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DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES

DETERMINANTS OF UNSAFE ABORTION AMONG TEENAGERS WITHIN THE AGES OF 13 TO 19 YEARS AT NSAPOR, BEREKUM.

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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study investigated the determinants of unsafe abortions among teenagers (13-19 years) at Nsapor, Berekum. A descriptive cross-sectional study design was used. The sample population was obtained using a judgmental/purposive sampling technique. A total of 50 teenagers were sampled for the study. The data for the study was collected by use of structured and semi structured questionnaires. The study found that the all (100%) the respondents indicated that they had ever heard of abortion before. Majority (62%) had their source of information from friends followed by health care provider (28%) and mass media (10%). Almost all (96%) the respondents indicated that avoidance of parental/guardian disappointment influences the practice of unsafe abortion. Majority of the respondents also indicated that desire to pursue education (90%), stigma of unplanned pregnancy (86%) and desire to bear children only after marriage (80%) are factors that influences the practice of unsafe abortion. All (100%) the respondents mentioned that unsafe abortion can result in excessive bleeding, Majority of the respondents indicated that unsafe abortion can also lead to infertility (98%), abdominal pain (94%) and death (86%). The study recommended that the Ministry of Health should carry out effective adolescent's reproductive and sexual health interventions. The mass media should create awareness on youth-friendly services which will increase its utilization by adolescents and go a long way in preventing unsafe abortion. The study concluded that respondents had good knowledge regarding unsafe abortion. Majority heard of abortion form their friends. Misoprostol/Cytotec was the most commonly known abortifacient among respondents.

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ABBREVIATION

CASP	Critical Appraisal Skills Programme

HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

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Our first and foremost gratitude goes to the almighty God by whose grace and guidance we have come to this far. We are much grateful to our respondents for their precious time, patience, tolerance and information shared with us that made this project a reality.

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CHAPTER ONE

INTRODUCTION

The chapter presents the background of the study, problem statement, general objective, specific objectives and operational definition of terms.

1.0 Background of the study

The World Health Organization (WHO) defined a teenager as an individual who is between the ages of 13 to 19 years and an adolescent as an individual between the ages of 10 to 19 years. Globally, the population of teenagers is 1.2 billion, which is 18 percent of the world population, with over 580 million being females (World Health Organization, 2021).

Teenage pregnancy and early parenthood is a difficult task. It is characterised by unexpected responsibility of child care, with its consequences on the teenager, family, community and the nation at large (Maranhão et al., 2019). Pregnant teens are bedeviled with enormous health problems including preterm and low birth babies, maternal mortality, unsafe abortions, perinatal, neonatal and infant mortality, anaemia, prolonged labour, obstructed labour fistulas, puerperal sepsis, HIV/AIDS, school dropout and poverty (WHO, 2021).

Each year, around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion (WHO, 2021). Estimates indicate that 46 million pregnancies are voluntarily terminated each year-27 million legally and 19 million outside the legal system (Maranhão et al., 2019). In the latter case the abortions are often performed by unskilled providers or under unhygienic conditions or both (Singh, 2020).

Global estimates from 2010–2014 demonstrate that 45% of all induced abortions are unsafe. Of all unsafe abortions, one third were performed under the least safe conditions, i.e., by untrained persons using dangerous and invasive methods (WHO, 2021).

Unsafe abortion is the termination of unplanned pregnancy either by individuals without the requisite skills or in a place lacking minimal medical standards or both (WHO, 2021). Unsafe abortion is one of the neglected problems of health care in developing countries. It is characterized by inadequacy of skills on the part of the provider and use of hazardous techniques and unsanitary facilities. Hence, the women who resort to clandestine facilities and/or unqualified providers put their health and life at risk (Singh, 2020).

Developing countries bear the burden of 97% of all unsafe abortions. More than half of all unsafe abortions occur in Asia, most of them in south and central Asia. In Latin American and Africa, the majority (approximately 3 out of 4) of all abortions are unsafe. In Africa, nearly half of all abortions occur under the least safe circumstances (WHO, 2021).

Lack of access to safe, affordable, timely and respectful abortion care, and the stigma associated with abortion, pose risks to women's physical and mental well-being throughout the life-course (WHO, 2021). Inaccessibility of quality abortion care risks violating a range of human rights of women and girls, including the right to life; the right to the highest attainable standard of physical and mental health; the right to benefit from scientific progress and its realization; the right to decide freely and responsibly on the number, spacing and timing of children; and the right to be free from torture, cruel, inhuman and degrading treatment and punishment.

