

## Research Article

# Determinants of Second-Trimester Safe Termination of Pregnancy in Public Health Facilities of Amhara Region, Northwest Ethiopia: An Unmatched Case-Control Study

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**Background.** Second-trimester medical abortion is the termination of pregnancy between 13 and 28 weeks of gestational age. Although the majority of abortions are performed in the first trimester, 10–15% of terminations of pregnancies have taken place in the second trimester globally. **Objective.** To identify the determinant factors of second-trimester safe termination of pregnancy in public health facilities of the Amhara region, northwest Ethiopia. **Methods.** An institution-based unmatched retrospective case-control study conducted from 01/10/2019–30/02/2020. A systematic random sampling technique was used to select 119 cases and 238 controls. An interviewer-administered questionnaire was used to collect the data. A binary logistic regression model was fitted to identify determinant factors. The odds ratio with 95% CI was computed to assess the strength and significance of the association between dependent and independent variables. **Result.** Rural resident (adjusted odds ratio (AOR) = 1.9; 95% CI 1.07–3.25), irregular menses (AOR = 1.8; 1.06–3.13), had no known symptoms of pregnancy (AOR = 1.9; (95% CI 1.06–3.46)), not knowing the abortion law (AOR = 3.0; (95% CI 1.63–5.60)), low level of education (1st–8th grade) (AOR = 2.7; (95% CI 1.06–6.60)), opposition against abortion care (AOR = 2.6; (1.22–5.42)), delayed referral (AOR = 10.1 (95% CI 4.02–29.18)), and not undertaking pregnancy test (AOR = 2.2; (95% CI (1.21–4.04))) were determinants of second-trimester safe termination of pregnancy. **Conclusion.** Women being rural residents, irregular menses, not undertaking pregnancy test, not knowing the abortion law, low-level educational status, delayed referral, no knowledge about signs and symptoms of pregnancy, and opposition of safe abortion were determinants of second-trimester safe termination. The Regional Health Bureau and Health Facilities should give emphasis to women living in rural areas, and they should increase awareness towards abortion law and sign and symptoms of pregnancy and encourage female education.

## 1. Introduction

Abortion is the termination of pregnancy before 20 weeks of age in developed countries but up to 28 weeks of gestational age in Ethiopia with a fetus born weighing less than 500 gm by removal or expulsion of a conception tissue [1]. Unsafe abortion is a procedure for terminating unwanted pregnancy by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both [2]. Second-trimester medical abortion is the termination of pregnancy between 13 and 28 weeks of gestational age [3].

Globally, 42 million abortions are performed annually and 10–15% of the cases take place in the second trimester period, over half of which are considered unsafe [4]. Globally, abortion-related maternal deaths account for 13%, of which the majority is caused by unsafe abortions [5].

Ninety-two percent of African women of childbearing age live in countries with restrictive abortion laws [3]. Safe termination of pregnancy is now permitted where continuation of the pregnancy endangers the health or life of the woman or the child or where pregnancy is a result of rape or incest for up to 28 weeks of gestational age in Ethiopia [6].

Globally, from 2010–2014, about 55.9 million abortions occur each year of which 49.3 million are in developing countries [7]. The burden of abortion is still high, being one of the leading causes of maternal mortality and morbidity and millions are injured [8]. About 22 million women performed unsafe abortion every year [9]. Second-trimester abortion is associated with a higher risk of complication compared with first-trimester abortion. It may cause cervical laceration, cervical perforation, heavy bleeding, infection, and uterine perforation which may require hysterectomy [10].

Evidence showed that the prevalence of induced second-trimester abortion was 11% in Ethiopia. The majority (97%) of these abortions are unsafe [11]. From 2010–2013, a total of 7484 women accessed second-trimester abortion, and over fifty percent of women presenting in the second trimester had incomplete abortion in Ethiopia [12].

Maternal mortality is still high in Ethiopia and the five major causes of maternal mortality (19.6%) occur due to abortion complications [13]. Between 2008 and 2014, the percentage of abortions performed in health facilities increased from 27–53% but still 294,100 abortions occurred outside of health facilities every year [14].

