

# Clandestine Abortions and Its Complications at the University Hospital Center of the Sino-Central African Friendship

Roch M'Betid-Degana\*, Gilles-Davy Kossa-Ko-Ouakoua, Geniva Gracelia Vanciane M'Betid-Degana, Sabrina Ouapou, Sandrine Sana-Ozako, Durant Boris Poutou-Piri, Sifa Marcelline Balungwe, Apollinaire Hepatraud, Eugene Serdouma, Antoine Doui-Doumgba

Gynecology and Obstetrics Department, University Hospital Center of the Sino-Central African Friendship, Bangui, Central African Republic  
Email: \*r\_mbetid@yahoo.fr

**How to cite this paper:** M'Betid-Degana, R., Kossa-Ko-Ouakoua, G.-D., M'Betid-Degana, G.G.V., Ouapou, S., Sana-Ozako, S., Poutou-Piri, D.B., Balungwe, S.M., Hepatraud, A., Serdouma, E. and Doui-Doumgba, A. (2023) Clandestine Abortions and Its Complications at the University Hospital Center of the Sino-Central African Friendship. *Open Journal of Obstetrics and Gynecology*, 13, 1604-1609.

<https://doi.org/10.4236/ojog.2023.139134>

**Received:** August 6, 2023

**Accepted:** September 24, 2023

**Published:** September 27, 2023

Copyright © 2023 by author(s) and Scientific Research Publishing Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

## Abstract

**Introduction:** In developed countries in general and particularly in the Central African Republic, clandestine abortions constitute a real health problem. The aim of our work was to study the method of carrying out clandestine abortions, to describe the profile of the providers and the complications that result from it. **Patients and Methods:** This was a descriptive cross-sectional study of patients hospitalized at the University Hospital Center for Sino-Central African Friendship (CHUASC) from 2015 to 2019 on 236 cases. **Results:** We identified a total of 254 patients for 8039 live births in the same period, a frequency of 3.16%. The age of the patients was between 15 years old and 48 years old with an average of 25 years old. Singles accounted for 42.5%. Induced abortions were more performed among students (32.6%) and the unemployed 53.6%. Contraception was used in 11.5% of cases. The methods used were numerous: misoprostol (32%), the traditional method (18%), the mechanical method (50%). In this method, we note the dilation of the cervix by the cassava stem; Hegar's candles; the probes, which are infusion tubes cut and introduced into the cervix, of which 2 cases had escaped at the level of the uterine muscles and emerged under the skin at the pubis part two years later. The practice of induced abortions in our series was done by medical students in 37.3% followed by unqualified staff in 49.7%. It took place either at home or in centers managed by Non-Governmental Organizations. The aseptic conditions were not perfect. Some patients (43.2%) were aware of the ensuing complications. All complications were present: hemorrhage (60.7%), pelviperitonitis (23.6%), uterine perforation (6.6%), peritonitis (2.8%) and

death (2%) related to sepsis. **Conclusion:** Clandestine abortion remains a real health problem for young Central African women.

## Keywords

Clandestine Abortion, Complications, University Hospital Center of the Sino-Central African Friendship

---

## 1. Introduction

Clandestine abortions remain a real problem in the Central African Republic because of the multiple complications presented by this practice [1]-[5]. The most serious outcome may be maternal death [6]. We propose to study the methods of carrying out this act, the profile of the service providers and the complications that result from it.

## 2. Patients and Methods

This was a descriptive cross-sectional study of patients hospitalized at the University Hospital Center of the Sino-Central African Friendship over a period of 5 years from January 1st, 2015 to December 31st, 2019. In total, we studied 254 cases. Were included all patients presenting with suggestive symptoms of an avoidable induced abortion, complete and incomplete abortions, or complications arising from induced abortion or clinically proven abortion. Spontaneous and therapeutic abortions were excluded. Data were collected using pre-established survey sheets and analyzed using Epi-Info 6 software and SPSS French version.

## 3. Results

### 3.1. Frequency

We identified a total of 254 patients for 8039 live births in the same period, a frequency of 3.16%.

### 3.2. Age Group

The age of the patients was between 15 years old and 48 years old with an average of 25 years old (**Table 1**).

The 20 - 29 age group was more affected.

### 3.3. Parity

The pauciparous were more represented (54.3%) (**Table 2**).

