

## **A Nursing Research to Investigate the “Perception of Women at MPOBI Town on Criminal Abortion and its Effect”**

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### **Abstract**

*Criminal abortion is common among women despite its effects; physical psychological and physiological. This research was conducted at Mpobi community of Aboaso in the Afigya Kwabre District in the Ashanti region, of Ghana. The aim of the research was to determine the perception of women at Mpobi community on criminal abortion and its effects. A simple random technique was used to select the area from other localities. By this method each area had an equal chance of being selected. After selecting the area, an accidental method was used to select thirty women from their various homes. With this method, a data was taken from the women who were available and meet the research criteria. The target population was on women from age of 13 and above. A designed questionnaire was administered on the sample. Analysis of data was by transforming the raw data into statistical forms such as figures, tables and percentages.*

*The findings indicated that the issue of criminal abortion was high among adolescents and married women who have too many children; however knowledge on criminal abortion among the women were adequate.*

*The main factors accounted for the high incidence of criminal abortion in the community were, having too many children, what perception is and how does person channel it appropriately and contraceptive failure.*

*Base on the findings some recommendations were made which included;*

*The government should develop solid policies to restrict criminal abortions, expand and provide well equipped laboratories in most remote clinics and hospitals in communities for easy access to be checked for which family planning method is suitable for each person.*

*The affluent, private thriving businesses and NGO's should come cooperatively to aid and make family planning methods, screening and medications free or at least cost a penny for to aid prevent criminal abortion.*

*There is a need for proper education about the harmfulness of criminal abortion and the after effects of abortion. Proper education, awareness, training session and guidance should also be given to the people who are involved in criminal abortion about the after effects of the abortion.*

*Family planning methods should be taught to the adolescent by their immediate parents, guardian and any other respected people in the community.*

*The church and various Religious faith should be endowed with knowledgeable personnels who can help assimilate to the adolescent the righteous acts of not ending the life of a growing foetus on the account of unexpected results from gratifying the fleshly unsummable strong desire for sex.*

*The adolescent should be raised well with proper standards to bring in consciousness that what one perception starts from the heart through the sensual gates of the body especially the eyes, so as to gain requisite knowledge, self-help and channelling the perceived thoughts with the appropriate approach.*

*Illegal abortion cases should also be restricted by paying attention to the lifestyle of our growing female wards. The government, persons and personnel and the matured should each play his role in this regard.*

## **Background to the study**

According to Cooper and Fraser (2009), in UK, abortion is defined as the termination of pregnancy by before the fetus viable that is before 24 weeks gestation.

Criminal abortion is a type of abortion which is not done according to the existing laws of the land. According to Wikipedia, 4<sup>th</sup> May (2013), Abortion can also be done by the pregnant woman outside the recognized medical system. And this includes abortion induced through illegal means. However an unsuccessful attempt to cause such an abortion can cause lasting damage to both the pregnant woman and to the child.

According to Ahiadeke (2001), another unpublished thesis proved this finding not uncommon, among 1663 young women interviewed; almost 70% responded that they had an abortion. Another multi-year maternal mortality review conducted at a teaching hospital in Addis Ababa proved the grave outcomes among young women, 14% of the maternal deaths in that study were women under twenty.

A study concluded in 1968 proved that, over 1.2million illegal abortions were performed in the United States of America. A number of which were performed by women acting alone. The study suggested that women dying as a result of criminal abortion exceed those performed by legal means. In Countries such as Ghana where the laws restrict elective induce abortion, data to quantify the incidence of abortion are scarce (Ahiadeke, 2001)

A multistage random sampling design was used to identify 18,301 women aged 15-49 from the 10 regions of Ghana between January and March 1997. Of the Identified women 1689 were pregnant. From March 1997 to March 1998, field work living in the pregnant women's communities monitored their health and pregnancy outcomes, including self-induced abortion.

Results: During the study period, the rate of abortion in the study areas was 17 induced abortions per 1000 women of child bearing age. There were 19 abortion per 100 pregnancies or 27 abortions per 100 live births. The majority (600) of women who had an abortion was younger than 30, and 36% were nulliparous. 45% had obtained their abortions before the 7<sup>th</sup> week of gestation and 90% had done so before the 10<sup>th</sup> week. Only 205 of the women said they had obtained their abortion from a Physician (Ahiadeke, 2001).

Women who live in urban areas, who were educated or who had four or more children had increasing odds of obtaining an abortion.

Although few Ghanaians would deny the widespread of the use of induced abortion in their countries, the clandestine nature of the practice severely hampers attempts to estimate the incidence of abortion at the national level. Until 1985, when criminal code was amended.

Ghanaian law prohibited induced abortion except when life was endangered by her pregnancy. The law now indicates that abortion is not an offense if it is caused by a medical practitioner specializing in gynecology or registered practitioner. In the government hospital registered private hospitals or clinic when the pregnancy is as a result of rape, "a female idiot" or incest. Pregnancy would involve risk to the life of the pregnant woman or the injury to her physical and mental health or where there is substantial risk that if the pregnancy were to carry to term the infant will suffer from or later develop into a serious physical abnormality or disease (Ahiadeke, 2001).

Despite the relaxation of abortion restrictions, the availability of abortion health in Ghana has not changed much. Ghanaian women have long turned to mix of traditional practitioners, quack doctors, physician and other sources such as qualified nurses to obtain an abortion, even though the unhygienic methods used in some cases (often involving insertion of foreign bodies into the uterus), can lead to life threatening complication. An investigation conducted at the outpatient department of Ankaase hospital revealed that many women have been reporting to the hospital with self-induced abortion, also recently there have been many reported cases at the emergency unit of the Methodist Faith Healing hospital (Ankaase) on the high incidence of abortions cases. This has compelled us as a team to investigate into the perception of women at Mpobi on criminal abortion and its effects.

The study, therefore aimed at finding the “perception of women at Mpobi community” on criminal abortion and its effects.

### **Statement of the problem**

A report given at the emergency unit of Ankaase hospital in the Afigya-Kwabre District in the Ashanti Region indicates that many young women report with the issue of criminal abortion that necessitates the intervention of medical practitioners to prevent major complications. This has compelled us as a team to investigate into the perception of women at Mpobi Community on criminal abortion and its effect.

#### **PURPOSE OF THE STUDY**

The purpose of the study was to find out the perception of women in Mpobi community on criminal abortion and its effect.

### **Significance of the study**

This research work was intended to investigate into the perception of women in Mpobi community on criminal abortion and its effect. It also served as a means for the government of Ghana, through the ministry of health and also the nurses and midwives council to make advertisement educating people on the effects of criminal abortion in the country and beyond.

### **Delimitation**

This present research will focus on the assessment of the perception of woman on Mpobi community on criminal abortion and its effects.

