KNOWLEDGE AND ATTITUDES OF FEMALE MAKERERE UNIVERSITY STUDENTS TOWARDS INDUCED ABORTION FOR UNWANTED PREGNANCY

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JUNE 2007
DECLARATION

I hereby declare that to the best of my knowledge, that the work here in is my own and has not been presented to this University or any other University for the award of a similar or any other degree or for publication.

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DATE: 29th June, 2007
DEDICATION

This book is dedicated to my parents Mr and Mrs Remegio Ruguuza and the rest of my family members, thank you for the support and inspiration.
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I would like to extend my sincere gratitude to my supervisors, Ms Nalwadda Gorette and Mrs. Nshimye Edith for their endless guidance given to me throughout the making of this report. To all my lecturers from the Department of Nursing who have not only taught but also have guided me through my four years of study, am grateful.

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration</td>
<td>i</td>
</tr>
<tr>
<td>Dedication</td>
<td>ii</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>iii</td>
</tr>
<tr>
<td>Table of contents</td>
<td>iv</td>
</tr>
<tr>
<td>List of tables</td>
<td>vii</td>
</tr>
<tr>
<td>List of figures</td>
<td>viii</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>ix</td>
</tr>
<tr>
<td>List of abbreviations</td>
<td>x</td>
</tr>
<tr>
<td>Abstract</td>
<td>xi</td>
</tr>
</tbody>
</table>

## CHAPTER ONE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Problem statement</td>
<td>3</td>
</tr>
<tr>
<td>1.2 Research questions</td>
<td>4</td>
</tr>
<tr>
<td>1.3 Research objectives</td>
<td>4</td>
</tr>
<tr>
<td>1.4 Assumption/Hypothesis</td>
<td>5</td>
</tr>
<tr>
<td>1.5 Justification and significance of the study</td>
<td>5</td>
</tr>
</tbody>
</table>

## CHAPTER TWO

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 Literature review</td>
<td>8</td>
</tr>
</tbody>
</table>
CHAPTER THREE

3.0 Introduction.................................................................18
3.1 Study design...............................................................18
3.2 Study area.................................................................18
3.3 Study population.........................................................19
3.4 Sampling procedure....................................................19
3.5 Calculation of sample size.............................................20
3.6 Study variables...........................................................21
3.7 Data collection and research instrument............................21
3.8 Quality control............................................................22
3.9 Data management and analysis........................................22
3.10 Ethical considerations..................................................22
3.11 Dissemination of results.................................................23

CHAPTER FOUR

Results and findings..........................................................24

CHAPTER FIVE

5.0 Discussion of results, conclusion and recommendations................37
5.5 Limitations of the study................................................46
5.6 Conclusions...............................................................47
5.7 Implications for nursing................................................49
5.8 Recommendations for further study........................................49

References..................................................................................51

APPENDICES
A.1 Consent form........................................................................56
A.2 Introduction letter of the researcher......................................57
A.3 Map of the study site..............................................................58
LIST OF TABLES

Table 1: Percentage distribution of respondents by social demographic characteristics
Table 2: Percentage distribution of respondents on approaches to prevent unwanted pregnancy
Table 3: Definition of induced abortion
Table 4: Sources of information about induced abortion
Table 5: Places where abortions are carried out
Table 6: Views on individuals who perform induced abortion
Table 7: Methods of inducing abortion
Table 8: Effects/complications of induced abortion
Table 9: Reasons stated by respondents on their views on legal status of induced abortion
LIST OF FIGURES

Figure 1: Sexual activity of respondents

Figure 2: Awareness of respondents on the legal status of induced abortion in Uganda

Figure 3: Views of respondents on solution for unwanted pregnancy

Figure 4: Views on the legal status of induced abortion.
DEFINITION OF TERMS

For the purpose of this study, the following terms will be defined as;

**Attitude;** Students' general feeling, judgment or opinion towards abortion.

**Knowledge;** Information and facts the University female students have about abortion.

**Unwanted/Unintended pregnancy;** This refers to the pregnancy that was consciously unintended at time of conception and unwanted during the gestation period.

**Induced Abortion;** Purposeful termination of pregnancy before the fetus is viable.
LIST OF ABBREVIATIONS

AGI- Alan Guttmacher Institute

D & C - Dilatation and Curettage.

D & E - Dilatation and Evacuation.

MOH- Ministry Of Health


PAC - Post Abortion Care

UDHS- Uganda Demographic health survey

UN- United Nations

WHO - World Health Organization.
ABSTRACT

Induced abortion is a vital reproductive health problem world wide and also in Uganda. Forty six million or twenty two percent (22%) of all pregnancies world – wide end in induced abortions each year (Hord, 2001). About 297,000 induced abortions are performed in Uganda each year and nearly 85,000 women are treated for complications of abortion (Susheela et al 2005). The objectives were to ascertain the knowledge of female University students about induced abortion, to determine the students’ attitude towards induced abortion, and to obtain students views on the legal status of induced abortion in Uganda.

The study was descriptive cross-sectional and quantitative in nature, it involved 230 respondents. Data was collected using pre-tested structured self-administered questionnaire. Data collected was analyzed using a computer SPSS 11.0 program and results presented using tables, pie charts and texts.

Results showed that, majority of the respondents (95.6%) were aware of different approaches to prevent unwanted pregnancy; some methods of prevention mentioned include abstinence, condoms, natural-method (48.7%) and induced abortion (27.0%). However natural method cannot be relied on alone to prevent pregnancy and induced abortion should be discouraged as it leads to health and psychological problems. Knowledge on induced abortion was high as 63% could correctly define induced abortion. Knowledge on complications/effects of induced abortion was high, 81.7% of
the respondents mentioned; excessive bleeding; infertility, infections, death, and psychological torture. The majority of respondents had heard about the practice of induced abortion (77.0%) and had obtained their information mainly from friends/peers. Home as a source of information was least stated, therefore parents should be encouraged to actively participate in warning girls about dangers of induced abortion and discourage practice.

Abortion was reportedly done by doctors (74.8%), nurses (45.2%), self (38.7%), relative (29.1%), herbalist (29.6%) and witch doctors (13.5%). Private clinics and hospitals were the commonest mentioned, as places where abortion is carried out. Methods mentioned for inducing abortion included; drugs, surgical procedures, local herbs, and using metals/sticks. There was an overall negative attitude towards induced abortion for unwanted pregnancy noted among the respondents (83%). However 27% of the respondents had a positive attitude towards induced abortion. This should be discouraged since induced abortion poses many risks including; health and psychological problems.

Conclusions made were that respondents are aware of induced abortion and their knowledge was high though limited. The overall attitude towards induced abortion was negative although reasons given were mainly; personal, social, cultural, economic, legal, and religious reasons other than health reasons.

The study recommends, for health education of women and girls on option to prevent unwanted pregnancy, and dangers of induced abortion. Girls and women should be warned against the practice of induced abortion. Strict laws against induced abortion should be reinforced and implemented.
CHAPTER ONE
INTRODUCTION

1.1 Background

Induced abortion is a vital reproductive health problem in Uganda. (Nyanzi et al 2005). Abortion is expulsion of a non-viable fetus from the uterus or termination of pregnancy and expulsion of an embryo or of a fetus that is incapable of survival (Melbye et al 1997). The same author states that there are two main types of abortion; that is spontaneous and induced abortions. Spontaneous abortion refers to loss of the fetus during pregnancy due to natural causes before fetus is viable while induced abortions result from the planned interruption of a pregnancy resulting into termination of pregnancy before the fetus is viable.

According to Hord, (2001) induced abortion is a common occurrence throughout the world and forty six million or twenty two percent (22%) of all pregnancies world – wide end in induced abortions each year, it remains clandestine, stigmatized and unsafe for hundreds of thousands of woman. The same author states that induced abortion may either occur in a safe medical setting according to legal and health policy guidelines or it may occur outside the medical setting by untrained practitioners working in unsafe and unhygienic conditions. According to Henshaw et al (1999) approximately twenty six million legal and twenty million illegal abortions were performed world wide in 1995.

