Reproductive health characteristics of young Malawian women seeking post-abortion care

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Short Abstract

Abortion is illegal in Malawi except when the mother's life is endangered, yet complications of abortion account for the majority of admissions to gynecological wards. This study collected data on all post-abortion care (PAC) cases (n=2076) reporting to all 166 PAC-providing health facilities in Malawi over 30 days. Analyses were stratified by very young women (age 12-17) and youth (age 18-24). Of all clients, 7.4% were very young and 42.6% were youth. Almost half of very young clients were married (47.5%) compared to 74.4% of youth. No very young women reported a previous abortion compared to 2.9% of youth. Being unmarried was associated with previous abortion and low levels of contraceptive use among youth and with report of a self-induction attempt among both groups ($p<0.01$). These findings indicate lack of access to modern contraception and may indicate that young women's sexuality is stigmatized, impeding access to education and safe services.

Extended abstract

Introduction

Unsafe abortion is a major public health concern for many developing countries. WHO estimates 20 million unsafe abortions globally; approximately 2.5 million of these are attributed to adolescents aged 15-19 years (WHO, 2007; Singh et al, 2009). It has been estimated that 98% of unsafe abortions take place in developing countries and that almost 60% of unsafe abortions on the continent are among young women (WHO, 2004). Africa has the highest maternal mortality ratio in the world of 1,000 deaths per 100,000 live births of which 13% are due to abortion complications. Globally, the risk of death from unsafe abortion in Africa is the highest, with an estimated 650 deaths per 100,000 unsafe abortion procedures compared to about 10 deaths per 100,000 procedures in the developing world (WHO, 2007). It is estimated that about 46% of these deaths occur in women aged under 24 years (WHO, 2009).

Young women in Malawi are at risk for unwanted pregnancy. The median age at first intercourse among 20-24 year olds is 17.4 years and the median age of first marriage among the same age group is 18.1 years, indicating that young women are experiencing their sexual debut before marriage (DHS, 2005).

Methods

A stratified random-sampling plan was used to select a nationally representative sample of 166 public, non-government, and private for profit health facilities that provided post-abortion care (PAC), representing the primary, secondary and tertiary levels of the health system. The Prospective Morbidity

Survey (PMS) was used to collect prospective data on 2076 PAC patients over a period of 30 consecutive days at each health facility in the study. A PAC patient was defined as any woman presenting with a diagnosis of incomplete, inevitable, missed, complete, or septic abortion. Though the providers were primarily located in obstetrics and gynecology wards, cases from other departments such as the intensive care unit or female surgical ward were reviewed to assess whether the diagnosis or death was attributable to an abortion-related illness or injury. The PMS collected demographic information, reproductive history, self-reported induction attempts and clinical care data. Data was collected between August and September, 2009.

All analyses are presented by three age groups: very young (age 12-17), youth (age 18-24) and adult (age 25+). Adjusted chi-square tests were used to test differences in distribution of outcome variables among age groups; statistical significance was defined as $p<0.05$. Weighted proportions are reported, to reflect women who presented for PAC at PAC providing facilities in Malawi. Data were analyzed using Stata version 11. This study received IRB approval from the Malawi National Health Sciences Research Committee.

Results

A total of 2,076 women sought PAC at health facilities in Malawi during the 30-day data collection period. This analysis is restricted to those 2,028 women for whom age data is available. Half of the women seeking PAC were under the age of 25, and 7.4% were very young, aged 12-17. The majority of women were from rural areas (65.6%), and most were Catholic (23.4%), Protestant (28.5%) or another Christian religion (23.0%). Eighty-one percent of women in the sample were currently married, including about half of very young women and three of every four youth. Youth had the highest level of education with 37.7% reporting secondary or higher education. Most very young women reported primary education (68.9%). The adult group had the highest proportion reporting no education (18.3%).

More adult women reported they were using contraception at the time of the pregnancy for which they were seeking care (30.4%); only 2.5% of very young women and 17.2% of youth reported current use. Contraceptive use varied by marital status, especially among youth. Married youth had a 12 percentage point higher rate of current contraceptive use than unmarried youth.

In the full sample, 39.5% of women had four or more pregnancies. The majority of women under age 25 had only one pregnancy (the one for which PAC services were sought); 88.8% of very young women and 38.1% of youth had only one pregnancy. However, a significant proportion of youth (10.5%) had four or more pregnancies. Most adult women (70.1%) reported four or more pregnancies. Only 2.6% of very young women had a child, but half of youth (50.2%) had one or more children. Report of a previous pregnancy loss was common, with 5.2% of very young women and 16.4% of youth reporting a previous miscarriage. Report of a previous abortion was less common (0% of very young women and 2.9% of youth). However, report of a previous abortion was associated with being unmarried among the youth group ($p<0.01$).

Some characteristics of the pregnancy for which care was being sought were significantly different between the three age groups. Women in the youngest age category were significantly more likely to

report interference with the current pregnancy (p-value<0.01) and to be suspected of interfering with the pregnancy (p-value<0.01). Unmarried women in all three age groups were more likely to report interference with the pregnancy than married women; however, younger women report interference more often than adult women. In addition, physicians reported significantly more mechanical injuries to the cervix or uterus among very young women than among the other age groups (p-value<0.01), indicating induced abortion and not a spontaneous miscarriage.

Discussion

Young women less than 25 years of age are dealing with decisions surrounding unwanted pregnancy, regardless of marital status. High numbers of young and very young women reported multiple pregnancies coupled with reported previous loss of pregnancy and prior abortion. Four of ten (42%) young women aged 15-24 years reported ever being sexually active, while only 12.9% of those women who were unmarried reported current use of contraception (DHS, 2005).

Although high numbers of young women reported completion of primary education, knowledge around contraception may be limited. While life skills, covering sexual and reproductive health topics, are taught in schools, quality of instruction varies throughout the country. In addition, contraception options are only available at health facilities. A low percentage of young people access these services, leaving young people engaging in unprotected sex and at risk for unplanned and unwanted pregnancies. Young women may decide to terminate unwanted pregnancies for a variety of reasons, including the desire to continue schooling, fear of denial of the pregnancy from the partner, fear of community stigma and/or fear of parental attitude (Strategic Assessment, 2010).

These findings indicate lack of access to and knowledge about the benefits of modern contraception. This may indicate that young women's sexuality is stigmatized, impeding their access to education and services. Further research is needed to understand how to increase access to pregnancy prevention services and what is needed to protect these women from unwanted pregnancies and subsequent unsafe abortions.

References

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