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Spontaneous Abortions in Women of Lahore belonging to low-socioeconomic status

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ABSTRACT

Objective: Assessment of abortion frequency in women of Karachi's low socio-economic status

Material and Methods: A cross-sectional research was carried out on a group of 300 females. The participants of the sample group were the females from low socio-economic class of Lahore's different hospital such as Mayo Hospital, Services Hospital, General Hospital, Surgimed Hospital, Fatima Memorial Hospital, and Ganga Ram Hospital for six months period commencing from March 2018 to August 2018. A self-administered survey form/questionnaire was circulated and after the informed oral consent from the females it was filled out. An experimental study was done for the assessment of the questionnaire's validity. SPSS version 20 was used for the data analysis with confidence interval 95%, 5% as margin of error and value of p 0.05 was regarded significant.

Results: An interview was conducted of 300 females through the questionnaire. The females' median age was 25-40 years. Monthly income of 65.1% family was below Rs 10,000/- and the income of 82 females was 11,000 to 17,000. 173 females (57.66 %) with vaginal bleeding signifying the risk of abortion visited the doctor (p value 0.037), Ultra Sound revealed the abnormality of aborted baby of 174 females (58 %, p value 0.040), during the first trimester of pregnancy 121 females (40.33%) had infections (p value 0.029),during the first trimester of pregnancy, 92 females (30.6%) had used antibiotic capsule for infection (p value 0.040), 71 females (23.6%) had trauma (p value 0.003), 172 females (57.33%) were having cervical incompetence (p value 0.021) and during the pregnancy the females who had lifted the heavy stuff were 61.2% (p value 0.059).

Conclusion: The research has concluded that the rate of abortion risk in females of low socio-economic class is high and the awareness level is unsatisfactory regarding risk and causing elements of spontaneous abortion. In order to avoid undesired results of pregnancy, more efforts are required to assist both the young and adult females of low socio-economic class. Preventive measures are critically required to be taken in order to save the health of females and children of low socio-economic status.

Key Words: Awareness, Cervical Incompetence, infection, Spontaneous Abortion, Trauma

INTRODUCTION

Removal of conception products before reaching gestation's twenty-fourth week and when the weight of foetus is 0.5kg or less is referred as abortion. Spontaneous abortion is that when it naturally occurs due to some pregnancy's physical problem and without medical intervention (Singh 2006). There are two types of Spontaneous Abortion;

1. Early Pregnancy Abortions
2. Late Pregnancy Abortions Gestation therefore it is known as First Trimester Miscarriage.

If an abortion occurs before the twelfth week is called Early Pregnancy Abortion whereas if it occurs between the twelfth and twenty-fourth week of gestation is called Late Pregnancy Abortion. Early Pregnancy Abortion is quite common than the Late Pregnancy Abortion. The chromosomal abnormalities are the most significant reason for early pregnancy loss (Karim, Memon & Qadri 2010). There are other causes such as uterine abnormalities, endocrine disorders and immunological elements. Maternity at young age was consistently and considerably connected with high threats of death and anaemia. Unsafe abortion is causing 10% of maternal deaths according to a research conducted from Karachi (Barnett et al. 2005). To find out the abortion rate in Pakistan, a study was carried out from January 2005 to December 2006 in Liaqat Medical College Hospital, Hyderabad. Mostly the occurrence of abortion cases in females was between the age of 25 to 40 years (Virk, Hsu & Olsen 2012). The most frequent kind of abortion was incomplete and occurred mostly during the gestation's 8-12 week (Saleem & Fikree 2001). The research endeavoured to locate in the low socio-economic class females the frequency and reasons of spontaneous abortions as the low income earning has high threats of abortion (Vienne, Creveuil & Dreyfus 2009). By this research the most frequent cause and risk element of abortion can be determined and what steps should be adopted to improvise the end result of abnormal pregnancy and introduction relating to

preventive measures awareness in low socio-economic status in order to secure the pregnancy outcomes (Sathar 2014).

Abortion: Spontaneous Abortion has been defined as, recognising the loss of pregnancy clinically before the gestation's twentieth week (Ford & Schust 2009). According to World Health Organisation, abortion is an extraction or expulsion of foetus or embryo weighing 0.5kg or less. Pregnancy enjoys an important place in the life of a female and in the early 1st trimester the emotional attachment and development of baby starts (Shah et al. 2009). Most the females, it is very hard experience for them to have a loss in first trimester. When it happens, the sorrow is so deep like Spontaneous abortion (end of pregnancy before the reaching of foetus at gestational age) or peri-natal and is one of the most common complicated pregnancy (Fawad et al. 2008). Approx. identified pregnancy 12 – 15 % and the rest of pregnancies 17 – 22 % culminates in Spontaneous Abortion. The miscarriage is similar to spontaneous abortion as in the absence of surgical or medical measure, its occurrence spontaneous. The loss of pregnancy spontaneously has been recommended in order to escape from the term abortion and to recognise the emotional elements relating to pregnancy loss (Rasch 2011).

