

# **A Study on Unsafe Abortion Leading to Unnecessary Maternal Mortality**

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**Abstract:** *Global attention is increasingly being focused on the primary causes of maternal mortality and morbidity. WHO and other agencies involved in the Safe Motherhood Initiatives are working to identify practical solutions which can significantly reduce these tragedies. Complications resulting from unsafe abortion are an important cause of maternal mortality and morbidity. On a country specific basis deaths related to complications of unsafe abortion range from under 10% to almost 60% of maternal deaths . These statistics are all the more compelling as the majority of these deaths are preventable with currently existing, but not universally available, drugs, technologies and management systems. The World Health Organization has assisted Member States for more than 25 years in addressing the public health concerns surrounding unsafe abortion, including awareness raising, identification of priority areas for intervention, prevention of unsafe abortion through family planning information and services, and training of health workers. The Maternal Health and Safe Motherhood Programme of WHO convened a Technical Working Group of experts in the area of unsafe abortion. The research method followed is descriptive research. The data is collected through a questionnaire and therefore the sample size is 200 . Convenience sampling method is adopted within the study to gather the info . The samples were collected from my friends and relatives . The independent variables are gender, age group, education level of respondents, income and occupation. The dependent variables are reason for unsafe abortion, possible solution for avoiding unsafe abortion. The aim of the research is to analyse the reason for unsafe abortion.*

**Keywords:** Maternal mortality, Safe Motherhood, unsafe abortion, morbidity

## **I. INTRODUCTION**

Maternal mortality and morbidity are the leading causes of death and illness among women of reproductive age in many countries throughout the world. Efforts to reduce maternal deaths have been high. Unsafe abortion is defined as a termination of an unintended pregnancy by persons lacking the necessary skills, or in an environment lacking the minimum medical standards, or both. Globally, unsafe abortions account for 13% of all maternal deaths and contribute to significant morbidity among women, especially in under-resourced settings. Factors which contribute to the problem of unsafe abortion include restrictive abortion legislation, inadequate contraceptive services and poor health-service infrastructure. By addressing these factors, many maternal deaths could be prevented. Global attention is increasingly being focused on the primary causes of maternal mortality and morbidity. WHO and other agencies involved in the Safe Motherhood Initiatives are working to identify practical solutions which can significantly reduce these tragedies. Complications resulting from unsafe abortion are an important cause of maternal mortality and morbidity. On a country specific basis deaths related to complications of unsafe abortion range from under 10% to almost 60% of maternal deaths . These statistics are all the more compelling as the majority of these deaths are preventable with currently existing, but not universally available, drugs, technologies and management systems. Government initiatives are the Medical Termination of Pregnancy Act, 1971. Lack of knowledge of safe abortion services, Stigma of unplanned pregnancy, a mental desire to bear children only after marriage. Abortion (especially unsafe) may have serious health



consequences and cause complications such as hemorrhage, sepsis and uterine perforation. According to a United Nations (UN) report with data gathered up to 2019, abortion is allowed in 98% of countries in order to save a woman's life. Other commonly-accepted reasons are preserving physical (72%) or mental health (69%), in cases of rape or incest (61%), and in cases of fetal impairment (61%). The aim of the research is to analyse the reason for unsafe abortion.

#### **OBJECTIVES:**

- To analyse the reason for unsafe abortion
- To find out the solution for avoiding unsafe abortion
- To find out the reason for unsafe abortion leading to unnecessary maternal mortality.

#### **II. REVIEW OF LITERATURE**

Unsafe abortions refer to terminations of unintended pregnancies by persons lacking the necessary skills, or in an environment lacking the minimum medical standards, or both. Globally, unsafe abortions account for 67,900 maternal deaths annually (13% of total maternal mortality) and contribute to significant morbidity among women. **(Susan R.Fawcus,2008)**

In 2008, unsafe abortions accounted for an estimated 47 000 maternal deaths, down from 69 000 in 1990. Globally, the unsafe-abortion mortality ratio has declined from 50 in 1990 to 30 in 2008. The overall burden of unsafe abortion mortality continues to be the highest in Africa. **(Elisabeth Ahman Iqbal H.Shah,2011)**

In Ghana, despite the availability of safe, legally permissible abortion services, high rates of morbidity and mortality from unsafe abortion persist. Through interviews with Ghanaian physicians on the front lines of abortion provision, we begin to describe major barriers to widespread safe abortion. **(Carolyn M. Payne Michelle Precourt Debbink Ellen,2013)**

Malawian women in all sectors of society are suffering from social implications of unwanted pregnancy and unsafe abortion. Unwanted pregnancies occur among women who have limited access to family planning and safe abortion. **(Brooke A. Levandowski, Linda Kalilani-Phiri, Fannie Kachale, Paschal Awah, Godfrey Kangaude, Chisale Mhango,2012)**

Forty per cent of the world's women are living in countries with restrictive abortion laws, which prohibit abortion or only allow abortion to protect a woman's life or her physical or mental health. In countries where abortion is restricted, women have to resort to clandestine interventions to have an unwanted pregnancy terminated. **(Vibeke rasch,2011)**