### **Limitation**

These were some difficulties encountered during the research which included Unwillingness of some respondents to answer the questions to their satisfaction because they thought their information may not be kept confidential. The findings could not generalize because smaller population was used. The instrument use in data collection was interviewing questionnaire, some of the responses from the respondents may be bias and may not be true reflection of the reality of this situation

### **Objectives of the study**

The main objective of the study was to investigate the perception of women in Mpobi community on criminal abortion and its effects

### **Specific objectives**

The specific objectives were to;

- Identify the perception of women on criminal abortion at Mpobi community
- Determine the reasons for the practice of criminal abortion
- Determine the methods used in performing criminal abortion
- Determine the effects of criminal abortion

### **Research questions**

1. What is the perception of women on criminal abortion at Mpobi community?
2. What are the reasons for engaging in criminal abortion?
3. What method do women at Mpobi use to perform criminal abortion?
4. What are the effects of criminal abortion?

### **Literature review**

#### **Introduction**

This review brings out some views on criminal abortion by various individuals and groups in previous existing literature.

## **Perception**

Criminal abortion is an abortion performed outside recognized medical system. Abortion is defined as ‘termination of pregnancy (TOP) by any means before the fetus is viable. Viability is now considered to be reached at 23–24 weeks of gestation. Second trimester, or mid-trimester, is a period ranging from 13 to 28 weeks of gestation, which again is subdivided into an early period between 13 and 20 weeks and a late period between 20 and 28 weeks. In this review, we have limited late abortions up to 24 weeks gestation.

TOP by induced abortion is practiced worldwide. Induced abortion, either elective or therapeutic termination of a viable pregnancy, is one of the most ancient procedures. Of the 210 million pregnancies that occur each year, more than 46 million (22%) end in induced abortions (Guttmacher A. Institute 1999). A Majority (90%) of the terminations take place in the first trimester. Worldwide, mid-trimester abortion constitutes 10–15% of all induced abortions but is responsible for two-thirds of all major complications WHO (1997). Although the majority of abortions are performed in the first trimester, there is still a gradual increase in second-trimester abortion because of the wide scale introduction of prenatal screening programs detecting women whose pregnancies are complicated by serious fetal abnormalities such as cardiovascular and skeletal malformation.

Grossman (2012), an obstetrician with Ibis Reproduction Health, said many women attempt criminal abortion because they prefer to have a more private experience with their abortion which is certainly understandable. Grossman added that friends and family members often recommend these alternatives pregnancy termination methods which some women feel are “easier” than seeking abortion in clinics and hospitals. Mark Rousing, an obstetrician at St Barnabus hospital said taking abortifacients “turns abortion into a nature process and make it look like a miscarriage”. He added, for people who do not have access to abortion for social reasons, financial reasons or immigration reasons, it does not seem like this is horrible thing. Criminal abortion is a health problem of global concern. In many developing countries, women know little about and have limited access to effective contraceptive methods, and as a result may experience unwanted pregnancies.

Furthermore, because of abortion's illegal status and the social stigma that accompanies it in Nigeria, precise information about it is difficult to obtain. Clearly, however, abortion is a major public health problem. Nigeria's maternal mortality rate is estimated to be 800 deaths per 100,000 live births and in West Africa overall, an estimated 14% of maternal deaths are attributed to abortion. Data on the number of complications and deaths related to abortions indicate that the consequences for women's health are serious, and the cost of treating women for complications places an additional burden on an already troubled health care system. Hospital-based studies reveal that induced abortions represent a substantial proportion of all gynecologic admissions (olukera 2010)

## **Reasons why people commit criminal abortion**

The problems related to abortion may be particularly severe for adolescent women. As increasing numbers of rural families migrate to urban areas, parental control and supervision are weakened, and young people are exposed to modern influences that encourage sexual activity in relationships that may not lead to marriage. Because contraceptive knowledge is low in Nigeria and access to services is poor, unplanned pregnancies among young unmarried women are increasingly common. Among adolescents, reasons for having an abortion include the desire to remain in school, financial concerns and fear of social reprisal because of wedlock pregnancy (olukrayondera, 2000).

Adolescents face unique barriers to obtaining a safe abortion. When they become pregnant, they are slower to recognize and accept the pregnancy; they are less likely than older, more experienced women to know where to seek advice and help; they may use ineffective methods to attempt to induce an abortion; and they may be unable to afford a physician's fee. All of these factors may cause delays, and the later an adolescent seeks an abortion, the more likely she is to suffer complications that may lead to hospitalization. Two hospital-based

studies found that of the women who said they had had an induced abortion, or whose symptoms indicated that they had had an induced abortion; about 70% were adolescents (Utah, 2002).

Induced abortion seems to be fairly common among married women of high parity, advanced age, and low educational status.

Adult Nigerian women's fertility preferences are also likely to be affected by increased urbanization and modernization, and increasingly, older women may want smaller families and greater control over the timing of their births. They, too, will be at risk of having an unwanted pregnancy if their family planning needs are not met. In a recent community study, 42% of abortions occurred after the first birth, and most of these were among married women. A common reason given by women for these abortions was poor timing of the pregnancy or the need to space births better. The use of abortion by married women to space births not only is a likely response to social change in recent decades, but is a traditional practice in northern Nigeria (Varkey & Fonn 1999).

Abortion remains largely illegal in countries such as Nigeria resulting in abortions being performed by an unqualified people. According to Utah, (2002) high morbidity and mortality rate from unsafe abortions suggest that unskilled people in unhygienic environment might be performing these procedures, implying that a more effective strategy had to be developed by family planning providers to reduce the use of unsafe contraceptive practices, including TOPs in Nigeria and other developing countries. According to Varkey and Fonn (1999), in many developing countries, safe abortion services are not available to the full extent permitted by law.

The predominant reasons for abortion were "too many children" (64.4%), contraceptive failure (20.3%), premarital affairs (8.6%), medical reasons (5.4%), and extramarital affairs (1.3%).

### **Methods used in performing criminal abortion**

(Khokhar & Gulati, 2008), report that women in underdeveloped areas of India successfully perform abortions through the following methods;

Lifting of heavy weights, Consumption of mutton marrow, Consumption of dried henna powder Consumption of carrot seed soup, abdominal massage. Receiving punching kicks or other blows to the abdominal area. Belly flopping unto a hard surface.

Attempted removal of the fetus with a coat hanger or similar device inserted into the uterus through the cervix (the historical use of this method has led to the use of coat hangers as a symbol of the abortion rights movement, which associates dangerous methods of criminal abortion with the illegality of the abortion).

Attempted piercing of the fetus with a knitting needle or similar device inserted into the uterus through the cervix.

Ingesting high quantities of vitamin c, Pennyroyal or other substances believed to induce miscarriage.

Douching with substances believed to cause miscarriage (beginning in the 1960s, many women use coca-cola for this purpose, although its utility is at best dubious)

Vaginal pessaries, Yoga, Acupuncture, Hypothermia.

Trying to break the amniotic sac inside the womb with a sharp object or wire (for example an unbent wire, clothing's hanger or knitting needle). This method can result in infection, and injury to internal organs (for example perforating the intestines), resulting in death.

Pumping toxic mixtures such as chili peppers and chemicals like alum, permanganate or plant poison into the body of the woman.

Inducing an abortion without medical supervision by self-administering abortifacients drugs obtained illegally or by using drugs not indicated for abortions but not known to result in miscarriage or uterine contraction.

