



ISSN: 2223-9553, ISSN: 2223-9944 Print

ACADEMIC RESEARCH INTERNATIONAL

Vol. 3 Number 3, November 2012 (Part-I)

SAVAP International
www.savap.org.pk

TERMINATION OF PREGNANCY (TOP) RELATED INFERTILITY IN WOMEN IN AKWA IBOM STATE

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ABSTRACT

The study attempted to find out the TOP related infertility in women in Akwa Ibom State. One research question was asked and answered and one hypothesis formulated and tested. The population of the study comprised patients of University of Uyo Teaching Hospital (UUTH) and Vesico Vaginal Fistula Hospital (VVF) hospital who had fertility related cases. The sample size was 320 patients. Data was obtained through their records and analyzed by Mean Percentage and ANOVA. The hypothesis was tested at .05 level of significance. The study revealed that TOP had greater effect on women infertility. The researcher recommended for proper health education, particularly sex education and information about acceptable family planning methods for all male and female secondary school children. Government should make skilled personnel and facilities available to all for the procedure. Government should also make laws that will enhance this procedures, thus preventing quacks and charlatans from taking advantage of those in need of the services.

Keywords: Pregnancy, Infertility, Sex Education, TOP

INTRODUCTION

Infertility is defined as the inability to establish a pregnancy within a specified period of time, usually one year, in a couple having a regular unprotected sexual intercourse. Primary infertility is that in which there has been no previous pregnancy while secondary infertility is that in which there has been a previous pregnancy irrespective of the outcome Shah (2009). Globally, about 8% couples experience some form of infertility problem during their reproductive lives. In Africa, up to 65% of gynaecological consultations are for infertility. In Nigeria, about 15% of married couples aged 19 to 45 years have various forms of infertility problems of these, 23.6% had primary infertility, and 28.3% had secondary infertility while the remaining 48.1% had other gynaecological disorders (Swingle, Colaizy, Zimmerman, & Morriss, 2009).

The growing rates of infertility and secondary infertility (infertility after a woman has had one child) can be attributed to many things, but many medical experts and researchers now pointed at surgical abortion as a possible causal factor. Abortion is the lose of non viable pregnancy which can be spontaneous or induced (Adedini, 2009). Where contraception and legalised induced abortion are freely available, clinically recognizable abortion complicate about 16% of pregnancies. The vast majority of this spontaneous abortion occurs before 12 weeks of amenorrhea and are rare when pregnancy has reach the equivalent of eight weeks of gestation (Lewis, 2006).

Spontaneous abortion usually presents clinically with vaginal bleeding and colicky uterine pain. Induced abortion, particularly using illegal methods may present in the same way. Termination of Pregnancy (TOP) is such a controversial case in the medical profession. Any expert who speaks up and links abortion with negative side-effect is regarded as a secret pro-life and is in danger of committing professional suicide. Such a scientist or researcher risks being shunned by colleagues and ridicule in the media and professional journals. Many advocates of abortion deny that there is a link between abortion and future infertility, except when the abortion is illegal. There is usually a qualifier, however that says legal abortion should not affect infertility where there no complication (Dicherny, 1991). Thus, this study was therefore undertaken to understand the effects TOP and infertility among women in Akwa Ibom State.

STATEMENT OF PROBLEM

Induced abortion is used as a method of fertility regulation world wide and is estimated that about one pregnancy in every four is terminated deliberately. Fertility regulation depends on several factors. One of these is perhaps custom and practice in terms of age at the onset of sexual activity and its relationship to marriage. In some societies, sexual activity is rare before marriage, whereas elsewhere it is common. The most common factor in abortion rates in some societies is average desired family size, being used when contraception has failed to keep family size small, but in other situations it is only used after the woman has a large family which she considers complete. Contraceptive availability and use is of course, varies in different countries and may be influenced by ease of distribution, custom, religion and cost. A further major factor is in patterns of lactation, where prolonged lactational amenorrhoea may be the most important determinant of inter pregnancy interval, family size and indeed, the number of unwanted pregnancies and demand for abortion.

In Sub-saharan Africa for instance, a large number of illegal abortions are performed on young unmarried girls where the unwanted pregnancy would mean the end of school career. Various methods are used to procure abortions orthodox and unorthodox, scientific and unscientific. The procedure may also be performed by both trained and untrained personnel including quacks and charlatans. Various methods and instruments are used such as instrumenting the uterus or the insertion of hygroscopic cervical dilators, or uterine syringing with chemicals designed to induce incomplete abortion. Still further, some quacks may employ the insertion of foreign bodies into the cervix using such things as bones, tree bark, wires, knitting needles, sticks and catheters and even the use of topical chemicals and herbs both orally ingested and or topically introduced into the vaginal with their attendant complications and sequelae.

Thus abortion is associated with a variety of problems and complications including haemorrhage, uterine perforation, sepsis including peritonitis and death. On a chronic and long term basis this may include vulval and vaginal atresia, cervical fibrosis, cervical incompetenae post partum retained placentae, placenta praevia, uterine synechiae, tubal blockage and hence secondary infertility.

PURPOSE OF THE STUDY

The major purpose of this study was to determine the effect of TOP on women with secondary infertility.

RESEARCH QUESTION

What are the mean effects of induced abortion on infertility among women in Akwa Ibom State?

RESEARCH HYPOTHESIS

There is no significant effect of induced abortion on infertility among women in Akwa Ibom State.

