TO ANALYSE THE CAUSES OF ABORTION AMONG STUDENTS IN HIGH INSTITUTIONS OF LEARNING: A CASE STUDY OF MAKERERE UNIVERSITY

NALUTAAYA CATHERINE

09/U/14139/EXT

SUPERVISOR

MR: MAYENDE GODFREY

A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF EDUCATION AND EXTERNAL STUDIES AS A PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF A DIPLOMA IN YOUTH DEVELOPMENT WORK OF MAKERERE UNIVERSITY

AUGUST 2011
DECLARATION

I, Nalutaaya Catherine, declare that this research report is my original work. It has not been submitted to any other university or higher institution for any award and where it is indebted to work of others, due acknowledgement has been made.

Sign: -------------------------- Date:-------------------------------

NALUTAAYA CATHERINE.
APPROVAL

I hereby certify that this work entitled “The causes of abortion among students in high institutions of learning Makerere University Kampala District” has been submitted with my approval for examination as a university supervisor.

Sign ------------------------ Date ------------------------

MR. MAYENDE GODFREY

Supervisor
DEDICATION

This research work is dedicated to my beloved parents, sisters, friends and to all students who have lost their dear ones due to abortion.
ACKNOWLEDGEMENT

First and foremost I thank God for having created me in his image, granted me wisdom and friends a combination that has sailed me throughout this diploma course despite a multiplicity of challenges.

This research would not have been completed had it not been because of the unforgettable assistance of my supervisor Mr. Mayende Godfrey, Ms. Nakawungu Betty for their guidance and encouragement, have played a big part in completion of this work.

My heart felt gratitude to my beloved parents Mr. and Mrs. Lule Jimmy Jemba, entire family of Mr. Mitti Abel James, Luyonga Herbart who supported me physically, emotionally and financially.
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>EXPANDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGOS</td>
<td>Non-government Organizations</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrom</td>
</tr>
<tr>
<td>TV</td>
<td>Television</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>FRC</td>
<td>Family Research Council</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

DECLARATION ........................................................................................................ ii  
APPROVAL ............................................................................................................ iii  
DEDICATION ......................................................................................................... iv  
ACKNOWLEDGEMENT ......................................................................................... v  
ACRONYMS .......................................................................................................... vi  
TABLE OF CONTENTS .................................................................................... vii  
LIST OF FIGURES .......................................................................................... x  
ABSTRACT .......................................................................................................... xi  

## CHAPTER ONE .............................................................................................. 1

1.0 Introduction .................................................................................................. 1  
1.1 Background of the study ............................................................................ 1  
1.2 Statement of the problem ......................................................................... 3  
1.3 The purpose of the study ......................................................................... 4  
1.4 The objectives of the study .................................................................... 4  
1.5 Research questions .................................................................................. 4  
1.6 The scope of the study ............................................................................ 5  
1.7 The significance of the study ................................................................ 5  

## CHAPTER TWO .............................................................................................. 6

LITERATURE REVIEW .................................................................................. 6  
2.0 Introduction ............................................................................................... 6  
2.1 Definition and classification of abortion ................................................. 6  
2.2 Causes of abortion among the youth in developing countries ............ 7  
2.3 What are the impacts of abortion on youth in developing countries? 10  
2.4 Measures being taken to address abortion among the youth in developing countries ...... 12
2.5 Emerging gaps .................................................................................................................. 13

CHAPTER THREE .................................................................................................................. 15
METHODOLOGY .......................................................................................................................... 15
3.1 Introduction .......................................................................................................................... 15
3.2 Research design ..................................................................................................................... 15
3.3 Area of study .......................................................................................................................... 15
3.4 Sampling design .................................................................................................................... 15
3.5 Sample size ............................................................................................................................ 16
3.6 Sources of data ....................................................................................................................... 16
3.7 Methods of data collection .................................................................................................... 16
3.8 Tools of data collection ......................................................................................................... 17
3.9 Data processing and presentation .......................................................................................... 17
3.10 Limitations of the study ........................................................................................................ 18

CHAPTER FOUR ...................................................................................................................... 19
DATA PRESENTATION, ANALYSIS AND INTERPRETATION .................................................... 19
4.1 Introduction ............................................................................................................................ 19
4.2 General information ............................................................................................................. 19
4.3 General information on the causes of abortion among the students of Makerere University. ................................................................................................................................. 22
4.4 Impacts of abortion .............................................................................................................. 26
4.5 Measures undertaken to address abortion ............................................................................ 31

CHAPTER FIVE ........................................................................................................................ 33
SUMMARY, CONCLUSION AND RECOMMENDATIONS ..................................................... 33
5.0 Introduction .......................................................................................................................... 33
5.1 Summary on the study findings ............................................................................................. 33
5.2 Conclusion........................................................................................................................................36
5.3 Recommendations ............................................................................................................................37
References ...............................................................................................................................................38
APPENDIX ...........................................................................................................................................40
RESEARCH QUESTIONNAIRE .............................................................................................................40
LIST OF FIGURES

Figure 1: Age bracket of the Respondents ................................................................. 19
Figure 2: Gender of the Respondents ........................................................................ 20
Figure 3: Marital status of the respondents ................................................................ 20
Figure 4: Levels of Education .................................................................................... 21
Figure 5: Are you aware of abortion .......................................................................... 22
Figure 6: Have you ever had abortion or your friend .................................................. 22
Figure 7: What caused the abortion ............................................................................ 23
Figure 8: Complications after abortion: ..................................................................... 26
Figure 9: Who helps the students with complication result from abortion ................... 26
Figure 10: Did you inform your parents or relatives about abortion? ......................... 27
Figure 11: Whom did you inform .................................................................................. 28
Figure 12: Who funded your abortion ......................................................................... 29
Figure 13: Have you ever lost a friend or relative through abortion ............................. 30
Figure 14: Who is to blame for the problem of abortion ............................................. 31
ABSTRACT
This study on the topic “The causes of abortion among students in high institutions of learning was carried out in Makerere University Kampala, District Uganda. It was based on four objective namely; to review literature about the different cause of abortion among students in high institutions of learning in developing countries, to identify the causes of abortion among students in Makerere University Kampala district, to describe the impacts of abortion among students in Makerere University Kampala district and to analyse the measure that can be undertaken to address abortion among students in Makerere University Kampala district.