According to the New York Times, many women take the prescriptive drug misoprotol-FDA approved to reduce gastric ulcer to terminate their pregnancies. The drug sold under the brand name cytotec, is approved to induce abortion when taken with mifepristone or RU-486.

According to the New York Times women surveyed reported a wide variety of methods for using the drug including inserting pills into the vagina or letting them dissolve under the tongue.

Determining factors of criminal abortion, according to the New York Times report, many Hispanic women use medication or home-made concoctions in an attempt to end their pregnancy experienced despite the availability of safe legal method of abortion (Jeremy, 2010)

### **Effects of criminal abortion**

There is a wide variety of symptoms of abortion's aftermath, ranging from mild grief to profound reactions which may include Post-Traumatic Stress Disorder.

It is the people working in the field of bereavement who have written about the need to resolve abortion losses and recognize that this disenfranchised loss surfaces during subsequent losses. The society, our churches, and our families do not recognize abortion as a legitimate loss.

In fact, the societal message says that this experience solves a problem and that it is a non-experience. With other surgical procedures, there is an acknowledgement of the need to recover and to process the experience.

Kolstad (1997), made an intensive investigation of 712 cases after abortion in Norway. Not one death resulted from operation. Although 10.35 showed some post-operative complications, only 2.7 % could be considered serious. It was concluded that the frequency and degree of all complications were no more than those after childbirth. Menstrual disorders and frigidity, for example, appear in less than 1 % of women. "Induced abortion is a comparatively harmless operation during the first 12 weeks of pregnancy and Lindahl followed 1, 013 cases with complete medical checkups over a period of one to five years after abortion. Only one death could be associated with the operation. Immediate serious complications were found in only 3.6% of all cases. Indiana University's Institute of Sex Research did a qualitative study on complications of abortion. Although their sample was small-about 440 cases the results were strikingly similar to those in Scandinavia. Only 6.6% had severe, 6.8 % moderate and 3.2 mild complications.

Huntington (1998) found out during 30 days study, 19% Patients were admitted for the treatment of Induced Abortion and estimated Induced Abortion rate in Egypt of 14.75 per 100 pregnancy.

In order to distinguish induced abortion from forensic medical point of view vaginal cytology was studied in 300 women, 100 of which had a clinical diagnosis of abortion. Result: (a) a cytological diagnosis is possible in the cycle, in pregnancy, and before and after abortion; (b) non-septic spontaneous abortion is characterized by an increasing and, after the abortion, high number of basophilic cells and of mucous, and a low number of eosinophils, increasing at first after 8 days. These results were confirmed by experiments with rats. Conclusion: cytology can give an evidence but not proof in distinguishing between spontaneous and induced.

Because of restrictive abortion laws and poor access to safe methods of pregnancy termination, many women resort to obtaining abortions under unsafe conditions. Worldwide, an estimated 20 million unsafe abortions and 70,000 maternal deaths due to unsafe abortions occur each year, and most of these events take place in developing countries. In Africa alone, an estimated 3.7 million unsafe abortions are performed annually, and approximately 23,000 deaths result from these procedures.

Under Nigerian law, performing an abortion is a criminal offense unless the pregnancy threatens the woman's life, and penalties for the offense are severe. Because of these legal restrictions and because of religious and social norms opposing abortion, the practice of

abortion is shrouded in secrecy; abortions are typically performed clandestinely, often by unskilled providers under unsanitary and dangerous conditions (Huntington 1998).

Abortion and estimated Induced Abortion rate in Egypt of 14.75 per 100 pregnancies.

(Kamala 1997), found that 1271 women admitted for management of Abortion and its complications, 18 died. All these deaths were among those with Induced Abortion. In this group 16.66% cases had no evidence of infection and in them death was due to traumatic shock.

Akhbar (1998) found that a total of 1301 abortion cases were admitted during 1 year in all the 8 facilities selected for the studies of these, interviews and clinical exports could be completed for 1271 cases only. A total of 852 women (65.5%) had had Induced Abortion and other 419 women (34.5%) had had Spontaneous Abortion.

Begum (1991) found that Maternal Mortality was undesirable high in Bangladesh, the rates range between 4.8 and 7.8 per 1000 live birth and many of these deaths were caused by abortion related complications. In one survey of 15-24 year-olds in Addis Ababa, half of the 976 young women interviewed reported having been pregnant and 76% of these women told interviewers that they had a spontaneous (2%) or an induced abortion (74%).

Teenagers, who account for about 30% of all abortions, are also at much higher risk of suffering many abortion related complications. This is true of both immediate complications and of long-term reproductive damage.

Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervix are still "green" and developing.

Many of the symptoms discussed are symptoms common to complicated mourning and to trauma reactions.

The effects of criminal abortions are grouped as follows:

Immediate Effects

Excessive bleeding (Hemorrhage)

Puncture and tearing of the womb (Uterus)

Infection from mild to fatal (sometimes parts of the baby are left inside the womb)

Cervical laceration in 5% of women

Pain, Shock, Vomiting

Psychological Effects

Grief, Low self-esteem, Depression, Guilt

A sense of alienation from self, friends and others

Shame

Isolation, self-imposed actions to avoid sharing the abortion experience with others

Anger, though this is often buried deeply. Depression and anger are flip sides of the same experience

### **Difficulty concentrating**

Nightmares/"baby dreams":- These may take the form of some menacing creature attacking children, or of, as a woman described them, "dead dolls, dismembered babies, or babies in distress that can't be reached."

Auditory hallucinations of a baby crying

Flashbacks of the abortion experience that are triggered by such things as vacuum cleaners, which are reminders of the suction equipment; music on Muzak that was playing during the procedure; elevators which lead up to the clinic; or cookies served after the procedure.

### **Sleep disorders**

Suicidal thoughts :- In a study done in Ohio by Suicide Anonymous Hotline over a 36-month period, of the 4000 women who called, 1800 had previously had abortions.

Inability to bond properly with subsequent children: Women will describe great difficulty in breastfeeding, bottle feeding, diaper changing and any activity that requires intimate

contact with the baby. The bond that does develop is characterized by overly protective behavior and emotional distancing.

Phantom pregnancy:-going to physicians' offices, crisis pregnancy centers, and emergency rooms believing she is pregnant.

Spiritual wound:-for many women, this may be the first experience of "serious sin." Some women fear that God will punish them, especially when it comes to future childbearing experiences.

### **Social effects**

Drug and alcohol abuse: - In a California study of 12,000 pregnant women, it was found that among those with two or more prior abortions, virtually all consumed alcohol up to three ounces per day during the entire time of their pregnancy. A Boston City Hospital study found that among inner city women enrolled in pre-natal care, those who reported cocaine use were more than twice as likely to report two abortions and were three times as likely to report three abortions compared to the non-cocaine using control group.

Relationship problems:-70% of romantic relationships end after an abortion. Some women also distance themselves from their nuclear family and from their closest friends.

Intimacy problems: women often shy away from intimate relationships with males for fear of having to reveal things about her, including her abortion.

Increased bitterness toward men--this manifests itself in terms of being able to really trust men in the future.