Every year, approximately 50 million unwanted pregnancies are terminated. Some 20 million of these abortions are unsafe. About 95% of unsafe abortions take place in developing countries, causing the deaths of at least 200 women each day World Health Organisation (WHO 1997). It is
also stated that unwanted pregnancy occurs for many reasons; the most common are non-use of contraception or contraceptive failure.

According to Vasager, (2004) in his study he states that abortion is illegal in many states of Africa although it is legal in some few countries like South Africa, Tunisia, and Cape Vade. The author further states that a combination of powerful Christian lobbies and male dominated societies have kept abortion illegal.

Abortion in Uganda is illegal and only permitted to save the life of the mother. Despite this many abortions occur at a high rate in young, single and low income parity women most often secondary school and university students. These account for the bulk of all induced abortions in Uganda (Mirembe 1996). In another study by Susheela et al (2005), he states that each year an estimated 297,000 induced abortions are performed in Uganda and nearly 85,000 women are treated for complications of induced abortion.

According to Kiggundu, (2006) in his report he stated that induced abortion techniques include surgical techniques and non-surgical techniques. Surgical techniques include Manual Vacuum Aspiration (MVA), Electric Vacuum Aspiration (EVA), Dilatation and Curettage (D&C) and Dilatation and Evacuation (D&E). Non-surgical procedures include use of local herbs to induce abortion. The same author states that the commonly used methods in Uganda are D&C, MVA, and herbal remedies.
In this research study, knowledge and attitudes of female university students was assessed so as to get clear information about what they think and also their feelings about abortion. It is also not clear whether the students' knowledge and attitude affects their decision to carry out an abortion. Therefore this study sets out to address this issue of knowledge and attitudes of female University students towards induced abortion.

1.2 Problem Statement.
Induced unsafe abortion is a vital reproductive health problem in Uganda. (Nyanzi et al 2005). According to Susheela et al (2005), 297,000 induced abortions are performed in Uganda each year and nearly 85,000 women are treated for complications of abortion. The same author states that induced abortions occur at a rate of 54/1000 women aged 15-49 years and account for one in five pregnancies, higher than average in the central region (62 per 1000 women), the country's most urban and economically developed region, therefore unsafe abortion exerts a heavy toll on women in Uganda. Induced abortion related mortality rate in 1998 was 35% of maternal death in Mulago hospital (Mbonye, 2000). According to the Uganda Demographic Health Survey (UDHS), the estimated maternal mortality rate in 1995 was 506 per 100,000 live births and the major causes were hemorrhage, sepsis, and obstructed labour and induced abortion.

Adolescents start having at an early age. The median age of first intercourse in Uganda is 16.7 years. By 18 years 67% of the adolescents have had sexual intercourse. Most of the sexual intercourse in this age group is unprotected which exposes them to unwanted pregnancy and sexually transmitted infections (MOH 2004). According to the researcher's observation at the
university, females and males engage in early relationships. Females end up with unwanted pregnancy and induced abortion remains the only solution they see to this unwanted pregnancy.

A study done in three Kampala hospitals to analyze the situation of abortion in Uganda it was reported that both spontaneous and induced abortions contributed largely to a high maternal mortality and morbidity rate 550/100,000 ((Mirembe 1996). The same study points out that inspite of high fertility rate, contraception prevalence remains low resulting in high rates of teenage pregnancy especially secondary school and University students and in the long run these account for the bulk of all induced abortions in Uganda. The same author above states that, the leading complications resulting from induced abortion were sepsis and hemorrhage comprising of 60%, while genital tract trauma occurred in 15.3% of the induced abortions.

This study therefore examined knowledge and attitudes of female university students. It was also not clear whether the students’ knowledge and attitude affects their decision to carry out an abortion. Therefore this study was set out to address this issue of knowledge and attitudes of female University students towards induced abortion

1.3 Research Questions

1. What is the knowledge of female students at Makerere University about induced abortion?

2. What are the attitudes of university female students towards induced abortion?

3. What are the students’ views on the legal status of induced abortion in Uganda?
1.4 Research Objectives

Overall objective.
To determine the knowledge and attitudes of female university students towards induced abortion.

Specific objectives.
1. To ascertain the knowledge of female University students about induced abortion.

2. To determine the students’ attitude towards induced abortion.

3. To obtain students views on the legal status of induced abortion in Uganda.

1.5 Assumption /Hypothesis
Students’ lack of knowledge about alternative sources of assistance when faced with an unwanted pregnancy leads them toward induced abortion as their only option.

1.6 Justification and significance of the study.
The proposed study was undertaken with concern that globally 46 million induced abortions occur each year (Hord 2001). According to the world Health Organization (1997), each year approximately 50 million unwanted pregnancies are terminated. It has also been noted that induced abortion and its consequences have greatly contributed to high maternal mortality and morbidity (Mirembe 1996).
The same author states that main complications of induced abortion include Sepsis and hemorrhage contribute to 60% of all the complications while genital trauma contributes 15.3%.

To the researcher’s knowledge, a study to assess the knowledge and attitudes of female University students on induced abortion in Makerere University, Kampala district has not been previously done. In a survey by Dietrich, (2004) to assess Baccalaureate Nursing Students' Attitudes Concerning Induced Abortion, revealed that 86.6% of the college students had an overall positive attitude concerning induced abortion. This Study did not address the issue of knowledge among these students.

Many studies have been done worldwide about induced abortion, and similar studies have been done in Uganda but no studies have focused on University students’ knowledge and attitudes concerning induced abortion. Studies that have been done include (incidence of induced abortion in Uganda, Susheela et al (2005) and Analysis of induced abortion in Uganda Mirembe, (1996) among others. This has left a knowledge gap about what female University students know about induced abortion and what their attitudes are about it.

Data from this study will help to fill the gap by finding out the knowledge and attitudes of university female students as regards abortion. The information obtained from this research study may also be useful in the following ways; it may help identify and address the reproductive health needs especially those concerning abortion and its related effects, it may trigger the need to identify and address the legal issues on abortion in Uganda.
Also information obtained from this study may help to identify and address the need for provision of more health education on the effects and complications of induced abortion.

This study extensively explored the knowledge and attitudes of female University students about induced abortion thus adding to the existing knowledge.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter presents literature about the topic of study. The information is in sections including section on, Knowledge on induced abortion, Attitude towards induced abortion, Unwanted pregnancy and contraceptive use, Incidence of induced abortion, Legal status of induced abortion and Cultural issues on induced abortion.

2.1 Knowledge on induced abortion.

Knowledge is the understanding of a concept and this affects the person’s actions or decisions. A study done in Sri Lanka to assess Knowledge, behavior and attitudes on induced abortion and family planning among Sri Lankan women seeking termination of pregnancy revealed that out of 210 women attending a clinic in Colombo requesting termination of pregnancy, 96% were not aware of adverse effects of abortion, 91% thought that induced abortion was immoral and 94% did not know that it was illegal (Perera et al 2004).

This shows that many women are ignorant about the effects of induced abortion, which could be the reason why they continue to practice it. This knowledge gap needs to be filled through this research. Also from the same study, it is shown that a big percentage of women did not know the legal status of abortion and hence the practice

2.2 Attitude towards induced abortion.

A person’s attitude towards a concept or object has been shown to have an influence on the overall pattern of his/her response to the concept (Kikwilu et al 2000)
Unsafe abortion causes 13% of maternal deaths worldwide. Safe abortion can only be offered under conditions where legislation has been passed for legal termination of unwanted pregnancy. Attitude of an individual towards abortion may affect their decision on whether to terminate unwanted pregnancy or not (Buga, 2002).

