
Correlation of unsafe abortion and HIV Seropositive status among Women of reproductive age in a National Referral Hospital in Kenya

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Abstract

Introduction: Unsafe abortion is a leading cause of maternal morbidity and mortality in Kenya. In the developing world approximately 35 million people live with HIV/AIDS. The aim of this study was to establish the correlation between unsafe abortion and HIV seropositive status.

Methods: This was a cross sectional study. Participants were selected using simple random sampling. Data was collected using a self-administered questionnaire and analyzed using SPSS version 21.0 at a statistical threshold of $p < 0.05$.

Findings: Seventy-two women of reproductive age participated in the study. Proportion of unsafe abortion was high among respondents aged 20 years. Among 56% of the participants who had ever been pregnant, 66% procured an unsafe abortion. The study depicted an association between knowledge of HIV status and the participants decision to procure unsafe abortion ($p = 0.0023$). Similarly, women who had ever had an abortion in their previous pregnancies were more likely to procure an abortion on learning their HIV seropositive status (OR- 8.504, $p < 0.0001$).

Conclusion: HIV seropositive status influences women's decision to procure unsafe abortion. Therefore, there is need for improved access to sexual and reproductive health services within the four-pronged context of elimination of Mother to Child Transmission (eMTCT).

Key words: *Unsafe abortion, HIV Seropositive, Reproductive age*

Introduction

World Health Organization (WHO) defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both (Van Look & Cottingham, 2013). Globally, there are 28 abortions for every 1,000 women of childbearing age, and studies show that abortion accounts for 13% of women's deaths during pregnancy and childbirth (Gynecologists, 2014). Unsafe abortions are a major factor which accounts

for up to 14% of all maternal deaths worldwide. An estimated 464,690 induced abortions occurred in Kenya in 2012, which corresponded to an induced abortion rate of 48 abortions per 1000 women of reproductive age (15-49 years). (African Population and Health Research Center & Health, 2013). According to a Kenyan national hospital report, 40 abortions are conducted every month; in 2010 the total number of unsafe abortions recorded at the hospital was 514.

Abortion is one of the leading causes of maternal morbidity and mortality across the world due to complications such as severe per vaginal bleeding, incomplete abortion, septic abortion, infertility and death (Chi, Hanh, Rasch, & Gammeltoft, 2010). Globally, 8.5 million women suffer from complications of unsafe abortions each year and the largest proportion of the complications occurs in Africa (Sedgh, 2010).

Kenya is no different, findings of a Kenyan national study revealed that an estimated 266 deaths occurred per 100,000 women due to unsafe abortions. Most abortions are conducted in clandestine environments using crude methods like ingesting pesticides, high dosages of other therapeutic drugs and herbal cocktails. Many women end up having complications from these procedures. They are therefore admitted for post abortion care. Post abortion care puts severe stress on health infrastructure. This include economic burden caused by complications of abortion which lead to high medical expenses, social costs incurred due to stigma and isolation. The health care system uses plenty of its resources for post abortion care.(African Population and Health Research Center & Health, 2013)

While this is the scenario, literature indicates that majority of the women who have unplanned pregnancies considered abortion as an option after they were diagnosed to being HIV positive. (Iliyasu et al., 2009) Human Immunodeficiency Virus (HIV) as a virus which infects cells of the immune system, destroying or impairing their function. The prevalence of HIV in Kenya remains a challenge as the incidence of HIV increases among women of reproductive age. (KAIS,2014)

Little has however been documented on linking abortion and HIV/AIDS, yet the abortion rates remain high hence informing the researchers decision to embark on this

study. Specifically, researchers aim was to establish the prevalence of HIV among patients presenting with unsafe abortion and to determine the factors influencing taking up an abortion among HIV positive women.