Each year, 4.7–13.2% of maternal deaths can be attributed to unsafe abortion (Singh, 2020).

In developed regions, it is estimated that 30 women die for every 100 000 unsafe abortions. In developing regions, that number rises to 220 deaths per 100 000 unsafe abortions (WHO, 2021).

In Lusaka, Zambia most girls between 13 to 19 years had very low knowledge about contraceptive use and therefore ended up performing clandestine abortions. Reasons for the unsafe abortion practice were; fear of facing personal shame and social stigma following premarital pregnancies such as parental disapproval, abandonment by the partner and expulsion from school. Limited access to contraception and the stigma attached to abortions are likely to continue to compel girls to rely on unsafe abortions if comprehensive adolescent reproductive health services are not reached. Abortion is procured in unsafe and unsanitary conditions that put the lives of pregnant teenage girls at risk. Teenagers engage in sexual behaviors that put them at risk of unwanted pregnancies. The necessity to give adolescent girls more attention and advocacy is obvious (Dahlback et al., 2019).

In Rwanda, despite legal restrictions and strong stigma around abortion, 22% of unintended pregnancies in Rwanda end in induced abortions, this is because women who want to postpone or stop child bearing, 19% do not use contraceptives. Most of abortions are common in Kigali. The likelihood of complication is directly linked to who performs the abortion. 34% of unsafe abortions are performed by untrained individuals like traditional healers and 17% are selfinduced by women (Manisuli, 2019).

Unsafe abortion is an issue of great concern in Ghana; it is a major contributor of maternal deaths of 580 per 100,000 live births in the country. Unsafe abortion complications account for about 22% to 30% of maternal deaths, these complications include; severe bleeding, septicaemia, perforated uterus, anaemia, trauma to abdominal organs and sometimes death as a result of severe complications (Atakro et al., 2019).

In developing countries more so in Ghana, it is difficult to obtain comprehensive information/records on the induced abortion and to create accurate measures of its extent of uptake because women who seek abortion services and most health providers are reluctant to respond to survey questions concerning abortion as a result they even underreport due to fear of the restrictive law on abortion, stigma with abortion at individual, community and institutional levels (Benson et al., 2020).

The common causes of unwanted pregnancies for people to seek induced abortion are inability to access, use or failure of the contraceptive methods to protect against unwanted pregnancies. Other reasons are marital status, area of residence, pregnancies as a result of sexual abuse, economic status, education level, being young and lack of support from family/relative (Tilahun et al., 2019).

Societal determinants like social norms, religion, cultural norms that creates stigma for unwanted pregnancies greatly force people to seek for concealed abortion (Jones & Jerman, 2017). Other environmental factors like existence of sex education, the health care system and abortion laws all influence the decisions where to have an induce abortion by women (Vongxay, 2020).

The consequences of unsafe abortion are huge and inimical to the health and well-being of Ghana's teenage population and development in general (Atakro et al., 2019). Although adolescents are cognizant of abortion as a health-care service, their knowledge around specific issues of legality, methods of pregnancy termination and how to access abortion is low (Mote et al., 2020).

It is against this background that this study attempted to investigate the determinants of unsafe abortions among teenagers (13-19 years) at Nsapor, Berekum.

1.1 Problem statement

Abortion is a common health intervention. It is safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills (WHO, 2021). Unsafe abortion is a leading – but preventable – cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities and health systems. Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue (WHO, 2021).

In Sub-Saharan Africa, 3.9% of maternal deaths are due to unsafe abortion arising from an estimated 19 million unsafe abortions performed annually and half of the proportion of the women will need medical care for complications (United Nations, 2018). According to 2017 Ghana Maternal Health Survey report, twenty percent (20%) of women of reproductive age group in Ghana have ever had an induced abortion due to unplanned and unwanted pregnancies. These, mostly contributed by non or low uptake of contraceptives to limit fertility or space next births result in increased rates of unsafe abortion that accounts for about 12% of maternal deaths in the country (Rominski et al., 2018). This study therefore seeks to identify the determinants of unsafe abortions among teenagers (13-19 years) at Nsapor, Berekum.

1.2 General objective

The main objective of the study was to identify the determinants of unsafe abortion among teenagers (13-19 years) at Nsapor, Berekum.

