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Socio-hygienic aspects of abortions among women of reproductive age

Latter research presents that various defects of reproductive performance, which negatively affect fetus formation and development, in 20-30% of cases are caused by the artificial abortion. With increasing number of abortions the probability of mortality, natality of premature infant, and his mortality during the first week of life is raised. Despite the decreased total number of abortions, its level remains high. In the Republic of Kazakhstan against low birth-rate every 7th abortion (13,9) is done to primigravida. Abortion — today one of the most discussed topics in the world. Also the most controversial and contested issue among women of reproductive age. In today's world the permissibility of abortion and its limits is one of the most controversial issues, including religious, ethical, medical, social and legal aspects. Analysis of the literature will clarify the social, moral, medical aspects in this field. This showed that the society can not find common ground and agree once and for all about this problem.

Keywords: abortion, demographics, pregnancy, reproduction, contraception, fertility, surgery, woman, birth, death.

Abort is a serious medical-social and ethical issue, immediately affecting reproductive health of a woman of childbearing age [1]. Concept of reproductive health is derived from a word «reproduction». Biological reproduction is production of organisms self alike, as propagation [2]. Reproductive health is condition of total physical, mental and social wealth, related to functions and processes of reproductive system, as well as psychosocial condition at all stages of life [3]. Reproductive health associated with reproductive behavior. Majority of research of reproductive behavior is connected with issues of abort, contraception, reproductive installations. All studies show direct link connection between prevalence of abortions and condition of fertility function of women, level of reproductive losses [1].

Reproductive losses are deprivations, mostly associated with termination of pregnancy, artificial abortion chosen by woman, presence of social or medical condition for abort, spontaneous miscarriage, ectopic pregnancy, pathological pregnancy, which decreases viability of fetus and newborn, perinatal and infant mortality, determined by perinatal disease and congenital abnormality of development, maternal mortality. Analysis of reproductive losses reveals degree of adaptiveness of formed protective system of maternity and infancy, as well effectiveness of demographic politics in the area of birth, that allows woman to optimally implement maternal function [3]. Motherhood is studied in various science fields: history, cultural studies, medicine, physiology, behavior biology, sociology, psychology. Recently, there is interest in complex research of maternity [4]. Main reproductive losses society experiences because of negative consequences, which artificial abortion influences further process of childbearing [3].

Today majority of people, living in developed western countries, agree that artificial abortions — one of the popular, important and unordinary issues of social activity, politics and moral [5]. Demographic politics, captivated by concepts of development of society for many years to come, faintly oriented on «salvation» of delivery potential, which can be supported and improved by social and medical technology, without harming life and health of born generation [3]. Artificial abortion generally remains traditional method of regulation the reproductive behavior of family, that is stipulated by social-economic factors, total level of population culture, status of child planning service [6]. Finally, it should be mentioned that termination of life is fundamental problem of human being.

Its existential significance for each person is represented, particularly, by the fact, that attitude towards abortions is included in paradigm, system of view on the worlds and self-portrait in the world. One of the important components of paradigm is religious. Individual religiousness — considerable predictor of concern for abortions [7]. Dramatic confrontation and conflict of different points of view are polar such that, «it is sprawled on streets, becomes a subject of mass manifestations, riots and demonstrations. One of demonstrations on abortion issues, occurred, for instance, in the capital of the USA in 1992, gathered record for Wash-

ington D.C. number of participants — more than 250 thousand people. Numerous demonstrations «for» and «against» abortions are held in almost all countries of West» [8].

Surgery of artificial termination of pregnancy remains the most spread one in obstetrics and gynecology [6]. Pregnancy termination, or artificial abortion, continuously takes unjustifiably grate place in structure of methods birth regulation [9]. Definitely, conduction of abortion surgery has serious consequences for reproductive function of women. It should be highlighted that decline in maternal death from criminal abortions currently happens not only as a result of decreasing its numbers, but also due to liberalization of indications for abortion at lategestational age [3]. According to WHO, 30-35 million of abortions are made annually in the world [6]. Every year in the world 5 to 10 % of girls at age from 13 to 17 years are impregnated. According to data in literature, in the last 20 years number of absolutely healthy women decreased from 28,3 to 6,3 % [9].

Latter research presents that various defects of reproductive performance, which negatively affect fetus formation and development, in 20–30% of cases are caused by the artificial abortion. With increasing number of abortions the probability of mortality, natality of premature infant, and his mortality during the first week of life is raised [10]. Despite the decreased total number of abortions, its level remains high [6]. In the Republic of Kazakhstan against low birth-rate every 7th abortion (13,9) is done to primigravida [11].

