

## Knowledge, Attitude and Practice towards Safe Abortion among Female Students of Mizan-Tepi University, South West Ethiopia

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### Abstract

**Background:** Safe abortions have been practiced throughout the world. From the fragmented studies conducted in Ethiopia, abortion and its consequences are increasing from time to time. Significant proportions of maternal deaths are occurring due to complications of unsafe abortion and these abortions are due to the responses to unwanted pregnancies.

**Objective:** To assess the knowledge, attitude and practice towards safe abortion among female students of Mizan-Tepi University, Southwest, Ethiopia.

**Methods:** An institutional based cross-sectional study was conducted among 422 female students at Mizan-Tepi University to assess the knowledge, attitude and practice of safe abortion. The data was collected from second to fifth year students. Pre-test was done before the actual data collection. Students were included in the study from the selected departments by stratified sampling technique then lottery method was used to select the sample from each collage until sample size was fulfilled. Data was entered and analyzed by using SPSS version 20.

**Result:** Majority of the respondents 382 (90.52%) reported that they had ever heard about safe abortion. More than half 123 (58.37%) of them reported mass media as their main sources of information. Among the respondents, 225 (53.31%) know the reason to attend safe abortion and 418 (99.05%) know about family planning methods. Many of the respondents 313 (74.17%) had positive attitude towards safe abortion and 128 (40.84%) said safe abortion is necessary to prevent school disruption. From the respondents 5 (1.18%) reported that they ever practiced safe abortion and 3 (60%) of them mentioned health center as place where the procedure was performed. From those who practiced abortion 1 (20%) of them complain problem after the procedure and that complain was pain.

**Conclusion and Recommendation:** Majority of the respondents had positive attitude towards safe abortion and they reasoned out that safe abortion is crucial to prevent school disruption. Majority of female students had ever heard about safe abortion where their major source of information was from mass media and Majority of the participants knew the reason why safe abortion is important. Therefore, University Student Clinic is highly recommended to supply free family planning and safe abortion services for female students in the University, especially condom.

### Introduction

Abortion is defined as the termination of pregnancy by the removal or expulsion from the uterus of a fetus or embryo prior to viability. An abortion can occur spontaneously, in which case it is usually called a miscarriage, or it can be purposely induced. The term abortion most commonly refers to the induced abortion of a human pregnancy [1].

Approximately 205 million pregnancies occur each year worldwide. Over a third are unintended and about a fifth end in induced abortion. Most abortions result from unintended pregnancies. A pregnancy can be intentionally aborted in several ways. The manner selected often depends upon the gestational age of the embryo or fetus, which increases in size as the pregnancy progresses. Specific procedures may also be selected due to legality, regional availability, and doctor or patient preference [2].

Reasons for procuring induced abortions are typically characterized as either therapeutic or elective. An abortion is medically referred to as a therapeutic abortion when it is performed to save the life of the pregnant woman; prevent harm to the woman's physical or mental health; terminate a pregnancy where indications are that the child will have a significantly increased chance of premature morbidity or mortality or be otherwise disabled; or to selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancy. An abortion is referred to as an elective or voluntary abortion when it is performed at the request of the woman for non-medical reasons [3].

Adolescents represent a significant proportion of the woman who chooses abortion. The world health organization (WHO) estimates that at least 33% of all women seeking hospital care for complication related to abortion are under 20 years of age. Since illegal abortions have high mortality and morbidity rates, legalizing abortion is highly debatable issue among health policy makers worldwide [4].

Some abortions laws are based on a medical model, for example, United Kingdom (UK) define abortion as a solution to medical problem. This is only allowed in order to prevent the risk of physical, psychological damage to a pregnant woman [4]. United States (US) law defines the decision to have an abortion as a matter of rights that is a woman has the right to make private decision for herself about something that will affect her without the interference of government [5].

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It is estimated that 46 million world's abortions are performed each year, 20 million of which occur in countries where abortion is illegal (prohibited) by law [4]. In Ethiopia, abortion is illegal except in cases where the mother's life is in danger but illegal abortions are easy to obtain and wide spread. According to World Health Organization report, the death rate from illegal abortion in Ethiopia is 120 per 10,000 [6].