1.3 Specific objective

The study seeks to;

1. determine the knowledge of unsafe abortion among teenagers (13-19 years)
2. investigate the factors influencing the practice of unsafe abortion among teenagers (13-19 years)
3. assess the effects of unsafe abortion among teenagers (13-19 years)

1.4 Operational definition of terms

Teenagers: People from the age of 13 to 19 years.

Pregnancy: The period between conceptions to delivery.

Unsafe abortion: Is the termination of unplanned pregnancy either by individuals without the requisite skills or in a place lacking minimal medical standards or both.

Induced abortion: It is deliberate termination of pregnancy and expulsion of its products.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter focuses on empirical reviews unsafe abortion. It provides detailed literature on the determinants of unsafe abortions. The review looks at WHO response to unsafe abortion, knowledge on unsafe abortion, factors influencing the practice of unsafe abortion and effects of unsafe abortion.

2.1 WHO Response to Unsafe Abortion

According to WHO, unsafe abortion is one of the three leading causes of maternal mortality, along with hemorrhage and sepsis from childbirth (Barot, 2019). The good news is that deaths from unsafe abortion worldwide have dropped from 69,000 in 1990 to 47,000 in 2008, paralleling the one-third cut in maternal mortality from 546,000 deaths in 1990 to 358,000 in 2017. The bad news is that the proportion of women dying from unsafe abortion has remained stagnant at approximately 13% of maternal deaths, even though deaths from unsafe abortion can largely be prevented (Barot, 2019).

World Health Organization provides global technical and policy guidance on the use of contraception to prevent unintended pregnancy, provision of information on abortion care, abortion management (including miscarriage, induced abortion, incomplete abortion and fetal death) and post-abortion care (WHO, 2021). In 2021, WHO published an updated, consolidated guideline on abortion care, including all WHO recommendations and best practice statements across three domains essential to the provision of abortion care: law and policy, clinical services and service delivery. WHO also maintains the Global Abortion Policies Database.

This interactive online database contains comprehensive information on the abortion laws, policies, health standards and guidelines for all countries (WHO, 2021).

2.2 Knowledge of Unsafe Abortion

Abortion is the oldest known cure of unwanted pregnancies and has been practiced in almost all races through using various traditional methods (Benson et al., 2020). Inadequate knowledge regarding abortion could result in loads of consequences (Tilahun et al., 2019).

A cross-sectional study was conducted among girls between 13-19 years to assess their knowledge on unsafe abortion. Simple random sampling technique was used to select 544 participants for the study. Data analysis was done using Statistical Package for Social Sciences (SPSS) version 24. The study reveled that respondents had very low knowledge about unsafe abortion. They however engage in such practices because of fear of facing personal shame and social stigma following premarital pregnancies such as parent disapproval, abandonment by partner and expulsion from school (Dahlback et al., 2019).

A descriptive, cross-sectional design was conducted in Lao, Southern Asia. The study assessed awareness and attitudes towards abortion and associated factors among adolescents. The calculated sample size was 785 subjects, which was rounded up to 800 for implementation. Data were collected using a structured questionnaire and entered into the EPI Data version 3.1. All analysis was undertaken using STATA v.13. The study found that one-third of respondents (31.5%), were aware of induced abortion. Of those who had heard of induced abortion (71%) believed the decision on whether to have an abortion should be the female's personal choice. Most of these participants (78.6%) agreed a person should have an abortion where to continue the pregnancy would endanger a woman's life, or in the case of rape (62.3%); where there was a fetal abnormality (74.6%); the women was single (57.9%) or to continue her study (62.7%). Among adolescents who had heard of abortion, the mean score

on the knowledge about abortion index was 5.2 ± 3.8 based on a scale from 0–10, with 10 the highest possible score. Of participants who had heard of abortion, 47.6% had a high level of knowledge, with females having a higher knowledge scores than males (53.2% vs. 38.5%, respectively). Only a few participants (12.5%) knew medical abortion or substances that could be taken to induce abortion, although females knew more than males (18.6% vs. 10.6%, respectively). Those aware of medical abortion methods cited tablets inserted vaginally (43.2%), boiled roots (29.7%), beverages (27%), painkillers/antibiotics (Cafenol, Panadol, ampicillin, aspirin, Anadin) (16.2%), Misoprostol/Cytotec (10.2%), and physical removal (8.1%). Regarding preferred sources of sexual and reproductive health information participants said school teachers (24.6%), followed by social media (17%) and TV/radio (15.7%). The study concluded that in the case of unintended or unwanted pregnancy, adolescents must also have adequate knowledge and access to safe abortion and associated counselling services. This study suggested a need to increase sexual and reproductive health literacy including information about safe abortion (Vongxay, 2020).