### 3.4. Marital Status

Singles accounted for 42.5% (**Table 3**).

**Table 1.** Distribution of patients according to age group.

Age group	Numbers	Percentage
15 - 19	36	14.2
20 - 24	78	30.7
25 - 29	68	27.8
30 - 34	37	14.6
35 - 40	22	8.7
40 - 44	10	3.9
>45	3	1.1
<b>Total</b>	<b>254</b>	<b>100</b>

**Table 2.** Distribution of patients according to parity.

Parity	Numbers (n)	Percentage (%)
Nulliparous	87	34.2
Pauciparous	138	54.3
Multiparous	12	4.7
Big nulliparous	8	3.1
<b>Total</b>	<b>254</b>	<b>100</b>

**Table 3.** Distribution of patients according to their marital status.

Marital status	Number (n)	Percentage (%)
- Married	15	6
- Single	109	42.5
- Widow	3	1.25
- Divorced	54	21.25
- Concubinage	73	29
<b>Total</b>	<b>254</b>	<b>100</b>

### 3.5. Socio-Professional Status

The unemployed accounted for a significant proportion of 53.6% (**Table 4**).

### 3.6. Providers Profile

The practice of induced abortions was performed by unqualified staff (first aider, matron, hygienist) in 49.7% of cases followed by medical students in 37.3% (**Table 5**).

### 3.7. Methods Used

The methods used were numerous: misoprostol (32%), the traditional method (18%), the mechanical method (50%). In this method, we note the dilation of the cervix by the cassava stem; Hegar's candles; the probes, which are infusion tubes

**Table 4.** Distribution of patients according to socio-professional status.

Social status	Number (n)	Percentage (%)
Student	83	32.6
Civil servants	35	13.8
Unemployed	136	53.6
<b>Total</b>	<b>254</b>	<b>100</b>

**Table 5.** Distribution of patients according to the identity of the abortionist.

Identity of abortionist	Number (n)	Percentage (%)
- Medecine student	95	37.3
- Paramedical students	13	5
- Midwives	13	5
- Physician	0	0
- Relative	5	2
- Friend	3	1
- Unqualified staff	125	49.7
<b>Total</b>	<b>254</b>	<b>100</b>

cut and introduced into the cervix, of which 2 cases had escaped at the level of the uterine muscles and emerged under the skin at the level of the pubis two years later (**Table 6**).

### 3.8. Complications

Hemorrhagic complications were numerous (60.7%) (**Table 7**).

## 4. Discussion

### 1) Frequency

We obtained 254 cases over a period of 5 years, a frequency of 3.16%. This result is lower than that one of Iloki who obtained 4.8% in Brazzaville, Congo [7].

### 2) Age

The average age during our study was 25 years old with extremes ranging from 15 - 44 years old. This rate is similar to that one of Diabaté [8] in Mali with 23 years old and Iloki in Brazzaville with 22.6 years [7].

### 3) Socio-professional status

Induced abortions were more performed among students (32.6%) and the unemployed (53.6%). This is explained first of all by the entry into the sexual life of these young girls at school who do not control their sexuality, who are afraid of their parents and a lack of knowledge of contraceptive methods. For the unemployed, their limited level of education does not orient them on contraceptive methods because they still in their lack of information, the pills have side effects that cannot be corrected or that lead to cancer. Contraception was used. We

**Table 6.** Distribution of patients according to the methods used.

Methods used	Number (n)	Percentage (%)
- Medicinal method (Misoprostol)	81	32
- Traditional method	46	18
- Mechanical method	127	50
<b>Total</b>	<b>254</b>	<b>100</b>

**Table 7.** Distribution of patients according to complications.

Complications	Number (n)	Percentage (%)
- Hemorrhage	154	60.7
- Anemia	11	4.3
- Perforation	17	6.6
- Pelvipерitonitis	60	23.6
- Peritonitis	7	2.8
- Death	5	2
<b>Total</b>	<b>254</b>	<b>100</b>

found 11.5%, this rate is close to that one of Lawson who had 15.65% [9].

#### 4) Methods used

The methods used were numerous: the medical method (32%), the traditional method (18%), the mechanical method (53%). In the latter, we cite the dilation of the cervix by the cassava stem, the Hegar candles, the probes which are infusion tubing cut and introduced into the cervix, 2 cases had fled at the level of the uterine muscles and emerged on the skin at the pubis part two years later. The mechanical method in our series was lower than that one found in Bangui in 1995 by Mobima [10] with 41.33%.