Ending the silent pandemic of unsafe abortion is an urgent public-health and human-rights imperative. As with other more visible global-health issues, this scourge threatens women throughout the developing world. Every year, about 19–20 million abortions are done by individuals without the requisite skills, or in environments below minimum medical standards, or both. **(Prof, DrDavid AGrimes MDIqbal HShah PhD,2006)**

Unsafe abortion accounts for a significant proportion of maternal deaths, yet it is often forgotten in discussions around reducing maternal mortality. Prevention of unsafe abortion starts with prevention of unwanted pregnancies, most effectively through contraception. When unwanted pregnancies occur, provision of safe, legal abortion services can further prevent unsafe abortions. **(Kelly R.Culwella Barbara B.Craneb,2010)**

the adoption of appropriate strategies to reduce unsafe abortions is especially important, because in this country the proportion of maternal deaths due to abortion reached 28.7% during the period 1991–2001 [1]. The situation is even worse in the main public maternity hospital in the country, Pereira Rossell Hospital, where about one-fourth of all deliveries in the country are attended. **(L. Briozzo, G. Vidiella, F. Rodríguez,2006)**

An estimated 19 million unsafe abortions occur worldwide each year, resulting in the deaths of about 70,000 women. Legalization of abortion is a necessary but insufficient step toward improving women's health. Without skilled providers, adequate facilities and easy access, the promise of safe, legal abortion will remain unfulfilled, as in India and Zambia. **(David A Grimes,2003)**

Globally, at least 585, 000 women die each year by complications of pregnancy and child birth (1). More than 70% of all maternal deaths are due to five major complications: hemorrhage, infection, unsafe abortion, hypertensive disorders



of pregnancy, and obstructed labor. The majority of maternal deaths (61%) occur in the postpartum period, and more than half of these take place within a day of delivery(A Abdella,2015)

Despite abortion being legal, complications from induced abortion are the second leading cause of maternal mortality in Ghana. The objective of this study was to understand the decision-making process associated with induced abortion in Ghana.(Hilary M.Schwandt Michelle J.Hindin,2013)

Every year, an estimated 2.0–4.4 million adolescents resort to abortion. In comparison with adults, adolescents are more likely to delay the abortion, resort to unskilled persons to perform it, use dangerous methods and present late when complications arise. Adolescents are also more likely to experience complications. (A.Olukoya, AbouZahr 2001)

Unsafe abortion and associated morbidity and mortality in women are completely avoidable. This paper reports on an analysis of the association between legal grounds for abortion in national laws and unsafe abortion, drawing on an unpublished study and using estimates of the incidence of and mortality from unsafe abortion using information from the sources used to estimate the incidence of unsafe abortion and associated mortality in 2000.(Marge Berer,2005)

Over 99% of deaths due to abortion occur in developing countries. Maternal deaths due to abortion are preventable. Increasing the use of misoprostol for elective abortion could have a notable impact on maternal mortality due to abortion.(C.C.Harper P.D.Darney,2007)

Women who died of maternal causes experienced at least one delay in accessing care, with delays in seeking assistance as the most common, followed by delays in accessing and receiving quality care.(Melissa G. Rosenstein, Mariana Romero,2007)

Maternal mortality ratio in Nigeria is one of the highest in the world. This paper reports a facility based study in north-central Nigeria to determine the magnitude, trends, causes and characteristics of maternal deaths(I. A. O. Ujah, O. A. Aisien, J. T. Mutahir, D. J. Vanderjagt, R. H. Glew and V. E. Uguru,2005)

In Latin America, induced abortion is the fourth most commonly used method of fertility regulation. Estimates of the number of induced abortions performed each year in Latin America range from 2.7 to 7.4 million, or from 10 to 27 percent of all abortions performed in the developing world. (John M. Paxman, Alberto Rizo, Laura Brown and Janie Benson,1993)

Abortion and infection related maternal deaths have declined significantly in the last decade. Obstructed labor continues to be the major cause of maternal deaths; maternal deaths due to hypertensive disorders and hemorrhage showed an increasing trend. The findings in this review were somehow comparable with the WHO analysis for Africa in the same period with the exception of obstructed labor.(Y Berha,A Berhan.2014)

Complications from unsafe abortion are believed to account for the largest proportion of hospital admissions for gynaecological services in developing countries. The WHO estimates that one in eight pregnancy-related deaths result from unsafe abortions.(DrSusheela Singh,2006)

The latest World Health Organization data estimate that the total number of unsafe abortions globally has increased to 21.6 million in 2008. There is increasing recognition by the international community of the importance of the contribution of unsafe abortion to maternal mortality.(Kelly R. Culwell, Manuelle Hurwitz.2013).

