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A.E.Konkabaeva, Z.T.Kystabaeva, M.Zh.Akhmetova

Karaganda State University named after E.A.Buketov (E-mail: meruzhan2@mail.ru)

The abortion as a social and medical problem of present generation

One of the most relevant, important and controversial problems of public life, politics and morality is abortion. The abortion and leading position in the structure of reproductive losses and the health of women of childbearing age is medico-social and contested issue in nowadays. Abortion as a whole remains the traditional method of regulation of reproductive behavior. Artificial abruption of life is a fundamental problem of human being, increasing interest in the article. This paper examines the effects that significantly impairs the reproductive system and serious complications for women's reproductive function after abortion, including maternal mortality. Showing prevention and solutions.

Keywords: reproductive health, reproduction, reproductive age, the abortion, reproductive losses, medical, pregnancy, pregnant, women, sex, teenage girls.

The abortion is a serious medical and social, moral and ethical issue, which is directly affecting the reproductive health of women of reproductive age [1]. The concept of reproductive health is derived from the word reproduction. The biological reproduction is the reproduction of organisms of their own kind, the same as breeding [2]. The reproductive health is a state of complete physical, mental and social well-being, regarding the functions and processes of the reproductive system, as well as psychosocial conditions at all stages of life [3]. The reproductive health is closely related to the reproductive behavior. Most studies on reproductive behavior are associated with the problem of abortion, contraception, reproductive plans. All the researchers show a direct relationship between the prevalence of abortion and the state of women fertile function and the level of reproductive loss [1].

The reproductive loss is a loss, primarily related to the termination of pregnancy: an artificial abortion on request of the women, the presence of social or medical indications for abortion, miscarriage, ectopic pregnancy, abnormal pregnancy, which is reducing the viability of the fetus and newborn, perinatal and infant mortality due to prenatal morbidity and congenital malformations, maternal mortality. Analysis of reproductive loss reveals the degree of adaptability of the existing system of protection of maternal and child health, and the effectiveness of population policy in the area of fertility, allowing women to optimally realize the maternal function [3]. The motherhood is studied in line of the various sciences: history, culture, and medicine, and physiology, biology of behavior, sociology and psychology. Recently, an interest in the complex research of motherhood has appeared [4]. Basic reproductive losses society incurs in connection with the adverse effects that abortion causes to subsequent process of the childbirth [3].

Today, the most of the people living in the developed western countries, agree that induced abortion is one of the most relevant, important and controversial issues of the public life, politics and morality [8]. Demographic policy that is in a captivity of concepts of social development in the years ahead, is not particularly geared to «save» the potential of fertility, which can be supported and developed through social and medical technology without sacrificing the life and health of born generations [3]. Abortion as a whole remains the traditional method of regulation of reproductive behavior of the family, due to socio-economic factors, the general level of awareness of the population, the state family planning services [6]. Finally, it should be noted that the artificial termination of life is a fundamental problem of a human being.

Its existential importance for each person emerges, in particular, in that attitude to the abortion includes a worldview, the system of looks at the world and ourselves in the world. One of the important parts of a

worldview is religious. Individual religiosity is a significant predictor of attitudes to abortion [7]. The dramatic confrontation and clash of different points of view are so polar that «they spill out onto the street, become a subject of mass manifestations. Rallies and demonstrations. One of the demonstrations on the issue of abortion, which took place, for example, in the U.S. capital in 1992, attracted a record number of participants for Washington more than 250 thousand people. Numerous demonstrations «for» and «against» abortions occur almost in all the countries of the West [8].

Operation of abortion remains the most common in obstetrics and gynecology [6]. Abortion or induced abortion continues to occupy a disproportionate place in the methods of birth control [9]. Of course, the operation of abortion has serious consequences for women's reproductive function. Especially, it should be particularly noted that the decline in maternal mortality from illegal abortions occurs in the present, not only by reducing their numbers, but also in connection with the liberalization of the indications for abortion in the later period [3]. According to the WHO, the world produces 30–55 million abortions each year [6]. Every year in the world from 5 to 10 % of girls aged 13 to 17 years become pregnant. According to the literature, for the last 20 years the number of perfectly healthy women decreased from 28.3 % to 6.3 % [9].