According to Dietrich, (2004) few studies have focused on college/university students' attitudes concerning abortion. In his study to assess Baccalaureate Nursing Students' Attitudes Concerning Abortion, revealed that the majority of the participants (86.6%) indicated a pro-abortion attitude in cases such as rape incest and in cases where the pregnancy was dangerous to the mother's life. This shows an overall positive attitude towards induced abortion.

2.3 Unwanted pregnancy and contraception use.

According to the World Health Organization (1997), there are an estimated 200 million pregnancies around the world each year. Approximately one-third of these, or 75 million, are unwanted. These unwanted pregnancies occur for many reasons; the most common are non-use of contraception or contraceptive failure. Every year, approximately 50 million unwanted pregnancies are terminated. Some 20 million of these abortions are unsafe. Furthermore 95% of unsafe abortions take place in developing countries, causing the deaths of at least 200 women each day. Sadik, (1997) states that unwanted pregnancy occurs for many reasons; the most common are non-use of contraception or contraceptive failure. Between 120 and 150 million married women want to stop having children or postpone their next pregnancy, but are not using contraception. An additional 12 to 15 million unmarried women also want to avoid pregnancy but lack the means to do so.
A study conducted in Nigeria by Aziken et al (2003), to Assess knowledge and Perception of Emergency Contraception Among Female Nigerian Undergraduates, revealed that unwanted pregnancy poses a major challenge to the reproductive health of young adults in developing countries. Some young women with unwanted pregnancies obtain abortions, many of which are performed under unsafe conditions. The same author states that, given the increasing sexual activity and decreasing age at first sex in developing countries, the use of contraceptives to prevent unwanted pregnancy and unsafe abortion is important.

In the same study above it is indicated that the contraceptive use among the sexually active Danish adolescents is 93%. As is the case in Kenya, the low levels of contraceptive use among adolescents in Uganda may reflect inadequate contraceptive knowledge and access, as well as spontaneity of adolescent sexual activities. They may also reflect behavior among the youth that it is easier and safer to obtain an abortion than to practice contraception on a regular basis. This reflects a bad idea since induced abortion is associated with many problems and complications compared to contraception use.

In another study conducted in Thailand by Rituval (2003), to determine contraceptive use among University undergraduate female students, it was stated that 20% of the students had had sexual experience and among those who had had sexual experience, more than 90% of them had used contraceptives. A large number of respondents had heard about contraception, but detailed knowledge on contraception was found to be low. This could be the same case among the female undergraduates at Makerere University in Uganda, and this can easily lead to unwanted pregnancy hence the only option to induce an abortion.
According to the Program of Action of the 1996 International Conference on Population and development governments and other relevant organizations were urged to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. To implement this recommendation, policymakers need information on the availability and quality of family planning services, the extent of harm to women's health caused by unsafe abortion, and the incidence of abortion. (Nyanzi et al 2005).

2.4 Incidence of abortion

According to Henshaw et al (1999), approximately twenty six million Legal and twenty million illegal abortions were performed worldwide in 1995, resulting in a worldwide abortion rate of 35 per 1,000 women aged 15–44. The same author states that among the sub regions of the world, Eastern Europe had the highest abortion rate (90 per 1,000) and Western Europe the lowest rate (11 per 1,000). Among countries where abortion is legal without restriction as to reason, the highest abortion rate, 83 per 1,000, was reported for Vietnam and the lowest, seven per 1,000, for Belgium and the Netherlands.

A study conducted in the United States in 2000-2001, by the Alan Guttmacher Institute (AGI), revealed that nearly half of unintended pregnancies and more than one-fifth of all pregnancies in the United States end in induced abortion. Abortion ratio in 2000 was 24.5 per 100 pregnancies. In 2001 about 600 health providers performed an estimated 37,000 abortions. (Finer, L.B et al 2003)
According to Huntington et al (1998), millions of women and girls end up in hospital emergency rooms for treatment of complications after unsafe or incomplete abortions. The same author states that emergency rooms in Egypt alone treat 216,000 such women and girls per year while the figure is 142,200 for Nigeria, 288,700 for Brazil and 106,500 for Mexico. Some never make it to the Hospital, the fear of humiliating treatment and illegal recriminations along with poverty and lack of access undoubtedly deters many critically ill women and girls from seeking desperately needed emergency care.

According to WHO, (1998) the result of botched procedures in inducing abortion and lack of accessible and appropriate emergency care, 78,000 women and girls die each year and necessarily. Unsafe abortion and the immense personal suffering that may attain to it remains a serious global public health problem. In addition to the human cost; treatment of abortion constitutes a serious drain on health sector resources.

According to Susheela et al (2005) each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications. Abortions occur at a rate of 54 per 1,000 women aged 15–49 and account for one in five pregnancies. The abortion rate is higher than average in the Central region (62 per 1,000 women), the country’s most urban and economically developed region. It is also very high in the Northern region (70 per 1,000). Nationally, about half of pregnancies are unintended; 51% of married women aged 15–49 and 12% of their unmarried counterparts have an unmet need for effective contraceptives.
The same author in another study states that, 21% of maternal deaths are due to induced abortion-related complications and complications from abortions constitute more than half of admissions to the gynecologic emergency unit.

In a study by (Mirembe 1996), about abortion incidence in Uganda, it was clearly stated that, Uganda had a population of over seventeen million with a growth rate of 2.8% and total fertility rate of 7.3 children per woman. The government of Uganda is promoting family planning mainly on health basis. Abortion is illegal and only permitted to save the mothers life, however, abortion remains a major public health problem in Uganda. The same author states that abortion has contributed strongly to the high maternal mortality in Uganda (550/100,000). It was also stated that, generally single, young, and low-income parity women, most often secondary school and University students account for the bulk of all induced abortions. The study also established that the leading complications resulting from induced abortion were sepsis and hemorrhage comprising of sixty percent (60%), while genital tract trauma occurred in fifteen point three percent (15.3%) of the induced abortions. It was also noted that the most common reasons for termination of pregnancy were desire to continue education and parental fear.

In the New Vision dated December 6th 2006, Kiggundu stated that in Uganda, 58% of the abortions are conducted by medically trained providers like Doctors, nurses or midwives, who rely primarily on D&C where an instrument is inserted into the vagina to enlarge the neck of the womb as the Doctor breaks the waters and sucks the fetus. Medical personnel also use MVA, where a pump is used to terminate the pregnancy. He continues to say that pharmacists, traditional healers, conduct many abortions or women themselves using crude methods like
insertion catheters or sharp objects into the uterus, herbal remedies, medications, hormonal
drugs, and drinks made from detergents or other caustic substances.

2.5 Legal status of induced abortion.

Vasagar (2004) states that in Africa there are only three countries that have legal abortion
On demand despite being shaped by very different traditions, and these include, South Africa,
Tunisia, and Cape Verde. Elsewhere, a combination of powerful Christian lobbies and male
dominated societies has kept abortion illegal.

Data from Nigeria and Latin America where legal restrictions make access to safe abortion
extremely difficult, suggest that four out of every ten procedures result in severe complications.
This risk is particularly grave for those in rural areas (Makinwa et al 1997).

According to the Uganda laws (2000), induced abortion is illegal. Sections 141, 142 and 143 of
the penal code Act, cap 120; state that induced abortion is illegal in Uganda.

According to United Nations (2005), in Uganda performance of abortion is generally prohibited
and any person who, with intent to procure the miscarriage of a woman, unlawfully administers
any noxious thing or uses any means is subject to imprisonment for fourteen years. A pregnant
woman who undertakes the same act or consents to its performance is subjected to seven years’
imprisonment. Any person who unlawfully supplies means to procure an abortion knowing that it
is unlawfully intended for that purpose is subject to three years’ imprisonment. In the same
article abortion may be performed to save the life of a pregnant woman and the person is not
criminal responsibility for performing in good faith and with reasonable care and a skilled surgical operation upon an unborn child for the preservation of the mother's life if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

Because of these restrictions against induced abortion, many women and girls end up carrying out unsafe abortions leading to dangerous complications.