In Ethiopia, 50% of women presenting in the second-trimester were suffering from incomplete abortion [15]. In the Amhara region, an estimated 45,812 women performed abortion in health facilities in 2014, while around 106,325 women terminated their pregnancy outside health facilities in the same year. In the study area, the prevalence of second-trimester abortion was 19.2% [16]. Therefore, the objective of this study was to assess determinant factors contributing to second-trimester safe termination of pregnancy in public health facilities, Amhara region, northwest Ethiopia.

## 2. Methods and Materials

**2.1. Study Area and Design.** A facility-based unmatched retrospective case-control study design was conducted in Felege Hiwot Comprehensive Specialized Hospital (FHCSH) in Bahir Dar city, Gondar University Comprehensive Specialized Hospital (GUCSH) in Gondar town and Debre Markos Referral Hospital (DMRH) in Debre Markos town of Amhara region from November, 2019, to February, 2020. FHCSH is found 560 km northwest of Addis Ababa, capital city of Ethiopia. It provides health service to more than 5 million people and serves on average 120 safe abortion care per month. GUCSH is located in North Gondar Administrative Zone, 727 km far from Addis Ababa. It is a teaching hospital and serving a catchment area of approximately 7 million people and on average for 350 (110, 2nd trimester) and (240, 1st trimester) abortion care service per month. DMRH serves more than five million people and on average 105 safe terminations of pregnancy service per month of the East Gojjam Zone, located 295 kilometers from Addis Ababa.

**2.2. Study Participants.** All women who came for safe abortion care in Felege Hiwot Comprehensive Specialized Hospital (FHCSH), Gondar University Comprehensive Specialized Hospital (GUCSH), and Debre Markos Referral Hospital (DMRH) during November 2019, to February 2020, were included in the study.

All women who came in the second trimester (13–28 wks) for safe abortion care were included as cases and women who came in the first trimester (up to 13 weeks) for safe abortion care were included as controls. These participants were interviewed when they came for abortion care at health facilities.

**2.3. Sample Size and Procedure.** The calculated sample size including 10% nonresponse rate was 357 (cases = 119 and controls = 238) with 1 : 2 case-to-control ratio and using 80% power to detect an odds ratio of 2.02. Odds ratio and percent of prevalence were taken from the associated factors of the previous study [6]. Participants were allocated proportionally in the three hospitals based on the average monthly performance of first and second-trimester abortion care service. A systematic random sampling method was used to select study participants. The sample was taken every two intervals for controls and consecutively for cases.

**2.4. Data Collection Procedure and Quality Assurance.** A structured interviewer-administered questionnaire developed from a review of relevant literature was utilized to collect data on sociodemographic characteristics, institutional factors, community factors, partner, and obstetric and personal factors adapted from other literatures [6, 16]. The questionnaire was prepared in English and translated to the local language (Amharic) and translated back to English by another individual to check the consistency. The questionnaire was pretested on 5% cases and controls of the related population before the actual data collection period. The data were collected by three midwives who have a B.Sc. degree in midwifery and a public health officer as a supervisor.

**2.5. Data Analysis.** The data were checked, coded, and entered using Epi-Data software version 3.1 (Epi-Data Association, Odense, Denmark) and exported to SPSS software Version 23 for further analysis. The outcome variable was dichotomized into 1 = cases and 0 = controls. The descriptive result was presented using frequency tables and proportions for all variables. To identify the independent predictors of delayed safe termination of pregnancy, multivariable logistic regressions were performed and variables with  $p$  value  $<0.05$  were considered as statistically significant predictors of outcome variable. The odds ratio with 95% CI was computed to assess the strength and significance of the association between dependent and independent variables.

### 3. Result

**3.1. Sociodemographic Characteristics.** A total of 347 (110 cases and 237 controls) participants were included in this study, with a response rate of 97.2%. Among these, 44 (40%) of cases and 161 (67.9%) of controls were urban residents. Seventy-two (32.3%) of the controls and 50 (43.4%) of the cases were less than 19 years old. Regarding the educational status, 64 (58.2%) of the cases and 87 (36.7%) of the controls were less than primary school (Table 1).

