

ORIGINAL RESEARCH ARTICLE

Knowledge and attitude of women of childbearing age towards the legalization of abortion, Ethiopia

Shimelash Bitew *¹, Samrawit Ketema¹, Minyiehal Worku¹, Mustefa Hamu¹, Eskindir Loha¹

1. Hawassa University College of Medicine and Health Sciences, Department of Public and Environmental Health, Ethiopia

ABSTRACT

Background: Unsafe abortion is the 3rd most common cause of maternal morbidity and mortality in our country. So as to decrease these, our country puts legislations on abortion practices. To make application of this legislation knowledge and attitude of the society is very important. **Objective:** To assess the knowledge and attitude of women of childbearing age towards abortion and its legalization in Yirga Cheffe town. **Method:** A community based cross sectional study was done in Yirga cheffe town SNNPR from march29-April 10, 2010. We have 422 total sample sizes, out of these pretest was done by taking 5%. We selected our study subjects by systematic random sampling method. We analyze the data by using scientific calculator and computer. Chi square and other statistical tests were used. **Result:** The response rate was 97.3%. The respondent was in the age range of 15-49years. The mean age of respondents was 26 years in a range of 25-29 years. Of the respondents 78.21% have knowledge about abortion and its complication. Out of total respondents that use family planning currently is 57.18% and that know about emergency contraceptive were 39.49%. This study shows 48.9% have knowledge about the legalization of abortion. From these 61.17% had a positive attitude on the legalization of abortion and the rest 33.51% had negative attitudes on the legalization of abortion and. Around 5.32% had a neutral idea. **Conclusion:** Generally from this study, we can conclude that above half had knowledge about abortion and its complication, almost half had knowledge about the legalization of abortion. From these 61.17% agreed on legalized abortion law.

Keywords: Abortion, Attitude towards Abortion, Knowledge about Abortion complication.

Address for correspondence:

Shimelash Bitew *

Hawassa University College of Medicine and Health Sciences, Department of Public and Environmental Health, Ethiopia.

E-mail: sbitew0@gmail.com

INTRODUCTION

Each year half a million mother's die due to maternal causes, of which 99% occur in developing countries and from this 84%, is in sub-Saharan Africa and south Asia. The leading causes of

maternal death include hemorrhage (25%), infection (15%) and unsafe abortion (13%).¹

Each year greater than 42 million pregnancies are terminated due to various reasons. Of this 22 million occur in countries where abortion is legalized and in safe ways. The rest 20 million occur mostly in the developing countries where abortion is not legalized and in unsafe ways.² Ethiopia is the 5th in maternal mortality according to the WHO 2005 report and unsafe abortion accounts for 32 % of the causes of maternal death. It is also one of the top 10 reasons for mothers to seek hospital admission in Ethiopia.³

Besides maternal mortality, unsafe abortion causes other serious complications like hemorrhage, sepsis, uterine perforation, lower genital tract trauma disseminated intra vascular coagulation, shock, renal and cardiac failure which may result in permanent disability and incapacitating condition like infertility and psychological problem.⁴

The main determinants of unsafe abortion are: prevalence of family planning, emergency contraceptive, legalization of abortion and the skill of the health professionals.^{2,3}

Unsafe abortion can be prevented and reduced by expanding and improving family planning services and choice. Many married women in developing countries do not have the access to the contraceptive methods of their choice. This

situation is even more difficult for unmarried women particularly adolescents. Contraceptive services are often unable to meet the growing demand of couples for fertility regulation, resulting in an increased number of unplanned pregnancies some of which are terminated by inducing abortion. In Ethiopia the percentage of women aged 15-49 who currently use a modern method of contraceptive is very low, at only 9.7%, as is the percentage of married women using any modern method of contraception, estimated as 13.9%.⁵

The other determinant factor for unsafe abortion is the legalization of abortion. It reduced the probability of women to seek for traditional abortion practices which are performed by untrained professionals in a place that does not meet the minimal medical standards or both and also decrease the chance of gaining access to post abortion care, so that there will be a high incidence of complications. In legalizing abortion certain condition like culture, religion, educational status and poverty must be considered.⁶