The research was carried out in Makerere university to analyse the causes of abortion among students in higher institutions of learning. The researcher used descriptive research design to collect the data from the respondents. A sample size of 50 respondents were selected for the study which included the university youth students and medical personnel. A stratified random and purposive sampling technique was used to choose respondents and data was collected using a questionnaire and interview guide.

There are also impacts associated with abortion such as death, bleeding, headache, backache damage to the body organs, infertility and loss of weight. These impacts are made worse by the fact that abortion is an illegal activity that is carried and in isolated places, sometime carried out by un-trained people. The measures identified include counseling services especially to the students and massive sensitizations on the impacts that may result from abortion. Abstinence and use of contraceptives such as pills and condoms could also help them to overcome the problem of abortion. The government should enforce its strict laws as a way of curbing abortion practices among students in high institutions of learning.
CHAPTER ONE

1.0 Introduction

This chapter highlights on the background of the study, statement of the problem, the purpose of the study, research questions, scope of the study, as well as significance of this study.

1.1 Background of the study

Abortion is the termination of a pregnancy by the removal or expulsion of a fetus or embryo from the uterus resulting into death. Abortion can occur spontaneously due to the complications during pregnancy or can be induced in human and other species. There are two types of abortion in the context of human pregnancies that is to say induced abortion and spontaneous abortion.

An induced abortion is an abortion which is carried out in order to preserve the health of the gravida [pregnant female] and it is termed as a therapeutic abortion, any abortion that is induced for any other reason is termed as elective abortion.

Spontaneous abortion is commonly known as a miscarriage which is the expulsion of an embryo or fetus due to the accidental trauma or natural causes before approximately the 22nd week of gestation.

Between 10% and 50% of pregnancies end in clinically apparent miscarriages, depending upon the age and health of the pregnant woman. Most miscarriages occur very early in pregnancy; in most cases they occur so early in the pregnancy that the woman is not even aware.

According to world abortion statistics on abortion it is estimated that world wide figure to abortion is 36and 53 million abortion that are globally carried out.
Abortion has low risk of maternal mortality except for abortions performed unsafely, which result in 70,000 deaths and 5 million disabilities per year globally.

 Abortions are unsafe when performed by persons without proper skills or outside a medically safe environment. It’s estimated that 42 million abortions are performed annually with 20 million abortions done unsafely around the world.

 Abortion has a long history and has been induced by various methods including herbal abortifacients, the use of shaped tools, physical trauma and other traditional methods.

 World wide 54 countries allow abortion, which is 61% of the world’s population and 97 countries about 39% of the world population have abortion laws that make it illegal according to the pro-abortion centre for reproductive law and policy.

 Although HIV/AIDS is probably Uganda’s gravest public health issue, unintended pregnancy and unsafe abortion also rank high among serious health problems facing the country. Unplanned births are common and represent a growing population of birth-almost 40%. In 2000, compared with 29% in 195 with such high levels of unplanned child bearing, it is likely that abortion is becoming increasingly common in Uganda, even though national law permits abortion only to save woman’s life. Evidence from small scale studies suggests that abortion due to unwanted pregnancies is performed clandestinely in unsafe abortion leading to cases maternal death in Uganda.

 Pan Africa Medical Journal conducted a study in Adama University located 100 km south east of Addis Abbaba. According to the information obtained from the Registrar office of Adama university during the study, Adama had a total population of 11788 students during the academic year of 2008-2009 of which 3,206 [27.2%] were females. A total of 660 students were involved in the study and nearly one third of, 194 [29.4] respondents were sexually
active and out of which 37 [19%] started sexual activity before the age of 15 years and 144 [74.2%] started sexual activity between 15 and 19 years of age.

Sixty three [32.5%] of the previously sexually active girls and 9.5% of all girls had been pregnant at least once. Majority of the pregnancies occurred between 15 and 19 years of age and most of them unintended [92%]. Forgetting to take contraceptives [41.4%], rape [18.96%] and contraception failure [13.8%] were the main reasons for unintended pregnancies. The majority abortion [84.5%] culminated induced abortion; the reasons for termination of the pregnancy were fear of interrupting schooling [67.3] and fear of family and community [32.7%]. A considerable proportion of induced abortions were performed by untrained persons [55.1%] and some [30.6%] were trained personnel at clinics. Therefore the researcher carried out this study to analyse the causes of abortion among students in higher institutions of learning.

1.2 Statement of the problem

Many youth ranging from the age of 12-25 years involve themselves into unprotected sex and they are surfaced with unintended pregnancies that are not opted for and this forces them to carry out abortion. Despite the fact that the government of Uganda in collaboration with the civil society organisations (NGOS) participation in activities such as sensitisations, on the use of contraceptives, talk shows on televisions and radios and creating awareness on behavioural change, abortion cases are still occurring among university students in higher institutions of learning. Therefore the researcher analysed the causes of abortion among university students in higher institutions of learning.
1.3 The purpose of the study

The purpose of the study was to analyse the causes of abortion among students in higher institutions of learning.

1.4 The objectives of the study

1. To review literature about the different causes of abortion among students in high institutions of learning in Africa.

2. To identify the causes of abortion among students in Makerere University Kampala district.

3. To describe the impacts of abortion among students in Makerere University Kampala district.

4. To analyse the measures that can be undertaken to address abortion among students in Makerere University Kampala district.

1.5 Research questions

1. What literature is available about the different causes of abortion among students in high institutions of learning?

2. What are the causes of abortion among students in Makerere University Kampala district?

3. What are the impacts of abortion among the students in Makerere University Kampala district?

4. What measures can be undertaken to address abortion among students in Makerere University Kampala district?
1.6 The scope of the study

This study was conducted in only one higher institution of learning Makerere University Kampala district and concentrated on information from 1990-2011 and it took a duration of two month. The study analysed the causes of abortion among students in Makerere University.

