

**FACTORS CONTRIBUTING TO ABORTIONS AMONG YOUTHS AGED 18 -25 IN
RIFT VALLEY PROVINCIAL GENERAL HOSPITAL NAKURU**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN
THE SCHOOL OF NURSING OF MOUNT KENYA UNIVERSITY.**

OCT. 2015

Abstract

Worldwide, unsafe abortion persists as a serious and continuing public health challenge (WHO, 2011). It accounts for 13% of global maternal deaths and remains the principal cause of a range of short-and long-term health complications in women. According to a study conducted by MOH in 2013, on the Incidence and Complications of Unsafe Abortion in Kenya, severe complications of unsafe abortions were most common among women aged 10-19 (45%), divorced women (56%), and women who reported to the provider that they had interfered with the continuation of the pregnancy (58%). This study was carried out to establish factors contributing to abortions among youths aged 18-25 in Rift Valley Provincial Hospital. The dependent variable was abortions among youth aged 18- 25 years. The independent variables included the social factors, the facility service factors and the perception of abortion by youth that is contributing to unsafe abortions among youths aged 18 - 25 years in Nakuru County. The research was conducted in Rift Valley Provincial General Hospital, gynecological ward. This study was a descriptive cross sectional study, where both qualitative and quantitative data was collected regarding factors (independent valuables) contributing to high abortion as well as (dependent valuable) prevalence among youth 18 – 25 years. The study population was youths 18-25 years. Purposive sampling technique was used to pick the study participants where second sample elements were selected based on convenience until the desired sample of 192 is reached. Inclusion criteria was youths aged between ages 18-25 years seeking abortion services in Gynecology ward PGH Nakuru while exclusion criteria was Youths below 18 years and above 25 years of age, those who did not consent, mentally unstable and those who were not from the Nakuru County. Data was collected using predetermined, pretested questionnaire from the sampled 192 participants, one key informant interview and three focused group discussions were conducted to better understand other topics that arise from the participants. The focused discussion groups comprised of six participants each, who were systematically sampled from the 192 participants, where every eleventh element was picked. The focused group discussions were held in a safe, private and convenient location. The authority to carry out this research was sought from Mount Kenya University Research and Ethical Review Committee. The permission to collect data was sought from Medical Superintendent, Rift Valley Provincial General Hospital. Informed consent for this study was sought from the study subjects. Data was analyzed using Statistical Package for Social Science version 22 (SPSS v.22) and presented in pie charts, tables

and graphs. The objectives of the study were met. Results showed that the low education level contributed to abortions as highest number of respondents 37%, had primary level education, while 22.4 % had no any formal education. 57.3% of the respondents had an abortion previously while 42.7% of the respondents were having an abortion for the first time, confirming high rate among youth 18-25 years of age. 67% of youth in this study were found to engage in unprotected sex, citing lack of knowledge of existence of sex and reproductive health services. This is further confirmed by 59.9% of the respondents who had never visited a youth friendly Centre in their life time despite having had abortion more than once. 55.7% of these youth however realize that they require guidance and counseling into sex and reproductive health. Abortion was also found to be influenced by low income as 45.3% of the respondents who engaged in sex were unemployed and could not afford a decent meal. The youth definition of abortion showed they lack the knowledge and understanding of how the abortion works as none could explain how it comes about during focused group discussion despite many bad outcomes they have witnessed from colleagues and neighbors who aborted. Use of drugs has a role to play in the high rate of abortions among youth 18-25 as 66.1% of youth were under influence of alcohol during their first sex and these affected the decision making and negotiating for safer sex. This study concluded that abortion is not a philosophical argument; rather it is an issue that has a real and dangerous impact on the lives of youth. Young women will continue to procure abortions as a solution to unwanted and mistimed pregnancy. Parents/guardians often force their pregnant adolescents to procure abortions. Information about contraception is scanty and poorly disseminated. There is a dire need for sexual health education. Currently available SRH facilities are not fully adolescent and youth-friendly and are thereby avoided by youth. Men are noticeably absent. They are unwilling to attend RH facilities and yet still have power over decisions about women's contraceptive choices. Religion does not play a significant role in youth sexuality other than influencing use and access to contraception. In some cases, stigmatization by religious authorities actually drives young women to procure abortions.