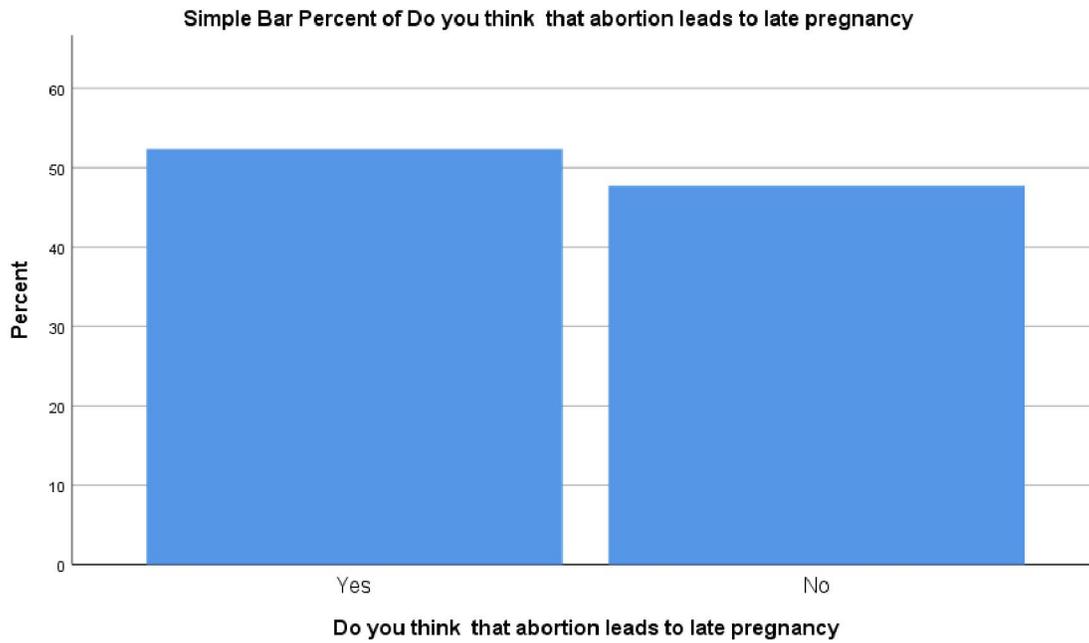
### III. METHODOLOGY

The research method followed is descriptive research. The data is collected through a questionnaire and therefore the sample size is 200 . Convenience sampling method is adopted within the study to gather the information .The independent variables are gender, age group,education level of respondents, income and occupation. The dependent variables are reason for unsafe abortion, possible solution for avoiding unsafe abortion.