The abortion is performed by will of the woman with gestational age before 12 weeks, by social indications — with gestational age before 22 weeks, and in presence of medical indications and with approval of the woman — independent of gestational age [3]. Simultaneously, sensitive method of pregnancy termination at early stages — mini-abortion is used only in 24,4 % of the total cases of abortions. In the past years there is a tendency of decrease in proportion of this type of abortion. No less than 15–20 % of total abortions is conducted on mid-trimester [6].

The surgery of medial abortion involves different complications. The complications are often connected with the surgery itself. During conduction of the abortion on the first trimester of the pregnancy damages of orbicular muscle of venter occur, which leads further to development of cervical incompetence. Amongst the causes, that are directly linked to the surgery of the cervical incompetence, the main place is occupied by the artificial termination of the first pregnancy. Majority of complications are associated with pregnancy termination during II trimester. The complications may be correlated to inadequate techniques of the abortion surgery [6]. There is evidence of such complications, as embolism, fused placenta, placental retention, sepsis, hysterorrhesis. The risk and frequency of complications after the medical abortion on II trimester increase with increased gestational age. The dominant causes of lethal outcome: infection, bleeding, pulmonary embolism. Cases of malfunction of blood coagulation system are also noted. Side effects, interconnected with application of prostaglandin, — sicchasia, vomiting, diarrhea, phlebitis. Frequency of hysterocervicorrhesis while taking prostaglandins is 30 times higher, than while taking hypertonic solution [6].

The artificial termination of pregnancy may have complications, significantly aggravating condition of the reproductive system, the most common of which is inflammation. Preventative measure is taking various medications, however their lack of effectiveness, probability of infavorable side effects, organizational issues and realization dictate expediency of searching new preventative actions, including unordinary [12].

The abortion carries severe psychological trauma [6]. Women, who had abortion, in many cases experience anxiety, soreness, weariness, tearfulness, devastation, weakening of sexual sensation, and sometimes apathy and despondency. Psychologically untreated abortion leads to conscious or unconscious conflicts and sense of guilt, accompanied with functional and psychosomatic disorders [11]. Moreover, these cases are independent of the method of conducting the abortion [6]. Role of psychogenic vital events is confirmed in occurrence of emotional defects. One of the risk factors to develop psychosomatic disorders is anxiety – experiencing emotional discomfort from expecting ill-being of imminent danger. Keeping reproductive system healthy and quality of life of patient on separate period after the abortion are essential [11].

The artificial termination of pregnancy damages function of ovary. A normally healthy woman after abortion recovers cyclic function of ovary generally (85,5 %) only at second or third cycle and finally — at fifth [6]. Considering that after the surgery major wound surface is generated and conditions for microflora are created, and barrier function of endometria is lowered, preventative medication should be introduced after the artificial abortion as early as possible [12].

This problem is relevant in other countries as well. In Denmark 22 % of women at age of 20–29 have medical abortions in anamneses, half of which is done on nulliparous women. In large cities of Sweden number of abortions is 26,5–30,4 for 1000 women, in last years number of abortions has increased [6]. In the world society Kazakhstan has one of the “leading” positions for abortions. According to official statistics of the Ministry of Public Health of the republic number of abortions for 1000 women of reproductive age ex-

ceeds 5–10 times the indicators in West Europe, Great Britain and the USA and comprises 45,1 (1996 year), at the same time in Japan — 24,9; in the USA — 20,1; in Australia — 15,5; in Canada — 10,2; in Netherlands — 5,6 (Popov A.A., 1990; Homasuridze A.G., 1983, Ketting E., 1994) [10].

During recent years Kazakhstan indicates increase of abortions of teenagers and primigravida (1/3). It should be mentioned that sufficiently high proportion of young women — 4,6 %, besides teenagers of European nationality has it 3,7 times more, than aboriginal nationality [10]. Sexual activity of teenagers caused revival of such oblivious phenomena, like «young motherhood» [9]. As it is known, early inception of sex life leads to the issue of unwanted pregnancy and its termination [11]. Unfortunately, one of the solutions to the problem of teenage pregnancy is the abortion [9]. The statistics proofs that annually in the world more than 15 million girls and young ladies become «young mothers» (under 18 years old), more than 40% of them do abortion. The proportion of adulterate birth-giving of teenagers is 23,5 % (for 100 thousand births), and 92 % of surveyed people obtain information about contraceptives from friends, not medical workers. If to consider the index of health (3, 4, 6) of teenagers and young adults of the Republic of Kazakhstan (28,5 %), it is lower than overall index of the country (30,0 %), because of high frequency of physical and gynecological illnesses, in addition, deviations of physical, sexual and psychosocial development, therefore, quality of reproductive functions of future mothers causes great concern [13].