Literature from developing countries show that legalization of abortion is based on the right to life, the right of women, the right of liberty and the right of reproductive health.⁶ In our country before, May 2005 there was a strict rule against abortion which only considers maternal conditions to perform an abortion. After May 2005 there is a new provision of law regarding abortion which is stated in the

criminal code of Ethiopia article 551/2005. This article considers abortion in certain cases such as pregnancy from rape, incest, congenital anomalies of the fetus which is incompatible with life and maternal physical and mental health.⁷

So as to decrease the maternal mortality from unsafe abortion and the immediate and late complications of abortion, our country put legislations on the abortion practices. To practices this legislations the knowledge and attitude of the population is important. This facilitates us to assess the knowledge and attitude of childbearing age women as these are the most stakeholders. Therefore the aim of this paper is to assess their knowledge and attitude of childbearing age women about an abortion legalizations, in relation to their culture, religion, educational status and etc. Generally to know the most determinant factors which affect their knowledge and attitude?

MATERIALS AND METHODS

Study area profile

Southern nations, nationalities and people region (SNNPR) is one of the main 9 regional states and 2 administrative council of Ethiopia. Gedeo is one of the 13th zones in SNNPR. Y/Cheffe town is the second biggest town in Gedeo zone. It has an area of 205km which is 15.22% of the zone and it is a town on the altitude between 1750 – 1500 m above sea level. The town has irregular topography, and it

is located 395km to south of Addis Abeba along the main road to Moyale and 125km from South of Hawassa. The climatic condition is Woyna dega. The mean amount of rainfall is 106mm and means annual temperature is 250oc. The town has 3 kebele, according to the 2000 national census of Ethiopia the population of the town is 22,282 with a growth rate of 2.9% and there are 10,853 females and 11,424 males. Females with an age range of 15 – 49 are 5677. They are 25.48% of the total population

Study design

A community based cross sectional study is conducted from March 29 – April 10, 2010. All women residing in Yirga cheffe town were studying the population. Women of childbearing age group (between 15 – 49 years) are physically and mentally capable.

Sampling procedure

The sample size was calculated by single population formula. P is 50% and 95% confidence interval and add 10% non-response rate. We have 422 total sample sizes. Pretest was done by using the pre tested structured questionnaire in another Keble. We selected one from the total three kebeles by using simple random sampling. Then we mark the total 1336 households and using systematic random sampling ($K=N/n$, $1336/401=3.3$). We interview every 3rd house until we got 401. The

women interviewed in the household were selected by lottery methods. Data was collected by using a structured questionnaire which was prepared by English and translated to the study subject. Data collection was done by 4 graduating public health officer students. After collection of the data it was discussed among the group members and cross check up was done for completeness and internal consistency daily.

Variables

Dependent variables include Knowledge and attitude toward the current abortion practice. Independent variables include socio demographic characteristics, Family planning and previous abortion history.

Ethical considerations

Prior to the data collection we was took ethical clearance from Hawassa University college of

medicine and health science CBE office and kebele administration. We were also asked the willingness of the child bearing age women to voluntarily fill our questionnaire properly. Then we were in from each respondent about the objective of study briefly and inform the rights to stop either the interview or answering the question at any time.

RESULTS

The response rate is 97.3%. The mean age of the respondents was 26 years with the range 25 – 29 years. From total respondents Gedeo is the dominant ethnicity which accounts for 114 (29.23%). Amhara is the 2nd dominant which is 98 (25.13%). Of the total respondents orthodox is the dominant religion which is 206 (52.82%) followed by Protestant 97 (24.87%) and the other? Almost above half of the respondents were married 222 (56.92%) for the rest 131 (33.59%) is single and others (see table 1).

Table 1: Socio Demographic Characteristics in 02 Kebele of Yirga Cheffe, March, 2010

Variable	Response option	Number	%
Age	15 – 19	112	28.71
	20 – 24	98	25.13
	25 – 29	71	18.20
	30 – 34	37	9.45
	35 – 39	33	8.46
	40 – 44	22	5.64
	45 – 49	17	4.30
Ethnicity	Gedeo	114	29.23