A descriptive cross-sectional study was conducted among adolescent female students in Moshi Municipality, Kilimanjaro Region, Northern Tanzania to determine the level of knowledge, attitude, and practices of induced abortion. Eligible participants were selected by a multistage sampling technique. A total of 342 secondary school girls aged 15–19 years were selected. Semi structured self-administered questionnaires were used for data collection. Data were entered and analyzed using SPSS software. The study found that respondents had a low level of knowledge on induced abortion. The most common source of information on abortion among respondents was friends (42.6%), followed by mass media (39.2%), books/pamphlets/posters (7.5%), health care providers (7.2%), and other sources (3.5%). Out of 342 respondents, 52 (15.2%) reported being sexually experienced, and 28/52 (53.8%) of sexually experienced respondents used family planning. A very small proportion of

respondents, 19/342 (5.6%), reported being pregnant before and had an abortion. The study recommended that effective adolescent's reproductive and sexual health intervention is warranted to prevent unwanted pregnancies in this setting (Kimbwereza et al., 2020).

2.3 Factors influencing the Practice of Unsafe Abortion

Evidence shows that restricting access to abortions does not reduce the number of abortions; however, it does affect whether the abortions that girls attain are safe and dignified. The proportion of unsafe abortions are significantly higher in countries with highly restrictive abortion laws than in countries with less restrictive laws (WHO, 2021). Adolescents and girls' resort to unsafe methods of abortion because they lack access to resources and are likely to delay seeking care until it's too late to legally obtain safe services at a health-care center. Commonly used unsafe methods include herbal or chemical concoctions, foreign objects inserted in the vagina and seeking the care of traditional healers (Mote et al., 2020).

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and sexual health intervention is warranted to prevent unwanted pregnancies in this setting (Kimbwereza et al., 2020).

A qualitative descriptive study design was used to assess factors that contribute to unsafe abortion practices in the Ashanti Region of Ghana. Purposive sampling technique was employed in selecting participants. Data were collected through key informant interviews and focus group discussions. One hundred and eleven participants were involved in the study. Data analysis was carried out through qualitative content analysis. The study revealed that several factors are responsible for unsafe abortion practices in Ghana. Lack of knowledge on safe abortion services, poor socio-economic conditions, cultural and religious beliefs, a stigma of unplanned pregnancy, a desire to bear children only after marriage, attempts to avoid parental/guardian disappointment and resentment, and a desire to pursue education were cited by participants as situations that contributed to unsafe abortion practices. The study recommended that measures such as Aunty Jane, Ms. Rose and Women Help Women programmes can be publicized to reduce maternal morbidity and mortality that occur as a result of unsafe abortions in Ghana. Improvement in family planning education in educational institutions needs to be considered in order to reduce the rate of unwanted pregnancies among young women in school (Atakro et al., 2019).

A descriptive survey was conducted among Ghanaian young women to examine the associations between demographic and socio-economic factors and pregnancy termination. The survey used a stratified two-stage sampling method. A sample size of 2114 young women (15–24 years) was considered for the study. The statistical software Stata version 13 was used to process the data. The study found that the likelihood of having a pregnancy terminated was high among young women who were working compared to those who were not working. Young women who had their first sex at the age of 20–24 and those whose first sex occurred at first union had lower odds of having a pregnancy terminated compared to

those whose first sex happened when they were less than 15 years. Young women with parity of three or more had the lowest odds of having a pregnancy terminated compared to those with no births. The study recommended that Government and non-governmental organizations in Ghana should help develop programs (e.g., sexuality education) and strategies (e.g., regular sensitization programs) that reduce unintended pregnancies which often result in pregnancy termination (Ahinkorah et al., 2021).

2.4 Effects of Unsafe Abortion

Estimates from 2012 indicate that in developing countries alone, 7 million women per year were treated in hospital facilities for complications of unsafe abortion (Singh, 2020). Physical health risks associated with unsafe abortion include: incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus), haemorrhage (heavy bleeding), infection, uterine perforation (caused when the uterus is pierced by a sharp object) and damage to the genital tract and internal organs as a consequence of inserting dangerous objects into the vagina or anus (Singh, 2020). An estimated five million women from less developed countries are hospitalised every year for unsafe abortion complications such as haemorrhage, infections and perforations (Gebremedhin et al., 2018).