The surgery of the artificial abortion of primigravida has serious danger for health, specially affects adversely further reproductive function [11]. According to the official statistics every year in the world 5 million teenagers have pregnancy that ends with abortion. In majority of countries the ratio of teenagers that have abortions is 10 % of the total ones. Annually in Kazakhstan approximately 150 thousand of abortions is performed. Lately there is increasing trend of teenager abortions [9]. Research of Kazakhstani scientists (N.A. Kayupova, H.M. Bektasheva, 1997) allows to categorize into the group of risk for pregnancy termination students, unmarried and unemployed women. Each thirteenth woman that has the abortions had her sex life before lawful age. Beginning of sex life before marriage is confirmed by 52,3 % of women. Sex life at age of 14–17 was started by 7,75 % of teenagers, 18–19 years — 28,9 %, 20–24 years — 46,3 %, at 25–29 years — 12,0 %, at 30 years and older — 5,1 % of women [10]. Frequency of pregnancies and their outcomes also depend on woman's age. Therefore, women that terminated their pregnancies before the age of 20, for one birth there is 8 abortions (ratio of 1:8). Given data permits to include women under 20 years old, with unidentified social status, in the group of risk for abortions [10]. Frequency of complications of the artificial termination of pregnancy, according to some authors, ranges within wide limits — from 1,6 to 52 %. Specifically, these complications are important, since they influence further generative function of woman [7].

For evaluation of consequences of decision making regarding reduction of check list of indications for the abortion, firstly, it is crucial to analyze modern specification of spread and causes of abortion [3]. The termination of pregnancy of major part of women is caused by complex of reasons, that shows multiple of various factors effecting the decision of outcome of the pregnancy. Basic factors, impacting the decision of pregnancy termination, — unregistered marriage — 53 %, social-economic conditions (low level of life, hesitations about future) — 30 %, job or study occupation — 5 %, interpersonal relationships — 3 %, and others — 9 % [11].

The cohort of women, having abortions due to social indices, possess low sanitary and contraceptive education, long-term existence with condition of persistent stress, deprivation and inadaptation, living in poor and unemployed conditions, Such state leads to much later visit of medical centers for the artificial termination of pregnancy [3]. Amongst the causes of reproductive ill-being definite significance deserves spontaneous abortion. Its frequency is 5–15 % of all pregnancies. Further operative treatment not rarely is associated with inflammatory conditions, formation of cohesion, dysfunction of ovary, leading to secondary infertility. Hence, preventative measures of spontaneous abortion is important action for improving demographic situation [14]. Abortions — painful issue of our society. For solving this problem brochures are released, different programs, seminars, conferences for medical doctors are conducted to promote healthy life, without abortions. Work is done at level of international, state authorities, moreover, non-governmental organizations are involved as well, nevertheless, number of abortions if decreasing, but very slowly. In gynecology there is understanding as «abortive culture». It includes not only birth of a desired child, but also competent utilization of contraceptives. Thus, there is an extremely relevant problem of investigation of safe and effective methods of prevention of unwanted pregnancy. It should be noted that attitude of women to various types of contraception is gradually changing. There is a positive shift [15]. Main reason of spontaneous abortions (50–75 %) is chromosome mutations. Chromosome abnormalities often are found within sporadic miscar-

riage and much more rare — within normal. This is explained by randomness of mutations and possibility of repetition in rare cases (for example, abnormalities in parental cells — predecessor of gamete) [16].

In condition of activation of measures to form contraceptive culture of population deeply felt the necessity to conduct comprehensive, task-oriented, systematic educative and humanitarian programs about usage of modern contraceptive means among contingents of women, that currently make abortions due to social indices before gestational age of 22 weeks, which have high risks of after abortion complications [3]. Number of authors suggest to consider artificial termination of pregnancy as biological trauma, that damages neurohumoral balance and barrier function in endometria, and suggest to direct preventative events to top priority regeneration of function of neuroendocrine system, that participates in reproductive processes [12].

To prevent repetition of abortion another critical element of service of performing abortion is adequate contraceptive consultation. Women should be totally informed about all planned procedures, including anesthesia. It is necessary to discuss safety of procedures and their possible immediate and prolonged side effects and complications. It is important to explain that early termination of pregnancy (during first trimester) is very safe in qualified hands. Moreover, it should be defined, that there is presence of higher risk with abortions at second trimester [10].