Henshaw et al (1999) States that, accurate measurement of induced abortion levels has proven difficult in many parts of the world, therefore health care workers and policymakers need information on the incidence of both legal and illegally induced abortion to provide the needed services and to reduce the negative impact of unsafe abortion on women's health. The same author states that abortion rates are no lower overall in areas where abortion is generally restricted by law and where many abortions are performed under unsafe conditions than in areas where abortion is legally permitted.

Uganda's law permits induced abortion only to save a woman's life; despite this, many women obtain abortions, often under unhygienic conditions. Small-scale studies suggest that unsafe abortion is an important health problem in Uganda, but no national quantitative studies of abortion exist. (Mirembe 1996)

According to Susheela et al (2005), in his study he states that, under Ugandan law, induced abortion is permitted only when pregnancy endangers a woman's life. Legal abortions are very rare, given the restricted grounds, the demanding process for obtaining approval for example,
providers typically require certification from three doctors, even though the law does not require this, and the likelihood that many providers and women are unaware of the specifics of the abortion law. The same author states that, studies carried out in the 1990s show that many women obtain induced abortions in Uganda, often from untrained personnel using unsafe methods.

2.6 Cultural and social issues on abortion.

In a study conducted in Kenya among the Masai it was found out that the concept of unwanted pregnancy also existed in the traditional societies (Valentino 1996). The same author states that the consequences of unwanted pregnancy ranged from severe loss of self-esteem in the community to being married off without dowry, the women may be even chased away by their husbands and girls by their parents. Abortion appeared to be a secret but commonly known mechanism for dealing with unwanted pregnancy and within the Masai society carrying out an unwanted pregnancy carried more serious social consequences than inducing an abortion.

According to Borroso et al (2001) in his study he reported that, reasons why women and girls resort to abortion after facing unwanted pregnancy and these include, economic factors, personal circumstances such as absent partner or unfinished schooling. Others include health considerations, social and cultural factors. The same author states that there are many complications of illegal and unsafe abortion and these include infection, haemorrhage and secondary infertility among others. Also from the report it is established that, women and girls find themselves facing unwanted pregnancies and they often turn to abortion as the only solution to this problem.
According to AGI (1999) pregnancies are terminated for a wide variety reasons, including economic factors, personal circumstances such as absent partner or unfinished schooling. Others include health considerations, social and cultural factors. The decision to terminate a pregnancy may be simple and straightforward or more complex and difficult depending on the clients’ social, legal, and personal context. But abortion remains the last measure of control women and girls have over their fertility, providing respite and tremendous relief when performed under appropriate conditions.
CHAPTER THREE.

METHODOLOGY.

3.0 Introduction

This chapter gives a description of, study methods, study participants, sampling procedure, and calculation of sample size, ethical considerations and dissemination of results.

3.1 Study design.

The study was a cross-sectional descriptive study that was conducted using the quantitative method of data collection.

3.2 Study area.

This study was carried out at Makerere University because of availability of participants. Makerere University is Uganda’s premier institution of higher learning with a student capacity of over 25,000 and it ranks as one of the largest in the East and Central Africa.

It is located on Makerere on Makerere hill one of the many hills on which Kampala the capital city of Uganda is built. The main campus is about five kilometers to the north of the city center covering an area of three hundred acres (two square kilometers).

The study was conducted in three females halls, that is Africa, Mary Stuart, and Complex. The non-residents were accessed at lunch time in the halls of residence.
3.3 Study population.

The study population comprised of female undergraduate students of Makerere University both residents and non-residents who were willing to participate in the study.

Inclusion criteria.

1. All female undergraduate students aged eighteen and above.

2. All female undergraduate students both residents and non-residents.

Exclusion criteria.

1. Postgraduate female students did not participate in the study.

2. Female students who were not willing to consent.

3.4 Sampling procedure.

A sample of 230 female students was equally sampled from residents and non-resident female students. A convenience sampling technique was used to obtain the required sample size. The total population of students to be studied was divided proportionally between the halls and hostels to obtain 115 students from the halls and 115 students from hostels. The researcher obtained 50% of female resident students and the other 50% from non-resident female students. For the resident students the researcher accessed them from their halls of residence that is Africa, Complex and Mary Stuart hall. The researcher moved from one hall to another and from one room to another, one participant was picked from each room randomly until the required sample
size was reached. Non-resident students were found at lunchtime since they have their lunch at the halls of residence and were randomly selected to participate in the study.

3.5 Calculation of sample size.

The calculation of the sample size was done according to the method suggested by Polit and Hungler 1991. Polit and Hungler (1991) stated that a “cell” of data requires a minimum number of ten (10) respondents. Each question in a questionnaire can be considered as a cell of data. It is good to have ten (10) and better to have twenty to thirty (20-30) representatives of each cell of data.

Therefore this implies that each cell of data requires a minimum of ten (10) subjects. Each cell of data is equal to a question. For this study, the data collection instrument had twenty three (23) questions excluding demographic characteristics.

Using the formula; $K = PQ$.

Where, $K$ is sample size,

$Q$ is the minimum number of respondents,

$P$ is the number of questions on the data collection instrument excluding demographic data.

Therefore; $P = 23$

$Q = 10$

Substituting in the formula:

$K = 23 \times 10$

$= 230$

Hence the sample size was 230
3.6 Study variables.

The variables in this study were:

Independent variables

- Age
- Sex
- Tribe
- Marital status
- Course
- Year of study

Dependent variables

- Attitudes related to induced abortion.
- Knowledge related to induced abortion

3.7 Data collection and research instrument

Data was collected by the principal researcher using semi-structured self administered questionnaires. The respondents filled the questionnaires under the supervision of researcher and the questionnaires were collected immediately after completion.

The research instrument was written in English and had both closed and open-ended questions. The questionnaire was sectioned into demographic questions, knowledge and attitude questions on knowledge and attitudes of female university students towards induced abortion for unwanted pregnancy.
3.8 Quality control

To ensure high quality data, the data collection tool was first pre-tested with five respondents who fitted in the inclusion criteria but were not included in the study sample. Necessary adjustments to the questionnaire were made based on the feedback before the final data collection tool was used.

3.9 Data Management and analysis.

After data collection, the questions were coded and then entered into the computer SPSS 11.0. Data was analyzed using the SPSS 11.0, software package for Windows XP and excel programs. Interpretation of data was done using descriptive Statistics such as averages, mean and percentages. Results are presented using, bar graphs, pie charts and frequency tables and texts.

3.10 Ethical considerations

The proposed study was presented and approved by the Department of Nursing which provided a letter of introduction that was used to introduce the researcher to relevant authorities at Makerere University from whom permission was obtained. Permission was given orally no letter was given. Study participants were informed of the purpose of the study. Information on the consent form was read by the study participants and verbal consent was obtained from the participants. Their acceptance of a questionnaire indicated their consent. Thus confidentiality of the data collected was assured by using codes on the questionnaires and no names were required on the questionnaires.
3.11 Dissemination of results.

The results of this study will be presented to the Department of Nursing Makerere University. A copy of the research report will be given to the Department of Nursing and Albert Cook Library, Faculty of Medicine Makerere University. A copy will also be taken to the main library Makerere University Kampala for increased accessibility to all the university Students.

Study participants were informed that the findings will be available to them if they are interested in the final results through, Department of Nursing, Faculty of Medicine Albert Cook Library Makerere University after June 2007.
CHAPTER FOUR
RESULTS AND FINDINGS

4.0 Introduction

This chapter presents findings of the study. The findings are based upon data collected from 230 both resident and non-resident female undergraduate students in Makerere University, from February-March 2007. The ratio of residents to non-residents was 1:1. The results of the study are presented in three parts as follows: Background information of the respondents (demographic data), Knowledge of respondents about induced abortion, and Attitude of respondents towards induced abortion.

