Original Article

ABORTION: ATTITUDES AND KNOWLEDGE OF WOMEN IN REPRODUCTIVE AGE IN RWANDA

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ABSTRACT

Background: Abortion has been for longtime the most mediatized political and psychosocial debate specifically its legalization. Attitudes differ from culture to culture and from state to state. In Rwanda, although women might come from different parts of the country, they have few differences in behaviors and cultural backgrounds. Thus, regarded the current movement of women towards the legalization of abortion worldwide, could abortion be a need for the Rwandan female population?
Objectives: The study targeted attitudes of Rwandan women towards the legalization of abortion, with the main objective of assessing the knowledge and conception of abortion in Rwanda, the rights of women to terminate pregnancies, and the knowledge of related consequences.
Methods: This is a Cross sectional study conducted in the ISPG (Institut Supèrieur Pédagogique de Gitwe) a Nursing School located in Ruhango district in the Southern Province. The study targeted female students who accepted voluntarily to participate in the survey. 10 classes of the 03 departments of the school were considered as strata. 204 female students were enrolled in the study, representing 50% of the 408 female students registered at ISPG for the year 2011; but only 175 (85.8%) responded to the questionnaire. The collection and analysis of data was done respectively with Epidata 3.1 and SPSS 16.0., and the e-review helped to enrich the literature.
Results: Regardless of the cause, the overall abortion prevalence was 20.6%, with 30% in married and 14.4% in single women. We found that Abortion rate increases with age: 11% (18-24 years), 22% (25-32 years) and 65.5% (33-39 years). Abortion as the right of the woman was rejected with 80.6% of participants, herein 90.0% were married and 74.8% were single; 57.7% rejected it even despite the judgment or recommendation from the physician, and 35.4% agreed if it's only to protect the mother's life. In case abortion is requested by the woman, 68.6% didn't support the request of consent from the spouse, 73.1% rejected the consent from parents for minor females seeking abortion, and 70.3% rejected the consent if it's for the confidentiality of the procedure. 69.7% were aware of the complications of elective abortions to subsequent pregnancies, 52% knew the consequences to the fertility, and 72% have heard about the post-abortion depression.
Conclusion: There is inconsistency of the legitimacy of abortion from the literature regarded the best interest of the fetus. Though, there is no universal right without restrictions including the fundamental right to express the personal choice, privacy, etc; hence the variability of regulations and laws by each State based on the benefits of its people either compelling woman's privacy and abortion surveillance or life at the beginning. Hereof, Rwanda has not yet openly legalized the abortion without strict medical conditions; and this is not willingly to happen very soon based on the attitudes and knowledge of Rwandan women for instance considering the high educated women that we studied, who significantly rejected the right of women to abortion, and additionally, showed at huge majority their awareness to subsequent and negative impact of abortion to their lives and to their psychosocial conditions.