**3.2. Maternal and Obstetric Characteristics of the Women.** Forty (43.5%) cases and 52 (56.5%) controls had not checked for pregnancy tests during the first trimester period. Twenty-five (22.7%) cases and 116 (82.3%) controls knew the law of safe termination of pregnancy (Table 2).

**3.3. Determinants of Second-Trimester Safe Termination of Pregnancy.** We performed multivariable logistic regression analysis to identify determinant factors of second-trimester safe termination of pregnancy. After controlling for possible confounding factors, rural residents, irregular menses, did not know signs and symptoms of pregnancy, did not know abortion law, and low level of education status were significant determinant factors of second-trimester safe termination of pregnancy. Participants who were rural residents were nearly two times more likely to delay for safe termination of pregnancy as compared to those in urban [AOR = 1.87, 95% CI (1.072–3.247)]. Participants who had irregular menses were nearly two times more likely to delay for safe termination than those who had regular menses [AOR = 1.82, 95% CI (1.06–3.125)] and participants who did not know the sign and symptoms of pregnancy were nearly two times more likely to delay for safe termination than who knew [AOR = 1.91, 95% CI (1.056–3.459)]. Participants who did not know abortion law were three times more likely to delay for safe termination of pregnancy than those who knew [AOR = 3.02, 95% CI (1.631–5.595)]. Participants who had a low level of educational status (primary school) were nearly three times more likely to delay for safe termination than participants who had a diploma and above [AOR = 2.65, 95% CI (1.062–6.601)]. Participants who had delayed referral were 10 times more likely to delay for safe termination than participants who had no delayed referral [AOR = 10.03, 95% CI (4.021–29.181)], and participants facing opposition against abortion care were nearly three times more likely to delay for safe abortion compared to controls [AOR = 2.57, 95% CI (1.216–5.416)]. Participants who had not performed pregnancy tests at the early time were two times higher as compared to their counterparts [AOR = 2.20 (95% CI (1.216–4.036))] (Table 3).

### 4. Discussion

This study provides additional insights into determinants of second-trimester safe termination of pregnancy in the

Amhara Region, northwest Ethiopia. In this study, about 45% of women conducted second-trimester pregnancy termination at the age of 15–19 years. The reason for the second-trimester termination of pregnancy at this age could be fear of abortion at an early age. Women who were living in rural areas were nearly two times more likely to be delayed for safe termination of pregnancy as compared to those who were living in urban. This result is supported by studies done in Ethiopia [6, 16, 17] and India [18]. Inaccessibility to health facilities in rural areas and risk perception of participants to abortion could be the main justifications for second-trimester safe termination. In this study, second-trimester safe termination of pregnancy was more likely in those who had low level of educational status (primary School) than diploma and above. This result is in line with that of a study conducted in Ethiopia [6, 16], Kenya [19], Zambia [20], and Burkina Faso [21]. The reason could be, as educational level increases, the knowledge towards safe abortion also increases [17].

This study revealed that second-trimester safe termination of pregnancy was more likely in women who had irregular menses than those who had regular menses supported by studies conducted in Ethiopia, Canada, and Vietnam [16, 22, 23]. Irregular menses may confuse women and make them late for second-trimester safe termination of pregnancy. But, a study done in a Zambian teaching hospital [20] showed irregular menses had no association with second-trimester safe termination.

The other important variable of this study was women who did not know the law of abortion were significantly higher for second-trimester safe termination of pregnancy than those who knew. This result is supported by studies conducted in Harar and Oromia regions of Ethiopia [2, 24]. But, a study done in South Africa does not collaborate with this study [25]. This might be due to the difference in the awareness level of women towards abortion law between countries. In addition, participants who did not know the signs and symptoms of pregnancy were significantly higher in the second-trimester safe termination. This finding is consistent with a study in South Africa [25]. Lack of awareness towards pregnancy signs and symptoms may lead to late seeking termination of pregnancy.