Studies in recent years have shown that the various impaired fertility, which negatively affected the formation and development of the fetus, in 20–30 % of cases because of the abortion. With the increasing number of abortions the likelihood of premature birth, his death in the first week of life, stillbirth increases [10]. Despite the decline in the overall level of abortions their level remains high [6]. In the Republic of Kazakhstan on the background of low birth every 7th abortion (13.9) is primigravida [11].

An abortion is made on a woman's request for pregnancies up to 12 weeks, for social reasons -for pregnancies up to 22 weeks, and when medically and consent of a woman-regardless of gestational age [3]. The gentlest method of abortion in the early stages a mini-abortion is only used in 24.4 % of the total number of abortions, in recent years there is a tendency of reducing the share of this type of abortion. At least 15–20 % of the total is accounted for abortion in II trimester [6].

The operation of medical abortion is fraught with various complications. Complications are often directly related to the surgery itself. In the production of abortion in the first trimester the damages the circular muscles of the uterus occur, leading eventually to the development of the isthmic-cervical insufficiency. Among the reasons which are directly related to the operation of isthmic-cervical insufficiency is the mainly related to artificial termination of the first pregnancy. The greatest number of complications is related to pregnancy termination in II trimester. The complications may be related to surgical abortion technique imperfection [6]. There is evidence of such complications as embolism, increment placenta, retained placenta, sepsis, and uterine rupture. The risk and incidence of complications after medical abortion in the II trimester increase with gestational age. From the dominant causes of mortality are: infection, bleeding, pulmonary embolism. There are cases of infringement of the blood coagulation system. The side effects, associated with the use of prostaglandins — nausea, vomiting, diarrhea, phlebitis. The frequency of cervical laceration with the application of prostaglandins 30 times is higher than with the use of hypertonic solution [6].

Abortions can have complications, which significantly impair the reproductive system, the most common of which is the inflammation. In order to prevent it, many and varied means are used, but their lack of effectiveness, the possibility of unwanted side effects, organizational difficulties and implementations dictate expediency of the search of new preventive actions, including non-traditional [12].

The abortion causes rough psychological trauma [6]. Among women, who have had an abortion, there often occurs increased nervousness, irritability, fatigue, tearfulness, draining, weakening of sexual feelings, and sometimes apathy and depression. The abortion which is mentally unprocessed leads to a conscious or unconscious conflict and a sense of guilt accompanying by the functional and psychosomatic disorders [11]. Moreover, these cases are independent of the production method of abortion [6]. The role of psychogenic life events in the occurrence of emotional disorders is emphasized. One of the major risk factors of developing of psychosomatic disorders is anxiety- the experience of emotional discomfort associated with the expectation of trouble, expectation of imminent danger. It is urgent to save the reproductive health and quality of life of patients in a single post-abortion [11].

Abortion violates ovarian function. Healthy women's recovery, after abortion, of cyclic ovarian function is mainly (85.5 %) only in the second or third round, and finally — in the fifth cycle [6]. Due to the fact that after the operation an extensive wound surface is produced and the conditions for the development of microflora are created and barrier function of the endometrium is sharply reduced, preventive medication use after abortion should be as early as possible [12].

The problem is actual in other countries too. In Denmark 22 % of women aged 20–29 have a history of medical abortions; half of all abortions involve nulliparous women. In the major cities of Sweden, the number of abortions per 1,000 women is 26.5–30.4; in recent years, the number of abortions has increased [6]. In the international community with regard to abortion, Kazakhstan is on one of the «leading» positions. According to official statistics from the Ministry of Health of the Republic the number of abortions per 1,000 women of reproductive age is 5–10 times higher than rates in Western Europe, the UK and the U.S. and is 45.1 (1996), while in Japan — 24.9; the USA — 20.1; Australia — 15.5; Canada-10.2; in the Netherlands — 5.6 (A.A.Popov, 1990; A.G. Khomasuridze, 1983; E.Ketting, 1994) [10].