Adolescents who have unintended pregnancies may resort to unsafe abortion practices due to socio-economic factors and the cultural implications of being pregnant before marriage and the legal status of abortion. Adolescents clandestinely use self-prescribed drugs or beverages, insert sharps in the genitals, and most often consult traditional service providers (Atuhaire, 2019).

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a multistage sampling technique. A total of 342 secondary school girls aged 15–19 years were selected. Semi structured self-administered questionnaires were used for data collection. Data were entered and analyzed using SPSS software. The study found that out of 342 respondents, 52 (15.2%) reported being sexually experienced, and 28/52 (53.8%) of sexually experienced respondents used family planning. More than two-thirds, 68.4% (13/19) of respondents experienced complications, compared with 31.6% who did not. Of those 13 respondents who experienced complications post-abortion, 61.5% reported excessive bleeding, followed by abdominal pains (30.8%), and nausea/vomiting (7.7%). The study recommended that effective adolescent's reproductive and sexual health intervention is warranted to prevent unwanted pregnancies in this setting (Kimbwereza et al., 2020).

A descriptive survey was conducted on abortion among adolescents in Africa. The survey unveiled abortion practices in Africa, its consequences, and control strategies among adolescents. A total of 25 studies published from 2000 to 2018 that met the Critical Appraisal Skills Programme (CASP) standard were thematically reviewed. These studies indicated that abortion is a neglected problem in health care in developing countries, and yet decreasingly safe abortion practices dominate those settings. Adolescents who have unintended pregnancies may resort to unsafe abortion practices due to socio-economic factors and the cultural implications of being pregnant before marriage and the legal status of abortion. Adolescents clandestinely use self-prescribed drugs or beverages, insert sharps in the genitals, and most often consult traditional service providers. Abortion results in morbidities such as sepsis, severe anaemia, disabilities, and, in some instances, infertility and death. Such events can be controlled by the widening availability of and accessibility to contraceptives among adolescents, advocacy, and comprehensive sexuality education and counselling. The study concluded that adolescents are more likely to use clandestine methods of abortion

whose consequences are devastating, lifelong, or even fatal. Therefore, awareness and utilization of youth-friendly services would minimize the problem (Atuhaire, 2019).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter provides, the study area and study population, study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and limitations of the study.

3.1 Study area

The study was conducted in Nsapor, a suburb of Berekum in the Berekum East Municipality. The inhabitants of the town are mainly farmers with some percentage being traders, drivers and other government workers. The area has a Clinic and a Primary/Junior High school. The community has a population of about 500 with about 60% are young children and teenagers. Nsapor enjoys adequate supply of electricity from the electricity company of Ghana (ECG). It has a reliable water supply and good roads. The area has adequate number of churches and drinking bars. Crops grown in the area include cashew, yam, pepper and cassava.

3.2 The study population

Castillo (2016) asserted that a population is a large collection of individuals that develop the key focus of a scientific enquiry. In light of this, the study will engage households in Nsapor, Berekum Municipality. The focus will be on teenagers within the ages of 13 – 19 years. Subjects will be drawn from areas within Nsapor.

3.3 Study design

A descriptive cross-sectional design was used in this study. This is a study in which data is provided for describing the status of phenomena or relationship among phenomena at a fixed

point in time. This method is observational in nature and are known as descriptive research. The design was used because of the study population, available resources, time factor and the objectives set for study. It is designed to assess the determinants of unsafe abortion among teenagers at Nsapor, Berekum of the Berekum East Municipality.

3.4 Sampling technique and Size

Judgmental/purposive sampling techniques were used to select 50 teenagers. Purposive sampling technique was used to get the respondents. This was done by moving from house to house to look for the respondents and the questionnaire administered to them.

3.5 Data collection methods and instruments

Data collection will be done through the use of structured and semi structured questionnaires consisting of both closed ended and open-ended questions for easy expression of views and ideas.

3.6 Data analysis techniques

The data obtained from the field was analyzed with the help of Microsoft excel to determine its significance and this was done using bar charts and pie charts, and tables.

3.7 Ethical consideration

Ethical approval of the research was obtained from the Chiefs and Elders of Nsapor community before setting out on the field. Permission was also sought from the board and Management of the Nsapor clinic. Verbal consent from the participants was taken. Anonymity and confidentiality of participants on the questionnaire was guaranteed.

Participants joined the study at their free will and were free to withdraw at any stage.