In this study, women who delayed testing for pregnancy were more likely have second-trimester safe termination of pregnancy and it is consistent with a study done in Canada [22]. The reason could be that women may not know the presence of pregnancy tests. This reason is also mentioned in a study done in Britain [26].

In addition, this study also showed that participants who faced opposition for abortion care from families were significantly higher for second-trimester safe termination of pregnancy. This study also agreed with studies done in Brazil and Canada [22, 27]. But, this finding was not in line with a study done in Zambia [20]. The possible reason for this difference might be due to educational status differences, behavior, and lifestyle of the society between countries.

TABLE 1: Sociodemographic characteristics of participants who came for safe termination of pregnancy, Amhara region, northwest Ethiopia, 2020 (N = 347).

Study variables	Safe termination of pregnancy	
	Cases = 110	Controls = 237
Residence		
Urban	44 (40%)	161 (67.9%)
Rural	66 (60%)	76 (32.1%)
Age		
<15	5 (4.5%)	6 (2.5%)
15–19	45 (40.9%)	66 (27.9%)
20–24	37 (33.6%)	82 (34.6%)
25–29	15 (13.7%)	55 (23.2%)
≥30	8 (7.3%)	28 (11.8%)
Religion		
Orthodox	94 (85.5%)	177 (74.7%)
Muslim	16 (14.5%)	60 (25.3%)
Marital status		
Single	75 (68.2%)	158 (66.7%)
Married	16 (14.6%)	35 (14.8%)
Divorced	15 (13.6%)	36 (15.1%)
Widowed	4 (3.6%)	8 (3.4%)
Occupation		
Student	57 (51.8%)	91 (38.4%)
Daily laborer	15 (13.6%)	33 (13.9%)
Farmer	13 (11.8%)	28 (11.8%)
Merchant	6 (5.5%)	23 (9.7%)
Government employed	5 (4.6%)	23 (9.7%)
*Others	14 (12.7%)	39 (16.5%)
Educational status		
Primary school (1st–8th grade)	56 (50.9%)	73 (30.8%)
Secondary school (9th–12th grade)	45 (40.9%)	107 (45.1%)
Diploma and above	9 (8.2%)	57 (24.1%)

\*Others: housewife, tailor, no job, NGO worker, café worker, and commercial sex worker.

TABLE 2: Maternal and obstetric characteristics of mothers came to abortion care service, Amhara Region, northwest Ethiopia, 2020 (N = 347).

Study variables	Safe termination of pregnancy	
	Cases = 110	Controls = 237
Pregnancy test		
Yes	70 (63.6%)	185 (78.1%)
No	40 (36.4%)	52 (21.9%)
Knowledge about signs and symptoms of pregnancy		
Yes	32 (29.1%)	106 (44.7%)
No	78 (70.9%)	131 (55.3%)
Opposition against abortion care		
Yes	25 (22.7%)	23 (9.7%)
No	85 (77.3%)	214 (90.3%)
Family planning method used		
Ever used at least one	69 (62.7%)	179 (75.5%)
Never used	41 (37.3%)	58 (24.5%)
Reason for abortion		
Rape	80 (72.7%)	166 (70.1%)
Incest	27 (24.6%)	61 (25.7%)
Others	3 (2.7%)	10 (4.2%)
Information about the law of abortion		
Yes	25 (22.7%)	116 (48.9%)
No	85 (77.3%)	121 (51.1%)
Emergency contraceptive used		
Yes	14 (12.7%)	46 (19.4%)
No	96 (87.3%)	191 (80.6%)
Nature of menses		
Regular	50 (45.5%)	151 (63.7%)
Irregular	60 (54.5%)	86 (36.3%)

TABLE 3: Factors associated with delayed safe termination of pregnancy of mothers who came to Amhara region referral hospitals, northwest Ethiopia, 2020 (N = 347).