1.7 The significance of the study

- To me as a researcher, this study helped me to broaden my knowledge and skills in analysing the causes of abortion and developing strategies to address them.
- This research will act as reference by other scholars in analysing the causes abortion among students in higher institutions of learning.
- To the general public it will enable them in designing policies that will curb abortion practices among students in high institutions of learning.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
Over fifty documents were reviewed. The documents were reviewed from agencies, libraries medline AIDs line and poplines health journals. For this task, we limited the review for those studies done from 1990-2011. The review was categorized along the following themes definition and classification of abortion, causes of abortion among students in high institutions of learning, what are the impacts of abortion to the students, measures being taken to address the issue of abortion and lastly the emerging gaps in the existing literature about abortion among students.

2.1 Definition and classification of abortion
Abortion is the loss of a non-viable pregnancy which occurs before 28 weeks of amenorrhea. It can be spontaneous or induced (Lewus and Chamberline, 1993). There are types of abortion which include; threatened abortion characterized by slight bleeding in pregnancy and a close cervix, inevitable abortion in which the products of conception have become detached and nothing can prevent their eventual expulsion, incomplete in which all products of conception have been expelled.
Septic abortion is one which has been complicated by infection of the genital tract as a result of the abortion and missed abortion in which the fetus does in the uterus (Basket, 1999). Unsafe abortion is defined as procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards or both (WHO, Kinati et al, 1994) where contraception and legalized induced abortion are freely available, clinical recognizable spontaneous abortion complicates about
16% of pregnancies. The vast majorities of these spontaneous abortions occur before 12 weeks of amenorrhea with ultra sound evidence of abgating fetal heart (Lawson et al, 1994). Spontaneous abortion usually presents clinically vaginal bleeding and colicky uterine pain. Induced abortion, particularly using illegal methods, may present in the same way as spontaneous abortion. The fact that interference has taken place is unlikely to figure in the woman’s history. For this reason in countries where abortion is illegal, a large number of apparently spontaneous abortion may in fact be the result of illegal interference. It has been suggested that the phenomenon might be responsible for up to 50% of cases.

2.2 Causes of abortion among the youth in developing countries

2.2.1 Rampant poverty among adolescents

A study by Kolukiko and Ampaire (1997) revealed that rampant poverty among adolescents makes it difficult for them to afford some basic needs and also buying condoms in order to avoid having unprotected sex. Poverty is one of the leading problems particularly among the girls. Some of these girls who get involved in sex at an early age is because some have low financial support from their parents and guardians. Parents might not satisfy their daughter’s financial needs which force their daughters to go out and expose themselves to risks of unprotected sex. In other instances some girls would even fail to attend school due to lack of what to wear and sanitary towels to use during menstruation. Search for support by girls could result into early and unwanted pregnancies and the end result would be abortion. More still, a study by Busulwa and Neema (1999) on the economic needs and vulnerability of female adolescents to abortion through injection in Mubende district revealed that pocket money or cash followed by expensive dresses were the most tempting moment the groups of adolescents. Parents seemed to look less favourable to the needs of girls who were in and out of
schools 70.3% of adolescents indicated that cash was the most common means of reward for sex resulting into unwanted pregnancies hence abortion.

### 2.2.2 Peer pressure influence

Studies done by Neema et al (2000) revealed that peer pressure, early school dropout and engaging in unprotected sex because of lack of condoms and lack of knowledge on the proper use as well as belief that condoms are unsafe. That also the peer pressure is a significant force making youth engage in early and unprotected sex. Adolescents engage in unprotected sex because their friends are doing it. Peer pressure motivates many adolescents to imitate sexual activities due to the bad groups they associate with and hence early pregnancies due to early sex resulting into unwanted pregnancies and the result is abortion among students in higher institutions of learning.

### 2.2.3 Age discrepancy relationship

According to the conservative lobbying organization (Family Research Council) studies in the US indicate that age discrepancy in relationships that is between the teenage girls and men who impregnate them is an important contributing factor. Teenage girls in relationship with older boys and in particular with adult men, are more likely to become pregnant than teenage girls in relationship with boys of their own age. They are also more likely to carry the baby rather than have an abortion. A review of California’s 1990 viral statistics found that men older than high school age fathered 77 percent of all births to high school aged girls (ages 16-18) and 51 percent of births to junior high school aged girls (15 and younger). Men over age 23 fathered twice as many children of teenage mothers than boys under age 18 and men over age 20 fathered five time as many children of junior high school age than resorting to abortion. But also studies show that tendencies/phenomenon of sugar daddies is still
prevalent. Older men are persistently enticing young girls to go into sex for favours/gifts/money. This problem has been exacerbated by abortion where more men are seeking adolescent girls in attempt to avoid contact with HIV and as a result they are also not willing to father their children because in most cases such pregnancies are never wanted and they instead go for abortion of such pregnancies.

2.2.4 Lack of knowledge or access to methods of contraception

Adolescents may lack knowledge/access to conventional methods of preventing pregnancy as they may be too embarrassed or frightened to seek such information. Contraception for teenagers presents a huge challenge for the clinician. In the United States of America, according to the 2002 National Survey of family growth, sexually active adolescents women wishing to avoid pregnancy were less likely than those of other ages to use contraceptives (18% of 15-19 year old used no contraceptives versus 10.7% average of women age 15 to 44). More than 80% of teen pregnancies are unintended, over half of unintended pregnancies were to women not using contraceptives and most of the rest are due to inconsistence or incorrect use. 23% of sexually active young women in 1996 seventeen magazine poll admitted to having had unprotected sex with a partner who did not use a condom. While 70% of girls in a 1997 parade poll claimed it was embarrassing to buy birth control or request information from a doctor.