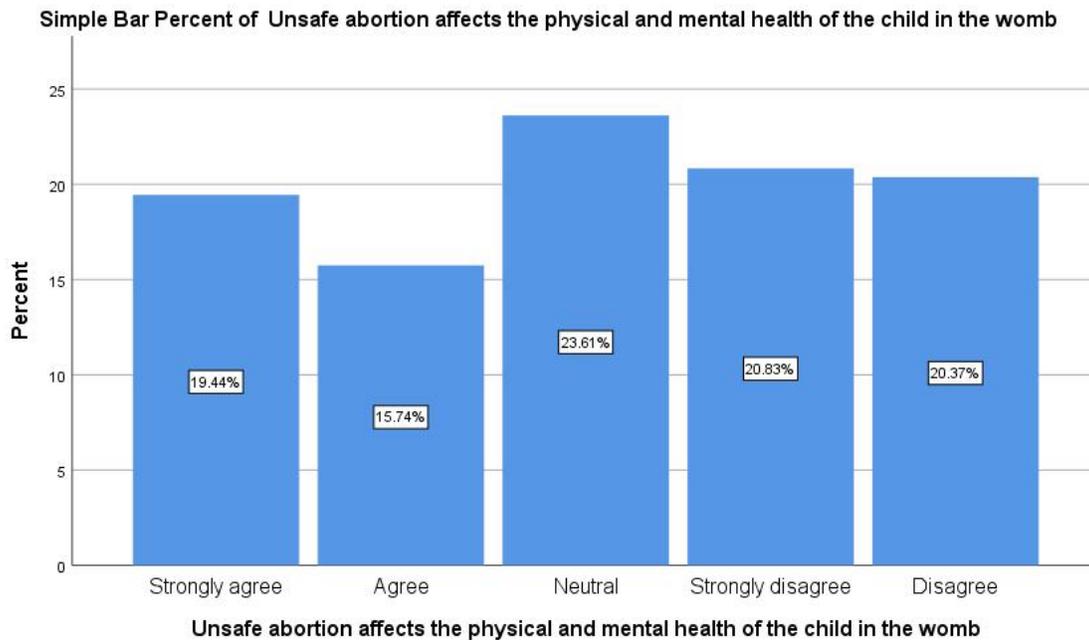
**IV. ANALYSIS**

**FIGURE 1**



**Legend:** Figure 1 it shows the opinion of respondents on abortion which leads to late pregnancy.

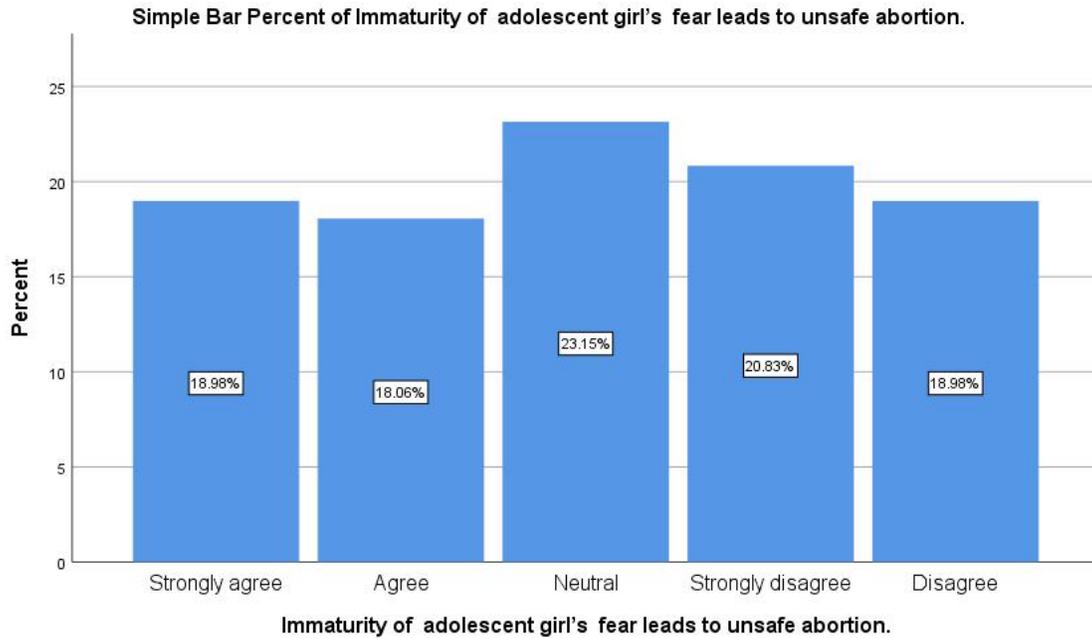
**FIGURE 2**



**Legend:** Figure 2 shows the opinion of respondents on unsafe abortion affects the physical and mental health of the child in the womb.