Methods

This was a cross sectional study carried out in Kenyatta National Hospital (KNH), Kenya conducted between July and November 2014. Seventy-two study participants consisting of women of reproductive age (15-49 years) admitted at the gynecology ward due to unsafe abortions were sampled via simple random sampling, and a semi structured self-administered questionnaire administered. Quantitative data was then managed and analyzed using the Statistical Package for Social Science (SPSS) version 21.0. Statistical significance was set at $p < 0.05$. Permission to carry out the study was sort and obtained from the KNH/UON Ethics and Research Committee. Data interpretation was done, and data presented in form of tables and graphs

Findings

Socio demographic characteristics of the study participants

Majority of the participants were aged between 21-25 years with the mean age of the study participants being 25.8 years. Forty three percent (43%) of the participants were married; the mean marriage age for the women ever married participating in the study was 21.1 (SD=3.3). Sixty eight percent (68%) of the participants got married between the ages of 18 – 23 years. Fifty-six percent of the women interviewed had ever had a pregnancy and of these, 66% had ended in an unsafe abortion while 9% had ended in a miscarriage.

Majority of the participants (52%) had at least secondary school education and 73% were employed. Noteworthy is that all the participants had prior knowledge on

voluntary testing and counseling for HIV/AIDS. 29% were HIV positive, 67% were HIV negative and 4% of the participants had not been tested for HIV. Table 1 describe the social demographic characteristics of the study participants.

Table 1: Social demographic characteristics of the study participants.

Socio-demographic characteristics	status	N= 70 %
Age	21-25 years	35%
Marital status	Married	43%
Education level	Secondary	52%
Employment status	Employed	73%
Religion	Christians	86%
Parity	Ever been pregnant	56%

Prevalence of the abortion

Among 56% of the participants who had ever been pregnant, 66% procured an unsafe abortion. Forty-seven per cent of the study participants who had an unsafe abortion planned to procure the abortion while 52% had not planned. Of the participants who planned to procure an unsafe abortion, 71% aware of a woman who successfully procured an abortion, mostly a friend, further 30 % would attempt the abortion again in case they accidentally got pregnant as further illustrated in figure 1.

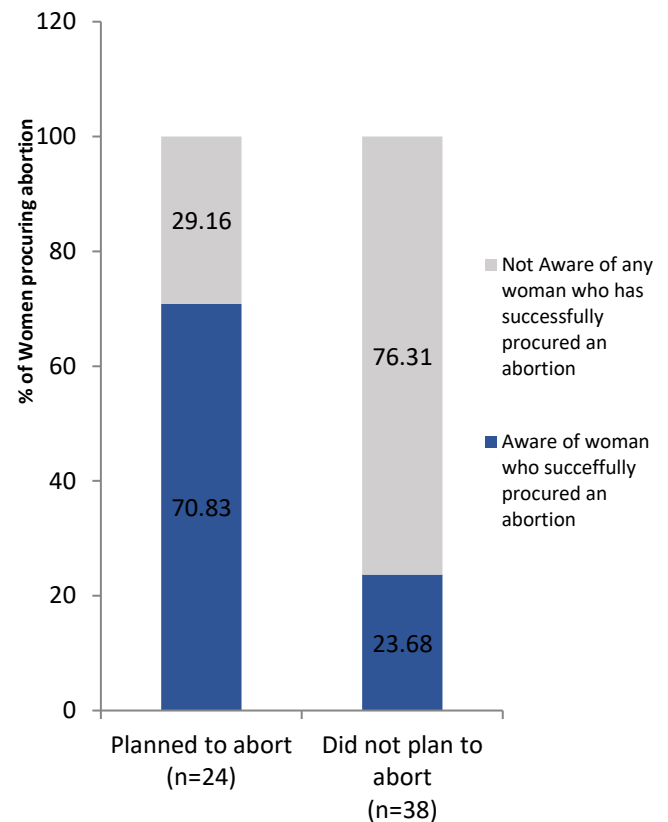


Figure 1: Prevalence of unsafe abortion among the participants

Reasons for abortion by HIV positive participants.

Twenty nine percent of study participants who were HIV seropositive, 68% reported that the most compelling reason for undertaking an abortion was their HIV seropositive status. As further described in Figure 2, personal values, social pressures and economic pressures were noted as compelling reasons for abortion among the HIV positive participants. Other reasons for choosing abortion included lack of partner support and health related problems.