3.8 Limitation of the study

The study was limited to only teenagers at Nsapor, Berekum Municipality. Due to time and financial constraints, the study did not cover all the areas in Nsapor. The research team had no financial support hence a smaller size was used and this made it difficult to generalize the study finding.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation & Analysis

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analysed using Microsoft Excel. Descriptive statistical measures, such as tables with averages and percentages, along with graphs are used to show the occurrence of different observations as investigated in the study.

4.1 Student's Demographic Variables

Table 4. 1: Respondents Demographic Variables

Variable	Category	Frequency	Percentage
Age	13-15 years	34	68
	16-19 years	16	32
Occupation	Schooling	39	78
	Not schooling	11	22
Educational level	Primary	1	2
	Junior High	17	34
	Senior High	23	46
	Tertiary	5	10
	None	4	8
Religion	Christian	35	70
	Muslim	13	26
	Traditional	2	4
Have you ever been pregnant?	Yes	8	16
	No	42	84
If yes (Q6); state number of times	Once	6	75
	Twice	2	25

Regarding the ages, most of the respondents (68%) were within the ages of 13 to 15 years and 32% were within the ages of 16 to 19 years. Majority (78%) of the respondents were schooling with only (22%) who were not schooling. On the level of education of the study participants, most of the respondents (46%) had Senior High education followed by Junior High (34%), tertiary (10%), no education (8%) and primary education (2%). Regarding religion, most (70%) of the respondents indicated that they were Christians followed by 26% who were Muslims and only 4% belonged to the African Traditional religion. Only (16%) of the respondents had ever been pregnant. Out of the 8 who had ever been pregnant, 75% had been pregnant once and 25% had been pregnant twice.

4.2 Knowledge of Unsafe Abortion

Table 4. 2: Knowledge of Unsafe Abortion

Variable	**Category**	**Frequency**	**Percentage**
Have you ever heard of abortion before?	Yes	50	100
	No	0	0
Indicate your source of information	Books/posters	0	0
	Friend (s)	31	62
	Health care provider	14	28
	Mass media	5	10
	Other (specify)	0	0
Indicate the means or substance you know can be used to cause abortion	Boiled roots	5	10
	Beverages	7	14
	Misoprostol/Cytotec	32	64
	Insertion of cassava sticks	6	12
	Other (specify)	0	0

All (100%) the respondents indicated that they had ever heard of abortion before. Majority (62%) had their source of information from friends followed by health care provider (28%) and mass media (10%). The most (64%) commonest means or substance for abortion that respondents knew about was the use of misoprostol/Cytotec followed by beverages (14%), insertion of cassava sticks (12%) and boiled roots (10%).

4.3 Factors Influencing the Practice of Unsafe Abortion

Table 4. 3: Factors Influencing the Practice of Unsafe Abortion

Variable	Frequency	Percentage
Stigma of unplanned pregnancy	43	86
A desire to bear children only after marriage	40	80
To avoid parental/guardian disappointment	48	96
A desire to pursue education	45	90
Lack of money	38	76

Table 4.3 depicts factors influencing the practice of unsafe abortion, almost all (96%) the respondents indicated that avoidance of parental/guardian disappointment influences the practice of unsafe abortion. Majority of the respondents also indicated that desire to pursue education (90%), stigma of unplanned pregnancy (86%) and desire to bear children only after marriage (80%) are factors that influences the practice of unsafe abortion. Most (76%) of the respondents indicated that lack of money influences the practice of unsafe abortion.

4.4 Effects of Unsafe Abortion

Table 4. 4: Effects of Unsafe Abortion

Variable	Frequency	Percentage
Infertility	49	98
Death	43	86
Excessive bleeding	50	100
HIV/AIDS	27	54
Infection	33	66
Uterine perforation	35	70
Abdominal pain	47	94
Other (specify)	0	0

Table 4.4 shows the effects of unsafe abortion, all (100%) the respondents mentioned that unsafe abortion can result in excessive bleeding, Majority of the respondents indicated that unsafe abortion can also lead to infertility (98%), abdominal pain (94%) and death (86%). Most of the respondents indicated that unsafe abortion can lead to uterine perforation (70%) and infection (66%). Over half (56%) of the respondents cited that unsafe abortion can lead to HIV/AIDS.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter provides an in-depth look at the major findings that emerged out of the research, comparison of the analyzed data with findings from other literature, conclusion, and recommendations.

5.1 Discussions

The discussion was done based on the specific objectives of the study.