2.2.5 Early marriage and traditional gender roles

In some societies, early marriage and traditional gender roles are important factors in the rate of teenage pregnancy which has been major cause of abortion among the youth in higher institutions of learning. For example in some sub-Saharan African countries early pregnancy is often seen as blessing because it is proof of the young woman’s fertility. In Uganda
according to Turyasingura (1996), most of the social mechanism operates in the principle of cutting off girls options and opportunities right from birth. Male children compared to female are accorded higher value. Uganda adolescents are living in a time of socio-cultural transition where traditional practices that formerly limited adolescents sexual experience are breaking down, traditionally, in a number of ethnic groups in Uganda, an aunt discussed matters related sexuality with adolescent females (Kirumira, 1988) and males were educated by community elders and currently very few parents talk to their adolescents about sexuality and they instead rely on their peers for information and lack of parental guidance to adolescents today is one of the possible causes of early marriages and the associated problems of abortion.

2.3 What are the impacts of abortion on youth in developing countries?

There are different social, health and psychological impacts of abortion to the youth in higher institutions of learning in developing countries and these include the following.

2.3.1 Maternal death and morbidity

Unsafe abortion is a major problem in Uganda contributing to about 22% of maternal deaths and many more morbidity it is mostly done by unmarried young girls who because of economic and social reasons resort to illegal services (Ministry of Health 1999). Due to adolescents’ low perception of the risks of unprotected sex, studies have shown that adolescents are at risk of complications of unsafe abortion. Approximately 15% of female youth who had ever been pregnant had terminated pregnancy (Agyei 1992). A study done by FPAU in Mbarara in 1997 revealed that most adolescents (82%) knew of a girl reported mainly to be performed using local methods (36.3%) such as taking herbs, tea leaves and drugs such as aspirin 23% by the medical health workers.
High rates of maternal mortality and morbidity have been associated with high rates of induced abortion. Increased school dropout, violence and expulsion from home (Mirembe 1993). Pupils in KAMULIBWA claimed to make frequent use of abortion to terminate unwanted pregnancies and girls adolescents sexual relationship (Kamali et al 1997).

2.3.2 Poverty

Poverty is associated with increased rates of teenage pregnancy which has been the cause of abortion. Economically poor countries such as Niger and Bangladesh have for more teenage mothers compared with economically rich countries such as Switzerland and Japan where the birth rates and abortion they are relatively low.

In the UK, around half of all pregnancies to under 18s are concentrated among the 30% most deprived population with only 14% occurring among the 30% least deprived in Italy, the teenage birth rate in the well off central regions is only 3.3 per 1,000 while the poorer mezzogiono it is 10.0 per 1000. Sociologist Mike A. Males noted teenage birth rates closely mapped poverty rates in California.

Teen pregnancy cost the United States over $9.1 billion in 2004

<table>
<thead>
<tr>
<th>Country</th>
<th>Poverty rate</th>
<th>Birth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin country</td>
<td>3%</td>
<td>3</td>
</tr>
<tr>
<td>Tulare country (Caucasians)</td>
<td>18%</td>
<td>50</td>
</tr>
<tr>
<td>Tulare country (Hispanics)</td>
<td>40%</td>
<td>100</td>
</tr>
</tbody>
</table>

There is little evidence to support the common belief that teenage mothers become pregnant to get benefits, welfare and council housing. Most knew little about housing financial aid before they got pregnant and what they knew often turned out to be wrong.
2.4 Measures being taken to address abortion among the youth in developing countries

The department of health and human services is committed to continuing efforts to present out of wed-lock pregnancies and encourage adolescents to remain abstinent. President Bush and Secretary Thompson are committed to promoting abstinence education programs. The president Bush’s budget for fiscal 2003 provide an additional 33 million in funding for abstinence education fulfilling the presidents promise to increase abstinence funding to $135m.

2.4.2 Media influence

According to [www.lime.com](http://www.lime.com) “teens exposed to the most sexual content on TV are twice as likely as teens watching less as this material to become pregnant before they reach age 20. A study conducted in 2006 found that adolescents who were more exposed to sexuality in the media were also more likely to engage in sexual activity themselves.

2.4.3 Condom use

Condom use as a barrier method against unwanted pregnancies and STIs including HIV has increased steadily among young people in Uganda (Ndyanabangi et al 1998; Assimwe Okiror, 1997, MOH/STD, 1999). A study by Ayiga et al (2000) revealed that knowledge of condom was high (over 80%) among adolescents in Tororo. Its use has also increased with over 60% of adolescents using condom (Ayiga 2000). They asserted that the use of condom during adolescents this will help in controlling unwanted pregnancies which are the major cause of abortion among the youth in higher institution of learning.
2.4.4 Reducing abortion through moral enforcement

In away, threat of legal punishments is required to create or maintain in the voluntary practices of mortality 34 Hart, H.L.A. Law, liberty and morality. Oxford, Oxford University press, 1962 P.54.

Justifying the enforcement of morality by society Hart H.L.A asserts that “…a society morality us necessary for its existence…any immoral act”.

2.4.5 Reducing abortion through legalization of abortion

Some people in Uganda are urging that the best way to eliminate criminal abortion is to legalize it. That is allowing its practice for any body who wishes it. The legalization should consist of a free supply of contraceptives, allowing students to consult medical doctors to procure abortion, making abortion a right for women, improving on the methods of abortion and opening up clinics for abortion.

They have pointed and that legalizing abortion would reduce the traditional methods of procuring abortion which is dangerous. It allows students to continue with their studies without wanting to give birth and legalizing abortion is one way through which illiteracy among women can be reduced since girls dropout from school early after conceiving (Fraken, William; Opcit, P.114).

2.5 Emerging gaps

It's not clear in the studies whether the policy makers were also involved or made aware of the studies so that the recommendation be considered where applicable.
There was minimal focus on drugs and substance abuse among the youth that impacts on their sexual reproductive health.

Most studies done in Uganda for example where mainly done in central (Kampala, Mpigi and Masaka) west, East and South, the north and north east were rarely researched this was done globally in more developed countries and less research was done in less developed countries.

