsafe, compared with only 6 percent in developed countries.²

Hospital admissions for abortion related complications (spontaneous abortion included) increased in Zambia to more than 10,000 in 2008 (from 5,600 in 2003). At least 50% of these reported complications were attributed to unsafe abortion. A study conducted in Lusaka, Zambia, revealed that approximately 15% of all maternal deaths were caused by unsafe abortion in 1993.³ This constitute a huge burden on the health care system and the society at large.

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In a study conducted at the University hospital in Lusaka (Zambia) among young women (13 to 19 years old), 61 percent of abortions were spontaneous and 39 percent were induced and unsafe.⁴ Approximately 60 percent of all adolescent pregnancies are unwanted in low income countries. In another study by Douglas Webb, pregnancies were commonly seen among adolescents in urban Zambia. Approximately two thirds of these pregnancies were unintended, ending in unsafe abortion.⁵

At Saint Francis Hospital, abortions are the leading cause of admissions in gynaecology ward. Young people suffer a disproportionate share of unintended pregnancies, sexually transmitted infections, and other reproductive health problems throughout the world. The aim of this study is to identify different youth reproductive health needs in Katete and formulate recommendations for positive response to it. The specific objective is to identify effective measures needed to prevent future abortions among youths.

METHODS AND MATERIALS

This study is a hospital based health survey. It was conducted from October to December 2014 at Saint Francis Hospital (Gynaecology ward). All youths (aged 12 to 24 years) who received post abortion care at the institution were informed about the study. Those who consented freely were included.

Interviews were conducted using a semi-structured questionnaire.

Collected data were further reduced into a meaningful form after verification for consistency. The study results were reported to the hospital research ethical committee and the provincial medical office in order to maximize its benefits. All information was kept confidential throughout the process and the identities of participants were not disclosed in the report.

Justification: unsafe abortions remain an important public health issue that needs immediate attention. An important number of women either suffer complications of unsafe abortion or die from it. Abortions constitute the number one cause of admissions in gynaecology ward at Saint Francis Hospital. Young people suffer an important share of it. Youths of today are a big potential for the society tomorrow.

RESULTS

A total number of 39 youths participated in the study. Among them, 28 were adolescent (12 to 19 years) representing 71.8%, and 11 were older youth (20 to 24 years) representing 28.2%. Eighty-seven percent of participants were single and most of them were school girls (61.5%).

Table 1 Marital and Social Status

Parameter	Adolescent	Older Youth	Total
Single	26	8	34
Married	2	3	5
Pupils	20	4	24
Students	0	1	1
Working	0	1	1
Housewives	2	2	4
Dropped Out of School	6	3	9

Ten adolescent (37%) had sex on the year following menarche, 14.8% on the second year following

menarche, and 7.4% had their first sex on the same year they had their first menses. 11.1% of adolescent



had their first sex one year before menarche, and 3.7% of teen girls had sex 3 years before menarche.

Table 2 Average Education Level, Age at Menarche and Age at First Sexual Intercourse

Parameter	Adolescent	Older Youth	Mean
Level of Education	Grade 4 – 12	Grade 3 – College	Grade 8
Age at Menarche	10 – 16 Years	11 – 16 Years	13 Years
Age at First Sexual Intercourse	10 – 19 Years	14 – 20 Years	15 Years

61.5% of youth did not know their HIV status while 38.5% were HIV Negative.

Table 3 HIV Status

Status	Adolescent	Older Youth	Mean
Unknown	16	8	24
HIV Negative	12	3	15
HIV Positive	0	0	0

All pregnancies were not planned among all age groups. 96.4% of adolescent were at their first pregnancies while 72.7% of older youth have been pregnant before. Only 28.6% of adolescent had used contraceptives in the past, mostly condoms, and one used combined oral contraceptives. The majority of

older youths (54.5%) used contraceptives in the past (condoms, pills, depot provera, and jadelle). 67.9% of adolescent and 81.8% of older youths were respectively involved with multiple and/or concurrent sexual partners.

Table 4 Other Parameters

Parameters	Adolescent	Older Youth	Mean
Unplanned Pregnancy	28	11	39
First Pregnancy	27	3	30
Use of Contraceptives in the Past	8	6	14
Multiple, Concurrent Sex Partners	19	9	28

Medical complications of unsafe/induced abortion

The following complications were registered among participants in order of frequency: retained products of conception, sepsis, haemorrhage, shock, pelvic infection, and lacerations of the cervix.

Reasons for termination of pregnancy

Adolescent: feeling too young to be a mother. Older youth: unwanted partner, protecting health of

existing children. Common in both groups: desire to continue with education, feeling ashamed, stigma of becoming unwed mother, fear of being abandoned or having been abandoned by partner, unable to afford having a baby, advised by partner/friend or parent, fear of parent, avoid revealing secret relationship, and wanting a better life/future.



Methods used to induce abortion

Self-induction with tablets such as: paracetamol, indomethacin, chlorpheniramine, cafenol, and contraceptive pills. Induction by lay providers: use of roots, boiled coca cola, herbal medicine, and sticks (including cassava sticks) by friends, mothers or grandmothers, and traditional healers. Rarely, injections were used by health providers/drug shop keepers.

Abortions were conducted mostly in the bush, in homes/villages, at school, and sometimes in drug shops.

DISCUSSION

The problem of unsafe abortion has been quoted in the literature.¹⁻⁵ This study highlights that adolescents in rural Zambia are very likely to have their first sex intercourse around menarche. They are a vulnerable group of people with physical physiologic changes, little knowledge about sex and safe sex, and at high risk of unwanted pregnancies, unsafe abortions, and sexually transmitted infections, including HIV-AIDS. These results suggest that special interest should be taken to address young people' reproductive health needs around this age. The health cost associated with complications of unsafe abortions is unsurprisingly high. Sexual life education and reproductive health promotion for young people are urgently needed. Preventing future abortions is the cornerstone element needed to address this health issue.

RECOMMENDATION

Two effective ways of preventing future abortions by preventing unwanted pregnancies among young people:

- 1) Primary prevention: preventing sex before wedlock by primary abstinence for youth who are not sexually active.
- 2) Secondary prevention: preventing unwanted pregnancy by promoting and providing easily available and accessible, consistent and correct use of quality contraceptives for sexually active youths. Also, secondary abstinence for those who have had sex.

These measures can be integrated with other interventions to achieve comprehensive healthy sexual and reproductive life among youths.

AUTHOR'S DISCLAIMER

The views expressed in this paper are those of the author and may not reflect the opinion of the employer.

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