Knowledge and practice of unsafe abortion are practically important because of high rate of unwanted and teenage pregnancy and soaring sexually transmitted infections and HIV/AIDS rates. Different studies, however, show that the knowledge and practice in relation to safe abortion are limited among women. According to the world health organization (WHO) complication arising from illegal abortion are the second and leading causes of death for young women in Ethiopia [6,7].

Therefore, this study was to assess the knowledge, attitude and practice towards safe abortion among reproductive age group female students of Mizan-Tepi University, Southwest Ethiopia and due to the fact that KAP on safe abortion is not much researched.

## Methods and Materials

### Study area and period

The study was conducted in Mizan-Tepi University which is one of higher institutions and it is located in southwestern part of Ethiopia. The study was carried out between a periods of Januarys to May, 2014 at Mizan-Tepi University.

### Study design

An institutional based cross-sectional study was conducted to assess the knowledge, attitude and practice towards safe abortion among female students of Mizan-Tepi University.

### Sample size determination

Sample size was calculated by using a formula

$$n = Z^2 P (1-P) / d^2 = (1.96)^2 \times 0.5 (1-0.5) / (0.05)^2 = 384$$

$$d = 0.05$$

Where, n=final sample size of the required population

P=expected proportion (50%)

d=margin of error (0.05)

Z=z score associated with 95% confidence interval

Then we added 10% nonresponse rate  $384 + 10\% = 422$

### Sampling technique

Stratified sampling techniques were used to select all female students. The data was collected from those five colleges and the total number of female students who were learning in 2014 was 882. Sampling proportion was used to avoid selection bias. Lottery method was used to select the sample from each college until the sample size was fulfilled.

### Data collection methods

The data was collected using structured, close-ended, and self-administered questionnaires.

### Data quality control

The questionnaire was pre-tested on 5% of the calculated sample

size. Further, in order to assess completeness and consistency of the data the questionnaire was checked. The collected data was entered and analyzed by using computer software.

### Data analysis

The data entry and cleaning was performed. Data was entered in to SPSS and analyzed by it. Frequency proportions were calculated.

### Ethical consideration

Ethical approval of the research was obtained from the ethical review committee of Mizan- Tepi University, College of Health Sciences, and Department of Midwifery. A formal letter was obtained from the College of Health Sciences. After explaining the purpose of study to the participants, we assured that the information which was gathered from them was not disclosed to third person and confidentiality was kept. They were informed to have the right not to participate on the study, if they were not interested to involve on it.

## Results

### Socio- demographic characteristics of respondents

From the total of 422 female students involved in the study 138 (32.70%) of them were in the age group of 15-19, 197 (46.68%) of them were in the age group of between 20-24 years. From the total of 422 respondents 173 (40.99%) were protestant, and 203 (48.10%) of them are orthodox. Among 422 respondents the majority 156 (36.96%) were Amhara, 123 (29.14%) were Oromo. As Table 2 showed below that, from the total of 422 respondents 416 (98.57%) were single and 6 (1.42%) were married. More than half (58.29%) came from urban area and 176 (41.70%) of them came from rural area (Table 1).

### Knowledge of respondents on safe abortion

Among respondents 382 (90.52%) had ever heard about safe abortion, from those 223 (58.37%) got information from mass media, 403 (95.49%) of respondents know where safe abortion should be performed. From those respondents 155 (38.46%) mentioned the place where safe abortion performed was in hospital, and 239 (56.63%) of them know safe abortion procedure done by doctors Among

Variable		Frequency	Percent (%)
Age	15-29	138	32.7
	20-24	197	46.68
	25-29	83	19.96
	>30	4	0.94
Religion	Orthodox	203	48.1
	Protestant	173	40.9
	Muslim	32	7.58
	Catholic	14	3.31
Ethnicity	Amhara	156	36.96
	Oromo	123	29.14
	Tigre	105	24.88
	Other	38	9
Marital status	Single	416	98.57
	Married	6	1.42
	Total	422	100
Residential area	Urban	246	58.29
	Rural	176	41.7
	Total	422	100

Table 1: Socio-demographic characteristics of respondents, June 2014.