Existing in the Republic of Kazakhstan system of organization of help of providing services about family planning for many years was oriented only for authorities of public health, as in all countries of CIS. The main authority was woman consultation, that served function of «anti-abortion», that did not lead to positive solution of the given problem, task of family planning. It should be mentioned as well that one of the tasks of family planning service is spreading relevant information. Service of family planning operates not by appealing, but directly with those, who require or could need that assistance. This help is needed to teenage girls, young women and men [10]. Application of preventative measures considering groups of regulated and unregulated factors of risks is viable. Ability to use proposes of the system in woman consultations and inpatient clinics will allow to reduce number of complications after medical abortions [6].

Women, willing to have abortion, must obtain consultation about contraception, in conjunction with services of abortion, as well as during further visit. Consultation should contain information about advantages and disadvantages of methods, that are present and suitable for the client. When there is absence of medical counterindication of using any method of contraception should be started immediately after abortion. Consultation about contraception especially is important for women with repetitive abortions [10].

The need to reduce the number of abortions in adolescent girls should be directly related to sex education, formation of a responsible attitude to health, raising awareness of teenagers about measures to prevent unwanted pregnancies. Sexual contact of teenagers usually occurs spontaneously and/or contrary to their desire. Therefore, adolescents are at a higher risk of STI/HIV transmission. Adolescent girls are exposed to a greater than adult women's risk of infection because of their low social status. Therefore, adolescent girls should be explained in advance the need to delay the sexual debut. Herewith, research data should be taken into account that in many other countries, adolescents are under the strong influence and pressure of peers and elders, involving them in pre-marital sexual relations [17].

The procedure of abortion, made in the first trimester of pregnancy by a sufficiently trained specialist in adequate conditions, is associated with a very low risk of complications. Over 10 weeks of gestation, the teen's health risk, associated with abortion, increases with each week of pregnancy. At the same time, the risk of abortion at the end of the second trimester is three to four times higher than in the first trimester. For this reason, where it is possible to provide abortion services, it should be done as soon as possible. Since the technical skill of the operator is the main determinant of this procedure, adequate training should be provided to medical personnel, who perform abortion [10].

Pregnant adolescents, who apply for abortion, need special attention and approach during counseling. Adolescents usually resort to abortion services for late pregnancy, in the second trimester. In these terms, the product of abortion is associated with an increased risk and, in addition, such procedure is less available. Adolescents are usually very worried and terrified about their future fertility [10]. At sexual education of teenagers, preference should be given to individual and group forms of work. One of the most accessible forms can be systematic, confidential conversations on the relationship between the sexes. To discuss issues of sexual relations, individual interviews are used by medical workers, psychologists, educators and social workers who provide social and psychological assistance [16].

Judgments about the moral admissibility or inadmissibility of abortion contain answers to two main questions. First: can we assume that from the moment of conception the embryo is a human being? A positive answer to this question means that the purpose of abortion is to kill a being who already has the right to

live. The second question: does a pregnant woman have an exclusive right to control her body? In other words, can she only do abortion at her own discretion, treating it as removing a piece of tissue from the body like cutting her nails and hair? In this case, the positive answer is based on the belief that the fetus can be considered a person who has the right to live only when it turns into a child living outside the mother's body [8]. In modern conditions, the notion of «perinatal health» should be singled out in the trends in the reproductive potential of women. It characterizes the possibility of an individual from the intra-uterine period of life to be protected and develop under optimal conditions that allow the realization of biological and psychosocial potential. The fetus, like the child born, is a full-fledged patient, to which special methods of diagnosis, treatment and prevention are applicable [3].

Numerous psychological studies suggest that the answers to these questions, which reflect the attitude of people to abortion, depend on their gender, age, personal characteristics, religious beliefs, the concept of the moment of the birth of human life and much more. In the studies of Western scientists it is shown that women who have made abortion and decided to take out an unplanned child differ in several psychological characteristics. For example, Canadian women who decide to terminate an unwanted pregnancy describe themselves as accustomed to rely on their own strength, independent, stubborn and preferring freedom. U.B. Miller concluded that women who are aborted are usually not married, independent and tend to view this operation as an acceptable way out for themselves and in the eyes of their family members. Attribution of fault for what happened to a partner or traits of her own personalities, such as impulsiveness and irresponsibility, leads to more severe consequences than the search for the source of the problem in a behavioral act. Women who are not inclined to blame for what happened partner and their character, are better adapted psychologically to what happened after three or more weeks after the abortion [5].

