

Clandestine Abortion in Bangui, Central African Republic

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Abstract

Introduction: The clandestine abortions remain a major health problem in developing countries including the Central African Republic. At the main maternity hospital of Bangui in the Central African Republic, a study conducted in 2000 indicates that clandestine abortions (CAs) accounted for 43.4% of all abortions recorded in the service. The purpose of our study was to evaluate the evolution of CAs about the health care management efforts made over the last 4 years. **Patients and Methods:** We conducted a prospective descriptive and analytical study over a period of 4 years (from January 2016 to December 2019). This study focused on the complications of clandestine abortions that occurred during the course of our study at the HCB reference maternity hospital. **Results:** We identified 267 clandestine abortions for 783 spontaneous abortions. The frequency of CAs was 34.1%. The highest number of CAs was observed in patients aged between 20 and 24 years with an average age of 23.7 years. The average parity was 2.6. It appeared in our study that students were the most represented (40.8%). Rescuers were the most incriminated (29.2%) in clandestine abortion (CA). Infectious complications predominated in (79.1%) of cases. Antibiotic therapy was almost systematic (96.6%). Laparotomy was performed in (38.9%) cases. The proportion of deceased women who had a pregnancy of more than 12 weeks was higher with a statistically significant difference ($p < 0.001$). **Conclusion:** Abortion affects all women regardless of age, parity, marital status and socio-economic status.

Keywords

Abortion, Management, Bangui

1. Introduction

Around the world, women have always used induced abortions to stop unwanted pregnancies inducing high rates of maternal morbidity and mortality, including uterine sepsis. Despite its illegal nature and stigmatization in several countries south of the Sahara, some women do not hesitate to resort to clandestine methods and this in dangerous conditions. The complications of these clandestine abortions are responsible for 13% of maternal deaths according to the World Health Organization [1]. However, data on abortion in sub-Saharan Africa are still rare and non-representative [2]. In the Central African Republic, voluntary termination of pregnancy is prohibited by law (article 190 of the Central African Republic Penal Code). This forces women to perform clandestine abortions (CAs) at the risk of their lives. A study conducted 15 years ago indicates that CAs accounted for 43.4% of all abortions recorded in the service [3].

Despite the recommendations made to reduce the incidence of these accidents, there are still many CAs presenting in the maternal emergency service of the Hôpital Communautaire of Bangui in the Central African Republic. This was another reason for undertaking this study, which has the following objectives: to provide knowledge about the burden of CAs in the Hôpital Communautaire of Bangui in order to contribute to the reduction of morbidity and mortality related to the complications of these abortions.

2. Methods

We conducted a descriptive and analytical cross-sectional study over a period of 4 years (from January 2016 to December 2019). This study focused on the complications of clandestine abortions that occurred during our study at the maternity of Hôpital Communautaire. The study population consisted of women admitted to the service for complications of CAs. The size of our sample was determined by the number of patients meeting the inclusion criteria after their informed consent. Patients admitted for spontaneous abortion were not included in the study. For each patient selected, the following parameters were studied: socio-demographic characteristics; the term gestational; gynecological and obstetric history; motivations for abortion; the method used to induce abortion; the professional profile of the abortionist; the complications found; the treatment administered; the duration of hospitalization; evolution and prognosis.

Data collection was performed using a structured questionnaire. The data was entered and analyzed on Epi-info version 7. Pearson's Chi2 comparison statistical tests were performed and the threshold of statistical significance was 5%. Informed consent was not required from patients.

3. Results

A total number of 267 cases of clandestine abortions were identified. The proportion of CAs was 25.4% of all abortions. The average age was 23.6 years, with the highest number of clandestine abortions in the 20 to 24 age group. The av-

erage parity was 2.6. Nulliparas accounted for 23.2%. The marital status of these women showed that a proportion of 82.2% was single. Students were the most represented (40.8%) (**Table 1**).

These clandestine abortions were performed by first aiders in 87.5% of cases. The main method used was curettage (65.9%). In 9% of the cases traditional positions were used (**Table 2**).

Infectious complications predominated in 79.1% of cases, represented by endometritis (36.3%), pelviperitonitis (31.4%) and severe sepsis (11.2%). Hemorrhagic complications were found in (13.8%) of the cases. The exit of the loops by the genital sector represented 2.7%. The medical treatment was based on resuscitation and systematic antibiotic therapy (96.6%). Laparotomy for peritoneal lavage was the treatment in case of certain pelvic peritonitis 38.9% of cases, hysterectomy in 2.6% of cases, for total disfigurement of the uterus (**Table 3**).

We recorded 12.7% of deaths. The proportion of deceased women who had a pregnancy of more than 12 weeks of amenorrhea was higher with a statistically significant difference $p < 0.001$ (**Table 4**). No other factors such as practitioners and method used were found to affect the prognosis.

Table 1. Distribution of patients according to parity, marital status and profession.