	Oromo	72	1846
	Amhara	98	25.13
	Gurage	50	12.82
	Silte	25	6.41
	Sidama	18	4.62
	Others	13	3.33
Religion	Orthodox	206	52.82
	Muslim	70	17.95
	Protestant	97	24.87
	Catholic	17	4.36
Marital Status	Single	131	33.59
	Married	222	56.92
	Divorced	23	5.91
	Widowed	14	3.59
Occupation	Housewife	159	40.77
	Civil servant	51	13.08
	Labor worker	29	2.44
	Merchant	79	20.26
	Student	60	15.38
	Others	12	3.08
Educational status	Unable to read & write	79	20.26
	Read and write only	56	14.36
	Primary school	73	18.72
	Secondary school	132	33.85
	College	50	12.82
Monthly income	<250	198	50.77
	251 – 500	67	17.18
	501 – 1000	77	19.74
	>1000	48	12.31

Of total respondents 205 (52.56%) of them have children of 1 – 3, 83 (21.28%) of them have 4 - 6 children, 34 (8.79%) have 7 – 9 children and 13 (3.33%) have more than 10 children but 55 (14.10%) have no children.

Of the total respondents 223 (57.18%) uses family planning methods currently. The rest 167 (42.82%) does not use any family planning methods. For those who use family planning methods 158 (70.85%) use injection which is the first followed by pills 32 (14.32%), Norplant 15 (6.73%) condom 11 (4.93%) and the rest 7 (3.14) uses natural methods.

For those who have not used contraceptive which is 167 (42.82%) have different reasons. From these most of them do not use due to religion which accounts for 68 (40.72%) followed by lack of knowledge which is 27 (16.17%). The other reason is fear of side effects of the contraceptive methods which accounts for 17 (10.18%). The other reason is need of more children which account for 18 (10.78%). The rest reason is due to those with no husband or sexual partner accounting for 35 (20.96%). The other 16 (9.58%) is not used due to different reasons some of these are the menopause.

Of total respondents 154 (39.49%) have the knowledge about the emergency contraceptive and more than half of the respondents have no knowledge about emergency contraceptive that is 236 (60.51%).

Among total respondents 305 (78.21%) have knowledge about abortion & its complication but 85 (21.79%) don't know about abortion & its complications. Among those who know about abortion & it complication, the majority of them 243 (78.21%) responds bleeding as a complication, 214 (70.16%) death, 175 (57.38%) infection, 52 (17.05%) infertility but the remaining 29 (9.51%) responds weakness, incontinence, uterine perforation & anemia (see table. 3).

Out of the total respondents who know about abortion 202 (66.23) of them have got information from radio, 187961.31%) have got from health institution, 180 (59.02%) from TV, 91 (29.84%) from writing pamphlets and 70 (22.95%) from another person but the rest 36 (11.8%) from school, church, mosque, Idir etc.

Among the total respondents, only 79 (20.26%) have a history of induced abortion but the remaining 311 (79.74%) has no history of induced abortion. For those having histories of induced abortion 45 (56.96%), abort at their home but 34 (43.04%) abort at health institutions. For those having induced abortion, the main reason is maternal health problem 45 (56.96%), 17 (21.52%) because of an economic problem, 16 (20.25%) due to social cultural problems & for the remaining 10 (12.16%) the reason is they did not want to have children. Knowledge about the legalization of abortion accounting for 48.21% and more than half

of the respondents has no knowledge about the legalization of abortion which accounts for 51.79%.

Of those respondents who have knowledge about the legalization of abortion in our country 86.17% know that it is legalized considering rape, the rest 64.36% in cases of incest, 60.11% in cases of maternal health problem, 50% considering congenital malformation of the baby which is incompatible with life and the remaining 5.85% do not know on what scenarios abortion is legalized.

Of all the respondents who have knowledge about abortion legalization in our country, more than half agree with its legalization which accounts for 115 (61.17%) and those who do not agree with the legalization accounts for 63 of the (33.51%) & the rest 10 (4.79%) are neutral.

Of those respondents who do not agree with the legalization of abortion, 56 (88.89%) disagree

considering religion as a reason, 28 (44.44%) regarding social cultural norms and the rest 19 (30.16%) considering as a result of maternal health problem.

Of those respondents who do not have knowledge about the legalization of abortion in Ethiopia 71 (35.15%) agree if abortion is legalized but 127 (62.87%) disagree and the rest 4 (1.98%) are neutral about it. Of those respondents who haven't knowledge about the legalization of abortion, but they agree on rape 66 (92.5%), incest 55 (77.5%), congenital malformation 45 (63.3%) and maternal health problem 61 (85.9%) scenarios to be legalized. Of those respondents who haven't knowledge but they also disagree by considering religion 97 (96.4%), 60 (47.24%) considering sociocultural reason and 74 (58.27%) considering maternal health problem.

