Factors Contributing To Abortions among Youths Aged 18 -25 in Rift Valley Provincial General Hospital Nakuru

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Abstract

Background

Worldwide, unsafe abortion persists as a serious and continuing public health challenge (WHO, 2011). Unsafe abortion mainly endangers women in developing countries where it is highly restricted by law and countries where, although legally permitted, safe abortion is not easily accessible (WHO 2012). Of estimated 464,690 induced abortions in Kenya, majority is unsafe; involving girls and young women aged 10-24 years (APHRC, MOH, 2013). In Kenya, severe complications of unsafe abortions were most common among women aged 10-19 (45%), divorced women (56%) (MOH, 2013). The Cost of unsafe abortion to healthcare system is approximated at Ksh 250–300 million annually (CRR, 2010). In Nakuru provincial general hospital there were total of 604 abortions in 2014 out of which 63% involved the youth in the range of 18 to 25 years. Abortions are currently claiming 30-40% of maternal deaths in Kenya, far more than the worldwide average of 13% (WHO, 2011).

Methods

The study was a descriptive cross sectional study .Systematic random sampling technique was used to pick 192 participants. The sample was determined using the formula by W. G. Cochran (2011). Data collection was through questionnaires, key informant interview and focused group discussions. Ethical clearance was sought from Mount Kenya University ethics review committee.

Results

Majority 57.3% of the respondents have had an abortion while 42.7% have never had an abortion. 67% of the respondents had unprotected sex, 21% undertook abortion following rape, while 12% did it because of medical reasons. 33.3% respondents' parents don't know their daughters have had an abortion 37% of the respondents agreed they would never attempt an abortion again. 55.7% of the respondents think youths require guidance and counseling. 85.9% of the respondents are comfortable talking to a friend matters concerning sexuality, 9.4% are comfortable talking to parents, 3.6% would be comfortable talking to the teacher, while 1% would be comfortable talking to a health worker. On whether the respondents attributed their getting pregnant to the influence of the drugs, 61% attributed it to influence of the drugs, while 39% did not attribute it to drug influence.

A key informant indicated, "reasons for inducing an abortion included: wanting to continue with studies, relationship problems and socio-cultural factors." "Misoprostol was revealed to be the most frequently used method to end pregnancy while mechanical means, such as insertion of a foreign object or substance through the cervix and use of herbs were however commonly reported." Key informant interview revealed that lack of information on sexual reproductive health (SRH) was a major issue among youths.

Conclusion

Use of drugs has a role to play in the high rate of abortions among youth 18-25 as 66.1% of youth were under influence of alcohol during their first sex and these affected the decision making and negotiating for safer sex. There is a dire need for sexual health education.