# Health Care Knowledge, Social Conditions and It's Influence to Minimized Risks of Abortion

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**Abstract:** *This study were conducted on nursing college – university of Basrah  from September /2015  till December  /2016.An abortion may be occurs spontaneously(a miscarriage)or  caused purposely( induced) abortion both have a   negative health reflexes. when and under what circumstances a woman may have an abortion upon this hypothesis we designed this study to investigated the factors as learning and social conditions that induced  or affected abortion . the study revealed that the highest percentage of age at marriage was 46% at 17-22 year(45.6%) ,dead birth cases was 17%,the wife rejection  faced  abortion was 55.88%,visiting private clinic was 36.88%.natural birth percentage 70%, 64 % was born in hospitals,low education level especially in women(80%).*
*The study concluded that  many factors could be act  as a risk for abortion or induce abortion in different age s and period of gestation on other hand  education of  parent and learning health care during marriage and pregnancy may  be avoid  most cases of abortion.*
*Keyword: pregnancy ,abortion ,education*

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## I.   Introduction

Abortion has been defined in a number of ways. abortion may be  spontaneous in which case, the foetus was expelled  due to accidental trauma, natural cause or  environmental. **Grimes and  Stuart, (2010)** Reports and observation from all over the world have shown that abortion is prevalent among women, especially among young girls. This could be as a result of pre-marital sex among youth which  is now prevalent among girls. Advancing maternal age and a women's history of previous spontaneous abortions are the two leading factors associated with a greater risk of spontaneous abortion A spontaneous abortion can also be caused by accidental trauma; intentional trauma or stress to cause miscarriage is considered induced abortion or feticide.**(Jauniaux *et al.*1999).**

Some proposed negative psychological effects of abortion have been referred to by anti-abortion advocates as a separate condition called "post-abortion syndrome", which is not recognized by any medical or psychological organization**(Steinberg, 2011).**Spontaneous abortion, also known as miscarriage, is the unintentional expulsion of an embryo or fetus before the 24th week of gestation. A pregnancy that ends before 37 weeks of gestation resulting in a live-born infant is known as a "premature birthor a "preterm birth( **Annasand  Elias, 2007).**

Abortion rates also vary depending on the stage of pregnancy and the method practiced. In 2003, the Centers for Disease Control and Prevention (CDC) reported that 26% of abortions in the United States were known to have been obtained at less than 6 weeks' gestation(**Strauss *et al.*2006)**.**Lohr (2014)** stated that there is no relationship between most induced abortions and mental-health problems other than those expected for any unwanted pregnancy.Although obesity has been demonstrated to substantially reduce fertility in the general population and to greatly reduce pregnancy rates during ART (**Norman et al.,(1998) and Wang  et al.,2000**) also they reported relationship between body mass index (BMI) and the risk of spontaneous abortion is inconsistent.

## II.  Material and methods

A descriptive design (cross sectional) was conducted in AL- Sader Teaching Hospital , Basra General Hospital ,Women's Hospital and obstetrics and Abe Alkhasib General Hospital .

A sample of (125) women's have been subjected to abortion in different  ages For the purpose of study ,We have using the measuring tape and balance for the purpose of knowledge length and weight of women . Data were collected through direct observation with women of the sample by using a constructed questionnaire.

The questionnaire sheet included items related to the demographic data of women's who have been subjected to abortion included ;age at marriage, educational level of the husband and wife , dead birth cases,

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type of birth , place of birth, social factors .diseases BMI of the bodyComplication health care or effect during pregnancy period of mortality.

**statistical analysis**

Data of the present study were analyzed by using (SPSS) program for descriptive statistical procedure through the determination of a percentage(%).

# III. Results

| Age group | Age at marriage | | Age at first pregnancy | |
|---|---|---|---|---|
| | Cases | % | Cases | % |
| 11-16 | 50 | 40 | 40 | 32 |
| 17-22 | 57 | 45.6 | 63 | 50.4 |
| 23-28 | 13 | 10.4 | 18 | 14.4 |
| 29-34 | 5 | 4 | 4 | 3.2 |
| 35- over | 0 | 0 | 0 | 0 |
| Total | 125 | 100% | 125 | 100% |

Table(1 ) showed that the highest percentage at age17-22of marriage was 45.6while it was less in age 35_over (0% ).On other hand the same table showed that the first pregnancy was50.4% at 17-22of marriage