Child abuse-women may have inappropriate coping mechanisms for dealing with frustration until the grief issue is resolved. The abuse may be emotional in terms of distancing or actual physical striking out against a subsequent child. Women sometimes share that their "perfect child" was the one they aborted, and now they are left with this one.

#### **Physical Effects**

Physical pain:-women may describe pain such as abdominal pain, menstrual pain, or back pain.

Physical numbness

Hyper alertness

Difficulties in subsequent pregnancies:-This may include high anxiety during pregnancy, being fearful of another pregnancy loss such as a miscarriage, still birth, or ectopic pregnancy as well as infertility. It is possible that women will incur a pregnancy complication due to some damage that might have happened during or immediately following the abortion procedure, such as cervical damage, uterine scarring or fallopian tube scarring caused by low-grade infection.

Difficulties in subsequent labor and delivery, such as labors that starts and stops or that fails to progress resulting in Cesareans.

### **Methodology**

It involves the research design, settings used by the researchers, population and sampling use and also the rationale for using such methods. It also talks about data collection procedure, tools and methods of data collection, validity and reliability of the study.

### **The research design**

The research design used in this study was quantitative and descriptive design. Quantitative design is formal, systematic, objective process in which numerical data are utilized to obtain information from the world. Therefore this will help us to obtain information about criminal abortion and its effects on women in Mpobi community. It describes a situation, people or activities by systematic collection of information. Descriptive research was used because it generates room for a particular research.



## **The research settings**

The research was conducted at Mpobi community in the Afigya-Kwabre District of the Ashanti Region. The town Mpobi and close villages covers an area of about 220 kilometer squares and have a population of about twenty thousand, Two hundred and thirty seven (20,237) people as estimated from the 2012 population census. The town close to this community is blessed with a well-structured hospital which has specialized in conditions of the infant diseases and general medical practice obstetrics and gynecological unit as well as surgery. The inhabitants of Mpobi are mainly Akan with few Ewes, Northerners and Fulani's. There are Christians, Moslems, Traditionalists and other religion within the town. The main occupation in the town is both large and small scale farming, trading and government workers. The vegetation of Mpobi is tropical rainforest and the major crops produced by the farmers are tomatoes, plantain and cassava. The literacy rate in the town is average with most couple having their children in educational institutions. The town has suburbs such as Hemang, Ankaase, Aboaso, Edwiratea, and others and among these suburbs Mpobi was chosen as the study unit. Mpobi shares boundaries with Ankaase, Edwiratea and is part of Mpobi; the main work of the people of Mpobi is farming and some small scale enterprises including hairdressing. The Mpobi Township was to be used in the research but to the large nature of the population, one of the localities within the township was randomly selected to the study area.

## **Population**

Mpobi is a small community with about thousand one hundred (1100) people with about three hundred (300) males and seven hundred (700) females. Above all, 60% is youth, 20% is children and 20% is aged. This means that, the youth dominate more in that area. The population for the study was targeted on women between the ages of thirteen (13) years to women forty years and above who are residing at Mpobi in the Afigya-Kwabre Municipality.

## **Sample technique and sample size**

A sample is a representation of the population. In all, thirty women were selected from Mpobi for the research. A simple random technique was used to select the area from other localities in Mpobi Township.

By this method each area has an equal chance of being selected. After selecting the area, an accidental method was used to select thirty women from their various homes. With this method, a data was taken from the women who were available and meet the research criteria.

## **Tools and methods of data collection**

Research tool is the means by which data is collected. The researcher makes use of questionnaires which consist of thirty items including both closed and open ended questions. The questions were self-designed; it was constructed to find out the perception of women on criminal abortion and its effects. Questionnaires were developed to obtain data for the research which were in line with the research questions and objectives. The open ended questions are those questions that would make the respondent express their views freely. The closed ended questions are those questions that would give the respondent an option to select an answer from the list of items given without giving reasons.

## **Pilot study**

A pilot study was conducted to correct any ambiguity in the questionnaire. The questionnaires were given to 15 respondents at Ankaase, a community in Afigya-Kwabre. The area was selected because it has a comparable feature with the main study area. It was conducted to a clear intent about the problem in the questionnaires. Permission was sought from the Assemblyman and the chief of the area before this exercise was undertaking. After the problem has been identified there was redrafting of the questionnaire for the respondents.

### **Ethical considerations**

Consent was obtained from individual respondent. The purpose of the research was explained to the respondents and confidentiality was ensured. Their culture, values, traditions and their ideas were respected.

### **Validity and reliability**

The tools which were used actually measured what was supposed to measure,

In order to prove the reliability, a pilot study was conducted at Ankaase, one of the localities with comparable characteristics to the area under study to eliminate any biases from it and to have a clear view about the problem in order to select appropriate item for the questionnaire. It was given to resource personnel to help edit out any mistakes and with this, the content for the questionnaires were proven reliable.

### **Data collection**

Data collected from 30 respondents were analyzed using statistical data in which the results were presented by pie charts, bar chart, tables and statements.

### **Analysis of data**

This chapter deals with analysis of results and presentation of the data collected. The analysis was done in phases. The data sorted in measuring usable categories manually, analyzed and presented using frequency or bar chart or pie chart.

### **Section A**

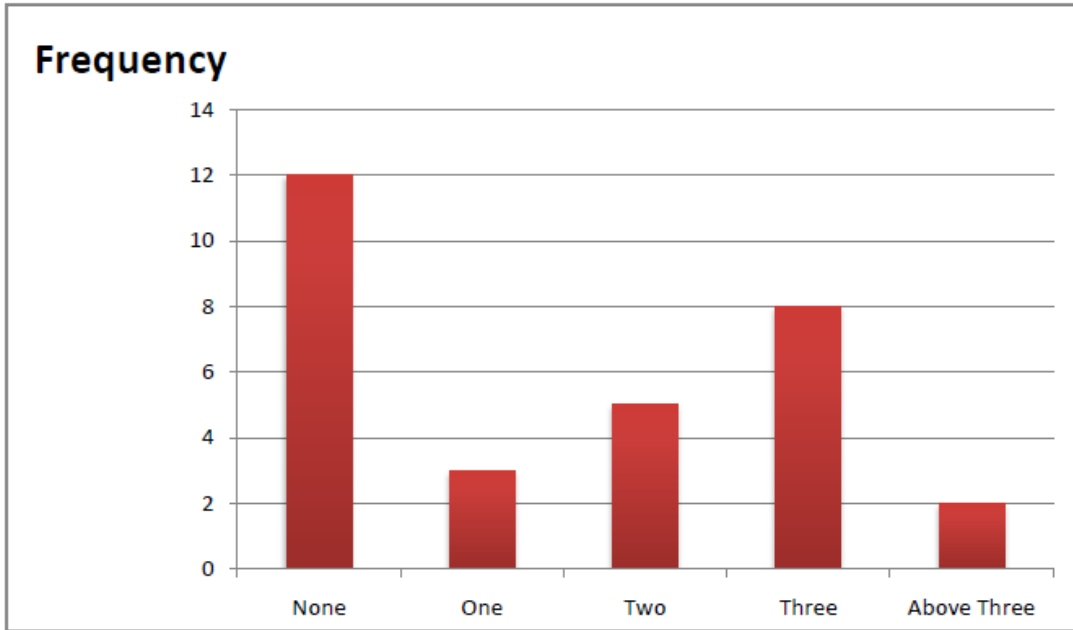
#### **Demographic data**

This describes the characteristics of the respondents. It includes their Age, Marital status, Religion, Occupational background, Ethnicity, Educational level.