Over recent years, Kazakhstan has an increase of abortions among teenagers and primigravidas (1/3). Attention is drawn to a sufficiently high proportion of young women 4.6 %, and the European nationality adolescents were 3.7 times more likely than native nationality [10]. Adolescent sexual activity caused the revival of the non-existence of the phenomenon of «young mothers» [9]. As it is known, early sexual activity leads to the problem of unwanted pregnancy and its termination [11]. Unfortunately, one solution to the problem of teenage pregnancy is abortion [9].

Operation of abortion in primigravidas, is presenting a significant risk to health, especially an adverse effect on subsequent fertility [11]. According to official statistics, every year in the world 5 million teen pregnancies end with abortion. In most countries, the share of young people is more than 10 % of the total number of abortions. Annually in Kazakhstan approximately 150 thousand abortions are produced. Over the last years, there is the growth of abortions among teenagers [9]. The study of Kazakhstani scientists (N.A.Kayupova, H.M.Bektasheva, 1997) allow to assign a risk group for terminating unplanned pregnancy of students, unmarried and unemployed women. Each thirteenth woman among received an abortion, had sex before the age of majority. Women had sex before marriage noted — 52.3 %. Sexually active at the age of 14–17 years 7.75 % of adolescents, 18–19 years — 28, 9 %, 20–24 years — 46, 3 %, 25–29 years — 12, 0 % in 30 years and above in 5.1 % of women [10].

Multiplicity of pregnancies and their outcomes also depend on the age of women. Thus, women who have abortions under the age of 20, on one delivery had eight abortions (ratio 1:8). This information allows women up to 20 years, with more immature social status, to include in the risk group of abortion [10]. The frequency of complications of abortion, according to some authors, varies widely, from 1.6 to 52 %. Especially, these complications are important that they affect subsequently the generative function of women [7].

To assess the implications of the decision about reducing the list of indications for abortion in the first place it is important to analyze the modern features and causes of abortion [3]. Termination of pregnancy among a high proportion of women is due to set of reasons, indicating that the complex impact of various factors on the outcome of pregnancy. The main factor influencing the decision to terminate a pregnancy — 53 % of unregistered marriage, socio-economic conditions (low standard of living, the uncertainty in the future 30 %), employment, work or school (5 %), interpersonal relations (3 %) and others (9 %) [11].

For contingent of women making the abortion for social reasons are characterized by low sanitary and contraceptive literacy, long-term residence in a state of chronic stress, deprivation and exclusion, living in poverty and unemployment. This situation leads to a later treatment in hospital admissions for abortion [3]. Among the causes of reproductive illness—a miscarriage has defined value. Its frequency is 5–15 % of all pregnancies. Subsequent surgery is often accompanied by inflammation, the formation of adhesions, ovarian dysfunction, producing a secondary infertility. Therefore, prevention of spontaneous abortion is an important means of improving the demographic situation [13].

In terms of measures to enhance the formation of the contraceptive culture of the population there is greater need of in-depth, targeted, systematic educational, educational and humanitarian programs on the use of modern contraceptives among the contingent of women who currently have abortions for social reasons up to 22 weeks of pregnancy, with high risk of post-abortion complications [3]. Several authors propose to consider abortion as a biological injury that violates neurohumoral balance and barrier function in the endometrium and recommend preventive measures directed to immediate restoration of function of the neuroendocrine system involved in reproductive processes [12].

To prevent repeated abortions, another critical element of services for abortion is adequate contraceptive counseling. Women should be fully informed of all planned procedures, including anesthesia. Safety procedures and their possible immediate and delayed side effects and complications should be discussed. It is important to explain that the earlier termination of pregnancy (first trimester) is very safe in skilled hands. It should be also explained the increased risk associated with abortion in the second trimester [10].