Keywords: abortion - induced abortion - legal abortion - abortion debate

RESUME

Contexte: Depuis longtemps, l'avortement reste un débat politique et psychosocial le plus médiatisé spécialement sa légitimation. Les attitudes diffèrent de culture en culture et d'un état à un autre. Cependant, bien que les femmes rwandaises viennent des différentes régions du pays, elles partagent les mêmes coutumes et traditions. Ainsi, compte tenu des mouvements féministes pour la légitimation de l'avortement dans le monde, se pourrait-il que l'avortement soit un besoin pour la femme Rwandaise?
Objectifs : L'étude met en évidence les attitudes des femmes rwandaises vis-à-vis de la légitimation de l'avortement dans l'objectif d'évaluer le niveau de connaissance et la perception de l'avortement dans la société, le droit à l'avortement précoce légal, ainsi que les conséquences encourues.
Méthodes: C'est une étude rétrospective longitudinale menée sur les étudiantes de l'ISPG (Institut Supèrieur Pédagogique de Gitwe) situé dans le District de Ruhango dans le Province du Sud. Des étudiantes participèrent volontairement en répondant aux questionnaires proposés. 10 classes des 03 départements de l'institut ont servi comme strates d'échantillonnage. 204 (50%) étudiantes sur les 408 régulièrement enregistrés dans l'institut au cours de l'année 2011 participèrent dans l'étude, mais seulement 175 (85.5%) répondirent aux questions proposées. On utilisa Epidata 3.1 et SPSS16.0 pour la saisie et l'analyse des données, et le logiciel '' e-review'' pour l'organisation de la documentation.
Résultats: La prévalence de l'avortement sans spécification est de 20.6%, avec respectivement 30% chez les femmes mariées et 14.4% chez les femmes célibataires. Le taux d'avortement augmente en fonction de l'âge avec : 11% (18-24 ans), 22% (25-32 ans) et 65.5% (33-39 ans). L'avortement comme un droit de la femme a été rejeté à 80.6% ; et parmi elles, 57.7% le rejettent en dépit de la recommandation du médecin traitant, et 35.4% l'accepte si seulement le geste est pour la protection de la mère. 68.6% ne soutiennent pas que le conjoint soit informé, 73.1% rejettent que les parents soient informés - si la fille qui avorte est mineure -, et 70.3 rejettent le consentement en vue de la confidentialité du geste en cours. 69.7% des femmes interrogées étaient conscientes des complications de l'avortement sur les grossesses ultérieures, 52% connaissaient les conséquences sur la fertilité, et 72% avaient entendus du risque de dépression post-abortive.
Conclusion: Les documentations d'actualités divergent sur la légitimité de l'avortement tenant compte de l'intérêt premier du fétus. Néanmoins, Il n'existe pas un droit universel absolu épargnant le droit fondamental d'expression des choix, ou de l'intimité, etc ; d'où les différentes réglementations d'un état à un autre en fonction des besoins de la société concernée. Ainsi, le Rwanda n'as pas encore décrété ouvertement l'avortement sans conditions médicales préétablies et strictes, et cela ne risque pas d'arriver prochainement compte tenu de l'attitude et les connaissances que les femmes rwandaises disposent en matière d'avortement d'autant plus que la population d'étude - représentant une classe intellectuelle - rejette de façon significative l'avortement précoce, et qu'une majorité absolue est consciente des conséquences encourues sur leur vie et leurs conditions psychosociales.

Mots-clés: Avortement - Avortement provoqué - avortement légal - débat sur l'avortement

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INTRODUCTION

Abortion is the separation of products of conception [embryo or fetus] from the uterus prior to any potential survival of the fetus outside the uterus. This separation

can be induced called voluntary or elective abortion, or can be spontaneous when the event occurred naturally. Elective abortion is defined as a request of the woman to terminate the pregnancy not for reasons of impaired maternal or fetal health. The point at which potential fetal viability exists has been the subject of many political and scientific debates, and definitions vary from state to state. "Potentially viable" fetus generally weighs at least 500 grams and/or has a gestational age of up to 20 weeks [1, 2, 3]; and this fetal viability serves as a dividing line [2] between legal and illegal abortion for countries that have legalized abortion.

European laws for time limit of elective abortion vary from12 weeks of gestation [WG] like in France, Belgium, and Denmark to 22WG like in UK or Netherlands [4] and 24WG in Arab countries [5]. Abortion rate in developed countries -where abortion had been legalized- ranges from seven (Germany and Switzerland) to 30 (Estonia) per 1,000 women aged 15-44 years, and is much lower but with incomplete data in developing countries [6].

Many factors contribute to the increase of rate of induced abortion for instance poor socioeconomic status (SES) [7]; inadequate emotional support, and sometimes smoking [8].

Legalizing abortion was contented since early 19th century [2] but conscientious objection was a major limiting factor in the implementation of the law [9]. Since 1973, in USA, based on the right of privacy, a woman has the right to decide whether or not to have an abortion. The Court recognized the state's interest in protecting maternal health and preserving the life of the fetus but a woman's right to privacy is a paramount fundamental right and could be interfered if the state could show a compelling interest [10]; for instance this fundamental privacy law is subjected to various restrictions considering the inner wishes of individuals to their bodies (i.e. Laws against suicide or euthanasia) [11].