4.1 Social demographic characteristics

The majority of the respondents (73.9%) were aged between 21-25 years, while the least were aged 30 years (0.9%). The mean age was 24. Majority of the respondents were third year students (39.1%), followed by first years (26.1%), fourth year students were the least with a percentage of 14.8%. Science students were the majority (55.2%) while the arts students were 44.8%. As expected, most of the respondents were single (96.5%). Of all the religious affiliations, Anglicans were the majority with 30.4% while Catholics were 27.0% of the total respondents. A significant proportion of 10.0% were from other religious denominations, as shown in Table 1 below.
Table 1: Percentage distribution of respondents by social demographic characteristics.

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 20</td>
<td>49</td>
<td>21.3</td>
</tr>
<tr>
<td>21 – 25</td>
<td>170</td>
<td>73.9</td>
</tr>
<tr>
<td>26 – 30</td>
<td>9</td>
<td>3.9</td>
</tr>
<tr>
<td>&gt; 30</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>230</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Year of study</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>60</td>
<td>26.1</td>
</tr>
<tr>
<td>2</td>
<td>46</td>
<td>20.0</td>
</tr>
<tr>
<td>3</td>
<td>90</td>
<td>39.1</td>
</tr>
<tr>
<td>4</td>
<td>34</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>230</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Course</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>127</td>
<td>55.2</td>
</tr>
<tr>
<td>Arts</td>
<td>103</td>
<td>44.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>230</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>222</td>
<td>96.5</td>
</tr>
<tr>
<td>Married</td>
<td>5</td>
<td>2.2</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Widow</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>230</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>63</td>
<td>27.4</td>
</tr>
<tr>
<td>Anglicans</td>
<td>70</td>
<td>30.4</td>
</tr>
<tr>
<td>Seventh Day Adventist</td>
<td>4</td>
<td>1.7</td>
</tr>
<tr>
<td>Saved</td>
<td>70</td>
<td>30.4</td>
</tr>
<tr>
<td>Others</td>
<td>23</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>230</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
4.2 Knowledge of respondents on induced abortion.

4.2.1 Sexual activity of respondents

When asked whether they were sexually active, 38% of the respondents were sexually active while 62% were not as shown in Figure 1 below.

Fig 1: Percentage distribution of respondents on their sexual activity.

N=230
4.2.2 Approaches to prevent unwanted pregnancy.

When asked about different approaches to prevent unwanted pregnancy, 95.6% of the respondents were aware of different approaches to prevent unwanted pregnancy. Out of the 219 respondents who were aware stated the following approaches, abstinence (83.9%), condoms (81.7%), injections (53.0%) and natural method (48.7%). A significant proportion mentioned induced abortion (6.6%) as shown in Table 2 below.

Table 2: Percentage distribution of respondents on approaches to prevent unwanted pregnancy. (Multiple responses)  

<table>
<thead>
<tr>
<th>Approaches to prevent unwanted pregnancy</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>193</td>
<td>83.9</td>
</tr>
<tr>
<td>Condoms</td>
<td>188</td>
<td>81.7</td>
</tr>
<tr>
<td>Pills</td>
<td>154</td>
<td>67.0</td>
</tr>
<tr>
<td>Injections</td>
<td>122</td>
<td>53.0</td>
</tr>
<tr>
<td>Natural method</td>
<td>112</td>
<td>48.7</td>
</tr>
<tr>
<td>Coil (IUDC)</td>
<td>86</td>
<td>37.4</td>
</tr>
<tr>
<td>Induced abortion</td>
<td>62</td>
<td>27.0</td>
</tr>
<tr>
<td>Others</td>
<td>20</td>
<td>8.7</td>
</tr>
</tbody>
</table>

4.2.3 Awareness and definition of induced abortion.

When asked whether they have ever heard about the practice of induced abortion to end unwanted pregnancy, 77.0% of the respondents reported having heard about it, while 33.0% had never. When asked to define induced abortion, 63.0% of the respondents could correctly define induced abortion, while 37.0% could not, as shown in Table 3 below.
Table 3: Percentage distribution of respondents on definition of induced abortion  N=230

<table>
<thead>
<tr>
<th>Definition of induced abortion</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purposeful termination of pregnancy</td>
<td>145</td>
<td>63</td>
</tr>
<tr>
<td>Killing the baby</td>
<td>52</td>
<td>22.6</td>
</tr>
<tr>
<td>I don’t know</td>
<td>18</td>
<td>7.8</td>
</tr>
<tr>
<td>Loosing a pregnancy</td>
<td>13</td>
<td>5.7</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Total</td>
<td>230</td>
<td>100</td>
</tr>
</tbody>
</table>

4.2.4 Source of information about induced abortion.

Out of the 177 respondents who had ever heard about induced abortion, majority reported peers (60.0%), newspapers (45.2%), radio (42.6%), and television (32.6%) as their source of information. The least stated source was home (17.8%). Other sources of information mentioned included medical personnel, internet, journals and news bulletins contributed to 10%, as shown in Table 4.

Table 4: Sources of information about induced abortion (Multiple responses)  N=177

<table>
<thead>
<tr>
<th>Source of information about induced abortion</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peers</td>
<td>138</td>
<td>60.0</td>
</tr>
<tr>
<td>Newspapers</td>
<td>104</td>
<td>45.2</td>
</tr>
<tr>
<td>Radio</td>
<td>98</td>
<td>42.6</td>
</tr>
<tr>
<td>Television</td>
<td>75</td>
<td>32.6</td>
</tr>
<tr>
<td>Home</td>
<td>41</td>
<td>17.8</td>
</tr>
<tr>
<td>Others</td>
<td>23</td>
<td>10.0</td>
</tr>
</tbody>
</table>
4.2.5 Places where induced abortion is carried out

When asked about places where induced abortion is carried out, 73.5% of the respondents mentioned private clinics, hospitals (31.7%), and home (17.8%). Other places mentioned included school and bushes, which contributed to 4.2% of the total respondents as shown in Table 5 below.

<table>
<thead>
<tr>
<th>Place where induced abortion is carried out</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private clinics</td>
<td>169</td>
<td>73.5</td>
</tr>
<tr>
<td>Hospitals</td>
<td>73</td>
<td>31.7</td>
</tr>
<tr>
<td>Home</td>
<td>41</td>
<td>17.8</td>
</tr>
<tr>
<td>Witch doctor's shrine</td>
<td>31</td>
<td>13.5</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>6.1</td>
</tr>
</tbody>
</table>

4.2.6 Views on individuals who perform induced abortion.

When asked about their views on individuals who perform induced abortion, majority of respondents mentioned doctors (74.8%) and nurses (45.2%). A significant proportion mentioned self (38.7%). Other individuals mentioned included friends as shown in Table 6 below.
Table 6: Views of respondents on individuals who perform induced abortion. (Multiple responses)  
N=230

<table>
<thead>
<tr>
<th>Views of respondents on individuals who perform induced abortion.</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>172</td>
<td>74.8</td>
</tr>
<tr>
<td>Nurses</td>
<td>104</td>
<td>45.2</td>
</tr>
<tr>
<td>Self</td>
<td>89</td>
<td>38.7</td>
</tr>
<tr>
<td>Herbalist</td>
<td>68</td>
<td>29.6</td>
</tr>
<tr>
<td>Relative</td>
<td>67</td>
<td>29.1</td>
</tr>
<tr>
<td>Witch doctor</td>
<td>31</td>
<td>13.5</td>
</tr>
<tr>
<td>Others</td>
<td>16</td>
<td>7.0</td>
</tr>
</tbody>
</table>

4.2.7 Awareness of methods used for inducing abortion.

When asked about methods of inducing abortion, 72.6% of the respondents were aware of some methods of inducing abortion including, drugs (55.7%), surgical procedures (54.8%), local herbs (46.5%), then metals and sticks (23.0%). Other mentioned methods like tealeaves and detergents contributed to 9.1% of the total respondents as shown in Table 7 below.