Table 2: Factors affecting the knowledge & attitude towards legalization of Abortion in 02 Kebele Yirga Cheffe town, March, 2010.

Variable	Response option	Knowledge about legalization of abortion		X ²	P. Value
		Yes	No		
1. Occupation	House wife	51	108	46.7	P<0.0000001
	Civil servant	31	20		
	Labor worker	19	10		
	Merchant	33	46		

	Student	47	13		
2. Monthly income	<250	88	110	8.01	P<0.05
	251- 500	40	27		
	501 – 1000	32	45		
	>1000	28	20		

According to this finding, occupation and monthly income have an association with knowledge about abortion law of Ethiopia. The occupation has an association with abortion law of Ethiopia that is $X^2 = 46.7$ which value $P < 0.0000001$. Monthly income also has association with knowledge about current abortion law, that is $X^2 = 8.01$ which value is $P < 0.05$ (see table 2).

Table 3: Factors affecting attitude towards legalization of abortion in 02 Kebele in Yirga Cheffe town march, 2010.

Variable	Response option	Attitude to legalization		X ²	P. Value
		Agree	Disagree		
1. Marital status	Single	65	62	6.24	P=0.100
	Married	100	117		
	Divorced	12	9		
	Widowed	9	2		
2. Educational status	Unable to read & write	22	54	69.84	P< 0.05
	Read & write	25	28		
	Primary school	20	48		
	Secondary school	102	29		
	College	17	31		
3. Family	Use	63	152	81.7	P<0.005

planning use	Disuse	123	38		
4. History of induced abortion	Yes	48	27	12.57	P<0.005 OR=2.531(1.502,4.287)
	No	124	177		
5. Knowledge about complication of abortion	Yes	157	141	5.89	P<0.025 OR=1.85 1.805 (1.082,3.009)
	No	29	49		

According to our findings we have associated attitudes of childbearing age group (15 – 49) towards current abortion practice with marital status, educational status, current use of family planning, prior history of induced abortion and knowledge about complication of abortion.

This finding shows that educational status has an association with an attitude towards abortion law, that is $X^2 = 69.84$ which is $P < 0.05$, prior history of induced abortion also has an association with an attitude towards abortion law that is $X^2 = 12.57$ which is $P < 0.005$ and having the knowledge of childbearing age (15 – 49) mother about abortion complication has an association between attitude towards abortion law that is $X^2 = 5.89$ which is $P < 0.025$. Current use of family planning also associates with attitude towards abortion

legalization that is $X^2 = 81.7$ which value is $P < 0.005$. Marital status has no association with an attitude of abortion law that is $X^2 = 6.24$ which value is $P > 0.05$.

DISCUSSION

A community based cross sectional study was attempted to assess knowledge and attitude of a mother of childbearing age group (15 – 49) towards legalization of abortion, 78.21% (n = 305) were heard and had knowledge about abortion and its complication.

In this study use of family planning currently is 57.18% (n = 223) which is highly covered compared to SNNPR of DHS (demographic health survey) 2005 which is 11.9% of married women.¹³

Actually our coverage is for both married and unmarried.

In this study 39.49% (n=154) were heard and had knowledge about emergency contraceptive. Another study conducted in Jimma Marry stops clinic on KAP of emergency contraceptive revealed that only 13.1% has heard about emergency contraceptive.¹³ So in Yirga

cheffee has better awareness than in Jimma. It may be occurring due to in Yirga cheffee has more address about reproductive health.

This study showed that 48.21 % (n=188) has knowledge about abortion legalization in Ethiopia. But more than half that is 51.79% (n=202) has no knowledge about the legalization of abortion. This shows that there is a gap to aware the mothers about legalization of abortion. It indicates health education should be given on reproductive health to the society. Our study also showed that 86.17% know that it is legalized considering rape, 64.36% know that considering incest, 60.11% is cases of maternal health problem and the rest 50% know that it is legalized considering congenital malformation. This indicates most women know rape and incest as legalized scenarios on abortion.