There was also minimal focus on the youth different circumstances that is conflict areas because in such cases the youth are more vulnerable to rape, defilement that may result into unwanted pregnancies resulting into abortion.
CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the methodology that was used in the collection of data analysis and presentation of the findings. It describes the research design, study population, sampling design, sample size, sources of data, data collection methods, tools of data collection and data processing.

3.2 Research design

In order to collect much information on the causes of abortion among the youth, the study used descriptive research design basing on both qualitative and quantitative designs in order to have in-depth examination of peoples view, shaping the opinions and perceptions as well as quantifying the findings from the study.

3.3 Area of study

The study was carried out in Makerere University, Kampala district and it comprised of the students and the medical personnels as the key informants.

3.4 Sampling design

The study employed both random and non-random methods of sampling. This is because random sampling technique helped in selecting subjects from the population by giving them an equal chance of being selected and non random sampling helped in identifying information.
3.5 Sample size

The study considered only a total population of 50 respondents and in this case, 40 students and 10 medical personnel were considered from Makerere University.

3.6 Sources of data

The researcher used two sources of data; primary and secondary sources of data.

3.6.1 Primary data

Refers to the raw data collected from the field under the problem of study. This data was collected by use of questionnaires and interview guide.

3.6.2 Secondary data

The researcher is to use the documents already existing for data collection. The data was obtained from related literature from the hospital records, ministry of health records and other publications.

3.7 Methods of data collection

The study combined both qualitative and quantitative data collection methods. It used three methods and these included a questionnaire, interview and document review.

3.7.1 Questionnaire

It mainly collected quantitative data and it comprised of structured and semi-structured questions that are in series defined by the researcher.

3.7.2 Interview

This is the interviewing method that allows the researcher to ask questions directly from the respondents. It collected qualitative data. The interview supplemented the questionnaire in order to get adequate data.
3.7.3 Documentary review

This method involved use of already existing published and unpublished materials in the libraries and organization reports, and records to obtain a clear view of the study phenomenon on which the study was based.

3.8 Tools of data collection

3.8.1 Questionnaire

The questionnaire tool comprised of open-ended and closed ended questions. The open-ended questions were the questions that invited the respondents to choose from provided alternatives. The questionnaire was self administered.

3.8.2 Interview guide

The study employed the interviewing instrument because this instrument allowed the researcher to clarify items on the spot by repeating and rephrasing questions that seemed not clear to respondents. It will be a personal interview of face to face interaction with the respondents.

3.9 Data processing and presentation

3.9.1 Data processing

After the collection of data, the researcher studied the raw data and organized it into meaningful information. It involved data sorting, coding, classifying and tabulating to make sure that the collected data was consistent, accurate and reliable before the data was entered for analysis.

3.9.2 Data analysis

This was done to establish the relationship and differences in the data by computing frequencies such as mean, made a median and percentage in the analysis of quantitative data.
In the analysis of qualitative data methods like thematic analysis which involved highlighting, cut and paste data analysis grid methods, were used. Content analysis method employed methods like pragmatic analysis, semantically and single vehicle analysis still in the analysis of qualitative data. The analysis of data was based on the specific objectives of the study.

3.9.3 Data presentation

The data was presented in form of pie charts and bar graphs with frequencies and percentages for classifications of responses, easier analysis and visual impression.

3.10 Limitations of the study

1. The time available for this research was not adequate especially given the number of respondents who might be busy and therefore unable to respond in time.

2. The researcher found it hard for the respondents to reveal the information.

3. Research was tiresome and expensive because it needs funds for field work, processing data and photocopying.
CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION.

4.1 Introduction

This chapter, the researcher endeavoured to assess the data collected in respect to the causes of abortion, its impacts to the students and the measures undertaken to address abortion among students in Makerere University Kampala district. The data was analysed basing on the information got from the respondents through filling in questionaires and data collected from the personal interveiws that were conducted during data collection.

Data is analysed basing on the objectives of the study however the analysis begins with the general information of the respondents.

4.2 General information

Figure 1: Age bracket of the Respondents

![Age Bracket of Respondents](image)

Source : Primary Data.

The findings from figure1 above indicate that most of the respondents were between the age bracket of 25-29 which is represented by 60%, and 30% of the respondents were between the age bracket of 30-35 whereas respondents between the age bracket of 18-24 are represented by only 10%.
Figure 2: Gender of the Respondents

[Diagram showing gender distribution with 60% female and 40% male]

Source: Primary Data.

The findings from figure 2 above show that majority of the respondents were female youth accounting for 60%, and 40% of the respondents were male youth. This is because female youth are the most vulnerable to abortion and have wide knowledge and experience compared to male youth.

Figure 3: Marital status of the respondents.

[Diagram showing marital status distribution with 60% single, 20% engaged, 8% divorced, and 12% married]

Source Primary Data:

The findings from figure 3 indicate that the engaged respondents comprised of 20% within the age bracket of 25-29 accounting for a total of 10 were 6 female youth and 4 were male youth, the single accounted for 60% in a age bracket of 18-24 making a total of 20 of which 15
female youth and 5 were male youth, the married accounted for 12% under the age bracket of 25-29 making a total of 10 of which 6 were female youth and 4 were male youth, the divorced accounted for 8% within the age bracket of 30-35 making a total of 8 of which 7 were female and 1 male.

**Figure 4: Levels of Education**

![Pie chart showing levels of education: 70% degree holders, 26% pursuing diploma courses, 4% certificate level.]

**Source Primary Data:**

The findings from the study in figure 4 showed that most of the respondents were degree holders or they were pursuing degrees since the study was carried out in Makerere University and was represented by 70%, whereas 26% of the respondents were pursuing diploma courses within the university and 4% of the respondents were on a certificate level.
Figure 5: Are you aware of abortion.

Source Primary Data:

Findings on awareness, majority (80%) of the respondents were in the age bracket of 18-24 and 25-29 with a total of 40 respondents of which 30 were female and 10 were male and those who were not aware of abortion were in the age bracket of 30-35 with a total of 10 respondents of which 6 were male and only 4 were female.