Table 7: Methods of inducing abortion (Multiple responses)  
N=167

<table>
<thead>
<tr>
<th>Method of inducing abortion</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>128</td>
<td>55.7</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>126</td>
<td>54.8</td>
</tr>
<tr>
<td>Local herbs</td>
<td>107</td>
<td>46.5</td>
</tr>
<tr>
<td>Using metals/ sticks</td>
<td>53</td>
<td>23.0</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>1.7</td>
</tr>
</tbody>
</table>
4.2.8 Effects/complications of induced abortion.
When asked about effects/complications of induced abortion, 81.7% of the respondents were aware of complications/effects of induced abortion, while 18.3% did not know any complications of induced abortion. Out of the 188 respondents who were aware of effects/complications of induced abortion, majority stated excessive bleeding (52.6%) and infertility (34.7%). Psychological torture (4.3%) was the least stated. Other complications stated include damage to uterus, and retained products of conception as shown in Table 8 below.

<table>
<thead>
<tr>
<th>Effects/complications of induced abortion</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over bleeding</td>
<td>120</td>
<td>52.0</td>
</tr>
<tr>
<td>Infertility</td>
<td>80</td>
<td>34.7</td>
</tr>
<tr>
<td>Infections</td>
<td>60</td>
<td>26.0</td>
</tr>
<tr>
<td>Death</td>
<td>50</td>
<td>21.7</td>
</tr>
<tr>
<td>Psychological torture</td>
<td>10</td>
<td>4.3</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>3.4</td>
</tr>
</tbody>
</table>

4.2.9 Awareness of respondents on the legal status of induced abortion in Uganda.
When asked about the legal status of induced abortion in Uganda, 86.0% of the respondents stated that it was illegal, legal (2%) and 12% did not know the legal status of abortion as shown in Figure 2 below.
4.2.10 Reasons stated for terminating pregnancy

When asked for terminating pregnancy, the following were the responses, fears of being denied by both parents and owner of the pregnancy, expulsion from school, not being ready for motherhood, pregnancy affecting their socialization with friends, shame for engaging in fornication, fear of responsibility and inconvenience. Pressure from boyfriend and parents/guardians, and wrong timing hence unwanted pregnancy.
4.3.0 Attitudes of respondents towards induced abortion.

4.3.1 Views on solution for unwanted pregnancy.

When asked whether they would choose the option of induced abortion in case of unwanted pregnancy, 17.0% agreed while 83.0% disagreed as shown in Fig 3.

Fig.3 Views of respondents on solution for unwanted pregnancy.

Out of the 39 respondents who agreed induced abortion as an option for unwanted pregnancy gave reasons including, (52.0%) fear of parents,(34.7%) due to lack of social support from the partner, and (30.4%) were due to desire to continue with education, (26.0%) stated that some girls are not sure of the father of the baby. Other reasons stated included lack of money to care for the pregnancy and protection of career.
The 191 of the respondents, who disagreed with the option of inducing abortion for unwanted pregnancy, gave reasons including culture (30.4%), religious reasons (78.0%), fear of death (52.0%) and it is against the law (34.7%). Other reasons mentioned include, immoral act, and long-term psychological consequences.

4.3.2 Advice for unwanted pregnancy
When asked what advice they would give a girl with unwanted pregnancy, 61.3% of the respondents, said they would advise the person to go for counseling, (35.7%) of the respondents would advise the person to give birth, 2.60% of the respondents would advise the person to induce an abortion.

4.3.3 Views on whether induced abortion should be allowed
When asked about their views on whether induced abortion should be allowed, 22.2% of respondents agreed while 77.8% disagreed.
Those who agreed gave reasons including; not being ready for motherhood, individuals have a right to do what they want, avoidance of consequences of unwanted pregnancy, therapeutic purposes, reduce number of illegitimate children and slow down population growth.
Those who disagreed gave reasons including; it is an immoral act, against God’s law, long term psychological consequences and it is murder.
4.3.4 Views on legal status of induced abortion.

When asked whether the government should legalizing induced abortion, 24.0% of the respondents agreed to idea of legalizing induced abortion while 76.0% of the respondents disagreed to the idea as shown in Fig 4 below.

Fig 4 Percentage distribution of respondents on legal status of induced abortion.

N=230

Out of the 56 respondents who agreed to the idea of legalizing induced abortion gave reasons including, girl may not be ready for the pregnancy (26.0%), lack of support (47.8%) and desire to continue with education (34.7%). Other reasons like saving the life of the mother incase of rape or incest contributed 8.6% of the respondents.
Out of the 174 respondents who disagreed, gave reasons including; baby has a right to live and it is a violation of the right to live for the unborn baby (52.0%), it is against religion, (47.8%), it is an act of killing, and it is against culture (39.0%). Other reasons including, immoral action, and murder contributed 24.3% of the percentage respondents as shown in Table 9 below.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who agreed (N=56)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of support</td>
<td>110</td>
<td>47.8</td>
</tr>
<tr>
<td>Continue with education</td>
<td>80</td>
<td>34.7</td>
</tr>
<tr>
<td>Not ready for the baby</td>
<td>60</td>
<td>26.0</td>
</tr>
<tr>
<td>Others</td>
<td>20</td>
<td>8.6</td>
</tr>
<tr>
<td>Those who disagreed (N=174)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby has right to life</td>
<td>120</td>
<td>52.1</td>
</tr>
<tr>
<td>Act of killing</td>
<td>110</td>
<td>47.8</td>
</tr>
<tr>
<td>Religion</td>
<td>100</td>
<td>43.4</td>
</tr>
<tr>
<td>Culture</td>
<td>90</td>
<td>39.1</td>
</tr>
<tr>
<td>Others</td>
<td>56</td>
<td>24.3</td>
</tr>
</tbody>
</table>

4.3.5 Suggestions on ways government can prevent induced abortion.

When asked ways in which the government could prevent induced abortion, respondents gave suggestions including; educating girls about dangers of induced abortion, implicating anyone caught practicing it, de-register any medical personnel caught practicing it, organizing workshops that expose dangers of induced abortion, putting strict laws against induced abortion and implementing them, government providing easy access to protective methods to unwanted pregnancy like condoms, and putting policies that improve morals through media campaigns.
CHAPTER FIVE

DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS.

5.0 Introduction

The study set out to find how much knowledge undergraduate female students at Makerere University have on induced abortion for unwanted pregnancy and what their attitudes are towards induced abortion for unwanted pregnancy. It is pertinent to note that knowledge and attitude of an individual have an influence on their decision to carry out an induced abortion.

5.1 Social-demographic characteristics of respondents

As expected majority of the respondents were aged 21-25 years (73.9%) and were single (96.5%). A large number of respondents were third year students (39.1%). However the rest of the years were also presented with 26.1% for first years, 20.0% for second years, and 14.8% for fourth year student. Students at various stages of their academic programmes, viz 1st to 4th year, allowed a wide range of views about induced abortion. Both arts and science students participated in the study with percentage of 44.8% and 55.2% respectively. All religious affiliations were presented with Anglicans having a percentage of 60.8% and Catholics with 30.4% of the respondents.

5.2 Knowledge about induced abortion.

5.2.1 Awareness of induced abortion.

Majority of respondents (77.0%) were aware of the practice of induced abortion to end unwanted pregnancy while 33.0% were not aware. Knowledge on induced abortion was high, 63.0% could correctly define induced abortion.
Knowledge of an individual on a particular aspect influences their actions towards that aspect (Kikwilu et al, 2000). About 37.0% of the respondents could not correctly define induced abortion. The respondents who were aware of induced abortion to end unwanted pregnancy had obtained their information from friends/peers (60.0%); radio (46.2%), newspapers (45.2%), and others had obtained information from television (32.2%) and home (17.8%).