5.1.1 Knowledge of Unsafe Abortion

In the current study all the respondents indicated that they had ever heard of abortion before depict good knowledge about unsafe abortion. Contrastingly, a study by Dahlback et al. (2019) found that respondents had very low knowledge about unsafe abortion. Inadequate knowledge regarding abortion could result in loads of consequences (Tilahun et al., 2019). However, a study by Vongzay (2020) found that of respondents (71.5%), were aware of unsafe abortion and this finding is in line with that of the current study.

The current study found that majority (62%) had their source of information from friends followed by health care provider (28%) and mass media (10%). Similarly, a study by Kimbwereza et al. (2020) found that the most common source of information on abortion among respondents was friends (42.6%), followed by mass media (39.2%), books/pamphlets/posters (7.5%), health care providers (7.2%), and other sources (3.5%).

The most (64%) commonest means or substance for abortion that respondents knew about was the use of misoprostol/Cytotec followed by beverages (14%), insertion of cassava sticks (12%) and boiled roots (10%). Equally, a study by Vongzay (2020) found that respondents

aware of abortion methods cited tablets inserted vaginally (43.2%), boiled roots (29.7%), beverages (27%) and painkillers/antibiotics (Cafenol, Panadol, ampicillin, aspirin, Anadin) (16.2%).

5.1.2 Factors Influencing the Practice of Unsafe Abortion

In the current study almost all (96%) the respondents indicated that avoidance of parental/guardian disappointment influences the practice of unsafe abortion. Majority of the respondents also indicated that desire to pursue education (90%), stigma of unplanned pregnancy (86%) and desire to bear children only after marriage (80%) are factors that influences the practice of unsafe abortion. Similarly, a study by Kimbwereza et al. (2020) found that more than a quarter, (26.3%) of respondents induced abortion to finish school, followed by fear of parents' reactions (26.3%), lack of money to support the child, (21.1%), rejection by partner and family, (15.8%), and shame in society (10.5%). A study by Dahlback et al. (2019) found that respondents engage in such practices because of fear of facing personal shame and social stigma following premarital pregnancies such as parent disapproval, abandonment by partner and expulsion from school.

In the current study most (76%) of the respondents indicated that lack of money influences the practice of unsafe abortion. Equally, Atakro et al. (2019) asserted that poor socio-economic conditions, cultural and religious beliefs, a stigma of unplanned pregnancy, a desire to bear children only after marriage, attempts to avoid parental/guardian disappointment and resentment, and a desire to pursue education were cited by participants as situations that contributed to unsafe abortion practices.

5.1.3 Effects of Unsafe Abortion

The current study revealed that all (100%) the respondents mentioned that unsafe abortion can result in excessive bleeding. Majority of the respondents indicated that unsafe abortion

can also lead to infertility (98%), abdominal pain (94%) and death (86%). Most of the respondents indicated that unsafe abortion can lead to uterine perforation (70%) and infection (66%). Similarly, Gebremedhin et al. (2018) opined that an estimated five million women from less developed countries are hospitalised every year for unsafe abortion complications such as haemorrhage, infections and perforations. Additionally, Singh (2020) asserted that physical health risks associated with unsafe abortion include: incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus), haemorrhage (heavy bleeding), infection, uterine perforation (caused when the uterus is pierced by a sharp object) and damage to the genital tract. Similarly, a study by Kimbwereza et al. (2020) found that 68.4% of respondents experienced complications, compared with 31.6% who did not. Of those 13 respondents who experienced complications post-abortion, 61.5% reported excessive bleeding, followed by abdominal pains (30.8%), and nausea/vomiting (7.7%).

5.2 Conclusion

Respondents had good knowledge regarding unsafe abortion. Majority heard of abortion form their friends. Misoprostol/Cytotec was the most commonly known abortifacient among respondents. The leading factors which influences unsafe abortion were avoidance of parental/guardian disappointment, desire to pursue education, stigma of unplanned pregnancy and dire to bear children only after marriage. Excessive bleeding and infertility were the most mentioned effects of unsafe abortion among respondents.

5.3 Recommendation

Based on the analysis of data obtained from the field, the following conclusions were drawn.

1. The Ministry of Health should carry out effective adolescent's reproductive and sexual health interventions.

2. The mass media should create awareness on youth-friendly services which will increase its utilization by adolescents and go a long way in preventing unsafe abortion.

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APPENDICES

ETHICS LETTER

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

BANKERS:
Ghana Commercial Bank, Berekum
Agric Development Bank, Berekum
Fidelity Bank, Berekum

P. O. Box 21,
Berekum, B/A
Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

Our Ref. HFNMTC/GC/011/102622

Your Ref. .....