This study shows that religion has a strong association with an attitude of childbearing women towards legalization of abortion. That is for those who have a negative attitude on abortion

legalization, 88.89% of them consider religion prohibits abortion. Another study conducted in Jimma town on attitude of women towards legalization of abortion revealed that religion has no statistical association that is $X^2 = 3.35$ which value $P = 0.209$.¹⁴ But our study shows that religion has negative impact on abortion legalization. The reason behind the negative impact of religion on current abortion practice is most religions did not support abortion wholly. For example in catholic religion abortion is forbidden.¹¹ This study also revealed that the occupation and monthly income has an association with knowledge of abortion law. The more the family income increase there is a chance of gaining more knowledge due to it increases the access to information.

This study shows that educational status, history of prior induced abortion and having knowledge about complication of abortion has a statistically significant association. I.e. the educational status has a statistical significant association with an attitude that is $X^2 = 69.84$ which P value is $P < 0.05$. But another study in Jimma town revealed that educational status has no association with an attitude towards legalization $X^2 = 7.217$ which $P = 0.301$.¹⁴

This study revealed that a history of induced abortion has an association with an attitude of abortion legalization. Similar study in Jimma town revealed that having History of abortion has

statistically significant association with an attitude of legalization of abortion i.e. $X^2 = 30.34$ which $P < 0.05$.¹⁴

CONCLUSION

Generally from our study 48.21% have knowledge about legalization of abortion in Ethiopia. Of these more than half (61.17) has a positive attitude towards the legalized abortion law. We can conclude that religion, educational status, having a history of induced abortion, use of family planning, having knowledge about complication of abortion, occupation and monthly income have an association of attitude and knowledge of childbearing age women towards legalization of abortion.

Recommendation

Abortion is a major health problem in Yirga Cheffe town. The abortion issue needs to be addressed appropriately and measures to decrease the occurrence as well as the consequences of abortion need to be undertaken.

- Health education at school, and health institution should be given with emphasis on abortion and its complication.
- The coverage of family planning services should be increased for all as well as health education should be given to various types of family planning methods and emergency contraceptive.

- Health education and awareness creation should be given to the current abortion law of Ethiopia.

Limitation of the study

The questionnaire contains sensitive questions, which influence the reliability of the response. Shortage of resource includes time and money.

ACKNOWLEDGMENT

We would like to thank Hawassa University College of Medicine and Health Science Public and Environmental Health Department for its better support in doing this research. At last but not the least we heartily thank goes to Yirga Cheffe health center whole staff and our study subjects who are women of childbearing age groups at Yirga Cheffe town 02 Kebele.

REFERENCES:

1. World health organization maternal mortality in 2005 estimates developed by WHO, UNICEF, UNFPA and the world bank, Geneva, Switzerland WHO, 2005.
2. World health organization, Unsafe abortion, Global & regional estimates of the incidence of unsafe abortion and associated mortality in 2003, 5th edition Geneva Switzerland, WHO.

3. Federal Ministry of Health, Technical & procedural guidelines for safe abortion services in Ethiopia. Addis Ababa, Ethiopia, 2006.
4. Berek & Novak's gynecology – 14th edition Jonathan S. Berek, Page 297 – 298, 2007.
5. Federal Ministry of health, Ethiopia's 3rd national health account, 2004/2005 Addis Ababa March, 2007.
6. Abortion, Wikipedia. The free encyclopedia: <https://en.wikipedia.org/wiki/Abortion>
7. Federal Democratic of Ethiopia. The criminal code of the federal democratic republic of Ethiopia, 2005.
8. Y. Gebrehiwot, J. Liabsuetrakul, Trends of abortion complications in a transition of abortion law revision in Ethiopia. Addis Ababa, Ethiopia, 2007.
9. Ethiopia makes strides in family planning (RH real) By Masimba Biri washa, RH reality check, Africa & Asia December 17, 2009.
10. Ministry of education, ministry of health & carter center. Manual on reproductive health for Ethiopia, 2003, page 1 – 2.
11. Catholic Encyclopedia, 2009. By Kevin Knight.
12. Ethiopia Demographic and Health Survey (EDHS), 2005: <http://www.measuredhs.com/pubs/pdf/FR176/FR176.pdf>
13. By Anteneh, Admasu, Bosenä Tebeje, Knowledge, attitude practice of barriers to use emergency contraception among women with unsafe abortion in Jimma Marie stopes clinic. Ethiopian Journal of reproductive health. 3 (1), May 2009.
14. Amha, Haile, Reproductive age women of health professional's attitude towards legalization of abortion, Jimma, Ethiopia, on health science, 15(1), 2005.