#### 5) Providers profile

The practice of induced abortions in our series was done by medical students in 37.3%, unqualified staff in 49.8% and takes place either at home or in centers run by non-governmental organization in these places, the conditions of asepsis are not at the points, which means that complications always arise in the aftermath of the acts performed. Abortions at home, we obtained 69% which is similar to that one of Diabetes in Mali 72% [8] and Adjahoto had 73% [11].

## 5. Complications

Some of our patients 43.2% were aware of the complications caused by induced abortions, they are required to do in relation to their social condition. This rate is lower than that one of Adjahoto [12] 81.3%. All complications were obtained: bleeding (60.7%), anemia (4.3%), perforation (6.6%), pelvipерitonitis (23.6%), peritonitis (2.8%) and death (2%) related to sepsis. This death rate is low to that one of Diabate in Mali (10%) [8], Tsibangu in the Democratic Republic of Congo (9.16%) [12] but close to that one of Mobima in 1995 in Bangui 3.7% [10].

## 6. Conclusion

Clandestine abortion remains a real health problem for young Central African women. Adherence to contraception and awareness of unqualified staff will prevent disasters.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publishing of this paper.

## References

- [1] Sepou, A., Ngbale, R., Yanza, M.C., Domande-Modanga, Z. and Nguembi, E. (2004) Analyse des avortements à la maternité de l'hôpital communautaire de Bangui. *Médecine Tropicale*, **64**, 61-65.
- [2] World Health Organization (2007) Unsafe Abortion: Global and Regional. Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003, fifth ed. WHO, Geneva.
- [3] World Health Organization (2011) Unsafe Abortion: Global and Regional. Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008, Sixth ed. WHO, Geneva.
- [4] Buambo-Bamangas, F., Ekoundzola, J.F. and Massengo, R. (2005) Complications chirurgicales des avortements provoqués clandestins au CHU de Brazzaville. *Médecine d'Afrique Noire*, **52**, 139-144.
- [5] Maïga, B., Toure, S., Maïga, F., Sima, M., Ongoïba, I., Kouyate, F.A.I. (2008) Avortement à risque au service de gynécologie obstétrique du CHU du point G. *Journal de communication SAGO*, 92-93.
- [6] Olukoya, P. (2004) Reducing Maternal Mortality from Unsafe Abortion among Adolescents in Africa. *African Journal of Reproductive Health*, **8**, 57-62. <https://doi.org/10.2307/3583306>
- [7] ILOKI, L.H., Zakoloulou-Massala, A. and Gbala-Sapoulou, M.V. (1997) Complication des avortements clandestins: A propos de 221 cas observés au CHU de Brazzaville. *Médecine d'Afrique Noire*, **44**, 262-264.
- [8] DIABATE DIALLO F.S., TRAORE M., DIAKITE S., DERROTIN F., DEMBELE F., DIARRA I., DOLO. A. (2000) Les complications des avortements clandestins à Bamako (Mali) décembre 1997 à novembre 1998. *Cahiers des études et de recherches francophones Santé*, **10**, 243-247.
- [9] Lawson, H.W, Fry, E. and Atrash, K.H. (1994) Abortion Mortality, United States, 1972 through 1987. *American Journal of Obstetrics & Gynecology*, **171**, 1365-1372. [https://doi.org/10.1016/0002-9378\(94\)90162-7](https://doi.org/10.1016/0002-9378(94)90162-7)
- [10] Mobima, T. (1991) L'avortement clandestin dans deux villes de la République Centrafricaine (RCA): A propos de 75 cas observés à Bangui et à Bangassou. Thèse de doctorat en médecine, Université de Bangui, Bangui.
- [11] Adjahoto, E.O., Kossi, A.S., Hondo, Agba, K., Akpadza, K. and Baeta, S. (1999) Contraception et avortement clandestin en milieu Africain. *Médecine d'Afrique Noire*, **46**, 416-420.
- [12] Tshibangu, K., Ntahoua, B., Lee-Bolemba, L. and Mbiye, K. (1984) Avortement clandestin, problème de santé publique à Kinshasa, *Journal de gynécologie obstétrique et biologie de la reproduction*, **13**, 759-763.