Table ( 2 ) Showed the percentage of dead birth cases and number time of abortion cases

| Number of pregnancy time | The number of dead births | | The number of times abortion | |
|---|---|---|---|---|
| | Cases | % | Cases | % |
| 1 | 22 | 17.6 | 56 | 44.8 |
| 2 | 5 | 4 | 25 | 20 |
| 3-over | 0 | 0 | 17 | 13.6 |

Table ( 2 ) showed that the highest percentage of dead birth cases was. 17.6% while it was less in (3-over) is 0% the same table showed that that number of time birth ,the highest category is (1) a percentage 44.8 % while less than the percentage in (3-over) is 13.6%

Table ( 3 ) some social factors concerning abortion.

| Variables | Cases | Percentage |
|---|---|---|
| Lack of means | 4 | 5 |
| Health problems with the use of means | 30 | 37.5 |
| The pair refused | 8 | 10 |
| The wife rejected | 38 | 47.5 |
| Total | 80 | 100% |

The table (3)showed that the wife rejection faced abortion was 47.5% while lake of means was(5%), health problem (36.76) and pair refuse 5.88%.

Table( 4 ) visiting health centers ,private clinic and both together

| Private clinic | | Health care center | | Both together | |
|---|---|---|---|---|---|
| Cases | Percentage | Cases | Percentage | Cases | Percentage |
| 59 | 36.88 | 30 | 18.8% | 23 | 14% |

Table ( **4** )showed that the highest percentage of visiting private clinic was 36.88% while it was both together 14%

**Table(5) Types of birth**

| Natural birth | | Caesarean birth | | Both together | |
|---|---|---|---|---|---|
| Cases | Percentage | Cases | Percentage | Cases | Percentage |
| 112 | 70% | 30 | 18.7% | 18 | 11% |

**Table (5 )** showed that the highest percentage of types of birth was natural birth a percentage 70% while it was the less percentage was both together 11%

**Table (6)Place of birth**

| In a hospital | | In a house | | Both together | |
|---|---|---|---|---|---|
| Cases | Percentage | Cases | Percentage | Cases | Percentage |
| 70 | 56 | 15 | 12 | 40 | 32 |

Table ( **6** ) showed that the highest percentage of place of birth was in hospital a percentage 56 % while it was les in a house a percentage 12%. And in both places was 32%.

**Table (7) Percentage of education level in male and female**

| Gender | Graduate primary | | Graduate medium | | Graduate junior high | | Graduate institute | | Graduate faculty and more | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Cases | % | Cases | % | Cases | % | Cases | % | Cases | % |
| female | 80 | 64 | 25 | 20 | 12 | 9.6 | 7 | 5.6 | 1 | 0.8 |
| Male | 60 | 48 | 30 | 24 | 12 | 9.6 | 13 | 10.4 | 10 | 8 |

Table showed ( **7**) that the highest level education among women was of primary School 80%also the table showed that the levels of educationfrom college and height study were a 0.8 for women and 8% for men

**Table (8) income percentage of families**

| Enough | | Not enough | | To some extent | |
|---|---|---|---|---|---|
| Cases | Percentage | Cases | Percentage | Cases | Percentage |
| 30 | 24% | 21 | 16.8% | 74 | 59.2% |

Table (8) showed that the most families income were in some extent(59.2%),while 30%were enough while 16.8 5 their oncome were not enough.

**Table (9) the percentage of diseases that caused abortion**

| Diseases during pregnancy | Yes | % | No | % |
|---|---|---|---|---|
| Anemia (Hemoglobin less than 11mg\dl | 58 | 46.4 | 40 | 32 |
| Severe anemia (Hemoglobin less than 7 mg\dl | 8 | 6.4 | 117 | 93.6 |
| High blood pressure during pregnancy | 32 | 25.6 | 93 | 74.4 |
| High blood sugar during pregnancy | 6 | 4.8 | 119 | 95.2 |
| Infection of the urinary tract | 53 | 42.4 | 72 | 57.6 |

Table (9 ) showed that the highest percentage of diseases during pregnancy was anemia (hemoglobin less than 11mg\dl) was 46.4% due to infection,25.6% due to hypertension , high blood sugar was 4.8% and urinary infections 42.4

**Table( 10 ) the body mass index(BMI) percentage in studied cases**

| BMI | Cases | Percentage |
|---|---|---|
| Low BMI | 6 | 2.4 |
| Normal (19-24) | 27 | 21.6 |
| Over (25-29) | 44 | 35.2 |
| Obesity 1(30-34) | 33 | 26.4 |
| Obesity 2(35-39) | 12 | 9.6 |
| Obesity 3(40-over) | 3 | 1.78 |
| total | 125 | 100 |

Table ( 10 ) showed that the highest percentage was the category 25_29 (35.2.%) , (30- 34) 26.4% , 35-39 ( 9.6%) , 40- over (1.78% )respectively .