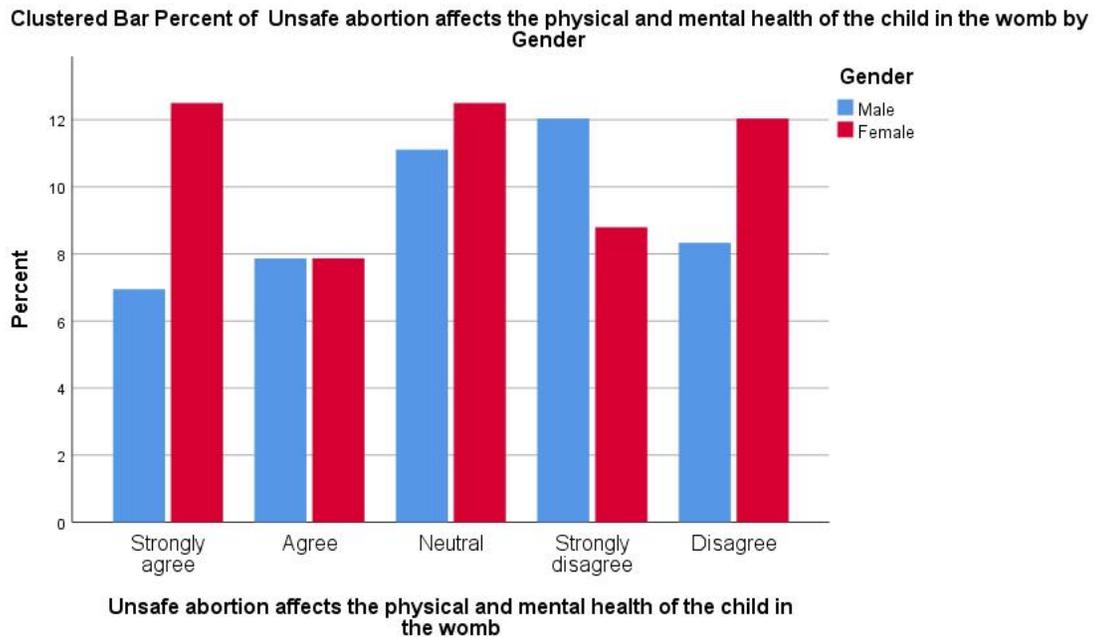


**FIGURE 3**



**Legend:** Figure 3 shows the opinion of respondents on immaturity of adolescent girls fear led to unsafe abortion.

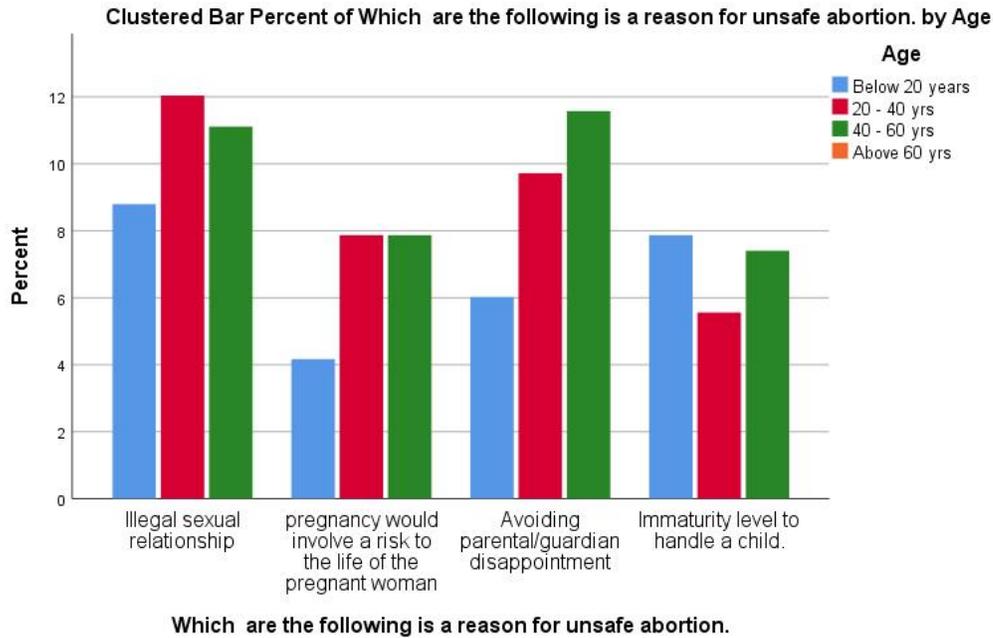
**FIGURE 4**



**Legend:** Figure 4 shows the opinion of respondents on unsafe abortion affects the physical mental health of children in the womb by gender.