Webster v. Reproductive Health Service; a United States Supreme Court decision in 1989 upholding a Missouri law that imposed restrictions on the use of state funds, facilities, and employees in performing, assisting with, or counseling on abortions; upheld a state's right to protect the start of life at conception by withholding the use of public efforts to encourage birth over abortion [12]. The law which stated that "the life of each human being begins at conception" and "unborn children have protectable interests in life, health, and well-being." The statute required that all Missouri state laws be interpreted to provide unborn children with rights equal to those enjoyed by other persons, subject to limits imposed by the federal constitution, and federal court rulings; prohibited government-employed doctors from aborting a fetus they believed to be viable; prohibited the use of state employees or facilities to perform or assist abortions, except where the mother's life was in danger; and prohibited the use of public funds, employees, or facilities to "encourage or counsel" a woman to have an abortion, except where her life was in danger. The United States District Court for the Western District of Missouri struck down the above provisions, and prohibited their enforcement.

Abortion debate brings up terms seen as political framing used to validate one's own stance while invalidating the opposition's. In fact, "pro-choice movement" protagonists define the fetus as a collection of cells that may have the right to live when it has reached a particular stage of development and possesses certain properties that make it a moral 'person' [11]; however, on the other hand, the illegitimacy of abortion increases the incidence of unsafe abortions [13] as opposed to "pro-life movement" defenders who define fetus as a potential human being with a unique genetic code, and support that human life begins at conception. A fetus is an individual "person" with its right to life. Though legalizing abortion would reduce the society's respect for life, and may influence the preference to sex or fetus outcome even within intrauterine life. In addition, allowing disability as a reason for abortion would imply that lives of disabled people are less worthwhile to make them feel less valued [11].

A Cross sectional study targeting attitudes and knowledge of rights and impact of abortion were conducted in females of reproductive age from a nursing school. The students who participated in the study were from different parts of the country, with few differences in behaviors and cultural background; and constituted a global picture of the Rwandan female population. Thorough, we believe that the Literature review exposed and results of the study itself will help health planners and lawyers in Rwanda to get an idea with clear evidences to either compelling woman's privacy and abortion surveillance or life at the beginning depending on expectations of the population.

RESULTS

The age of the population studied varied from 18 to 39 years old, and the prevalent age group was between 25-32 years at 52%. Single women were 59.4% while married were 40.0%. Regardless of the cause or motivation of abortion, the overall prevalence was 20.6%.

Table 1. Socio-demographic characteristics

variables		Frequency (%)
Age group	18-24	55 (31.4)
	25-32	91 (52.0)
	33-39	29 (16.4)
Marital status	married	70 (40.0)
	single	104 (59.4)
	divorced	1 (0.6)
Faculty	Nursing sciences	106 (60.6)
	human biology	57 (32.6)
	computer science and management	12 (6.9)
Class of the respondent	1st year	46 (26.3)
	2nd year	58 (33.1)
	3rd year	68 (38.9)
	4th year	3 (1.7)
Ever had abortion	Yes	36 (20.6)
	No	139 (79.4)

Abortion as a right of the woman was rejected with 80.6%, and herein, even despite the judgment or recommendation of the physician, the abortion was rejected at 57.7%. However, 35.4% supported abortion only if it's for the protection of the mother. In the aim of confidentiality, 70.3% were against the consent form, and 68.6% rejected the request of consent from the spouse, and 73.1% refuted the consent from parents if the aborting woman was minor. Form the time, the abortion is requested, 53.1% of participants supported the psychological counseling before abortion, and herein, 76% rejected the waiting period prior to counseling and to abortion.