Date ..... October 26, 2022

The Assemblyman
Nsapor Community
Berekum Municipal

Dear Honorable Assemblyman

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under-listed names of final-year students of the College:

1. **Quaynor Naadu Delight**
2. **Ewuntomah Majida Macrina**
3. **Elizabeth Gyaamah Fosu**

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, hence the data collection on **"Determinants of Unsafe Abortion among teenagers within the ages of 14 to17 years at Nsapor, a suburb of Berekum in the Berekum East Municipality"**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

.....
Celestine Ahiawornu
Supervisor

For: Principal

Website: nmtcberekum.edu.gh **E-mail.** nmtcberekum@yahoo.com, nmtcberekum@gmail.com

INTRODUCTORY LETTER

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Yours faithfully

.....
Celestine Ahiawornu
Supervisor

For: Principal

Website: nmtcberekum.edu.gh **E-mail.** nmtcberekum@yahoo.com, nmtcberekum@gmail.com

QUESTIONNAIRE

We are final year students of the Holy Family Nursing and Midwifery Training College, Berekum, conducting a study on the topic: determinants of unsafe abortion among teenagers within the ages of 13 to 19 years at Nsapor, Berekum. Any information provided shall be secured and kept private. To ensure confidentiality and anonymity, your name is not required. Participation is voluntary and you have the sole right to withdraw from participating in this study at any time of your discretion. Please sign in the space provided to indicate that you consent to participating in this study.

Signature: …….

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Age

   a. 13-15 [] b. 16-19 []

2. Occupation

   a. Student [] b. Not Schooling []

3. Educational level

   a. Primary [] b. JHS [] c. SHS [] d. Tertiary [] e. None []

4. Religion

   a. Christian [] b. Muslim [] c. Traditional []

5. Have you ever been pregnant?

   a. Yes [] b. No []

6. If yes (Q6); state number of times: …….

SECTION B: KNOWLEDGE OF UNSAFE ABORTION

7. Have you ever heard of abortion before?

   a. Yes [] b. No []

8. Indicate your source of information
    a. Books/posters []
    b. Friend (s) []
    c. Health care provider []
    d. Mass media []
    e. Other (specify): ……
9. Indicate the means or substance you know can be used to cause abortion
    a. Boiled roots []
    b. Beverages []
    c. Misoprostol/Cytotec []
    d. Insertion of cassava sticks []
    e. Other (specify): …….

SECTION C: FACTORS INFLUENCING THE PRACTICE OF UNSAFE ABORTION

10. Indicate your agreement by ticking the factor which influences the practice of unsafe abortion (multiple selection allowed);
    a. stigma of unplanned pregnancy []
    b. a desire to bear children only after marriage []
    c. to avoid parental/guardian disappointment []
    d. a desire to pursue education []
    e. lack of money []

SECTION D: EFFECTS OF UNSAFE ABORTION

11. Unsafe abortion can lead to the following complications (multiple selection allowed).

    a. Infertility []

    b. Death []

    c. Excessive bleeding []

    d. HIV/AIDS []

    e. Infection []

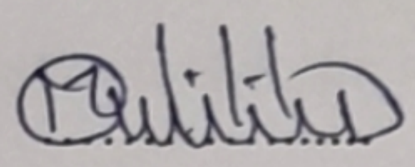
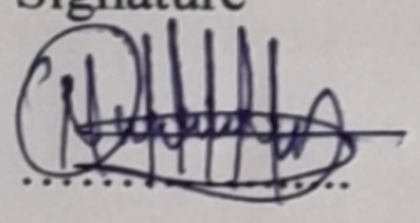
    f. Uterine perforation []

    g. Abdominal pain []

    h. Other (specify): …….

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

Ewuntomah Majida Macrina		13/02/2023
5300721	Signature	Date
Quanor Naadu Delight		13/02/2023
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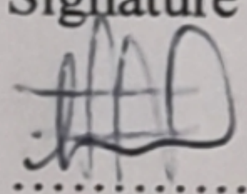
Elizabeth Gyaamah Fosu		13/02/2023
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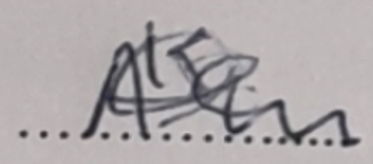
Certified by:

Celestine Ahiawornu		13/02/23
(Supervisor)	Signature	Date
Monica Nkrumah	.....	.....
(Principal)	Signature	Date