

Pattern and Outcome of Induced Abortion Observed among Patients Reported to OPD of Obstetrics and Gynecology of a Semi-urban Hospital

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Abstract

Introduction: Induced abortion is illegal in Bangladesh except to save a woman's life, but menstrual regulation (MR) is permitted under the government's family planning program. Unsafe abortions remain common, contributing to high maternal mortality due to complications such as sepsis, hemorrhage, and infertility.

Objective: This study aims to assess the pattern and outcomes of induced abortion among women attending outpatient department in a selected hospital.

Material and Method: This descriptive cross-sectional study was conducted from January to February 2021 at the Gynecology and Obstetrics OPD of International Medical College Hospital. Face-to-face interviews were conducted with 45 women using a semi-structured questionnaire after obtaining written consent. Data were analyzed using a scientific calculator, with quantitative variables assessed by mean and qualitative variables summarized by percentage.

Results: Out of 45 respondents, majority of the patients (33.33%) were within the age group of 20-24 years. Thirty-six respondents (80.00%) were illiterate and equal number were garments workers. Three fourth (34 respondents) of the induced abortion occurred at the gestational ages of less than 12 weeks. The main reasons for induced abortion mention by the respondents were partner's decision (51.11%). Forty-one (91.11%) chose the conventional drugs rather than dilation and curettage and all of them procured the induced abortion materials from drug shops. Two third (29 respondents) mentioned that the abortion attempt was self-induced. Per vaginal bleeding (36.99%) was the leading presenting feature of the studied women. Anemia was observed among 33 (67.00%) respondents.

Conclusion: Induced abortion significantly contributes to maternal morbidity. The leading complications observed were anemia, infection, and retained products of conception. Effective contraception, proper sex education, and stricter control over the sale of abortifacient drugs are required to prevent induced abortion incidence.

Key words: Induced abortion, outcome, OPD

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Introduction

Every country in the world has developed legal regulations regarding the practice of induced abortion. Among the developing countries where abortion is legally restricted, Bangladesh is unique in permitting the provision of menstrual regulation (MR) services as part of the government family planning program¹. But, under Bangladesh's penal code of 1860, induced abortion is illegal except to save a woman's life².

Induced abortion as a means of terminating pregnancy for medical, social and eugenic reasons is practiced in many societies³. Induced abortion is a practice that has been going on all over the world for a very long time and in most places, it is shrouded in secrecy, which makes it difficult to determine the exact incidence of the condition. In recent publication the World Health Organization (WHO) estimate showed that over 44 million

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induced abortions take place annually around the world⁴. Unintended pregnancy is a problem that may never be fully resolved, and women who do not wish to continue a pregnancy will often seek termination by any means, regardless of its safety. Thus, induce abortion services offered by lay abortionists, trained midwives, and so-called native doctors, unknown to the public health service, are in fact common. Unsafe abortion is defined by the WHO as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both⁵. Literally, more than one-third of the approximately 205 million pregnancies that occur world-wide annually are unintended and about 22% of all these pregnancies end in induced abortion. In the developing world, lack of access to family planning results in some 76 million unintended pregnancies, with 19% ending in induced abortion of which 11% are unsafe⁶. An estimated 1,194,000 induced abortions were performed in Bangladesh in 2014, and many of those were likely done in unsafe conditions or by untrained providers. The annual abortion rate in 2014 was 29 per 1,000 women aged 15–49². Maternal mortality is unnecessarily high in developing countries 290 deaths per 100,000 live births compared to only 14 per 100,000 live births in developed countries and more than 99% of the annual global maternal deaths occur in developing countries. Each pregnancy puts a woman at risk of death, but compared with women who have live births, those who have induced abortions, miscarriages or stillbirths have been found to be at a higher risk of maternal mortality. Induced abortions in developing countries may be performed in unhygienic settings and carry a high risk of mortality⁷. Unsafe abortion is most often associated with sepsis, hemorrhage, uterine and bowel perforation, pelvic abscess, endotoxic shock, renal failure, and death. Long term sequelae include ectopic pregnancy, cervical incompetence, chronic pelvic pain, and infertility⁸. Infections related to abortions are often caused by an ascending bacterial infection such as chlamydia, gonorrhea, mycoplasma and bacterial vaginosis that proceeds from the lower genitals and moves through the cervix to the uterus. The infection, if untreated, can spread to the fallopian tubes and may lead to

infertility⁹.

