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The Illegally Induced Abortion:  
Costs and Consequences

Berta Calderón Women's Hospital  
Managua, Nicaragua  
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Research Study Summary  
Identification

Title: The Illegally Induced Abortion: Costs and Consequences

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Type of Research: Investigative Research, Descriptive Retrospective;  
Investigation of biological, economic and social consequences.

Place: Berta Calderón Women's Hospital, Managua, Nicaragua

Sample Population: 109 patients confessing illegally induced  
abortions.

Time Period: March, 1983 to June, 1985

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## Introduction

The daily practice of the obstetrician/gynecologist faces a difficult reality to accept. All of our efforts to safeguard maternal health become nullified in sight of illegally induced abortion and its consequences. These consequences converge as the primary cause of the loss of lives in our hospital, lives which besides being invaluable, are the lives of young women; vulnerable to productive worries; healthy and not bearing any other pathology at the moment they succumb.

Maternal mortality is amongst the principal causes of female mortality in the developing countries and the first and second cause of death in third world countries. This high maternal mortality rate is due for the most part to the illegally induced abortion, especially to the ones performed by inexperienced hands, reaching more than 50% of the maternal mortality total. It is well known that the maternal mortality rates, together with infant and neonatal mortality rates, reflect the level of development of the health sector and of the country in general, all of which reflect the condition of obstetrics. When this indicator is analyzed in relation to total pregnancy-related deaths; childbirth or post-partum in a hospital, it should not be more than 4 per 10,000 live births.

It is with growing concern, that we observe from the first serious and reliable analysis on hospital mortality in our country, that induced abortion has always occupied first place as the primary cause of maternal mortality, bringing about as much as 50% of the total maternal deaths.

Two different authors have found, upon their evaluation and analysis of the first functioning year of Berta Calderon Women's Hospital, that illegally induced abortions caused 27% of our

maternal deaths and raised our maternal mortality rate to 10 in 10,000.

In previous paragraphs, we suggested that this hospital indicator should not be more than 4 per 10,000 and that in spite of the official national indicator of 6.7 per 10,000 for maternal mortality due to illegally induced abortion, our estimate of maternal death by international standards is high. This situation contrasts painfully with the innumerable efforts of the revolutionary state to protect maternal health through the different programs.

It is common knowledge that women in countries without access to other contraception and without proper sexual education, will resort to illegally induced abortions as a method of birth control. It is obvious that our health care reputation is being affected by a cause of death completely avoidable in our modern day obstetrics.

On the other hand, the cost of the hospital care of these patients, demands the diversion of a large part of our budget that cannot continue being supported in the present day conditions of our country. The complications of illegally induced abortion are not only suffered by the individual woman, but also by the medical institutions and the society in general.

In some developing countries, the cost of treating complications related to abortions represents as much as 50% of maternity hospital expenses.

The following measurements have been established to calculate the cost of the abortion:

- 1 - The cases of complications from abortion as a percentage of all hospital admissions.
- 2 - The cases of complications from abortion as a percentage of

all obstetrical and gynecological admissions.

3 - The cases of complications from abortion for each one thousand hospital births.

4 - The quantity of blood used to treat complications from abortions.

5 - The number of hospital stay days by patients admitted with complications from abortion.

#### Admissions and Use of Hospital Resources

In studies carried out in developing countries, the percentage of admissions attributed to abortion complications is as high as 45%.

#### Blood Supply

The blood transfusions represent a large part of the total cost of treating these complications. In African and Latinamerican hospitals between 3 and 41% of all blood utilized is destined for cases of illegal abortions.

#### Hospital Stay Days

The hospital stay days for abortion complication is an average of two to four days. Infection, in general, causes prolonged stay days and naturally increases the costs.

The price of an illegal abortion varies a great deal, from no fee up to 300 dollars. The most effective and safe abortions are the most costly. For poor women, only the most dangerous methods and only the least skillful practitioners are within reach. The price for an illegal abortion is not limited to the fees of the provider. It also includes the cost of the medications, the transport to the hospital if needed and the in-hospital costs. Besides the indirect costs; salary for lost work days, loss of the women's services at home and the permanent loss if she dies.



Perhaps the reaction of the women with respect to pregnancy could be summarized, first as the recognition of her missed period, second as the perception that she is pregnant and third as the affirmation that she is going to have a child. This succession of experiences is characteristic of and common to many women of greatly diverse cultures and social strata. The decisions which are made in different moments in respect to interrupting a pregnancy, seem to reflect three emotional states. Before we go on, we should remember we are speaking of a healthy woman giving birth to a healthy child, but that for social, economic or personal reasons, she wishes to interrupt the pregnancy.

It is possible to identify three possible phases in the emotional history of the woman who has had an induced abortion. There is a period of anguish that comes from the decision to revert to an abortion. The second phase is represented by the abortion itself. The third phase will be the post-abortion interval during which certain reactions to the abortion may or may not be visible. All of these emotional reactions can become intensified by two factors:

- 1) The fact that in our formal education the religious aspect plays a determining role; all of the religions maintain a rigid and ongoing opposition to induced abortion.
- 2) In our country the laws in respect to abortion are very restrictive placing the woman who resorts to it outside the law and liable to prosecution for committing a crime that could be punished with up to four years in prison.

The phase of anguish not only implies a personal decision to interrupt the pregnancy with factors such as why? when? where? who? how? how much? but also, it includes the anguish of committing a clandestine act.