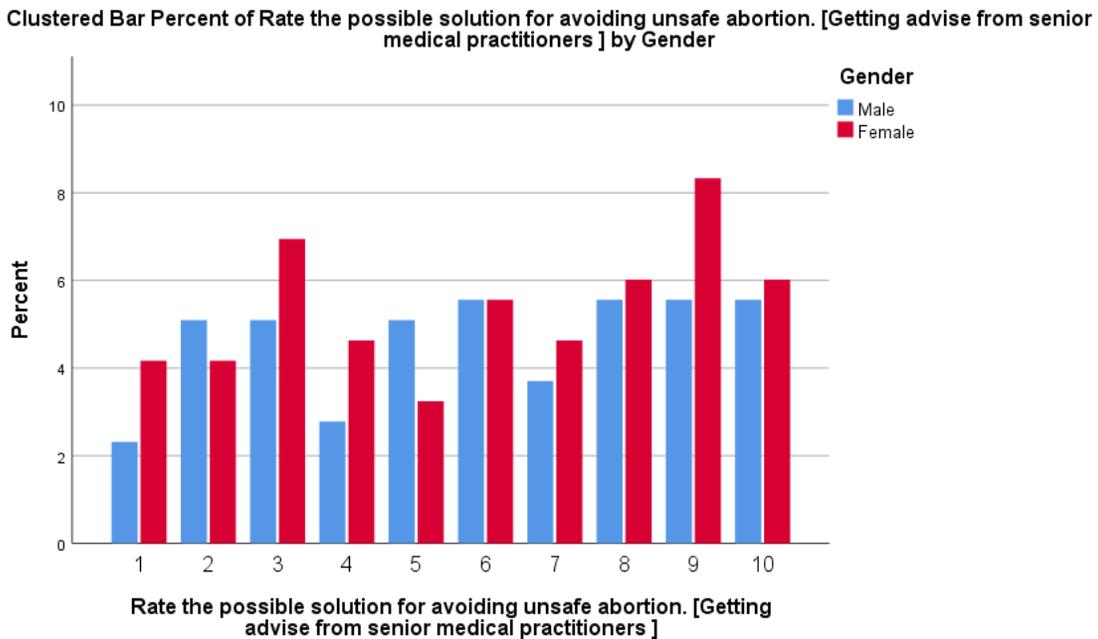


**FIGURE 5**



**Legend:** Figure 5 shows the opinion of respondents on reason for unsafe abortion by age.

**FIGURE 6**

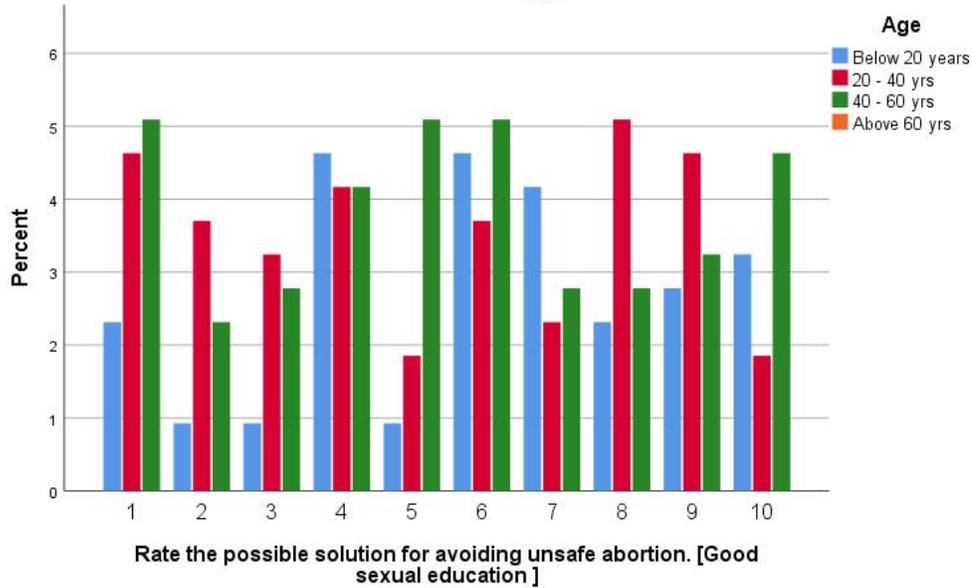


**Legend:** Figure 6 shows the opinion of respondents on solution or unsafe abortion(getting advice from senior medical practitioners) by gender.



**FIGURE 7**

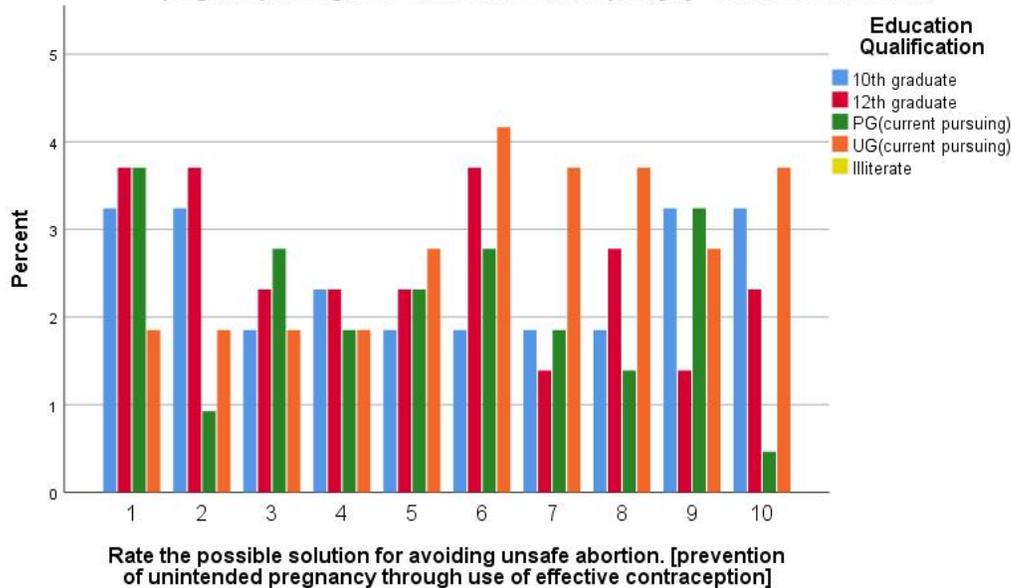
Clustered Bar Percent of Rate the possible solution for avoiding unsafe abortion. [Good sexual education ] by Age



**Legend:** Figure 7 shows the opinion of respondents on solution for unsafe abortion(good sexual education) by age.

**FIGURE 8**

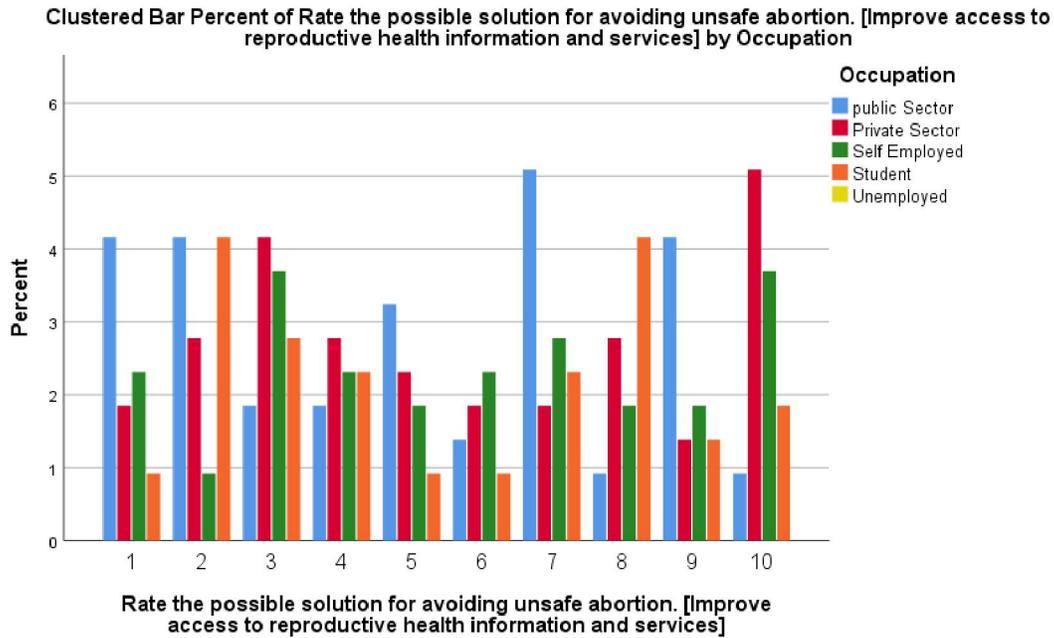
Clustered Bar Percent of Rate the possible solution for avoiding unsafe abortion. [prevention of unintended pregnancy through use of effective contraception] by Education Qualification



**Legend:** Figure 8 shows the opinion of respondents on solution for unsafe abortion(prevention of unintended pregnancy through use of effective contraception) by education qualification.