**Table 1.** Age Distribution

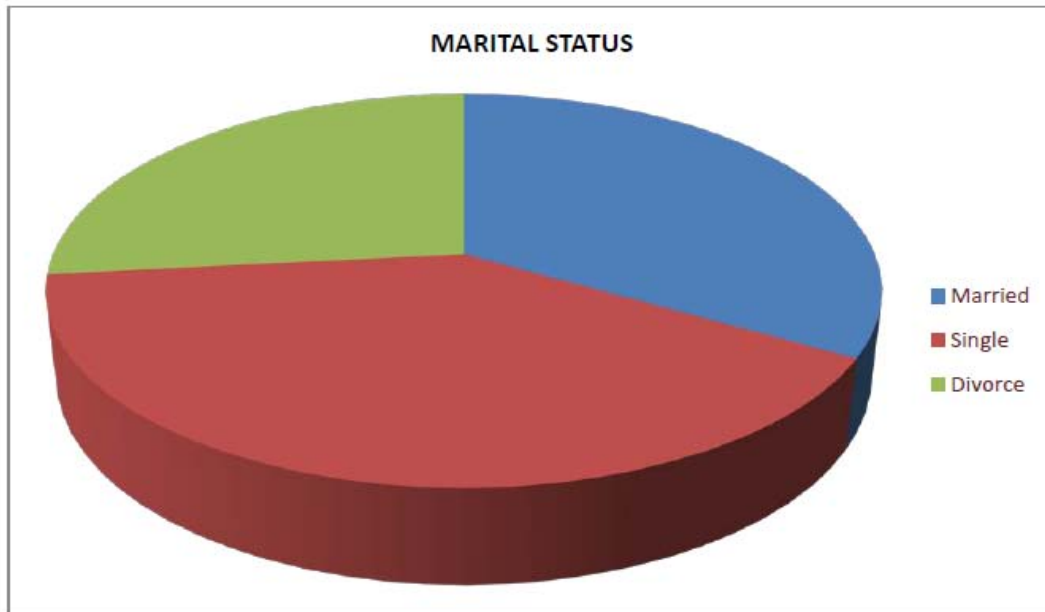
AGE	FREQUENCY	PERCENTAGE (%)
13-19	12	40
20-30	8	27
31-40	6	20
Above 40	4	13
TOTAL	30	100

Most respondent were between the ages of 13- 19 years making up 12 (40%) of the total, followed 20-30years making up 8 (27%), then 31-40years making up 6 (20%). Finally the least ages were above 40 years making up 4 (13%)



**Figure1.** Number of children of respondents

The most respondent, without children were 12 representing (40%) of the total, those having one child were 3, representing (10%), then those having two children were 5 representing (17%), those with three children were 8 representing (26%). Finally those with above three children were 2 representing (7%).



**Figure 2.** Marital status of respondent

From the figure 2, it indicates that out of 30 respondents 12 (40%) were single, 10 (33%) were married and 8 (27%) were divorced.

**Table 2.** Educational distribution of respondents

Educational Background	Frequency	Percentage (%)
Primary	11	37
J.H.S	10	33

S.H.S	5	17
Tertiary	1	3
Non- formal education	3	10
Total	30	100

The table 2, shows that 11(37%) fell between Primary education, JHS making up 10 (33%), SHS making 5 (17%), Non- formal education making up 3 (10%) and tertiary making up 1 (3%).

**Table 3.** Occupational distribution of respondents

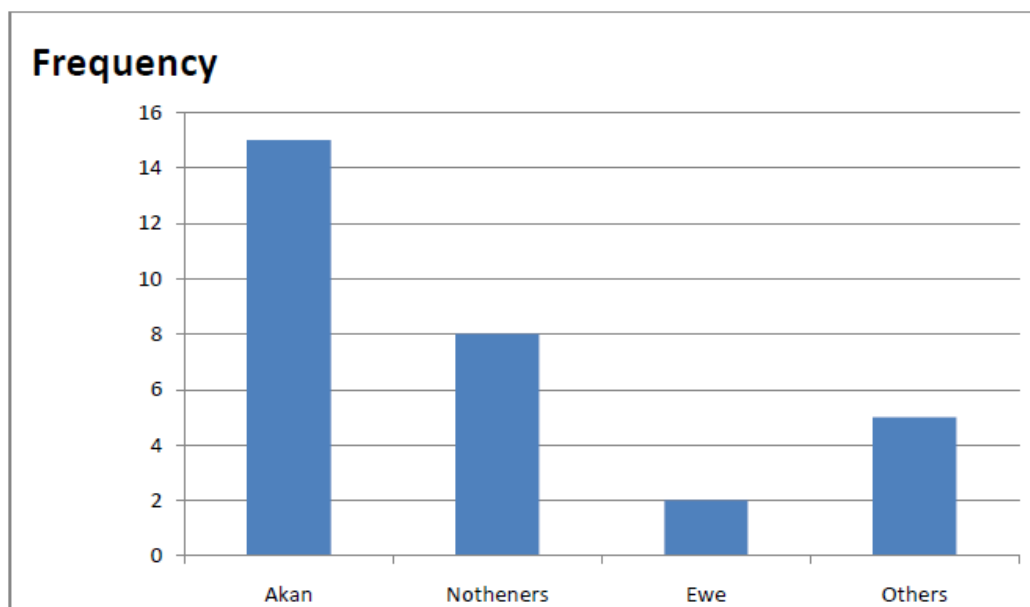
OCUPATION	FREQUENCY	PERCENTAGE (%)
Farming	4	13
Salary worker	5	17
Student	8	27
Unemployed	10	33
Self employed	3	10
Total	30	100

Table 3 show that, 10 (33%) of the respondents were unemployed, 8 (27%) were Students, 5(17%) were salary workers, 4 (13%) were farmers and 3 (10%) were self employed.

Table: 4 Distribution on religion of respondents

RELIGION	FREQUENCY	PERCENTATION (%)
Christians	20	67
Muslims	10	33
Traditionalist	-	
Others	-	
Total	30	100

From Table 4, it indicated that out of 30 respondents, 20 (67%) were Christians representing the most populated followed by 10 (33%) being Muslims.