Respondents who were not aware of induced abortion probably were unable to access any information from any of the above sources and may not be planning to use induced abortion since they are not aware of it. Peers/friends have same level of knowledge, therefore the information shared amongst them is inadequate and the details about dangers of induced abortion are not fully discussed. Tountas et al (2004) found that most common sources of information included friends and family members. Some respondents obtained their information from radio, television, newspapers and other literature in which information is partially delivered to people due to fears of law and social cultural stigma of induced abortion.

In all the mentioned sources the details pertaining warnings, effects/complications of induced abortion are not fully discussed. This is partly attributed to the strict laws in Uganda against induced abortion in which case people do not feel free to talk and discuss about its dangers. However, according to Moureen et al (2003), post abortion care services have been encouraged by the World Health Organization through essential elements of Post Abortion Care (PAC). Implementation has been done through public health leaders, donors, assistance agencies and ministries of health together with communities to ensure that women access post abortion services. Surprisingly findings from the study indicate that only 17.8% of the respondents obtained their information about induced abortion from home. This probably indicates that
parents and other family members should actively participate in warning girls about dangers of induced abortion and discourage practice.

5.2.2 Approaches to unwanted pregnancy.

Majority of respondents (95.6%) were aware of different approaches to prevent unwanted pregnancy. The options that were given include abstinence (83.9%), condoms (81.7%), and natural method (48.7%). Aziken et al (2003), found that lack of adequate contraceptive knowledge and access increase the rate of unwanted pregnancy and unsafe abortion among females in Uganda and in the end this leads to problems and complications of unwanted pregnancy among which induced abortion is one of them. Whereas some of the respondents mentioned natural method as an option to unwanted pregnancy, it has been found to have shortcomings. According to (AGI, 2007), the failure rate of natural method as a preventive measure for unwanted pregnancy is 27% for the typical users and 0.4% for perfect users. This shows that natural method alone cannot be relied on as a preventive measure against unwanted pregnancy. A significant proportion of respondents (27.0%) mentioned induced abortion as an option to prevent unwanted pregnancy; this could result into post-abortion complications.

5.2.3 Views of respondents about places where induced abortion is carried out

Majority of the respondents were aware of places where induced abortion is carried out, private clinics (73.5%) were the commonest places mentioned, hospital (31.7%), home (17.8%). Witchdoctors’ shrines (13.5%) were the least mentioned. Related findings were reported by Kiggundu, (2006) that induced abortion is carried out in places like clinics, hospitals, and home. In addition Hord, (2001) found that, induced abortion can occur outside the medical setting like
in homes, and shrines by untrained practitioners working in unsafe and unhygienic conditions. This may result in many complications like sepsis and infection. Inadequate knowledge about safe settings, like medical settings where safe abortion can be carried out leads to the practice of inducing abortions in unhygienic and non-medical settings.

Although the respondents are aware of places where induced abortion is carried out, some of the places mentioned like witchdoctor’s shrine are unsafe and unhygienic which may pose risks to an individual. A surprising finding from the study was that some respondents reported that induced abortion could be conducted at school and in the bush.

5.2.4 Respondent’s views on individuals who perform induced abortion and methods used.

Medical personnel were viewed as people who perform induced abortion and these included doctors who had 74.8%, of the respondents, a good proportion of 45.2% mentioned nurse and another significant proportion of 38.7% mentioned herbalist while 29.1% mentioned relative. Some of the mentioned persons like herbalists, witchdoctors and in some cases relatives lack knowledge on medical procedures hence unhygienic and unsafe abortions are conducted which may be accompanied with complications. Similar findings were reported by Kiggundu, (2006) that medically trained providers like doctors, nurses, midwives and pharmacists conduct 58% of the abortions in Uganda.

From the findings of the study majority of the respondents were aware of some methods of inducing abortion (72.6%), while significant proportion of 27.4% was not aware of any method of inducing abortion. This large proportion of respondents who are aware of the methods of
inducing abortion have heard from the media, peers/friends and Internet, given the increase in technology in which radios, television and Internet are very accessible.

Respondents identified the following methods for inducing abortion drugs; (55.7%), surgical procedures (54.8%), and local herbs (46.5%) and 23.0% stated sharp and sticks. Methods like local herbs and sharps; these are dangerous methods, which can predispose one to excessive bleeding, sepsis and perforation of the uterus. Hord (2001) reports that common methods used to induce abortion include D&C or MVA or using medications and hormonal drugs, but non-medical procedures can also be used like insertion of catheters or sharp objects into the uterus, or using herbal remedies and liquid made from detergents or other caustic substances. According to Kaye et al (2005) the most common methods for pregnancy termination are instruments and use of local herbs in the genitalia.

Some respondents in the study mentioned taking too much tea leaves and using sharp objects like sticks in the uterus as methods of inducing abortion in which these two differ from the above study and this could be added to the existing literature.

5.2.5 Effects/ complications of induced abortion

Awareness of effects/complications of induced abortion was high (81.7%), while a significant proportion of 18.3% was not aware of effects/complications of induced abortion. The complications mentioned were over bleeding (52.0%), infertility (34.7%), infection (26.0%) and death (21.7%). This indicates a high level of knowledge among respondents since majority of the respondents were able to correctly state the effects/complications of induced abortion.
The leading complications of induced abortion include hemorrhage (excessive bleeding), genital tract trauma and infection (Mirembe 2006). According to Akao, (2006), in her study she stated that the complications of induced abortion were over bleeding, sepsis (infection), shock, pyrexia and damage to the reproductive organs and infertility. The most common medical complications of illegal or unsafe procedures of induced abortion include infections and hemorrhage (AGI, 1999). Perera et al (2004) found that women requesting for termination of pregnancy were not aware of adverse effects of induced abortion. This shows that even those who are requesting for termination of pregnancy are not aware of the effects. This could have been attributed to their education level or inadequate sensitization of women about effects of induced abortion. This may also explain why a high percentage of these women were requesting for termination of pregnancy.

In this study, other mentioned effects/complications of induced abortion included infections and psychological torture as effects of induced abortion.

5.2.6 Legal status of induced abortion in Uganda

Most of respondents were aware that induced abortion is illegal in Uganda. They were able to mention that it is illegal (86.0%), while a significant proportion of 14.0% were not aware of the legal status of induced abortion in Uganda. Sections 141, 142 and 143 of the penal code Act, cap 120; state that induced abortion is illegal in Uganda. Buga (2005) indicates that safe abortion can only be offered under conditions where legislation has been passed. According to the UN, (2005), the performance of induced abortion is generally prohibited in Uganda and any person to procure the abortion by any means will be subjected to imprisonment for a period of fourteen with intention years. Makinwa et al (1997), reports that data from Nigeria and Latin America
where legal restrictions make access to safe induced abortion extremely difficult, suggest that four out of ten procedures result in severe complications. This may be attributed to the strict laws in which women fear to go for safe abortion. Perera et al (2004), Reported that 94.0% of the women seeking termination of pregnancy at a particular clinic in Sri-Lanka, did not know that it was illegal to induce abortion in this country. This probably indicates that lack of awareness of the law may contribute to an increased rate of induced abortion.

5.3 Attitude

5.3.1 Solution to unwanted pregnancy.

Majority of respondents (83.0%) disagreed with the idea of inducing abortion for unwanted pregnancy while a significant proportion of 17.0% agreed with the idea of inducing abortion for unwanted pregnancy. There was generally a negative attitude towards induced abortion among the respondents. Dietrich, (2004), in his study about attitudes of Baccalaureate University students he found out that these students had a pro-abortion attitude towards induced abortion.

Reasons given for not inducing abortion for unwanted pregnancy included; Cultural factors (30.4%), religious factors (78.0%), death (52.0%) and it is a sin to induce abortion (34.7%). Other respondents (40.4%) feared the law against induced since it is illegal to induce abortion.