The current system in the Republic of Kazakhstan with the organization of providing family planning services for many years has been focused only on enforcement and health agencies, as well as in all the countries of the CIS. The main agency in this case is female consultation, which has served as the «fight against abortion», which did not lead to a positive solution of the problem, the problem of family planning. It should be noted that one of the objectives of FP services (family planning) is to disseminate relevant information. The FP services are not working in uptake, and directly work with those who need or may need their help. This help is needed for adolescent girls, young women and men [10]. The use of preventive measures in view of the managed and unmanaged risk is acceptable. The possibility of using the offers of the system in clinics and hospitals will reduce the number of complications after medical abortion [6].

Women, seeking for abortion, should receive counseling on contraception, in conjunction with the services for the production of abortion, and during subsequent visits. Contraceptive counseling should include information about the benefits and limitations of methods available to and affordable for the client. In the absence of medical contraindications the use any method of contraception should be initiated immediately after the abortion. Counseling on contraception is especially important for women with recurrent abortion [10].

The need of reduction the number of abortions among teenage girls should be directly related to sex education, the formation of a responsible attitude to health and raise awareness of young people on prevention of unwanted pregnancy. Sex in adolescents usually occurs spontaneously or against the will. Therefore, adolescents are at increased risk of STIs / HIV. Teenage girls at greater than adult women risk of information because of their low social status. Therefore, adolescent girls should be early explained the need for delaying sexual debut. This should take into account these studies that in many other countries, adolescents are strongly influenced by peer pressure and high and involving them in premarital sex [14].

Abortion procedure, produced in the first trimester of pregnancy by sufficiently trained specialist in appropriate conditions, is associated with a low risk of complications. Over 10 weeks of gestation health risk of teenage abortion, increases with each week of pregnancy. In this case, the risk of abortion in the late second trimester, three to four times higher than in the first trimester. For this reason, where there is the possibility of providing services for the production of abortion, it should be done at the earliest possible stages of pregnancy. Since the technical skill of the operator is the major determinant of the procedure should provide for adequate training of medical personnel who performed the abortion [10].

Pregnant teens, who come for abortion, need special attention and approach during counseling. Teens usually resort to abortion services in late pregnancy in their second trimester. In these terms the conduction of abortion is associated with increased risk and, in addition, this procedure is less available. Teens are usually very anxious and worried about their future fertility [10]. While sex education of teens forms of individual and group work are preferred. One of the most accessible forms can be systematic confidential conversation on the relationship between the sexes. To discuss issues of sexuality individual interviews medical professionals, psychologists, teachers and social workers who provide psychosocial care are used [14].

Judgments on moral permissibility or impermissibility of abortion contain answers to two main questions. The first is whether it is possible to 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 creatures that already have a right to life. The second question is does a pregnant woman exclusively right to control over her own body? In other words, can it only be on her own to have an abortion, viewing it as the removal of a piece of tissue from the body such as hair and nail cutting? In this case, the positive response is based on the belief that a fetus can be considered a person with the right to life only when it turns into a child living outside the mother [8]. In modern conditions of disadvantage in the trends of the reproductive potential of women, it is necessary to highlight the concept of «perinatal health». It characterizes the ability of the individual from the prenatal period of life to be protected and developed in optimal conditions, allowing realizing the biological and psychosocial potentials. Fetus, as a born child, is a full patient, who is applicable of special methods of diagnosis, treatment and prevention [3].

Numerous psychological studies suggest that the answers to these questions, which reflect the people's attitude to abortion, depend on their age, gender, personal characteristics, religious beliefs and ideas about the inception of human life, and more. In studies of Western scientists, it is shown that women, who have abortions and who decided to make an unplanned child, differ in a number of psychological characteristics. For example, Canadian women who choose to terminate an unwanted pregnancy describe themselves as self-reliant, independent, and stubborn and prefer freedom. U.B. Miller came to the conclusion that women who had an abortion, as a rule, are not married, independent, and tends to view the operation as an acceptable way

out of the situation for themselves and in the eyes of their families. The attribution of blame for what happened to partner or character traits, such as impulsivity and irresponsibility leads to more serious consequences than searching for the source of the problem in a specific behavioral act. Women who are not inclined to blame the incident on the partner and the character, are better adapted psychologically to what happened after three or more weeks after the abortion [5].