Risk Factors: There are some threatening elements which can possibly enhance spontaneous abortion chances. The risk factors include: lifting heavy weights, use of antibiotics, radiation exposure, recurrent infections, no visiting to health professional, NSAIDS enhances the abortion risk in early pregnancy and miscarriage in on high risk in obese pregnant females, earlier miscarriage enhances the subsequent abortion risk, the use of anti-depressant by the pregnant females enhances 68% chances of miscarriage (Mehrunnisa 2002).

Rationale: The rationale is to determine the abortion rate in Karachi's low socio-economic females with object to enhance the knowledge relating to spontaneous abortion, to enhance preventive measures in order to secure the pregnancy result with recurrent abortions resulting in loss of blood in females and the haemoglobin level goes down and become an easy target for infection (Brier 2008). The assessment must be performed by uterine and ovarian, karyotyping, lupus anticoagulant, anticardiolipin antibodies, screening for diabetes, thyroid function test and endometrial biopsy. The general public must be educated regarding abortion's complication of life threatening such as perforations and tear, haemorrhage, uterine infection, cardia arrest, blood clots in uterus and death (Zhang et al. 2010).

MATERIALS AND METHOD

A cross sectional research was carried out on a group of 300 females. The few participants of the sample were from Tertiary Care Hospitals, from Government and Semi Government Hospitals such as Mayo Hospital, Services Hospital, General Hospital, Surgimed Hospital, Fatima Memorial Hospital, and Ganga Ram Hospital for six months period commencing from March 2018 to August 2018. An informed oral consent from the females was taken. An experimental study was done for the assessment of the questionnaire's validity.

A self-administered survey form/questionnaire was circulated and the same was completed by the females. SPSS version 20 was used for the data analysis with confidence interval 95%, 5% as margin of error and value of $p < 0.05$ was regarded significant.

Selection Criteria

Inclusion Criteria: Spontaneous abortion in females ranging from 25-40 years of age with 1st live birth from low socio-economic status having monthly income from Rs:10,000/- to Rs:17,000/-.

Exclusion criteria: Females having no live child, coming from high socio-economic status, induced abortion and infertile.

Data Entry and Analysis: Statistical Package for Social Sciences version 20 was used for analysing the collected data. Percentages and frequencies were counted with numerical variable such as age. Chi-square applied for forming connection in between variables, margin of error as 5% and level of confidence as 95% and the value of $P < 0.05$ as significant. In research the statistical tool is cross tabulation.

RESULTS

An interview was conducted of 300 females through the questionnaire. The females' median age was 25-40 years.

Family monthly income of 65.1% of female was below Rs: 10,000/- and the family income of 82 females was 11,000 to 17,000. 37.4%Females were having number of children 2-3(p=0.000). 85.2% females were the housewife. 62.3% females had undergone the abortion between the gestation period 11-20 (p=0.045). 94.23% females had undergone abortion 2-3 time. 173 females (57.66 %) with vaginal bleeding signifying the risk of abortion visited the doctor (p value 0.037), Ultra Sound revealed the abnormality of aborted baby of

174 females (58 %, p value 0.040), during the first trimester of pregnancy 121 females (40.33%) had infections (p value 0.029),during the first trimester of pregnancy, 92 females (30.6%) had used antibiotic capsule for infection (p value 0.040), 71 females (23.6%) had trauma (p value 0.003), 172 females (57.33%) were having cervical incompetence (p value 0.021) and during the pregnancy the females who had lifted the heavy stuff were 61.2% (p value 0.059). 172 females were aware of the causes of abortion (p=0.035). 62.4% females were seeking medical advice (p=0.062) and 31.4% females were asked not to left weight for four to six months (p=0.012). 25.3% females were asked to use folic acid before going for next pregnancy (p=0.050).