## IV. Discussion

Abortion is a universal phenomenon, occurring throughout recorded history and at all levels of societal organization with regard to women's role in life premarital sex, sex education and civil liberties; and tend to have achieved a relatively low educational level. Table (7) of the recent study showed that women have less chance for education than man and this may be reflected on the increase of risks pf pregnancy and parturition**Maria and Estela (2009)** showed that Daughters' and sons' level of education appears to be an important factor in the repetition of adolescent fertility across generations. Efforts are needed to increase access to education and to encourage young people to remain in school.

**Skjeldestad et al.(1994)** found thatabortion among married pregnant women above 20 years of age and married women with two or more children. In the other strata of marital status, age and parity there were no changes over the time period, except for married women 20-24 years of age which was the only group that showed an increasing abortion tendency over the time period.

**Jones et al.( 2002)** found thatwomen between the ages of 15 and 19 account for about 19%of all abortions; women 20 to 24 account for another 33% ;and about 25% of abortions are obtained by women who are 30 or olderCalculating abortion rates, older teenagers and young adults have the highest abortion rates, while women younger than 15 and older than 35 have the lowest

**Sedgh et al.(2012)** stated that abortion rates have changed little between 2003 and 2008, before which they decreased for decades due to better education about family planning and birth control.In many countries women in less advantaged socio-economic positions have more abortions than other women (**Jones et al. 2002**; **Rasch et al.2007**; **Hansen et al.2009**).

**Heini (2015)**showed that the first abortion rate varies across levels of education in all cohorts. Overall, differentials were largest for young women but decreased with age. Women with basic education had the highest abortion rate in all cohorts, but the differences were more pronounced in later cohorts as well as it revealed that the prevalence of abortions for medical reasons was higher among youngwomen .

In case of social factors table (3)showed that the wife rejection faced abortion was 47.5% while lake of means was(5%), health problem (36.76) and pair refuse 5.88%.on other hand table (8) showed that most the studied families income were enough to some extent that mean low income **Barber (2001)**suggested that the repetition of adolescent pregnancy across generations was influenced by the socioeconomic and environmental conditions in which the young people were raised, namely, low monthly family income, large families, low education levels and parents who were separated

The differences by education level in the likelihood of abortion may arise partly because women with high education have better access to family planning services. Because waiting times are shorter in private clinics than in those provided by the public health service, and the former are more often used by high-SES women (**Hemminki et al.1997**) .**Uche-Nwachi et al**. (**2010**) pointed that spontaneous abortions were directly related to the prevalence of anemia **,** infection as a factor in abortion.**Nigro et al.(2011)**. In their studyBody mass index at age 18-20 and later risk of spontaneous abortion in the Health Examinees Study (HEXA) concluded that Pre-pregnancy BMI at ages 18-20 years revealed a U-shaped association with SA, and underweight and obese women showed increased likelihood for SA during different age periods.

The findings of **José et al.,(2003)**confirm that obesity (BMI ≥30) is an independent risk factor for spontaneous abortion and they found that There were significant differences in abortion rates between the obese (38.1%), and the normal (13.3%) and overweight (15.5%) groups. .

Table(10) reveledhighest percentage of BMI was the category 25_29 (35.2.%) ,according to this finding their were no obese women **Jim et al.,(2002)** found that there wereSignificant increased risk (unadjusted) of spontaneous abortion was observed for women with increasing body mass or age.

In case of type of birth **Diana et al.,(2012)** found that there were no difference in type of delivery by the end of the 12-week program (p>0.05), nor regarding variables concerning weight, height, relative weight gain, blood pressure or weeks of gestation.

## V. Conclusion

The recent study concluded that health knowledge and education is very important for family planning and to ovoid risks of abortion and loss of births mostly due to low learning.

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