Variables		Frequency (n)	Percent (%)
Have you ever heard about safe abortion	Yes	382	90.52
	No	40	9.47
If yes from where you get the information	Mass media	223	58.37
	Health professional	89	23.29
	Relatives	46	12.04
	Parents	24	6.28
Do you know where safe abortion conducted	Yes	403	95.49
	No	19	4.5
If yes where	Hospital	155	38.46
	Health center	122	30.27
	Private clinic	123	30.52
	You home	3	0.74
Do you know who attends safe abortion	Doctor	239	56.63
	Midwife	107	25.35
	Any health professional	76	18
When is the preferable time to perform safe abortion	Before 3 month of pregnancy	368	87.2
	At any time during pregnancy	54	12.79

Table 2: Knowledge of female students of MTU on safe abortion, June 2014.

Variables		Frequency(n)	Percentage (%)
Do you think safe abortion is necessary	Yes	313	74.17
	No	109	25.82
Why safe abortion is important?	To save the life of the mother	79	25.23
	If pregnancy is due to rape	77	24.6
	To prevent school disruption	128	40.84
	Other	29	9.26
If no why	religiously prohibited	58	53.21
	Socially unacceptable	17	15.59
	Life of the mother	23	21.1
	Other	11	10.09
Do you think FP method prevents unwanted pregnancy	Yes	419	99.28
	No	3	0.71
If yes which type of FP method	Pills	103	24.58
	Inject able	98	23.38
	Implant	18	4.29
	Emergency contraceptive	117	27.92
	Condom (barrier)	83	19.8

Table 3: Attitudes of female students in MTU towards safe abortion, June 2014.

respondents 368 (87.20%) said less than 3 months of pregnancy is the preferable time to perform safe abortion and the rest 54 (12.79%) said safe abortion can be performed at any time during pregnancy (Table 2).

### Attitudes of respondents on safe abortion

Among the study participants 313 (74.17%) of respondent had positive attitude towards safe abortion and 79 (25.23%) said safe abortion is necessary to save the life of mother, 77 (24.60%) said it is necessary if pregnancy is due to rape, 128 (40.84%) mentioned it is important to prevent school disruption. Nearly a quarter of respondents (25.82%) criticized abortion because of the following reason 58 (53.21%) said it is religiously prohibited, 23 (21.10%) said it may take the life of mother, 17 (15.59%) said socially unacceptable. From those responds 419 (99.28%) think that using family planning method prevent unwanted pregnancy (Table 3).

### Practice of safe abortion

Among the study participants 5 (1.18%) had practiced abortion. The common place where the procedure performed were health center

3 (60%) and private clinic 2 (40%). Two (40%) of them practice abortion at the time when the pregnancy was below 3 months, 1 (20%) when the pregnancy was below 6 months of duration and 2 (40%) of them did not remember the exact duration of pregnancy. From those who practiced, 2 (40%) mentioned that the reason why they attend abortion was not to interrupt their education and 1 (20%) said fear of their family. From those who practiced abortion 1 (20%) of them complain problem after the procedure was done and 4 (80%) did not complain any problem after abortion. The problem complained was pain. From the total number of respondents 81 (19.19%) of the respondents used contraceptive method previously (Table 4).

### Discussion

Abortion is the termination of pregnancy by the removal or expulsion from the uterus or embryo prior to viability. An abortion can occur spontaneously in which case it is called a miscarriage, or it can be purposely induced. The term abortion commonly refers to the induced abortion of human pregnancy [8].

Variables		Frequency (n)	Percentage (%)
Have you ever practiced abortion	Yes	5	1.18
	No	417	98.81
Where did you attend?	Health center	3	60
	Private clinic	2	40
Who did the procedure	Doctor	1	20
	Other health professional	4	80
What was the duration of induced abortion	< 3 month	2	40
	3-6 months	2	40
	> 6 month	1	20
What was the reason for attending abortion	I cannot remember	2	40
	Fear of family	1	20
	Not to discontinue education	2	40
Was there any problem after abortion	Yes	1	20
	No	4	80
Have you ever used contraceptive method	Yes	81	19.19
	No	341	80.8
Are you currently uses of contraceptive	Yes	35	8.29
	No	387	91.7

Table 4: Practice of female students of MTU on abortion, June 2014.