DISCUSSION

The following suggestions have been made in the research by council of Pakistan population;

1. According to the research regarding finding the abortion rate in Pakistan was carried out by Liaqat Medical College Hospital, Hyderabad during January 2005 to December 2006 and found that the annual rate of abortion is about 29 in Pakistan. The estimation was made on the 2014 patients of gynaecology, out of that the abortion cases were 240 and the abortion prevalence was 11.4%. Majority of abortion cases were carried out between the age of 26-35 years. The abortion prevalence grows as the parity enhance per 1000 females age between 15-49 years. If this continues then every Pakistani female will undergo abortion in her life.
2. Abortion terminates the pregnancies 1 out of 7.
3. The rates of connected morbidity and mortality are high.
4. 23% Pakistani females who are hospitalised for treating the complication they undergo abortion.

As compared to India, the rate of abortion is high in Pakistan. The object of this current research was to assess the effect of low socio-economic class on the result of the pregnancy, for that very object 300 females were interviewed who stereotypically showed the social pattern in threats of spontaneous abortion. The selected indicators of socio-economic class were primarily occupation of parents, status of nutrition, lifestyle factors, income of the family and proper presence at setups of antenatal which are affecting the outcome of the pregnancy either quantitatively or qualitatively. Dickson conducted a study in 2005 and suggested spontaneous abortion's two-fold threat in low socio-economic class as compared to high socio-economic class. Another research supported our outcomes which assess that 86% out of all abortions conducted are spontaneous abortion because of intrauterine growth retardation, malnutrition and occurrence at high rate in teenage mothers. The rate of annual hospitalisation is varying from low of 3 per 1000 females in Bangladesh to high of 15 per 1000 females in Uganda and Egypt. The rate in Pakistan, Nigeria and Philippines is 4-7 per 1000 and the rate of two Latin American countries are 9 per 1000. Significant contribution has been made by the induced sceptic abortion to maternal mortality and morbidity. The incidence can be reduced by the effective family planning and improving the rate of literacy in population of the women. Different resources in the community should be utilised for the development of awareness of risk of induced abortion. Countries with abortion restriction, there females need to find some clandestine interference to terminate the unwanted pregnancy. Consequently, the unsafe abortion can be seen at high rate for example the rate of unsafe abortion in Sub-Saharan Africa is 18-39 per 1000 females. The focus of the research was on females from low socio-economic background having income > Rs: 10,000/- Rs:20,000/-. As the occupation was considered as risk but majority of the interviewed females were housewife. Mostly 42.4% females were between the age of 26-35 years, because age is threatening element for abortion and many females had undergone the 1st abortion between the age of 21-25 years. The study conducted in China had the similar findings. Females of this age had only 2-3 children whereas the total number of abortions with range 1-4 suggesting a huge number of abortions is the death for a female. Half of the females undergoing abortion had knowledge about its causes and the rest did not inquire from their doctor or had no knowledge about the causes. As to the trend in Pakistan, 61% abortions are performed with consultation of ayas and dais at home. Normally in the first trimester almost half of the abortions i.e., 57.1% were carried out. The research had revealed the most common purpose for visiting the dais or doctor i.e., bleeding from vagina which suggested abortion. According to our study, the possible reasons for undergoing the abortions were showing of abnormality of aborted baby in Ultra Sound during the 1st trimester, taking of any capsule/antibiotic by females for any infection during the first trimester of pregnancy, any trauma occurring during the period of her antenatal, females suffering from cervical incompetence, females who had lifted heavy thing such as heavy

bucket. Mostly females consult doctor for having advice relating to next conception and the result of future pregnancy, after abortion doctors advised not to have pregnancy for next 4-6 months. For the prevention of defects in child females are advised before the next conception to use folic acid. The focus of the post abortion care is on the incomplete abortion treatment and providing service of post abortion contraceptive. To increase the access of females to post abortion care, the main focus was on the upgrading of providers of midlevel for the provision of emergency treatment and the implementation of misoprostol as a strategy for treating the post unsafe abortion complication. The causes can be prevented by the provision of effective services of family planning and by improvising the social and educational level of females with the provision of awareness relating to antenatal care therefore reduces the abortion incidence.

CONCLUSION

The conclusion of the study is that the abortion frequency occurring in low socio-economic class is high and the awareness level regarding prevention measures and the threatening elements of spontaneous abortion are not satisfactory. Further, abortion rate increase results in the more mortality and morbidity. Policy and research which acknowledges the significance of all the features of reproductive health of females such as awareness relating to prenatal, natal and postnatal care, proper antenatal care, provision of good financial and social support to pregnant females are necessary in order to meet the reproductive health care requirements of low socio-economic females. In order to avoid unwanted results of pregnancy more efforts are required to provide help to adolescent and adult females belonging to all economic classes. There is dire requirement for taking measures of preventions in low socio-economic status in order to save female and children from mortality and morbidity and to make the society more flourish and sound.

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