4.3: General information on the causes of abortion among the students of Makerere university.

Figure 6: Have you ever had abortion or your friend

Source Primary Data:
Data from the study indicated that majority (70%) of the respondents had never had abortion and neither of their friends and 30% admitted that they have ever had abortion or their friends of which 15 were female and 5 were male. Majority were females because some time the male are not informed of the pregnancy. However, there is a possibility that among the 70%, some have ever aborted but did not want to reveal the truth.

**Figure 7: What caused the abortion**

Findings in figure 7 show that school demands (40%) such as necessities like pads, books, clothes mostly female youth in age bracket of 18-24 followed by peer pressure and medical (20%) influenced by their peers to abort and also medical personnel play a big role in the age bracket of 25-29, home pressure (16%) from parents and relatives to abort in the age bracket of 30-35 and then other factors (4%). School demands emerged the major cause of abortion because mainly female youth like luxurious and expensive things, and yet have a financial problem, hence engaging into unprotected sex. These findings are in agreement with studies by Kolukiko and Ampaire (1997) who report that rampant poverty among adolescents makes it difficult for them to afford some basic needs.
Findings on causes of abortion among students:

Religious factors is one of the factors that causes abortion among students in most cases students abort due to religious ties on their religion take for instance the seventhday adventist donot allow to have sex before marriage and with this a student may opt to abort as a way of relieving herself from such a problem.

The aspect of fear and shame by their friends also causes abortion among the students some students abort because they fear their fellow peers, relatives and friends seeing them when they are pregnant yet they are still undergoing education system and this drives them into abortion.

The findings also indicated that some students abort due to education factors such as having low concetrations on their studies, fear of missing their exams in most cases when the days of delivery concides with examinations and with this they asserted that it interrupts their studies and this gives them a mind of aborting.

The findings also indicated that immorality among the students also causes abortion among them and this was explained by saying that some students are just rousy and do not want to take responsibility of early child bearing and rearing because they just want to enjoy their lives and getting chances of acquiring many boy friends and lovers.

The findings also indicated that some students abort because they want to end unwanted pregnancies. Some students abort because they engage themselves into unprotected sex with sugar daddies due to financial crisis and this results into unwanted pregnancies and STIs that are not opted for and as a result they resort to abortion. This finding is in line with studies by
Kolukiko and Ampaire (1997) who report that rampant poverty among adolescents makes it difficult for them to afford some basic needs.

The findings also indicated that some students are incapable of supporting and caring for the child in terms of needs such as clothing, medical and financial support and this forces the students to abort.

The findings also indicated that a student may abort when the pregnancy results from rape. They asserted that one may not carry the pregnancy for the person whom she does not want or love and because of this she resorts to abortion as a way of solving the problem.

The findings also indicated that disappointments by their boyfriends such as denying the pregnancy, refusing to take responsibility for the pregnancy such as helping them to access antenatal services for the good health of the baby also forces them to abort.

The findings also indicated that some youth resort to abortion because they fear huge responsibility ahead. Some youth abort because they do not want to take full responsibility of taking care of the child in most cases when the child is ill.
4.4 Impacts of abortion

Figure 8: Complications after abortion:

Source Primary Data:
The findings from the figure above indicate that majority of the respondents 60% admitted that they had got complications after abortion and some of these complications included excessive bleeding, headache, backache and as a result these complications some respondents said that they had lost their friends and relatives as a result of abortion. Whereas 40% of the respondents said that they had never got any complication neither their friends.

Figure 9: Who helps the students with complication result from abortion.

Source Primary Data:
The data collected indicated that most of the respondents 50% were helped by the doctors in times when they had the complications still studies indicated that even if they were not helped by the doctors to abort but when it came to some complications result from abortion they were instead helped by the doctors. Studies also indicated that 20% of the respondents they were helped by the nurses, 6% were helped by their relatives and other respondents that is 24% said that they were helped by the neighbors and others by local herbalists and friends.

Figure 10: Did you inform your parents or relatives about abortion?

Source Primary Data:

The finding from the study indicated that majority of the respondents that is 71% didnot inform their relatives nor their parents when they had abortion, 29% informed their parents and their relatives when they had abortion.
Figure 11: whom did you inform

Source Primary Data:

The findings from the study indicated that majority of the respondents 25% informed their mothers, 4% informed their fathers, 6% informed both the mother and the father, 5% informed their relatives for example the aunts and 10% of the respondents informed their closest friends.

4.4.4 Why did you inform that particular friend, parent or relative.

The 25% of the respondents said that they informed their mothers because their mothers can adhere with their situations and they have a more parental heart compared to the fathers that the fathers they are not approachable as the mothers they are. 4% of the respondents informed their fathers because they are more close to them and feel more comfortable to reveal their information to their fathers than mothers 6% of the respondents informed both parents because for them they thought that if they inform both it will be like giving both the parents respect and getting the sympathy and comfort from both of them. 5% informed their other relatives because of the fear that they will be tormented by their parents and10% informed their close friend as away of seeking advice on how they can go about the problem.
Source Primary Data:

The findings from the study indicated that majority 56% of the respondents abortion was funded by their boyfriends 20% the abortion was funded by their relatives, 16% the abortion was funded by their friends and 8% was funded by their mothers.

4.4.6 Findings on the impacts of abortion among students

The data from the study indicated that there are so many impacts associated with abortion and among these they included infertility was mentioned as an impact after the uterus is removed a person becomes infertile and this hinders the person from producing children.

Also over bleeding was mentioned as an impact that when the fetus is removed from the womb it results into excessive bleeding and due to this, it results into complications such as headache, loss of blood and apparently into death. More to this, death was mentioned as an impact that results from excessive bleeding as a complication.

Breaking of relationships thus was explained by saying that when the boy friend wanted the pregnancy and the female youth resorted to abortion, it creates a sense of confusion and
misunderstanding between the couple which result into conflict between the two thus separates.