Talking about the positive consequences of abortion, the researchers note autonomy, personal growth, improved relationships with others, the appearance of purpose in life and self-acceptance. In a study of G.M.Burnell and M.A.Norflit, conducted on a sample of 178 people after a year after the abortion, women reported increased energy, improved appearance, strengthening of relationships with partners and parents [15]. An important factor in the formation of attitudes to abortion is the view that if a fetus from the moment of conception is a human being. Psychological studies of health of women with and without experience of abortion have found the following. Women, who have had an abortion, and considered fetus as the human being felt much worse than those who did not make it. Those who have had abortions, but did not consider the fetus as a person, felt generally better than women without such experience. Those women who considered the fetus as the prototype of man, calling him a child, have been exposed to the reactions of constant frustration or negative reevaluation. Women who believe that the fetus is something alien and certainly not human, either do not regret about their decision, either came to the senses according to the linear pattern of the reaction [16].

Unwanted pregnancy is one of the main problems women. Despite the enormous number of methods that prevent the occurrence of pregnancy, the abortion rate 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 sex education, the lack of work of the cabinets of family planning [17]. In the XXI century, the problem of abortion (induced abortion) is publicly discussed in the world as socially important and having a common human nature. It includes social, ethnic, religious, and many other parties [5].

Despite the enormous number of methods that prevent the occurrence of pregnancy, unwanted pregnancy remains one of the major challenges of the modern woman. Because in today's world, the problem of moral permissibility of abortion is common to all mankind, in respect abortion there are no sex or age differences.

Every woman of childbearing becomes pregnant. During pregnancy, a woman's life has a set of changes. Psychological stress in the perinatal period brings with it a range of issues that require serious attention to the psychological sphere of pregnant to prevent obstetric and other complications. Pregnancy makes a woman emotionally vulnerable, prone to anxiety, more sensitive to negative experiences. But it should not be forgotten that pregnancy is a significant and important period in the life of any woman.

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А.Е.Қоңқабаева, З.Т.Қыстаубаева, М.Ж.Ахметова

Жасанды түсік қазіргі заманның қоғамдық және медициналық мәселесі ретінде

Қазіргі таңда жасанды түсік фертильдік жастағы әйелдердің денсаулығын қарастыруда қоғам өмірінде, саясатта көп талқыланатын медициналық-әлеуметтік өзекті, маңызды мәселелердің бірі болып табылады. Түсік репродуктивтік мінез-құлықты реттеудегі дәстүрлі әдістердің бірі болып отыр. Жүктіліктің жасанды үзілуі қоғам өмірінде негізгі мәселеге айналуына байланысты, бұл тақырып аса қызығушылықты тудырады. Жасанды түсіктен кейін әйел адамның репродуктивтік жүйесінің жалпы бұзылуына әкелетін қауіпті зардаптары, сонымен қатар ана өлімі мәселесі және олардың алдын алу шаралары қарастырылған.

А.Е.Конкабаева, З.Т.Кыстаубаева, М.Ж.Ахметова

Аборт как социально-медицинская проблема нынешнего поколения

В статье показано, что одна из наиболее актуальных, важных и неоднозначных проблем общественной жизни, политики и морали — искусственные аборты. Обосновано, что искусственное прерывание беременности и его ведущее место в структуре репродуктивных потерь и здоровья женщин фертильного возраста — медико-социальная и оспариваемая проблема в наши дни; аборт в целом остается традиционным методом регуляции репродуктивного поведения. В статье рассмотрены последствия, существенно ухудшающие состояние репродуктивной системы и вызывающие серьезные осложнения для репродуктивной функции женщин после проведения аборта, в том числе материнскую смертность. Показаны меры профилактики и пути их осуществления.