However, unsafe induced abortions are still widely performed in Bangladesh. This study therefore, was designed to assess the pattern and complications of induced abortion among women attending outpatient department (OPD) in selected semi-urban hospital.

Material and Method

This descriptive cross sectional study was conducted in outpatient department (OPD) of Gynecology and Obstetrics, International Medical College Hospital, Gazipur during the period of January, 2021 to February, 2021. A total of 45 women were included in the study purposively from the patients attended in OPD and had experience of induced abortion. They were interviewed face to face using semi-structured questionnaire. The respondents not interested to participate were excluded from the study. Data were checked and verified manually. Data analysis were done by using scientific calculator after entering in a master sheet. Quantitative variable was analyzed by calculating means and qualitative variable were summarized by percentage.

Results

Out of 45 respondents, 15 respondents (33.33%) were within the age group of 20-24 years with mean age 26.07 years. Thirty-six (80.00%) respondents were illiterate. Among literate, 7 (15.56%) participants passed primary education while 2 (4.44%) of them were educated to higher secondary and above level. Thirty-six (80.00 %) respondents were garment workers. Majority (91.11%) of the respondents had monthly income between taka 5001 - 15,000 and 4 of them (8.88%) had monthly income between taka 15001 - 20,000 (Table 1). Abortions were induced at the gestational ages of less than 12 weeks in 34 (76%) cases and rest 11 (24%) induced abortion after 12 weeks of the gestation (Figure 1). The three main reasons for induced abortion mention by the respondents were partner decision in 23(51.11%) cases, financial factor in 17 (37.78%) cases and contraceptive failure in 5 (11.11%) cases (Figure 2). For induced abortion 41 (91.11%) respondents selected conventional drugs rather than dilation and curettage. Those 41 (91.11 %) respondents procured the induced abortion materials from drug shops and 29 (64.4%) respondents mentioned that

abortion was self-induced. Per vaginal bleeding, generalized weakness and lower abdominal pain were observed in 27 (36.99%), 21 (78.77%) and 17 (23.29%) respectively were the leading presenting complaint by women of this study (Table 2). In the selected induced abortion cases, anemia was found among 33(67.00%) cases and retained product of conception was in 9 (19.00%) cases (Figure 3).

Table-I

Sociodemographic information of study participants (n=45)

Variable	Frequency	Percentage
Age in years		
15-19	06	13.33
20-24	15	33.33
25-29	10	22.22
30-34	08	17.78
e"34	06	13.33
Literacy		
Illiterate	36	80.00
Primary	07	15.56
Secondary and above	02	04.44
Occupation		
Garments worker	36	80.00
Housewife	09	20,00
Monthly family income TK.		
5000 - 15000 taka	41	91.11
15001 to 20000 taka	04	08.88

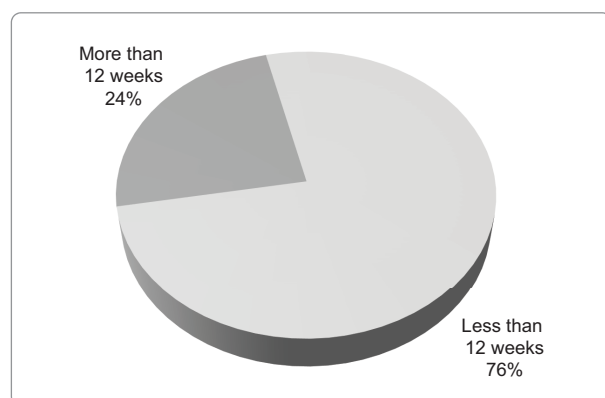


Figure 1: Distribution of respondents by gestational age (week) at induced abortion (n=45)

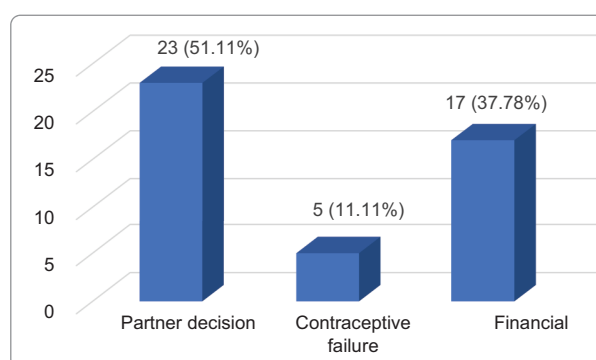


Figure 2: Distribution of respondents by reason of induced abortion (n=45)