Reasons identified for inducing abortion included; lack of support from the partner (34.7%), the girl may not be sure of the father of the baby (26.0%) hence reason for terminating the pregnancy. Some girls fear taking care of the baby after delivery 21.7%, this is in terms of costs required to bring up the child. Most of the respondents (52.0%), said that they would terminate
the pregnancy due to fear of parents’ reaction to the pregnancy since they are not married. Desire to continue with education (30.4%) was another reason stated. Students who are pregnant are not allowed in school therefore these students turn to inducing abortion so as to remain in school. Other reasons given included; denial by both parents and owner of the pregnancy, wrong timing hence unwanted pregnancy, and when the individual is not sure of the person responsible for the pregnancy. These findings are surprising, as the reasons given are not including reasons related to health. The reasons given are basically personal, economic, cultural, social and psychological reasons. This probably suggests why girls and women terminate pregnancies as they are not concerned about their health but rather concerned about other issues.

According to the Alan Guttmacher institute (1991), reasons given for inducing abortion include economic factors, personal circumstances like absent partner or unfinished schooling, health considerations, social and cultural factors. A study done by Kaye et al (2005) reported that decision to induced abortion is influenced by socio-economic, educational and personal considerations of an individual and the most common reason for termination of pregnancy is relationship issues.

5.3.2 Advice for unwanted pregnancy

Majority of the respondents (61.3%) would advise the person to go for counseling while 35.7% would advise the person to give birth and a significant proportion of 2.60% would advise the person to induce abortion. Respondents had an overall poor attitude towards induced abortion. The majority would opt for counseling and giving birth as options when faced with unwanted pregnancy instead of inducing abortion. Induced abortion poses many risks to an individual which may be temporary or permanent and these include physical, psychological and emotional
and social economic. According to WHO (1998) abortion constitutes a serious drain on health sector resources in terms of human cost and treatment of the complications accompanying it

5.3.3 Views on whether government should stop practice of induced abortion

When asked whether the government should legalize induced abortion, 24.3% agreed with the idea of legalizing induced abortion while 75.7% of the respondents disagreed with the idea of the government legalizing induced abortion under all circumstances. This indicates an overall poor attitude towards induced abortion since most of the respondents are against its legalization.

Reasons identified for not legalizing induced abortion included; lack of support from the partner (47.8%) in which case the girl induces abortion to avoid responsibility after the baby is delivered. The other reason given was desire to continue with education (34.7%), and the girl may not be ready for the baby (26.0%).

Reasons given for legalizing induced abortion included; the baby has a right to live and it is a violation of the right for the unborn baby (52.0%), induced abortion is an act of killing (47.8%) therefore a sin to induce abortion. Some respondents (43.0%) said that the induced abortion should not be legalized because it is against religion as it is against God’s law. The reasons given are not health related and this probably indicates lack of sensitization about effects of induced abortion on the health of an individual.
5.5 LIMITATIONS

1. Scarcity of related literature particularly on Uganda and Africa based studies related to the research problem. This was overcome by using internet from where I accessed the literature.

2. Limited resources including costs required carrying out research that is for data collection, analysis of data and report writing as no fund was given. Managed to get funds from my parents to make this research a success.

3. Being a sensitive topic, participants were not able to fully disclose information. This was overcome by assuring respondents of total confidentiality in which no names were required on the questionnaires.
5.6 CONCLUSION

Findings from the study indicate that undergraduate female students at Makerere University were aware of the practice of induced abortion. Knowledge on induced abortion was high as 63.0% of respondents could correctly define it. Knowledge on complications/effects was high, 81.7% of the respondents mentioned excessive bleeding, infertility, death, infection and psychological torture among others.

The commonest sources of information about induced abortion were peers, newspapers, radio television, and home. Other sources of information were Internet and journals.

Awareness of different approaches to prevent unwanted pregnancy was high among respondents and the mentioned ones include abstinence, condoms, pills, injections and natural method. A significant proportion of respondents (17.0%) mentioned induced abortion as an option for unwanted pregnancy. This is not legally accepted in Uganda and worse still, induced abortion poses risks of infection, haemorrhage, infertility and psychological effects among others. This calls for campaigns against induced abortion.

Mentioned places where induced abortion is performed were hospital, private clinic, home and witch doctor’s shrine. Individuals who perform induced abortion that were mentioned include doctors, nurses, self, relative and herbalist. Common methods of inducing abortion stated include drugs, surgical procedures, and local herbs, though some of the methods mentioned like herbs are harmful.

The overall attitude of undergraduate female students at Makerere University towards induced abortion was negative. Most of the respondents said that induced abortion should not be allowed
(77.8%). However these attitudes were mainly due to economic, social, cultural and psychological fears, other than health reasons. Most respondents said that once one got unwanted pregnancy, one should not induce abortion but instead should seek counseling or give birth. Identified reasons for not inducing abortion include personal issues like absence of a partner, religious, cultural and social issues.

However some respondents had a positive attitude towards induced abortion and the reasons given include, fear of parents, lack of support from partner and desire to continue with education. Many respondents said induced abortion should not be permitted at all while others said it should only be permitted in cases such as rape, incest or to save the life of the mother.

There was an overall negative attitude towards the government legalizing induced abortion among the respondents.
5.7 IMPLICATIONS FOR NURSING

Nurses as health educators should health educate women and girls about prevention of unwanted pregnancy, and warn them against dangers of induced abortion. Nurses can also teach girls about different options to unwanted pregnancy like counseling and giving birth instead of inducing abortion.

This research will be used as a reference for further studies in future.

Nurses should health educate the community about dangers of induced abortion so that the community also gets involved in the prevention of induced abortion through active participation in the health education.

5.8 RECOMMENDATIONS

1. Some respondents considered induced abortion as an option to prevent unwanted pregnancy. This is dangerous considering problems associated with it, therefore female students should be warned against inducing an abortion, and also informed about complications of inducing an abortion, through seminars and workshops and debates.

2. Government should reinforce strict laws and implement them against induced abortion for individuals who offer services and women who seek induced abortion where the law does not accept.
3. Various means of information such as journals, Newspapers, Radios, and Television should be used to educate people about induced abortion, its effects/complications and other safe options to unwanted pregnancy like counseling services.

4. More studies could be conducted to assess the practice of induced abortion among the university students so as to provide possible prevention.
REFERENCES


   **New vision.**


25. Laws of uganda (2000), sections 141, 142 and 143 of the penal code Act, cap 120.


APPENDICES

A.1 Consent form.

I am a Bachelor of nursing student Makerere University.

You are being requested to participate in the study assessing the knowledge and attitudes of female University students towards abortion, by answering a questionnaire.

There will be no direct benefit to you if you participate in this study but the results of the study may be used for the benefit of girls and women who are facing the problem of induced abortion in future. There will be no risk whatsoever associated with your participation in this research study. Information given will be strictly kept confidential, and will only be used for the purpose of the study; no identifying information is needed from you. You are being requested to participate voluntarily; you will be expected to answer the questions to the best of your knowledge. Please give the truth; there is no right or wrong answer. You may feel free to withdraw from the study any time; no penalties will be accorded to those who refuse to participate.

Thanks you for being part of this study.

Date................................Signature of the participant........................................

Date................................Signature of the researcher........................................
13 October 2006

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re: Hope Mackline

I would like to take this opportunity to introduce to you the above named BSc. Nursing 4th Year student.

He/She is required to prepare an individual research project as part of his/her requirement for the fulfilment of the award of a degree of Bachelor of Science in Nursing, Makerere University.

The purpose of this letter, therefore, is to request you to grant him/her permission to access relevant units/areas in your facility for collecting information for her/his study.

We further request you and your staff to provide the necessary support and guidance to enable her/him complete the research project.

Yours faithfully,

Charles Peter Osingada
Ag. HEAD/DEPARTMENT OF NURSING