**Figure 3.** Distribution on ethnicity of respondent

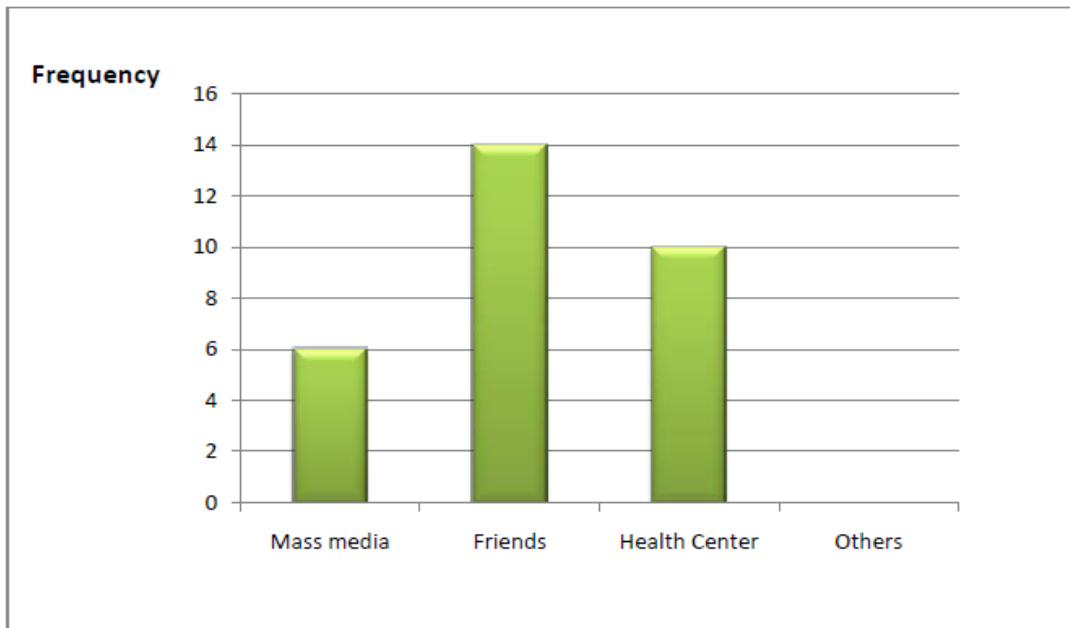
From figure 3 the bar chart shows 15 (50%) represented Akan's which is the most dominated ethnic group, followed by others (Northerners) making up 8 (26.67%).

**Section B**

**Table 5.** Distribution on perception on women’s perception of criminal abortion

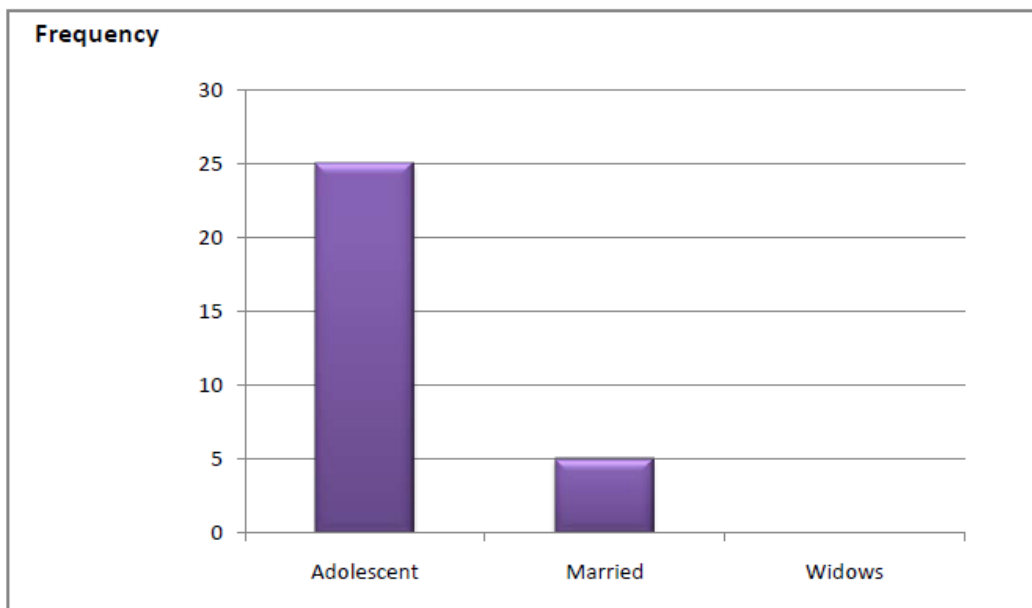
Awareness	Number of Respondents	Percentages (%)
Yes	30	100
No	0	0
Total	30	100

From table 5, out of the 30 respondents, all of them 30 (100%) said they have heard of criminal abortion before.



**Figure 4.** Distribution of perception on source of information on criminal abortion

From the figure 4, the bar chart above shows that majority are from friends representing 14 (47%), followed by health center representing 10 (33%) and the least mass media representing 6 (20%).



**Figure 5.** Distribution of perception on incidence of criminal abortion

From figure 5, the bar chart shows the highest incidence was among adolescent, comprising 25 (83%) followed by 5 (17%) married and none chose widow.

**Table 6.** Distribution of perception on countries where abortion is perform most.

COUNTRY	FREQUENCY	PERCENTAGE %
In countries where abortion is legal	2	7
Countries where abortion is illegal	8	27
In developed countries	4	13
Developing countries	16	53
Total	30	100

From table 6, the most prevalent country with criminal abortion cases are developing countries 16 (53%), followed by countries where abortion is illegal 8 (27%), then in developed countries 4 (13%) and the least is in countries where abortion is legal 2 (7%).

### Section C:

Reasons for performing criminal abortion

**Table 7.** Reasons for women performance of criminal abortion

REASONS	FREQUENCY	PERCENTAGE %
Contraceptive failure	10	33
Too many children	15	50
Pre-marital affairs	3	10
Others specify (Peer influence, financial problem, social stigma etc)	2	7
Total	30	100

From table 7, out of 30 sampled population on the reasons for criminal abortion 15(50%) said too many children, 10 (33%) said contraceptive failure, 3 (10%) said pre-marital affairs and the least populated 2 (7%) said others.

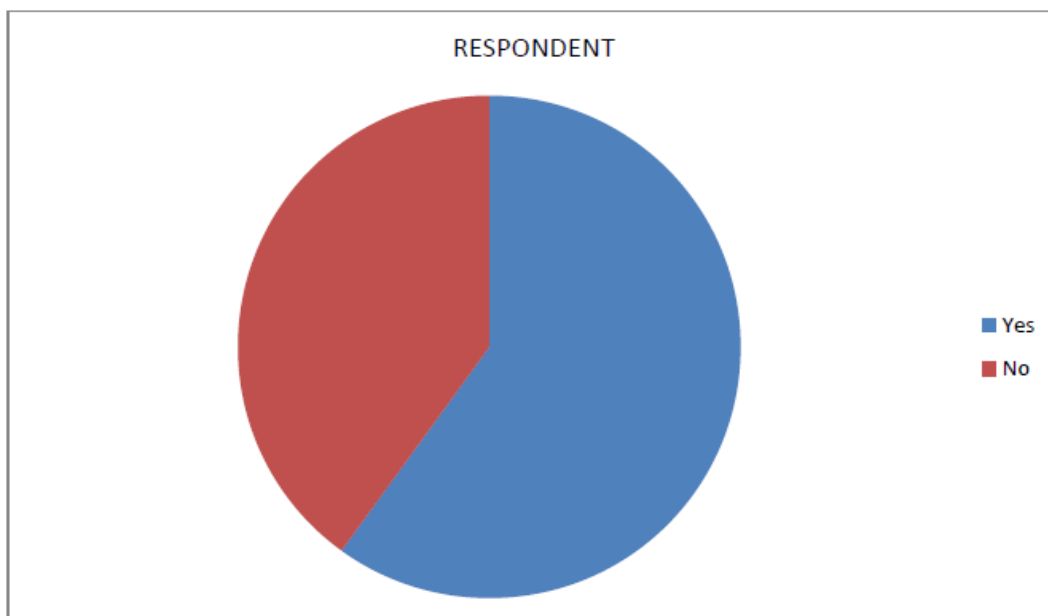
**Table 8.** The main reasons why adolescence perform criminal abortion