Table-II

Pattern (methods, facility, personnel performed induced abortion) and presenting complaints of study participants (n=45)

Variables	Frequency	Percentage
Methods of Induced abortion		
Conventional drugs	41	91.11
Dilation and Curettage	04	08.89
Facility offering induced abortion		
Drug shop	41	91.11
Clinic	04	08.89
Personnel that performed induced abortion		
Self-induced abortion	29	64.44
Doctors of clinic	04	08.89
Quack	12	26.67
Presenting Complaints *		
Per vaginal bleeding	27	60.00
Lower abdominal pain	17	37.78
Fever	05	11.11
Per vaginal discharge	03	6.66
Weakness	21	46.66

*Multiple responses were accepted

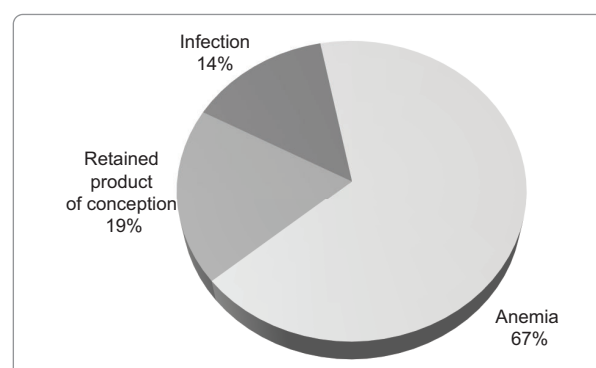


Figure 3: Distribution of respondents by outcomes of induced abortion

Discussion

The present study was conducted in industrial areas of Gazipur district, the small sub-urban community and in hospital settings to determine the pattern and outcome of induced abortion. In this descriptive type of cross-sectional study, 45 women were interviewed by using a pretested semi-structured questionnaire.

The actual pattern of induced abortion in studied environment is difficult to determine because it is illegal and only those with resultant complications presents in hospital. Such type of scenario was also found in other country⁸. It is a very important gynecological problem which contributes significantly to maternal morbidity and mortality. Unsafe abortion threatens the lives of a large number of women. In this study, highest percentage (33.33%) of the respondents were within the age group of 20-24 years with mean age 26.07 years. This agrees with other reports⁵. The study area is the garment industrial area, so majority (80.00 %) of women were garment workers. Majority (91.11%) of the respondents had monthly income between taka 5001 - 15,000 and 75.56% of the induced abortion occurred at the gestational ages of less than 12 weeks. Similar results were observed in another two studies where most of the abortions were within first trimester^{6,8}. The main reason for induced abortion mention by the respondents was partner's decision. It contributes almost fifty percent of all reasons. The possible cause of this findings is that Bangladesh society is primarily a male dominant society. The second common reason is financial cause (37.78%). When women became pregnant their decision to have an abortion depended heavily on social and economic factors⁵. Contraceptive failure was observed as relatively the minor reasons of induced abortion that results unwanted pregnancy. Contraceptive failure may be due to lack of knowledge of proper use of contraceptive methods. It is related to literacy level of population. In this study 80% of the respondents were illiterate. The conventional drugs of abortions were the most use method of induced abortion (91.11%). Majority (91.11%) of the

respondents procured the induced abortion materials at drug shops which supports other study too. The most leading presenting complaint by women in this study was per vaginal bleeding (36.99%) and lower abdominal pain (23.29%). This type of complaints could be attributed to incomplete abortion and trauma to genital tract/uterus which support by other study⁵. In this study 64.4% of abortion was self-induced who had lack the necessary knowledge and skills and maintain minimum medical standards. In this study some quacks were observed to perform induced abortion. Faulty technique is responsible for serious injuries in induced abortion by untrained and unqualified personnel. This explains the high incidence of serious complications after induced abortion. In accordance with other authors¹⁰, anemia was the main immediate reported complications in the present study. The reason of anemia was per vaginal blood loss.

Conclusion

Induced abortion is a major contributor to maternal morbidity and mortality. Most of the induced abortion was done before 12 weeks gestations, using conventional drugs by themselves. Prevention of induced abortion starts with prevention of unwanted pregnancies by providing effective contraceptive methods. Sex education also should be given. Easy supply of abortifacient drugs from drug shops should be controlled by authority to prevent induced abortion.

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