Characteristics	Number (n = 267)	%
Parity		
Nulliparous	62	23.2
Primiparous	88	32.9
Pauciparous	81	30.4
Multiparous	22	8.3
Large multiparous	14	5.2
Marital status		
Singles	222	82.2
Married	29	10.9
Divorced	12	4.5
Widows	4	1.4
Profession		
Students	109	40.8
Household	97	36.6
Shopping	49	18.5
Employed	11	4.1

Table 2. Categories of the practitioner and methods used.

Characteristics	Number (n = 267)	%
Category of the practitioner		
Rescuers	78	29.2

Continued

Surgery assistants	49	18.5
Medical students	38	14.2
Paramedic students	37	13.8
Midwives/Nurses	28	10.4
Self abortion (patients)	18	6.7
Parents	9	3.3
Matrons	7	2.5
Patients' friends	3	1.1
Medical doctor	1	0.3
Method used		
Curettage	176	65.9
Medicinal abortion	56	21.0
Traditional potions	24	9.0
Else	11	4.1

Table 3. Distribution of patients according to complications and treatment.

Characteristics	Number (n = 267)	%
Complications		
Endometritis	97	36.3
Pelvipерitonitis	84	31.4
Severe sepsis	30	11.2
Haemorrhagic shock	26	9.8
Uterine perforation	15	5.7
Lesions of the soft parts	8	2.9
Exenteration	7	2.7
Medical treatment		
Antibiotherapy	258	96.6
Antalgic	227	85.1
Oxytocin	186	69.6
Blood transfusion	97	36.3
Surgery		
Intrauterine manual aspiration	127	47.5
Digital cureage	111	41.5
Laparotomy for peritoneal hygiene	104	38.9
Repair of soft tissue lesions	8	2.9
Hysterectomy	7	2.6
Bowel resection	1	0.3

Table 4. Distribution of patients by age of pregnancy relative to prognosis.

Prognosis	Age of pregnancy (in week of amenorrhea)		p value
	≤12	>12	
Dead	11	23	<0.001
Alive	154	79	
Total	165	102	

4. Discussion

The results of this work reveal the seriousness of CAs with a prevalence of 25.4%. This finding is made by several African studies that find rates ranging from 23% to 37% [4] [5]. A study conducted 15 years ago in the service shows a prevalence of 43.4% [3]. Sexuality issues are still taboo in the family and girls enter sexual life without proper education [6]. This justifies a prevalence of under-25s (59.9%) practicing the most CAs. This trend is almost the same as that found by Mayi-Tsonga in Gabon in 2009 [7].

The primiparous were the most represented (32.9%). These primiparous young people often do not master the use of contraceptive methods and thus end up with an unwanted pregnancy [8] [9]. Births out of wedlock are often socially sanctioned, abortion is for these young singles (82.2%) the only possibility not to compromise their future and a future marriage. Some authors have found a predominance of nulliparas [6] [8]. Regarding the qualification of the abortionist, we found that 29.2% of the perpetrators were unqualified health workers, which is consistent with Ekanem's studies [10]. On the other hand, Orijet Andriamifidison found during their studies a predominance of self-abortion [11] [12]. These unskilled workers often use mechanical methods (65.9%), all of which are dangerous because they are performed in non-septic conditions with unskilled personnel who do not know the basic rules of asepsis, act in haste, and are not concerned. hardly respect for the rule of art. We must also note the wandering of the victims and the concern of the girl to hide her condition and her act. All of these factors give rise to the predominance of infectious complications encountered during our study (81.8%). Postabortion care is also inadequate (self-medication) and delays the admission of patients to the appropriate structures, thus lengthening the time to treatment [13] [14] [15].

The symptomatic and etiopathogenic treatment was based essentially on antibiotic therapy which was systematic, given the context of lack of asepsis where these abortions were performed. Surgically, manual intrauterine aspiration was the most commonly used procedure. This is consistent with the studies of Lokossouau in Benin [16]. Laparotomy was necessary in cases of uterine perforation, pelviperitonitis and exenteration. Death is a major risk for women who perform clandestine abortions. We recorded 32 deaths, or 12.7%. Taking into account the difference between the mortality rate of our study, which reflects the reality in other African countries, and the very low rate observed in countries

where there has been legalization of abortion, the debate on The liberalization of abortions deserves to be opened especially since the punitive and repressive laws previously in force in the Central African Republic have not proved their worth [1] [3] [5] [16].

5. Conclusion

Abortion affects all women regardless of age, parity, marital status and socio-economic status. He intervenes at different times in the cycle of family life. However, we found that complications of clandestine abortions remain an important factor in maternal mortality, while family planning needs are poorly covered. From this point of view, action will have to be taken to restore the importance of family planning as a contribution to the reduction of clandestine abortions. We do not forget the role of the community in raising awareness and adopting responsible sexual behavior among young people.