Abortion also creates family that the parents of both sides that is the male and the female youth may end up not co-operating together and thus creates poor family relationshop between the two families.

Abortion also leads to loss of weight and this was explained by saying that due to excessive bleeding and tension it results onto over thinking that can make your body become slim.

**Figure 13: Have you ever lost a friend or relative through abortion**

![Pie chart showing 70% Yes and 30% No]

**Source Primary Data:**

The data from the study indicated that majority (70%) of the respondents had lost their friend or relative as a result of abortion, 30% had never lost a friend nor a relative as a result of abortion.
4.5 Measures undertaken to address abortion.

Figure 14: who is to blame for the problem of abortion.

Source Primary Data:

The findings from the study indicated that the government of Uganda should take the highest blame for the increasing number of abortion among the students in the higher institutions of learning and its represented by 20%, 14% representing the families for being responsible for the problem of abortion this because that the families have failed to educate their children on behaviour change and sexual behaviours. 9% of the respondents said that private clinics who have failed to comply with the laws since abortion is illegal in Uganda. 4% of the respondents identified other factors for example the increasing number of local herbalist who carry out abortion as a job, they also identified peers that pressurizes their fellow students to carry out abortion.

4.5.2 Measures being undertaken to address abortion

According to the respondents family planning should be emphasized among the youth for example like the use of contraceptives that is condoms, use of moonbeads, pills. It should not only be for married couples and general sensitization should be carried in higher institutions of learning by both the government parastals and non-government organisation.
The government should reinforce its laws to overcome the problem of abortion among students by setting up strict laws on abortion practices. No abortion should be carried out by non-trained personnel. With this, it should only be done when the life of the mother of the baby is in danger if she tries to produce. And the government should further finance programmes especially in schools to make the students aware of the dangers of abortion.

Institutions should sensitize girls about the dangers of early pregnancy and the impacts of abortion in their lives. The institutions should further put up strict laws to avoid abortion since it is illegal, and the NGO as well as donors should invest in public awareness.

Parents as well as relatives should play a big part in educating their children more about behavioural change and sexual education so that the youth can grow with some knowledge so that they can grow up in an accepted manner.
CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter consists of the summary of the research report, recommendations made by both the respondents and the researcher. The study was discussed in relation to the objectives and the recommendations were based on the findings revealed by the study.

5.1 Summary on the study findings

The findings indicated that most of the respondents were between the age bracket of 25-29 which is presented by 60% and 30% of the respondents were between the age bracket of 30-35 and also 10% of the respondents were in the age bracket of 18-24.

Majority of the respondents were female youths accounting for 60% and 40% were male youth because the study sought experience of those who have ever aborted. And the female youth are most affected by abortion and have wide knowledge and experience on abortion compared to male youth. Most of the respondents interviewed were singles represented by 60% the married respondents consisted of 20% whereas the divorced accounted for 8% and the engaged comprised of 12% implying that most of the youth have ever been in relationships.

The data on access to medication indicated that majority visit private clinics for assistance as a way of dealing out with unwanted pregnancies for abortion practices, followed by herbalists, neighbours, relatives among others.
5.1.1 Causes of abortion among students in high institutions of learning

The findings of the study indicate that rampant poverty among adolescents is the major cause of abortion. According to a study by Kolukiko and Ampaire (1997) revealed that rampant poverty among adolescents makes it difficult for them to afford some basic needs and also buying condoms in order to avoid having unprotected sex. Poverty is one of the leading problems particularly among the girls. Some of those girls who get involved in sex at an early age is because some have low financial support from their parents and guardians. Parents might not satisfy their daughters financial needs which force their daughters to go out and expose themselves to risks of unprotected sex. In other instances some girls would even fail to attend school due to lack of what to put on (clothes) and sanitary towels to use during menstruation. Search for support by girls could result into early and unwanted pregnancies and the end result could be abortion.

The findings of the study also agrees with Neema et al (2000) studies which revealed that peer pressure, early school drop out and engaging in unprotected sex because of lack of condoms and lack of knowledge on the proper use as well as belief that condoms are unsafe. That also the peer pressure is a significant force making youth engage in early and unprotected sex. Adolescents engage in unprotected sex because their friends are doing it. Peer pressure motivating many adolescents to initiate sexual activities due to the bad groups they associate with and hence early pregnancies due to early sex resulting into unwanted pregnancies thus abortion.

The findings from the study disagree with (Family research council) studies that was carried out in US which indicated that age discrepancy in relationships that is between the teenage girls and men who impregnant them is an important contributing factor. Teenage girls in
relationship with elder boys in particular with adult men, are more likely to become pregnant than teenage girls in relationship with boys of their own age. They are more likely to carry the baby rather than have an abortion.

A review of California’s 1990 viral statistics found that men elder than high school than high school age fathered 77 percent of all births to high school aged girls (ages 16-18) and 51 percent of births to junior high school aged girls (15 and younger). Men over age 23 fathered twice as many children of teenage mothers than boys under age 18 and men over age 20 fathered five times as many children of junior high school age than resoluting to abortion. The findings also agrees with the study carried out by (family research council) which shows that tendencies/phenomenon of sugar daddies is still prevalent. Older men are persistently enticing young girls to have sex for favors/gifts/money. This problem has been exacerbated by abortion where more men are seeking adolescent girls in attempt to avoid contact with HIV/AIDS and as a result they are also not willing to father their children because in most cases such pregnancy are never wanted and they instead go for abortion of such pregnancies.