REASONS	FREQUENCY	PERCENTAGE (%)
The desire to remain in school	15	50
Financial concern	5	17
Fear of social reprisals	10	33
Others specify	0	0
Total	30	100

From table 8, out of 30 respondents 15 (50%) said the desire to remain in school being the highest, follow by 10 (33%) said, fear of social reprisal and the least being 5 (17%) said financial concern.

### Section D

Methods used in performing criminal abortion



**Figure 6.** A pie chart showing distribution on methods used in criminal abortion on insertion of pills

From figure 6, out of 30 sampled population on the method of insertion of pills, 18 (60%) said they insert pills and 12 (40%) said they do not.

**Table 9.** Distribution on methods use in performing criminal abortion

METHOD	FREQUENCY	PERCENTAGE (%)
Consumption of high quantity of vitamin C	10	33
Alcohol intake	5	17
Homemade concoction	15	50
Others specify	0	0
Total	30	100

From table 9, out of 30 respondents 15 (50%) said homemade concoction being the highest, follow by 10 (33%) said, consumption of high vitamin C and the least being 5 (17%) said alcohol intake.

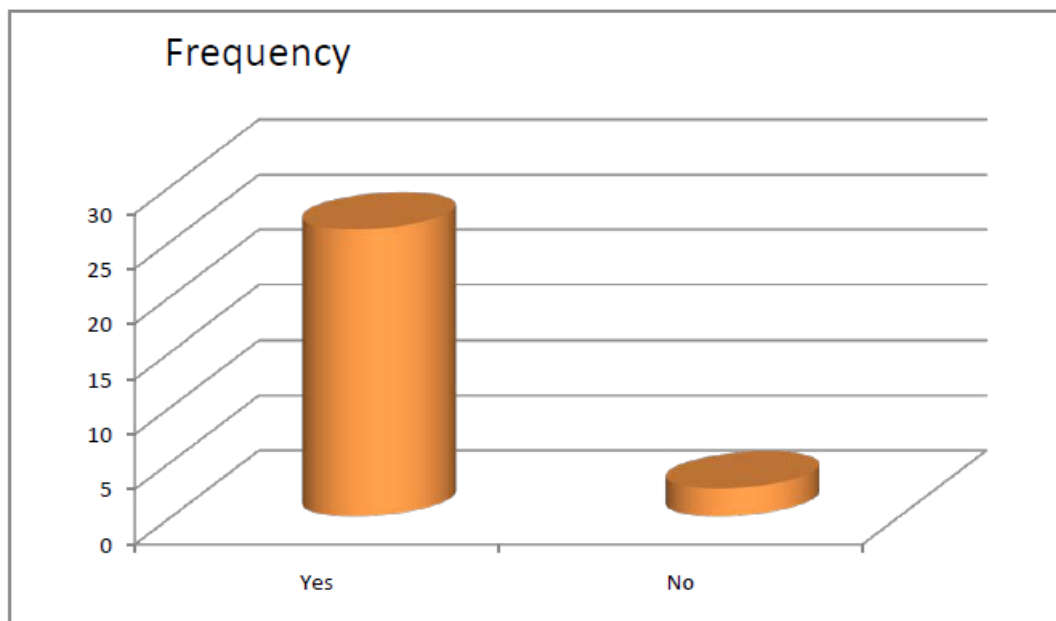
**Table 10.** Distribution on the most drug use to perform criminal abortion

DRUGS	FREQUENCY	PERCENTAGE (%)
Cytotec	23	76.67
Pennyroyal	5	17
Others (Use of broken bottles Drinking concentrated sugar solution, Taking high dose of Quinine)	2	6.67
Total	30	100

From table 10, out of 30 respondents 23 (76.67%) said cytotec which is the highest drug in use, follow by pennyroyal 5 (17%) and others 2 (6.67%) being the least.

## Section E

Effects of criminal abortion



**Figure 7.** A bar chart showing effects of maternal mortality

From figure 7, out of 30 sampled population on the effects of criminal abortion on maternal mortality, 26 (87%) said, it can leads to maternal mortality and 4 (13%) said it cannot.

**Table 8** Shows distribution on effects of criminal abortion on relationship

RESPONSE	FREQUENCY	PERCENTAGE %
YES	21	70
NO	9	30
Total	30	100

From table 8, out of 30 sampled population on the effects on relationship breakup, 21(70%) said it can lead to breakup in relationship and 9 (30%) said it cannot

Some of the respondents also gave as some of the effects of criminal abortion such as;

- Infertility
- Anemia
- Excessive bleeding
- Infection

## Discussion and conclusion

The study was intended to investigate into the perception of women at Mpobi on criminal abortion and its effects. Criminal abortions have been predominant in recent studies. This research will provide knowledge to the public on reasons, methods and effects of criminal abortion.

## Demographic data

The study from table 1, indicated that, majority of the respondents ages fell between 13-19years, making up 12 (40%), followed by 20-30years making up 8 (27%), 31-40years making up 6 (20%) and then the least was above 40 making up 4 (13%). This directly indicates that adolescents between the ages of 13-19 years were those who were captured most in our study. From figure 1,the most respondents without children were 12 representing (40%),those having one child were 3 representing (10%),those having 3 children were 5 representing (17%),those with 3 children were 8 representing (26%),and those with above 3 children were 2 representing (7%).



From the data analyzed, women who were not married were captured most in our study. They make up 12 (40%), followed by married women making up 10 (33%) and divorced women being the least number of respondents making up 8 (27%)

From table 2, these women 11 (37%) and 10 (33%) fell under J.H.S educational background respectively and one person at the tertiary level 1 (3%), S.H.S were 5 (17%) and those with none formal education, 3 making 3% this indicated that primary level leavers were those who answered most of our questions.

From table 3, the dominated women were those unemployed making up 10 (33%) followed by students making up 8 (27%), salary workers making up 5 (17%), farmers making up 4 (13%), and finally self-employed 3 (10%), this shows that, majority of the respondent were unemployed.