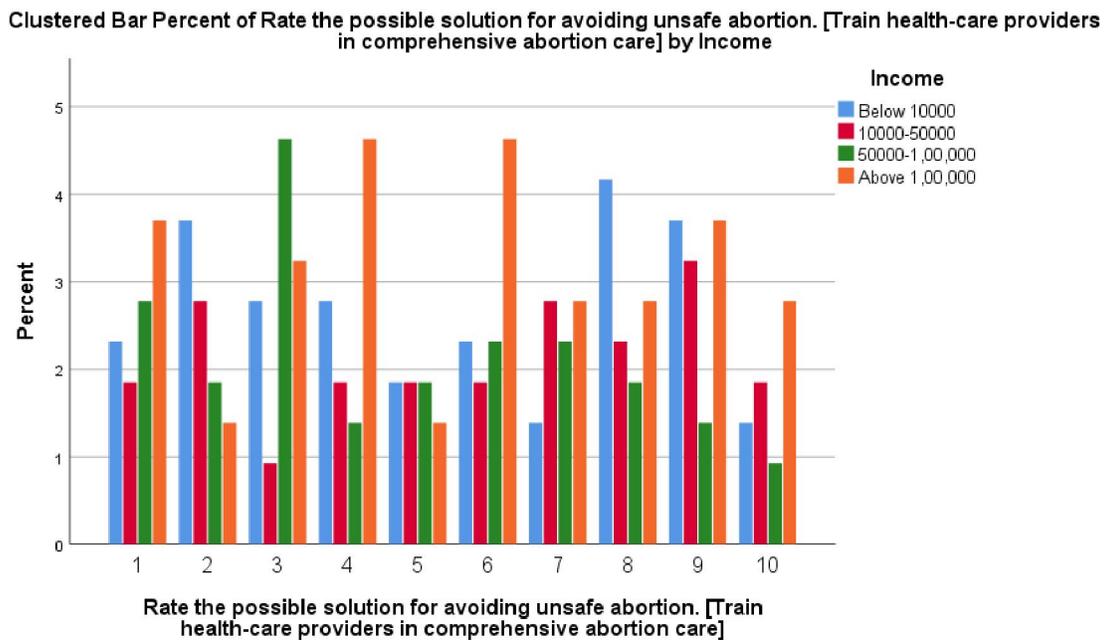


**FIGURE 9**



**Legend:** Figure 9 shows the opinion of respondents on solution for unsafe abortion(improve access to reproductive health information and services) by occupation.

**FIGURE 10**



**Legend:** Figure 10 shows the opinion of respondents on solution for unsafe abortion(train health care providers in comprehensive abortion care) by education qualification



## V. RESULTS

It is clear from the **figure 1** that 54% of respondents are agreeing to the statement abortion leads to late pregnancy. It is clear from **figure 2** that 23.61% of respondents are neutral to the statement and 20.83 percent are strongly disagreeing with the statement. It is clear from the **figure 3** that 23.15% of respondents are neutral to the statement. and 20.83 percent are strongly disagreeing to the statement. It is clear from the **figure 4** that the unsafe abortion affects the physical mental health of children in the womb, The female respondents are neutral to the statement and male respondents are strongly disagree to the statement. It is clear from the **figure 5** that the respondent of the age group 40 to 60 years highly supporting avoiding parent or guardian disappointment is and reason for unsafe abortion. It is clear from the **figure 6** that the female respondents gave a 9 rating to the statement that getting advice from senior medical practitioner is a solution for avoiding unsafe abortion. It is clear from the **figure 7** that the statement, respondents of age group for 20 to 40 years give 8 rating to the statement that giving good sexual education is a solution for avoiding unsafe abortion. It is clear from the **figure 8** that the respondents of the UG give 6 rating to the statement that prevention of unintended pregnancy through use of effective contraception is a solution for avoiding unsafe abortion. It is clear from the **figure 9** that the respondents of private sector give 7 rating to to the statement that improve access to reproductive health information and services is a solution for avoiding unsafe abortion. It is clear from the **figure 10** that the respondents of income group above 1,00,000 rate the statement that the train healthcare providers in comprehensive abortion care is a solution for avoiding unsafe abortion.