Table 2: Attitudes to rights of abortion

PARAMETERS	Attitude (Frequency - %)	
	Yes	No
Abortion is the right of the woman	33 (18.9)	141 (80.6)
Abortion must be a physician judgment	73 (41.7)	101 (57.7)
Abortion must be done based on the age of pregnancy	95 (54.3)	79 (45.1)
Abortion must be done only in the protection of the mother	62 (35.4)	113 (64.6)
To keep confidentiality, the woman does not need to sign a consent to the physician	52 (29.7)	123 (70.3)
The woman must provide the spouse's consent	52 (30.3)	120 (68.6)
If minor, the woman must provide parents' consent for abortion	47 (26.9)	128 (73.1)
The woman must provide the waiting period	40 (22.9)	133 (76.0)
The woman needs more counseling before abortion procedure	92 (53.1)	82 (46.9)

On the basis of complications, 69.7% knew that nulliparous women have higher risk of complications from abortion to subsequent pregnancies than multiparous, and 52% knew that fertility is a major concern towards elective abortion. 68% participants state that the risk for infertility is increased from pelvic infection, 59.4% said that abortion increases ectopic pregnancy with preexisting STI, and 62.9% knew about the increase of placenta praevia after elective pregnancy. 72% of participants knew the depression from elective abortion at a rank of 34.9%

Table 3: Knowledge on impact of abortion

PARAMETERS	Frequency	(%)
	Yes	No
Nulliparous has low risk of complications from abortion to subsequent pregnancies than multiparous	51 (29.1)	122 (69.7)
Fertility is not altered by an elective abortion	81 (46.3)	91 (52.0)
Risk of pelvic infection increases infertility	119 (68.0)	53 (30.3)
Dilation and Curettage result in an increased risk for subsequent ectopic pregnancy, mid-trimester abortion and LBW newborns	79 (45.1)	95 (54.3)
Abortion increases ectopic pregnancy with pre-existing STI	70 (40.0)	104 (59.4)
Placenta praevia increases after elective abortion	61 (34.9)	110 (62.9)
Elective abortion causes depression	126 (72.0)	45 (25.7)

The five most common known complications respectively were haemorrhage (88.6%); death (78.9%); local infection (73.1%); depression (58.9%); and endometritis (56.6%).

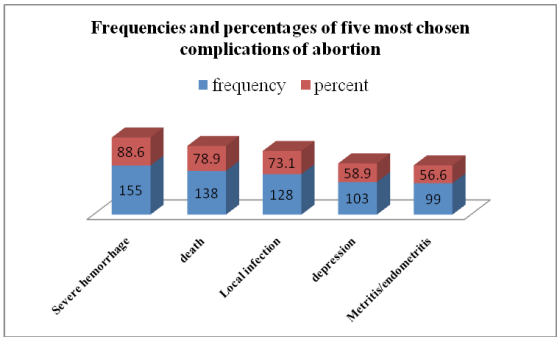

Figure 1: Frequencies of five most chosen complications of abortion

Abortion as a right of the woman was rejected at 81%, but the rejection decreases with age groups from 93% (33-39 years) to 71% (18-24years) where particularly in this group age, the abortion was agreed at 39% as a right to the woman. 90.0% married women didn't support abortion as the right of the woman, while 74.8% single women refuted it too (Table 5).

Table 4: Prevalence of opinions to abortion as a right related to age groups

	Abortion as the right of the woman		
Age group	Yes	No	Total
18-24	21 (39%)	33 (71%)	54
25-32	10 (11%)	84 (89%)	91
33-39	2 (7%)	27 (93%)	29
Total	33 (19%)	141 (81%)	174

Table 5: Prevalence of opinions of abortion as a right related to the marital status

MARITAL STATUS	Abortion as the right of the woman		
	Yes (%)	No (%)	Total
married	7 (10.0)	63 (90.0)	70
single	26 (25.2)	77 (74.8)	103
divorced	0	1	1
Total	33 (19.0)	141 (81.0)	174

There was no big difference on the request of spouse's consent; 69.4% didn't support the provision of the spouse's consent.

Table 6: Prevalence of opinions to provision of spouse's consent related to the marital status

Marital status	The woman must provide the spouse's consent		
	Yes	No	Total
married	22 (31.9%)	47 (69.1%)	69
single	31 (30.0%)	72 (70%)	103
divorced	0	1	1
Total	53 (30.6%)	120 (69.4%)	173

Table 7: Prevalence of abortion in age groups

	History of abortion		
Age	Yes	No	Total
18-24	6 (11%)	49 (89%)	55
25-32	20 (22%)	71 (78%)	91
33-39	10 (65.5%)	19 (34.5%)	29
Total	36 (20.6%)	139 (79.4%)	175

Regardless the cause of abortion, the prevalence was 20.6%, and herein respectively 30% were counted in married women, and 14.4% in single women. Abortion rate increased with age 11% (18-24 years), 22% (25-32 years), and 65.5% (33-39 years) (Table 7, 8).