Authors' Contributions

NNR, KA and SA were involved in study design, data acquisition, analysis and interpretation of results and drafting the manuscript. MDK, MMS and GCE performed data collection and interpretation. Data acquisition JRM and PM performed laboratory analyses. AM was involved in data analysis, interpretation of results and drafting the manuscript. All authors participated in the manuscript writing and approved the final version of this manuscript.

Conflicts of Interest

The authors declare that there is no competing of interest.

References

- [1] World Health Organization (2007) Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003. 5th Edition, WHO, Geneva.
- [2] Rossier, C., Guiella, G., Ouedraogo, A. and Thieba, B. (2006) Estimating Clandestine Abortion with the Confidants Method: Results from Ouagadougou, Burkina Faso. *Social Science & Medicine*, **62**, 254-266.
<https://doi.org/10.1016/j.socscimed.2005.05.024>
- [3] Sepou, A., Ngbale, R., Yanza, M.C., Domande-Mobanga, Z. and Nguembi, E. (2004) Analyse des avortements à la maternité de l'hôpital communautaire de Bangui. *Médecine tropicale*, **64**, 61-65.
- [4] Singh, S., Prada, E., Mirembe, F. and Kuggundu, C. (2005) The Incidence of Induced Abortion in Uganda. *International Family Planning Perspectives*, **31**, 183-191.
<https://doi.org/10.1363/3118305>
- [5] Levandowski, A., Mhango, C., Kuchingale, E., Lunguzi, J., Katengaza, H., Gebrelassie, H. and Singh, S. (2013) The Incidence of Induced Abortion in Malawi. *International Perspectives on Sexual and Reproductive Health*, **39**, 88-96.
<https://doi.org/10.1363/3908813>
- [6] Sepou, A., Nguembi, E., Yanza, M.C., Ngbale, R. and Nali, M.N. (2004) Comporte-

- ment sexuel des étudiants de l'Université de Bangui (Centrafrique). *Medecine tropicale*, **64**, 163-167.
- [7] Mayi-Tsonga, S., Diallo, T., Litochenko, O., Methogo, M. and Ndombi, I. (2009) Prévalence des avortements clandestins au Centre Hospitalier de Libreville, Gabon. *Bulletin de la Société de Pathologie Exotique*, **102**, 230-232.
- [8] Dahlback, E., Maimbolwa, M., Kasonka, L., Bergström, S. and Ransjö-Arvidson, A.B. (2007) Unsafe Induced Abortions among Adolescent Girls in Lusaka. *Health Care for Women International*, **28**, 654-676. <https://doi.org/10.1080/07399330701462223>
- [9] Kigbu, J.H., Daru, P.H. and Ujah, I.A. (2009) Review of Maternal Deaths from Unsafe Abortion in Jos, Nigeria. *Nigerian Journal of Medicine*, **18**, 103-106.
- [10] Ekenem, E.I., Etuk, S.J., Ekabua, J.E. and Iklaki, C. (2009) Clinical Presentation and Complications in Patients with Unsafe Abortions in University Calabar Teaching Hospital, Calabar, Nigeria. *Nigerian Journal of Medicine*, **18**, 370-374. <https://doi.org/10.4314/njm.v18i4.51245>
- [11] Oriji, V.K., Jeremiah, I. and Kasso, T. (2009) Induced Abortion amongst Undergraduate Students of University of Port Harcourt. *Nigerian Journal of Medicine*, **18**, 99-202. <https://doi.org/10.4314/njm.v18i2.45065>
- [12] Andriamifidison, N.Z.R. Mandrosovololona, A.T., Zoliaimarisoa, E., Rakatondrazanany, E.J., Rakotonirina, R., Andriampanalarivo, H., Rokotomanga, J.D.M. and Ranjalany, J.R. (2013) Avortements provoqués au service de gynécologie-obstétrique de Befelatanana, Antananarivo en 2009. *Médecine d'Afrique noire*, **60**, 163-168.
- [13] Bonate Thieba, B., Belem-Guilat, N., Akontianga, M., Lankoande, E., Dao, B.J. and Kone, B. (2008) Evaluation des services de soins après avortement au Burkina-Faso. *Journal de communication abstracts de communication SAGO*, 4-95.
- [14] Cisse, C.T., Diagne, A., Faye, E.O. and Faye, K.G. (2004) Amélioration de la qualité des Soins Apres Avortement en zone rurale au Sénégal. *Cahiers Santé*, **14**, 245-250.
- [15] Lokossou, A., Komongui, D.G., Denakpo, J., Anjorin, M., De Souza, J. and Perrin, R.X. (2008) Prise en charge thérapeutique actuelle des avortements à risque dans les CHU de Cotonou. *Journal de communication SAGO*, 96-97.
- [16] Gebreselassie, H.M., Fetters, T., Singh, S., Abdella, A., Gebrehiwot, Y., Tesfaye, S., Geressu, T. and Kumbi, S. (2010) Caring for Women with Abortion Complications in Ethiopia: National Estimates and Future Implications. *International Perspectives on Sexual and Reproductive Health*, **36**, 6-15. <https://doi.org/10.1363/3600610>