## VI. DISCUSSION

**Figure 1**, This particular figure shows that the abortion leads to late pregnancy and 50% of the respondents accepts to it because the female who are been pregnant does not have enough physical and mental condition to bare the child so the abortion is to be done to safeguard the mother from thier physical condition they are been protected that termination is the better way to protect them. **Figure 2**, this figure shows about some of the female are been nowadays get pregnant in their early stages of their puberty and they don't go for the proper treatment for terminating the pregnancy so they adopt for the unfair methods to terminate the pregnancy and 19.8% strongly agrees that by adopting unfair methods to which could affect their physical and mental health of the women gets degraded. **Figure 3**, The particular figure shows a poor when are women in her earlier status stages got pregnant and due to the unfair practices which has been made it could affect the child in the womb were and it also affect the physical and mental health of the baby in the womb gets affected which has been stated as a great problem and it should be avoided by choosing fair practices and we should give counselling to women childrens and 18.96% agrees to it. **Figure 4**, this figure shows about some of the female are been nowadays get pregnant in their early stages of their puberty and they don't go for the proper treatment for terminating the pregnancy so they adopt for the unfair methods to terminate the pregnancy and 19.8% strongly agrees that by adopting unfair methods to which could affect their physical and mental health of the women gets degraded which had been made through unfair practices could make the baby to get terminated which has been made through gender variable and there is a high supports from the male because they could understand the feelings. **Figure 5**, this figure shows the opinion of respondents on reason for unsafe abortion by age that the respondent of the age group 40 to 60 years highly supporting avoiding parent or guardian disappointment is and reason for unsafe abortion. The parent plays an vital role for the termination of the pregnancy and they should make them to think wise and avoid the termination of pregnancy whereas if a female has becomes pregnant she is not mentally fit to bare the child we have to reduce the effect where there are been Nitin proper stage and age group 40-60 highly supports to it. **Figure 6**, this figure shows the opinion of respondents on solution or unsafe abortion (getting advice from senior medical practitioners) by gender. that the female respondents gave a 9 rating to the statement that getting advice from senior medical practitioner is a solution for avoiding unsafe abortion. Whereas during the pregnancy occurs to the female they don't know how to tackle it so they move onto u fairlactices before that they must require physical and mental advice from the doctors to tackle the situation. **Figure 7**, shows the opinion of respondents on solution for unsafe abortion (good sexual education) by age that the statement, respondents of age group for 20 to 40 years give 8 rating to the statement that giving good sexual education is a solution for avoiding unsafe abortion sex education is one of the most essential one which should be given to both male and female to avoid the earlier pregnancy and to avoid unnecessary termination which is been given



through it has proper methods to be adopted. **Figure 8**, shows the opinion of respondents on solution for unsafe abortion(prevention of unintended pregnancy through use of effective contraception) by education qualification.that the respondents of the UG give 6 rating to the statement that prevention of unintended pregnancy through use of effective contraception is a solution for avoiding unsafe abortion effective contraception supported by the UG student because they are been outshined to sex education which gives us the clearway to avoid the pregnancy in earlier stages. **Figure 9**, shows the opinion of respondents on solution for unsafe abortion(improve access to reproductive health information and services) by occupation that the respondents of private sector give 7 rating to to the statement that improve access to reproductive health information and services is a solution for avoiding unsafe abortion. **Figure10**,shows the opinion of respondents on solution for unsafe abortion(train health care providers in comprehensive abortion care) by education qualification that the respondents of income group above 1,00,000 rate the statement that the train healthcare providers in comprehensive abortion care is a solution for avoiding unsafe abortion. Because such contraception could make the female to think about the family situation which is more important for a women to carry the child in womb which is been a mandatory to avoid the pregnancy where it is been supported by the income below₹100000 makes to clearly understand about it.

#### LIMITATIONS:

The Major limitation of the study is the sample frame. The sample frame Collected through bus stands,malls,etc. where the respondents aren't devoted enough to answer the questions. The restrictive area of sample size is yet another drawback of the research.The foremost downside whilst presenting the research topic is that not many people are wise enough to distinguish feminism from the idea of hating men which shows clear lack of awareness.

#### VII. CONCLUSION

Maternal mortality and morbidity are the leading causes of death and illness among women of reproductive age in many countries throughout the world. Efforts to reduce maternal deaths have been high.Unsafe abortion is defined as a termination of an unintended pregnancy by persons lacking the necessary skills, or in an environment lacking the minimum medical standards, or both. Global attention is increasingly being focused on the primary causes of maternal mortality and morbidity. WHO and other agencies involved in the Safe Motherhood Initiatives are working to identify practical solutions which can significantly reduce these tragedies. Complications resulting from unsafe abortion are an important cause of maternal mortality and morbidity. On a country specific basis deaths related to complications of unsafe abortion range from under 10% to almost 60% of maternal deaths . These statistics are all the more compelling as the majority of these deaths are preventable with currently existing, but not universally available, drugs, technologies and management systems. Major objectives are to find whether abortion leads to late pregnancy, to analyse the reason for unsafe abortion and to find possible solution for avoiding unsafe abortion. On the basis of the results of the Technical Working Group's meeting the WHO Maternal Health and Safe Motherhood Programme should undertake the following actions: Publish the report of the meeting; Publish a discussion of the meeting in the Safe Motherhood Newsletter; Produce the clinical guidelines on the management of emergency abortion care, with accompanying managerial guidelines and decision trees; Collaborate with other agencies globally to implement and test the suggested improvements in service delivery.

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