RESEARCH METHODOLOGY

Research Design

The design adopted for the study was a survey design. This allowed the researcher to sample the record of women who suffer secondary infertility with positive history of abortion.

Population of the study

Patient with cases of infertility registered at University of Uyo Teaching Hospital and the VVF Hospitals both located in Uyo constituted the study population. The record of the women investigated came from both rural and urban part of the south-south geopolitical zones from the year 2009 to 2012.

Sample and Sampling Technique

A sample size of 320 women were used and selected through random sampling technique. The register of records of child birth in these two hospitals was used.

Instrumentation

The record indicated if the affected secondary infertility patient has a termination of pregnancy TOP that is induced abortion through instrumentation (Yes) or never had TOP at all (No). The reliability of the instrument was determined using the split-half method. The reliability index was calculated as .734.

STUDY SETTING

A case study was conducted at the University of Uyo Teaching Hospital (UUTH) and VVF Hospitals which are located in Uyo the capital of Akwa Ibom State in the South-south region of Nigeria. The hospitals render services to residents of Akwa Ibom State and the neighbouring town of Cross River State, Abia and Rivers State respectively. The maternity wing of UUTH and VVF hospitals which provide obstetrics and gynaecological services which are located inside the main premises of the hospitals. An average of 400 respondents is seen monthly at the gynaecological clinics for various gynaecology cases.

PROCEDURE

A pilot study was conducted before commencing the main study. The pilot study was conducted at a private hospital Our Lady of Lourdes' Infirmary Hospital located at 22 Ekpanya Street in Uyo. Essentially, the subjects' responses were good and unambiguous. This might be because the instrument was validated in previous studies in the same environment. All consenting eligible patients with infertility were presented to gynaecology clinics for one month period. After assessment by a gynaecologist each patients with diagnosis of infertility completed the data collection sheet on socio-demographic data which was administered by a trained research assistant. Respondents who were literate were allowed to complete the questionnaire on their own while non or poorly literate were assisted. Relevant information was extracted from each patient's (study group) case notes. These included documented cause(s) of the infertility and coexisting physical illness, type and duration of infertility, previous and present treatment for infertility, regulating of menstrual periods.

The record were collected and scored based on had TOP (Yes) had never had TOP (No). The descriptive and inferential statistics were used to analyse the data. The hypothesis was tested at .05 level of significance. The register or records of secondary infertility supplied the information on each patient the data was scored under classifications as determined by their history of whether positive or not positive of TOP and their methods.

RESULTS

Research Question 1

What are the effects of TOP on infertility among women in Akwa Ibom State.

The analysis is as shown in Table 1:

Table 1. Mean and Standard Deviation Score of the difference of Infertility among women.

S/N	Item TOP	Secondary Infertility	Percentage	Mean	SD
1.	By instrumentation	260	88	64.05	30.15
2.	Drug induced	40	8	20.04	5.24
3.	No History	20	4	10.03	3.25
	Total	320	100%		

As shown in Table 1, it was observed that the mean score of instrumentation (30.15) was greater than the means of drug induced (5.24) and no history (3.25). This implies that the TOP effect by instrumentation causes infertility. Accordingly, to ascertain whether this was significant, the analysis of variance was used to test for significant difference.

Hypothesis

There is no significant effect of TOP on infertility among women in Akwa Ibom State. The analysis is shown in Table 2.

Table 2. One-way analysis of variance (ANOVA) of the mean score of patients based on TOP

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.
Between group	7867.930	2	14339	56.49	.000
Within groups	7539.05	318	25.38		
Total	10406.957	320			

As shown in Table 2, the probability value (P – value = .000) is less than the alpha level (P – value = .05). Therefore the null hypothesis stating a non-significant effect of TOP on infertility among women is rejected. This implies that there is a significant effect of TOP on infertility among women in Akwa Ibom State.

DISCUSSION OF FINDINGS

Among secondary infertility patients who have undergone previous abortions chronic pelvic inflammatory disease (PD) is common. This infective damage affects the endometrium of the uterus including the tubes. This leads to tubal blockage instrumentation which causes scarring of the endometrial cavity with tubal blockage thus causing infertility.

This explains the high percentage, 88% of infertility cases among patients who underwent abortion by instrumentation. This pathological condition is referred to as uterine synechae. Drug induced abortion accounts for only 8% of the total numbers of patients with secondary infertility. In this situation usually sepsis from incomplete abortion with retained products sometimes resulting in subsequent evacuation may be the cause. While only a small percentage 4% of infertility patients have never performed abortion.

RECOMMENDATIONS

Some steps can be taken which will contribute to the reduction in the morbidity and mortality associated with abortion.

1. First and foremost is education, particularly sex education and information about acceptable family planning methods to all male and female secondary school children.
2. The importance of Lactational amenorrhea as method of family spacing should be emphasized.
3. Government should make skilled personnel and facilities available to all for the procedure.
4. Government should also make laws that will enhance this procedure, this preventing quacks and charlatan from taking advantage of those in need of these services.
5. It is the responsibility of Doctors to recognize how serious the complications of illegal abortions can be and to be prepared to act quickly providing comprehensive treatment for women with these conditions in a non-judgmental manner.

CONCLUSION

It is seen here that abortion especially through instrumentation is a serious health and social problem in the society. This can be averted only by the combined effort of government and society at large by a thorough sex and moral education and the provision of effective and available health facilities where these problems may occur.

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