Study variables	Safe termination of pregnancy			
	Cases	Control	COR (95% CI)	AOR (95% CI)
Residence				
Urban	44 (40%)	161 (67.9%)	1	
Rural	66 (46.5%)	76 (53.5%)	3.18 (1.988–5.079)	<b>1.87 (1.072–3.247)</b>
Educational status				
Primary school (1st–8th grade)	56 (50.9%)	73 (30.8%)	4.86 (2.217–10.646)	<b>2.65 (1.062–6.601)</b>
Secondary school (9th–12th grade)	45 (40.9%)	107 (45.1%)	2.66 (1.215–5.837)	1.72 (0.701–4.221)
Diploma and above	9 (19.0%)	57 (24.1%)	1	
Nature of menses				
Regular	50 (45.5%)	151 (63.7%)	1	
Irregular	60 (54.5%)	86 (36.3%)	2.11 (1.331–3.335)	<b>1.82 (1.06–3.125)</b>
Family planning ever used				
Yes	69 (62.7%)	179 (75.5%)	1	
No	41 (37.3%)	58 (24.5%)	1.834 (1.127–2.984)	0.93 (0.508–1.699)
Know about symptoms of pregnancy?				
Yes	32 (29.1%)	106 (44.7%)	1	
No	78 (70.9%)	131 (55.3%)	1.97 (1.215–3.202)	<b>1.91 (1.056–3.459)</b>
Know about abortion law				
Yes	25 (22.7%)	116 (48.9%)	1	
No	85 (77.3%)	121 (51.1%)	3.26 (1.950–5.447)	<b>3.02 (1.631–5.595)</b>
Delay referral				
Yes	27 (24.5%)	7 (3.0%)	10.67 (4.49–25.47)	<b>10.03 (4.021–29.181)</b>
No	83 (75.5%)	230 (97%)	1	
Facing opposition to abortion care				
Yes	25 (52.1%)	23 (9.7%)	2.74 (1.473–5.085)	<b>2.57 (1.216–5.416)</b>
No	85 (77.5%)	214 (90.3%)	1	
A pregnancy test is done				
Yes	70 (27.5%)	185 (72.5%)	1	
No	40 (43.5%)	52 (56.5%)	2.03 (1.239–3.337)	<b>2.20 (1.216–4.036)</b>

Note: AOR: adjusted odds ratio, COR: crude odds ratio.

## 5. Conclusion

This study found many determinants that contribute to second-trimester safe termination of pregnancy in Amhara region referral hospitals. Women who did not understand the symptoms of their pregnancy and did not know the law of abortion, being rural resident, delay referral, low level of educational status (primary education), irregular menses, delay testing for pregnancy, and discrimination (opposition) against abortion care service were determinant factors of second-trimester safe termination of pregnancy.

Amhara Regional Health Bureau and Hospitals should give emphasis to women living in rural areas to easily access safe termination of pregnancy. They should increase awareness towards abortion law and about signs and symptoms of pregnancy and irregular menses. They should work on discrimination (opposition) of safe abortion and avert this abnormal behavior. Furthermore, to explore determinant factors of second-trimester safe termination of pregnancy, more qualitative research is needed.

## Abbreviations

DMRH: Debre Markos Referral Hospital

FHCSH: Felege Hiwot Comprehensive Specialized Hospital  
GUCSH: Gondar University Comprehensive Specialized Hospital

AOR: Adjusted odds ratio

CI: Confidence interval

COR: Crude odds ratio.

## Data Availability

The datasets supporting the conclusions of this article are included within the article.

## Ethical Approval

Ethical clearance was obtained from the Institutional Review Board of the College of Medicine and Health Sciences, Bahir Dar University. An official support letter was obtained from the Amhara Public Health Institute.

## Consent

Written consent was obtained from the mothers/caregivers after informing all the purpose, benefits, and risks of the

study, and the procedures were in compliance with Helsinki Declaration.

### Conflicts of Interest

The authors declare that they have no conflicts of interest.

### Authors' Contributions

TM, YW, and AA contributed to the proposal development, data collection, analysis, and result interpretation. YW, SM, YM, and NF contributed to the conceptualization and writing of the paper and edited the overall improvement of the manuscript. All authors read and approved the final submitted paper.

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