From table 4, most of the respondents 10 (67%) were Christians making the most dominant religious group, followed by 5 (17%) being Muslims. The research did not capture traditional and other religious groups. This is because the community is dominated by Christians. From figure 3, it indicated that the dominated ethnic group 25 (83%) were Akan, followed by 5 (17%) representing others (Hausa) meaning most of the inhabitants are Akan

### **Perception /Knowledge**

All the respondents knew about criminal abortion. From table 5 above, out of 30 respondents, 30 (100%) all said they had heard of criminal abortion. All have knowledge about it. From the 30 respondents who had knowledge about criminal abortion, 20 (73%) said it was abortion performed outside the recognized medical system, while 8 (27%) said abortion performed by a doctor. Most of the respondents who had heard about criminal abortion, had friends as their main source of information, others heard it from the health center and the rest from the media.

From figure 4, out of the number of 30 respondents 14 (47%) represents friends, the most populated represented friends followed by 10 (33%) represent health center and the least 6 (20%) represented media. According to this data it signifies that friends are the best sources of information on criminal abortion and its effects, this shows that, the study contradict with the study done in the Goma community in Kenya which stated (66.2%) of adolescents being the most populated respondents obtain information on criminal abortion from the radio. (GUABRE, 2010)

The perception on incidence of criminal abortion was also conducted among the 30 respondents. 83% said it was high among the adolescence while 17.1% said it was high in married women and the rest did not answer. The 83% agreed with and explained why the studies conducted in two hospitals in Nigeria found that of the women who said they had had criminal abortion or whose symptoms indicated that they had had criminal abortion, about 70% were adolescent, and the main reasons giving were; the desire to remain in school being the highest population 15 (50%) follow by fear of social reprisals 10 (33%) and the least being financial concern 5 (17%). The study went further to inquire from the respondents' perception in countries where criminal abortion activities were prevalent. Out of 30 respondents 16 (33%) said developing country being highest countries, followed by 8 (27%) that is countries where abortion is illegal then developed countries 4 (13%) and the least being 2 (7%), countries where abortion is legal. According to this data it signifies that most of the criminal activities occurs in the developing countries which confirms the study by Grossman (2012), an obstetrician with Ibis reproductive health which states that worldwide, an estimated 20 million criminal abortions and 70 000 maternal deaths, due to criminal abortion occurs each year and most of these events take place in developing countries. The reasons why some women perform criminal abortion was also conducted, among the 30 respondents from the data analysis made in table 4, it was stated that, 15 (50%) said too many children, followed by 10 (33%) contraceptive failure then 3 (10%) said premarital affairs and the least 2 (7%). Other said peer influence. The 15 (50%) which is too many children agrees with WHO (1997) which said that criminal abortion is a global problem and the predominant

reasons for criminal abortion were “too many children” (64.4%) then contraceptive failure (20.3%) from chapter 4 section D a study was conducted on the method used in performing criminal abortion on the use of insertion of pills, out of the 30 respondents, 18 (60%) being the most populated respondents said they use the pills and insert into the vagina to cause criminal abortion. This confirms what the New York times reported that many women surveyed, reported a wide variety of women reported inserting pills into the vagina to cause abortion. Some of the respondents also gave some method as; consumption of homemade concoction, high vitamin c intake and alcohol intake. This confirm what re (Khokhar and Gulati, 2008), reported that women in underdeveloped area of India successfully perform abortion through the follow methods; consumption of homemade concoction, high vitamin c intake and alcohol intake.

From the finding in chapter 4 section E, it reveals that out of the 30 respondents interviewed 26 (87%) of population being the highest said criminal abortion can lead to maternal death this confirms with Begum (1991), who confirmed that maternal mortality was undesirably high in Bangladesh. the rates range from, between 4.8 and 7.8 per 100 live births and many of this death was caused by criminal abortion related complications. Also further studies were made on its effect on the relationship and not the 30 respondents interviewed. Twenty one (70%) being the highest population said it can lead to relationship breakup, this agrees with a Boston city hospital study which found that among inner city women enrolled in pre-natal care, those 6 who reported on relationship breakup after criminal abortion were 70%.

### **Summary**

The research was conducted using women from the ages of 13 and above in Mpobi in the Afigya-Kwabre District of the Ashanti Region.

The research was conducted to ascertain the perception of women on criminal abortion and its effects. In all 30 women were selected using a simple random method for the study.

Questionnaires were used to collect the views of women in Mpobi on the perception, reasons, methods and effects of criminal abortion. The quantitative and descriptive approach was used for the study.

It was identified in the research that most women have knowledge about criminal abortion. Most or all the respondents knew that criminal abortion is an abortion performed outside the recognized medical system.

### **Conclusion**

Based on the findings of the study, the following conclusions were made: Most women knew of criminal abortion and gave some reasons, methods and effects of performing criminal abortion. Most of them gave some of the reasons as too many children and contraceptive failure. Some of the methods given were insertion of pills, use of cytotec and homemade concoction. They also mentioned some of the effects as maternal mortality and relationship problems.

### **Recommendations**

Special and free adult education should also be given to the families especially targeting on the primary and JHS leavers since they were mostly engaged in illegal abortion.

The government should develop solid policies to restrict criminal abortions, expand and provide well equipped laboratories in most remote clinics and hospitals in communities for easy access to be checked for which family planning method is suitable for each person.

The affluent, private thriving businesses and NGO's should come cooperatively to aid and make family planning methods, screening and medications free or at least cost a penny for to aid prevent criminal abortion.

There is a need for proper education about the harmfulness of criminal abortion and the after effects of abortion. Proper education, awareness, training session and guidance should

also be given to the people who are involved in criminal abortion about the after effects of the abortion.

Family planning methods should be taught to the adolescent by their immediate parents, guardian and any other respected people in the community.

The church and various Religious faith should be endowed with knowledgeable personnels who can help assimilate to the adolescent the righteous acts of not ending the life of a growing foetus on the account of unexpected results from gratifying the fleshly unsuccummable strong desire for sex.

The adolescent should be raised well with proper standards to bring in consciousness that what one perception starts from the heart through the sensual gates of the body especially the eyes, so as to gain requisite knowledge, self-help and channelling the perceived thoughts with the appropriate approach.

Illegal abortion cases should also be restricted by paying attention to the lifestyle of our growing female wards. The government, persons and personals and the matured should each play his role in this regard.

There should be more education on family planning methods such as the use of condoms.

Drawing attention to the unmet demand for family planning methods among all groups is essential in preventing unwanted pregnancy and decrease abortion.

Further studies that examine partner involvement in the decision making process, access to health facilities unmet needs for contraception and contraceptives failure may enlighten us as to why married women, who might seem to have other options, make the decision to induce abortion.

Studies addressing the legal aspect of sexuality and reproduction right women and needed for urgently.

### **Implication for nursing practice**

The findings have majority implications for nursing services, education and administration. The finding that most women perform criminal abortion due to contraceptive failure calls for nursing attention. In the same regard the finding that most adolescence are engaged in criminal abortion calls for attention for nurses to go to senior high school, tertiary and the community to give education on criminal abortion and its effect on the individual and the society as a whole.

### **Acknowledgement**

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### **Dedication**

This work is dedicated to the Almighty God for granting me the gift of wisdom, knowledge and understanding. I also dedicate the work to mine parent and all those who in diverse way contributed in making this research a successful one.

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