Speaking about the positive consequences of abortion, researchers note autonomy, personal growth, improving relationships with others, the emergence of a goal in life and self-acceptance. In the study of G.M. Bernell and MA Norfleet, conducted on a sample of 178 people a year after the abortion, women noted increased energy, improved appearance, strengthening relationships with the partner and parents [18]. An important factor in shaping attitudes toward abortion is the opinion of whether the fetus is from the moment of conception by a human being. Psychological studies of the state of health of women who had and had no experience of artificial termination of pregnancy, found the following. Women who had aborted and treated the fetus as a human, felt much worse than those who did not. Those who made the abortion, but did not consider the fetus as a person, felt as good overall as women who did not have this experience. Those women who considered the fetus a prototype of a person, calling it a child, were subject to reactions of constant frustration or negative reassessment. Women who consider the fruit to be something alien and certainly not human, either did not regret their decision at all, or came to their senses according to the linear pattern of reaction [19].

Unwanted pregnancy is one of the main problems of a woman. Despite the emergence of a huge number of methods that prevent the occurrence of pregnancy, the frequency of abortion remains at a high level. For most women, abortion is the most affordable method of birth control. The reason for this is the lack of sexual education, inadequate work of family planning offices [20]. In the 21st century, the problem of abortion (artificial termination of pregnancy) is publicly discussed throughout the world as socially significant and of universally recognized. It includes social, ethnic, religious and many other parties [5].

Despite the emergence of a huge number of methods that prevent the occurrence of pregnancy, unwanted pregnancy remains one of the main problems of modern women. Since in the modern world the problem of moral admissibility of abortions is universal, there are no gender or age differences in relation to the artificial termination of pregnancy.

Every woman of fertile age is pregnant. During pregnancy, many changes occur in a woman's life. Psychological stress in the perinatal period carries with it a whole complex of problems that require serious attention to the psychological sphere of the pregnant woman in order to avoid obstetric and other complications. Pregnancy makes a woman emotionally vulnerable, prone to anxiety, more sensitive to negative experiences. But we must not forget that pregnancy is a significant and important period in the life of any woman.

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Репродуктивті жастағы әйелдерде түсіктің әлеуметтік-гигиеналық аспектілері

Соңғы жылдары зерттеулер көрсеткендей, жасанды түсік 20–30 % жағдайда бала туу қызметінің әр түрлі бұзушылықтарына, ұрықтың дамуына және қалыптасуына теріс әсер етеді. Түсік санының өсуімен шала туған баланың ықтималдығы, оның өмірінің бірінші аптасында өлім-жітімі, өлі-тууы артады. Түсік санының төмендегеніне қарамастан, олардың деңгейі жоғары болып қалады. Қазақстан Республикасының төмен туудың фондында әрбір 7-ші түсік (13,9) бірінші жүктілікте жасалады. Мақалада түсік – қазіргі таңда дүние жүзінде репродуктивтік жастағы әйелдердің арасында көп талқыланатын тақырыптардың бірі. Бұл мәселе сонымен қатар діни, этикалық, медициналық, әлеуметтік және құқықтық аспектілер төңірегінде де кең қолданады. Қоғам әлі де болса түсік мәселесін шешу барысында. Әдебиеттерді талдау барысында бұл мәселенің әлеуметтік, медициналық қырлары кеңінен қарастырылды.

Кілт сөздер: түсік, демография, жүктілік, репродукция, контрацепция, фертильділігі, операция, әйелдер, бала туу, өлім-жітім.

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Социально-гигиенические аспекты аборт у женщин репродуктивного возраста

Исследования последних лет показывают, что к различным нарушениям детородной функции, отрицательно сказывающимся на формировании и развитии плода, в 20–30 % случаев ведет искусственный аборт. Показано, что с возрастанием числа аборт растет вероятность рождения недоношенного ребенка, его смертности на первой неделе жизни, мертворождаемости. Несмотря на снижение общего количества аборт, число их остается значительным. Подчеркнуто, что в Республике Казахстан на фоне невысокой рождаемости каждый 7-й аборт (13,9) делается первобеременными. Аборт — одна из наиболее обсуждаемых сегодня тем в мире. Это также самая спорная и оспариваемая проблема среди женщин репродуктивного возраста. В современном мире допустимость аборт и её пределы — одна из наиболее дискутируемых проблем, включающих религиозные, этические, медицинские, социальные и правовые аспекты. Анализ литературы позволил авторам выяснить социальные, моральные, медицинские аспекты в этой области. Исследования темы показали, что общество не может найти точки соприкосновения и договориться раз и навсегда о решении этой проблемы.

Ключевые слова: аборт, демография, беременность, репродукция, контрацепции, фертильность, операция, женщины, роды, смертность.

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