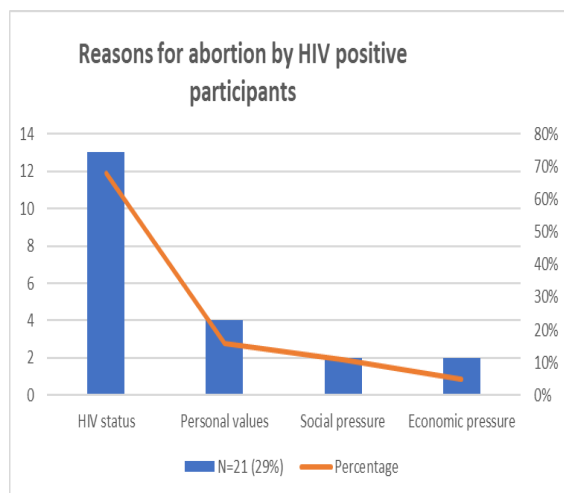


Figure 2: Reasons for abortion by HIV positive participants.

Factors associated with procurement of abortion

There was an association between being HIV seropositive and the participants decision to procure unsafe abortion ($p=0.016$). Similarly, participants who had been pregnant before were 8 times more likely to procure an unsafe abortion; There was an association between previous pregnancy and the participant's abortion decision (OR- 8.504, $p< 0.0001$).

Discussion

Results from this study show that the mean age of the study participants was 25.8 years. This is like a survey conducted in Ghana which showed the incidence of abortion was high among 20-24-year-old and lower in each successive age groups. (Sedgh, 2010).

Most of the participants in this study had undergone formal education with 75% attending secondary education and above. Similarly, (Narendra, 2010) also noted that the level of education and pursuit for education impacts strongly on a woman's decision to terminate a pregnancy. However, in this study, the level of education was not associated with the participants' decision to procure an abortion.

The study results indicated that there was an association between abortion in the previous pregnancies and the choice of procuring an abortion. This is supported by (Hussain, 2013) who found that wealthier women had a higher tendency of procuring an unsafe abortion and that women who had aborted before were more likely to abort their subsequent pregnancies.

The study revealed that HIV status of a woman determined participant's choice of procuring an abortion or not. Sixty-eight per cent of the women gave HIV status as a reason to carry out an abortion. This agrees with a study that was carried out in Vietnam on induced abortion among HIV positive women which revealed that women feared leaving their children behind after they died. (Chi et al., 2010)

Personal values came out strongly after HIV status as reasons why women procured abortions. Some reasons that the women gave were in line with a study by Orner et al in South Africa which revealed that lack of support from male partners or families led to inadequate care for a child thus prompted some women to seek an abortion. Others did not want a child and they were also not ready to have one. (Orner, de Bruyn, & Cooper, 2011) Another personal reason the women gave was that they faced disapproval if they became pregnant in their positive HIV status, hence they sought abortions.

Most of the women (22%) stated that low source of income was the reason they opted to abort this results correlates to the findings of (Dehlendorf, Harris, & Weitz, 2013) and (Draogo & Sundby, 2014) which found that the most common reasons why women sought for abortion was low finances for taking care of their children.

Sixteen percent of the women alluded to personal reasons to abort. Majority stated that

social pressure played a role in their abortion decision and the desire to delay childbearing.

Conclusion and Recommendations

There is an unmet need for family planning services among HIV positive women. HIV seropositive status of a woman highly influences their decision to procure unsafe abortion. There is need to strengthen targeted contraceptive approaches for all pregnant women and women living with HIV/AIDS and enhance messages on contraceptive use and safe sex practices especially among women ages 21-25 years.

The research findings of this study provide evidence base for enhancing policy formulation and service provision to women seeking reproductive health services. Specifically, integration of contraceptive services and HIV services. This will in turn contribute to a reduction of new HIV cases and unsafe abortions.

Relevance to Nursing and Midwifery

This study is relevance to nursing and midwifery as the profession gears towards achieving a healthy mother and a healthy neonate. This will in turn reduce maternal mortality rates, neonatal mortality rates, unmet need for contraception, and new HIV infections. The findings in the study will facilitate advocacy on prevention and promotion of safe and satisfactory reproductive health for all as stated in UN Sustainable Development Goals 3.7, 4 and 5.

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