Table 8: Prevalence of abortion related to the marital status

Marital Status	History of abortion		
	Yes (%)	No (%)	Total
married	21 (30)	49 (70)	70
single	15 (14.4)	89 (85.6)	104
divorced	0	1	1
Total	36 (20.6)	139 (79.4)	175

DISCUSSION

In Rwanda, abortion is still illegal. The overall abortion prevalence from this study is 20.6%. It is comparable to other studies regarded the combination of spontaneous and induced abortion, and also regarded that it comes from a local institution. Of all abortions reported in 2008 counted during the entire period 1999-2008 in USA abortion surveillance, the majority of abortions were among women aged 20-29 years (57.1%) also had the highest abortion rates (29.6 abortions per 1,000 women aged 20-24 years and 21.6 abortions per 1,000 women aged 25-29 years).

Adolescents aged 15-19 years accounted for 16.2% of all abortions in 2008 and had an abortion rate of 14.3 abortions per 1,000 adolescents aged 15-19 years; women aged ≥35 years accounted for a smaller percentage (11.9%) of abortions and had lower abortion rates (7.8 abortions per 1,000 women aged 35-39 years and 2.7 abortions per 1,000 women aged ≥40 years)[14]. Cuba and Russia have the highest official abortion rates where abortions occur annually more than births. In 2008, the greatest proportion of termination of pregnancies in induced abortion was found in Estonia (30%) and the lowest was found in Israel (10%) [6]. In 2005, Uganda counted abortions at a rate of 54‰ women aged 15–49 years which represent one to five pregnancies. Abortion was higher than average in the Central region (62‰ women), and very high in the Northern region (70 ‰); consequently, in Uganda, about half of pregnancies were unintended [15].

Despite the 12 years of the abortion law in South Africa, nine out of ten adults still believe that abortion is 'wrong' provided that the family has low income and cannot afford any more children; with an increase up to three-quarters if there is a strong chance of the newborn to have a defect [16]. This is consistent with our study in which 80.6% rejected abortion as a right of the woman, though 35.4% support abortion if only it intends to protect the mother. Beside, 90.0% married women rejected the right to abortion against 74.8% of single women.

Like any another medical procedure, the basic legal rule requires the consent of the woman before abortion [10, 12]. Common laws require also parental consent for any medical treatment to minors except for emancipated or mature minors [17], and use statutes requiring parental notification to be valid. However, in terms of abortion, parents cannot have always an absolute veto power over their child's decision to terminate the pregnancy [10, 12]. Teen pregnancies potentially increase with mandatory parental notification for prescribed contraceptives [18, 19]. In addition, spousal consent is unconstitutional since the right of privacy is specific to the pregnant woman [11, 13]; thus, consistent with expectations in this study, the request of Consent from the spouse, from parents if the woman is a minor, and in the aim of keeping confidentiality was rejected respectively at the rate of 68.6%, 73.1%, and 70.3%. Thorough, if abortion is requested, 53.1% of participants agreed for counseling before abortion, but the period of waiting was rejected at 76%; while some States effectively ruled enforcement of a 24-hour waiting period, and recommended an open discussion on abortion with the aborting woman [20].

CONCLUSION

From the literature, there is inconsistency of legal systems illustrated by the fact that whereas the fetus has legal and moral existence after recognition of its viability, unnecessary and wrongful death actions entered on behalf of a nonviable fetus (20 weeks as defined) are denied. Fetal viability serves as a dividing line; contrasting with the fact that the fetus alive before and after this period. On the other hand, there is no universal right without restrictions; though, the fundamental right to privacy can be challenged provided that each State regulates its laws based on the benefits of its people.

From this small sample population with high educated women in reproductive age, abortion as a right was rejected significantly by the most overall participants, with the majority being married rather than single women. However, few women supported the abortion if the procedure intends to protect the mother's life.

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