According to study finding 328 (90.52%) of participants know about safe abortion and 40 (9.47%) did not know. The source of information they obtain was from mass media 223 (58.37%), and 89 (23.29) obtained from health professions. But the study conducted in Korea, show that 61.3% participants knew that what safe abortion mean, 22.6% did not and 16.5% were unsure of safe abortion. In relation to personal experience 9.8% of the participants had an abortion, 96.9% of whom had induced it, while any one had spontaneous abortion. 77.1% of the participant knew someone who had performed safe abortion, 22.6% did not while 0.3% participants were unsure. The different source from which they obtained information about abortion related issues, were the media 66.2%, friends 1.75%, parents 1.55% and 46% of the participants knew where and how to obtain safe abortion [9]. This was higher when we compared with previous study done in Korea this is due to this study conducted on university student they have more knowledge about safe abortion and they have cases to get information from different medias, health professionals and clubs in high school and university [8].

According to this study 239 (56.63%) of the participants mentioned that safe abortion should be performed by doctors, 107 (25.35%) by midwife, 76 (18%) by any health professions. This result was comparable with the study conducted on abortion in India on medical students which showed that 65% of respondents mentioned that safe abortion should be performed by doctors, 24% by midwife and 16% by traditional healers [9].

According to this study finding 419 (99.28%) of participants knew how to prevent unwanted pregnancy and 3 (0.71%) did not. As the study conducted in Nigeria, among the population of reproductive age group 86.3% said they knew how to prevent unwanted pregnancy while 13.7% of respondents had no knowledge how to prevent. Over half 53.1% of respondents had never used contraception previously [8]. This finding was higher than the study of Nigeria because this study conducted on university students that could have more awareness and knowledge about family planning methods.

The study showed that 313 (74.17%) of respondents had positive attitude towards safe abortion and 79 (25.23%) said safe abortion is necessary to save the life of the mothers, 77 (24.60%) said ,it is necessary if pregnancy is due to rape ,128 (40.84%) it is important to prevent

school dropout and 29 (9.26%) mentioned others. 109 (25.82%) have criticized abortion because of the following reason: 58 (53.21%) said it is religiously prohibited, 23 (21.10%) said it may endanger the life of mother and the rest 17 (15.59%) mentioned as it is socially unacceptable. A cross-sectional study conducted in Nigeria show that 78% of the respondents had positive attitude towards safe abortion with those especial cases: if fetal deformity and if the pregnancy is due to rape, 82% of the respondents approved if the couples cannot afford another child and 22% of them against safe abortion [9,10].

According to this study finding among the total of respondents 5 (1.18%) had practiced abortion. The common place where the procedure performed were health center 3 (60%) and 2 (40%) were private clinic. Majority of the procedures were performed by the other health professions 4 (80%) and 1 (20%) by doctor whereas 2 (40%) of them practiced abortion at the time when the pregnancy was <3 month, and 2 (40%) could not remember the duration of pregnancy and 1 (20%) of them practiced abortion >6 month. The study conducted in Addis Ababa in five hospitals a total of 2275 cases of abortion had been admitted with obstetric and gynecological services. This study demonstrated that 43.3% were spontaneous abortion of the 1290 unsafe abortion, 35.3% were performed by health assistant, 28.4% self-induced and 23.7% by non-medical people [6]. Therefore, this study finding was lower than that of Addis Ababa, because majority of the respondents were single and they might have knowledge about family planning method.

According to this study 1 (20%) of them had complain following the procedure and 4 (80%) had not. Among those 1 had complained pain which was lower than the study conducted in Jimma Hospital. Whereas the study conducted at Jimma University Specialized Hospital southwest Ethiopia shows that 50 were admitted for bleeding and infection [6].

## Conclusion

From this study finding, we can conclude that abortion less prevalent among female students in the study area. The most common place where abortion had practiced was hospital so that most of them had practiced safe abortion. Majority of the respondents had positive

attitude towards safe abortion and they reasoned out that safe abortion is crucial to prevent school disruption. Majority of female students had ever heard about safe abortion where their major source of information was from mass media. Majority of the participants knew the reason why safe abortion is important and significant numbers of respondents had ever heard about family planning methods.

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