The abortion phase itself, whether completed in a house in the community, in the outskirts of the city or in a private clinic, has implicit the factor of PAIN that is felt without anesthesia

and without septic or antiseptic instruments, and the stirring at the moment, of the terror of complications and of death.

If complications develop and they necessitate hospital admission, the woman will find, needless to say, rejection, discrimination and a complicated bureaucracy at all levels of hospital personnel.

Regarding the third phase, the post-abortion interval, it is expected that the results of an inhumane action performed sometimes by the woman herself, will be accompanied by feelings of guilt, frustration and aggression, although it remains impossible to explore all of the emotions related to illegal abortion.

Nevertheless, in view of the fact that 35% of this country's population, in June, 1985, was composed of women of child-bearing age and that 165,400 pregnancies were expected, we consider all of these women at risk any moment, therefore our obligation is to address the problem of abortion, trying to recognize the socio-demographic characteristics of the patients, the impact of their condition on our rates of maternal mortality and on our hospital budget plus the effects on the emotions of the woman, the family, and the society at large, we put forth from our volunteer, medical and multidisciplinary team, proposals for the solution to the problem.

## Objectives

General Objective: To become familiar with the amount of illegally induced abortions and to determine the medical, social and psychological effects and the cost to the Berta Caldaron Women's Hospital in the treatment of this type of patient.

### Specific Objectives:

- 1) To identify the sociodemographic characteristics of the patient who carries the burden of illegally induced abortions.
- 2) To demonstrate that the illegally induced abortions are the principal cause of maternal mortality in our hospital.
- 3) To demonstrate that the maternal mortality rate remains high due to illegally induced abortions.
- 4) To indicate the biological/psychological consequences in the patients that survived.
- 5) To demonstrate that the cost of hospital attention to this type of patient has a considerable impact on the allowance per patient causing a deficit in the total cost of attention.
- 6) To calculate the quantity of contraceptive methods which could be offered at the same cost as the cost of the hospital attention to these patients.

## Conclusions

1) Sociodemographic characteristics of patients of illegally induced abortions;

- Age: 61% between the age of 20 and 29 years old.
- Marital Status: 74% in a stable relationship (common-law or marriage).
- Education: 86% have some education varying from elementary school to university graduates.
- Occupation: 50% housewives, 49% working women (no statistical difference).
- Specific Occupation: There are 14 different occupations that cover all of the labor activities to which patients could be engaged in.
- Gestation: 42% in their second or third pregnancy. 76% had been pregnant before, up to 10 times. 36% wait for week 12 to interrupt pregnancy.
- Contraceptives: 55% have never used any kind of birth control methods.
- The abortion method most commonly used remains the sound introduced by a midwife.
- 68% go to hospitals after 3 or 7 days after abortion with a complication.

2) Because the number of deaths (10 deceased patients) due to illegally induced abortions during the two year study at the Berta Caldarón Hospital, and after analyzing the other causes of death, it is concluded that illegally induced abortion continues to be the principal cause of maternal death in our hospital. The second cause being post-partum infections with 7 deceased patients. The third one is eclampsia with 4 deaths. The rest of the 16 different causes of death remain at statistically stable levels.

3) The estimate of maternal death remains 10 per 10,000 in the second year of the hospital, for the same discussed reasons. An estimate

of 0.2/1000 was found for childbirth and 1.14/1000 for abortion.

4) Biological Consequences;

- 82% were admitted to the hospital with infection present, 52% with internal genital lesions.
- There are 21 medical complications which affect all economical aspects due to the present methods used for abortion.
- There are 11 surgical complications from neglect of surgical injury to detachment of mesentery.
- Because of the difficulty managing these patients and because of the numerous complications, repeated surgery is often necessary. Reaching a maximum of 5 interventions in one patient.
- From 19 hysterectomies, 3 were performed on first pregnancy women, leaving them no possibility of having children, and 2 on second pregnancy women.
- 10% of the patients in our study, died.

5) Social Consequences;

- The major motivation for abortion was abandonment of partner followed by financial reasons.
- Women do not share their decision-making to terminate the pregnancy.
- The unfavorable effect of an abortion on conjugal life affects mostly the woman.

6) The cost for hospital attention was, in cordobas, of 2 million plus, cost which should have been 350,000. It is concluded then that is 7.4 times more than the proposed budget, increasing the deficit.

7) The amount of birth control methods that could be offered at the cost of the hospital attention is considerable. The prices offered to the government make the best existing IUD accessible.

## Recommendations

### 1) To the Berta Caldarón Hospital

- a) To make sure patients who survive illegally induced abortions leave the hospital with an expanded sexual education and with information on birth control methods and an actual birth control method for themselves.
- b) Registration with the Social Work Department of the hospital of all the patients with illegally induced abortion diagnosis admitted to the hospital in order to initiate within the institution the task of their sex education and the psychological support that will allow the patient to reintegrate into society with a minimum of emotional trauma.

*attach?*

### 2) To the Ministry of Health

- a) To review the family planning program especially in reference to the adequate distribution to antibiotics (quality and amounts), to its informational and educational services, to the gathering and analysis of data, which measures its efficacy as to the accomplishment of the program's objectives.
- b) Launching of Community Health Campaigns that warn the people against the harmful consequences of illegally induced abortion.
- c) Join efforts with the Ministry of Education and community organizations for the correct orientation of the sex education programs given at schools, institutions and factories and the employment field.

### 3) To the Government

To revise the existing laws regulating abortion as a crime.  
Codigo Penal Vigente de Nicaragua, Capitulo V, Articulo 162-165.