5.1.2 The impacts of abortion among students in high institutions of learning.

The findings of the study agrees with (Ministry of Health 1999) that unsafe abortion is a major problem in Uganda contributing to about 22% of maternal death and morbidity is mostly done by unmarried girls because of the economic and social reasons which make them to resort to illegal services. Due to adolescents low perception of the risks of unprotected sex, studies show that adolescents at risk of complications of unsafe abortion. Approximately 15% of female youth who had ever been pregnant had terminated pregnancy (Ayyei 1992).
The findings also agrees with a study done by FPAU in Mbarara in 1997 which revealed that most adolescents (82%) knew how to use local methods (36.3%) such as taking herbs, tea leaves and drugs such as aspirins 23% by the medical health workers. High rates of maternal mortality and morbidity have been associated with high rates of induced abortion. Increased school dropout, violence and expulsion from home (Murembe 1993) pupils in Kyamulibwa claimed to make frequent use of abortion on to terminate unwanted pregnancies and girls adolescents sexual relationship (Kamuli et al 1997).

5.1.3 Measures to address abortion among students in high institutions of learning

According to the respondents view, family planning should be emphasized among the youth. It should not only be for married couples. Abstinence, use of condoms and massive sensitization through programmes, talk shows to the public about the impacts of abortion and it should be done by the government and other civil society organizations (CSV).

The respondents also proposed that the government should put up very strict laws to curb abortion, no abortions should be carried out by non trained persons and if found they should be arrested. Institutions should ensure that girls are sensitized carefully about abortion and its complications as well as pregnancy. They should further emphasise strict laws in order to avoid abortion.

5.2 Conclusion

Study findings indicate that a number of youth in Uganda institutions end up carrying out abortion in clinics, hospitals and some use local herbs. There are complaints about the effects of abortion. The cause of abortion is explained by so many factors which include peer pressure, school demands and also there are complaints about the effects of abortion which
included over bleeding, headache, backache, breakage of relationships, loss of weight and the end result is death. Therefore it was concluded by giving the following measures such as public massive campaigns through counseling and enforcement of strict laws. Use of family planning methods among others.

5.3 Recommendations

The researcher proposes the following recommendations to be put into practice.

The government and non-government civil organizations should take action and part in providing free counseling services to the youth and also giving the youth guidelines on how to handle the problem if at all it happens instead of aborting.

The government should enforce its laws against abortion practices in different institutions of learning since it’s illegal in Uganda.

More massive sensitizations through public awareness campaigns on the use of contraceptives should be put into practice and putting in place youth friendly services so that the youth have exposure and wide knowledge on the impacts of abortion to their lives.

Religious leaders should intervene in preaching against abortion practices since it’s a sin before God.

Also the institutions should put strict laws against abortion so that the youth can fear to carry out abortion.
References


IPPF “control of abortion” The New Vision, June 25, 1993:15


Kimanje, Peter, *Abortion laws and the rights of the un born child in Uganda.*


Locoh, Therese (2000). “*Early Marriage and Motherhood in Sub-Saharan Africa.*”


Mirembe, F.M.A. (1992). *Hospital based descriptive study of morbidity and mortality related to induced abortion in three Kampala hospitals*, Makerere University, p.26

Mirembe, Florence M and Okong, Pius a hospital based descriptive study of morbidity and mortality related to induced abortion in three Kampala hospitals.


APPENDIX

RESEARCH QUESTIONNAIRE

THE CAUSES OF ABORTION AMONG STUDENTS IN HIGH INSTITUTIONS OF LEARNING MAKERERE UNIVERSITY KAMPALA DISTRICT

Dear Respondent

I am Nalutaaya Catherine, student of Adult and Extra Mural studies Makerere University, Year II conducting a study on the causes of abortion among students in Makerere University. The purpose of the study is purely academic and you have been selected to participate from your community.

Participation in this study is voluntary and all your answers will be strictly kept confidential.

SECTION A: General information

(Respond by ticking the appropriate response)

1. Age bracket
   - 18-24
   - 25-29
   - 30-35

2. Gender
   - Male
   - Female

3. Marital status
   - Single
   - Married
   - Engaged
   - Divorced

4. Level of education
   - Certificate
   - Diploma
   - Degree

5. Are you aware of abortion
   - Yes
   - No
b) If yes how did you get to know about it
........................................................................................................................................

c) What do you understand by abortion
........................................................................................................................................

SECTION B: Causes of abortion among students

6. Have you ever had abortion or your friend

   Yes ☐  No ☐

7. If yes, what caused the Abortion?

   a. School demands ☐
   b. Medical requirement ☐
   c. Home pressure ☐
   d. Peer pressure ☐
   e. Others (Specify) .................................

8. What method of abortion did you/she employ?

   a) Medical ☐
   b) Surgical ☐
   c) Local ☐

9. Who helped you to abort?

   a) Medical doctor ☐
   b) Neighbors/friend ☐
   c) Herbalist ☐
   d) Others (specify).................................................................

10. Explain what causes abortion among students

........................................................................................................................................
SECTION C: Impacts of Abortion among students

11. Did you get any complication?
   Yes ☐  No ☐

12. Which type of complication?
   a) Bleeding ☐
   b) Headache ☐
   c) Backache ☐
   d) Others (specify)……………………………………………………………………

13. Who helped you to overcome the impact(s).
   a) Doctor ☐
   b) Nurse ☐
   c) Neighbor ☐
   d) Others (specify)……………………………………………………………………

14. Did you inform your parents or relatives about it?
   Yes ☐  No ☐

15. If yes, whom did you inform?
   a) Mother ☐
   b) Father ☐
   c) Both ☐
   d) Others (specify)……………………………………………………………………

16. If not, why?
   ………………………………………………………………………………………………

……………………………………………………………………………………………

………………...56...………………...

42
17. Who funded the abortion?
   a) Boy friend
   b) Mother
   c) Relative
   d) Others
      (specify)

18. What are the impacts of abortion?

19. Have you ever lost a friend or relative through abortion?
   Yes  No

20. Which factors led to their death?

SECTION D: Measures undertaken to address abortion

21. Who is to blame for the problem of abortion?
   a) Weak law by the government
   b) Low public awareness
   c) Private clinics
   d) Others (specify)

22. Suggest possible measures to the problem of abortion.
23. What do you think the government can do to solve the problem of abortion?

24. How may donors/NGOs be helpful in solving the problem of abortion?

25. What should institutions do to reduce the problem of abortion?