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AN UPDATE ON THE ABORTION PROBLEM IN UKRAINE

Clinical and epidemiological studies were conducted in the women of reproductive age (WRA) population in order to find out the frequency and structure of artificial abortion (AA). The research was conducted in the industrial area. Kiev, which was chosen as such, which corresponds to a typical industrial region of Ukraine. A total of 1,000 WRA were surveyed in the industrial area of Kiev. To conduct clinical and epidemiological studies, a special program was created and the Questionnaire “Study of methods of contraception in women of fertile age in Ukraine” was developed. Clinical and epidemiological studies were of the nature of population, cohort, prospective studies. To find out how much the results are consistent with official statistics, we have been sent letters to government agencies of different levels to obtain official statistics, according to the indicators studied. Information was obtained from official sources regarding official statistics for 5 years (from 2009 to 2013, when there was no military action in the country and was not annexed by the Crimea). The conducted clinical and epidemiological and sociological studies have shown that in modern conditions, changes in reproductive health that are manifested by abortions (15.0 per 1,000 examined) are relevant. According to official statistics, the frequency of such changes in reproductive health, such as abortions in the structure of gynecological morbidity of the population of our country is quite high. The average number of abortions per 100 newborns alive, on average, over 5 years was 35.9. According to the polls conducted, the number of women who felt the support of the family (38.0 %) and did not have emotional support of the partner (35.2 %) was the highest, the values of these indicators compared with the trust in comrades and neighbors indicate a low level the socialization of women of fertile age undergoing or undergoing arthritic abortion procedure. A significant number of women interviewed noted abuse of their men by harmful habits in the form of tobacco smoking. More than half of the women who participated in the study felt psychological and physical tiredness, family conflicts and financial difficulties.

Key words: fertile aged women, artificial abortion, clinical and epidemiological studies, psycho-emotional state.

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Artificial abortion (AA) is one of the most important parameters that characterizes the state of reproductive health (RH) of women. According to WHO in some countries where the level of economic development is low, abortion is one of the main causes of maternal mortality [1, 2].

According to the Ministry of Health of Ukraine, and in our country, AA is one of the main factors determining the level of morbidity and mortality of women. Abortion nowadays remains the main method of birth control in our country. The most unfavorable is the tendency to increase the number of abortions in nulliparous women. So, for example, the frequency of artificial abortions in our country in 2011 was 23.71 % on every 100 pregnancies, and in total this year 156,193 abortions were done, and today these indicators have not changed much [3, 4, 5].

Despite the considerable efforts of the authorities of our country, doctors and the public, the problem of state of RH of the Ukrainian population remains the most urgent. The complexity of solving issues that make up this problem is due not only to the health status of our country and its RH component, but also to a significant number of risk factors that have an impact on the development of reproductive disorders [6]. Obstetricians-gynecologists of our country and abroad have now determined the main factors that have a direct impact on the development of violations of the state of women's RH [7, 8, 9, 10]. Among these factors, first of all, it is necessary to note inflammatory diseases of the genital organs (the frequency of which has increased by 1,3 times) and the recurrent miscarriage — (46,3 %) [11, 12].

AA is one of the frequent causes of gynecological diseases and a violation of the childbearing function. More than in 10 % women, and according to other data in 21.7 % of women that had surgical pregnancy termination the various gynecological diseases are developing [7, 8, 13]. The complications of surgical abortion may appear in the form of perforation of the uterus that occurs, according to various authors, in 0.01-1 % of cases [3, 7]. Perforation of the uterus can lead to damage to the large vessels of the uterus, injury to the septum, intestinal loops, bladder.

This operation is especially dangerous when it is performed on the background of inflammatory diseases of the genital organs of a woman and without a thorough examination and preparation for this intervention. The dissemination of septic infections after surgical abortion can develop as salpingo-oophoritis — in 3.5-5.7 % of cases, metroendometritis — in 1.7-3 %, parametritis in 1.34 % of cases, as well as metritis, pelvic peritonitis, thrombophlebitis of uterine veins and many others post-abortion infectious diseases. The frequency of all inflammatory complications after surgical abortion is 8.5-20 % [4].

The urgency of the problem of complications after abortion in Ukraine is particularly serious in connection with the decline in fertility [9,14]. The increase in the number of AA negatively affects demographic indicators, as it is an indicator of demographic reproductive losses, which is an adverse factor for the country's economic development [9, 14, 15]. For several decades, AA was the main method of birth control. The frequency of AA in our country remains higher in comparison with many countries, although the officially registered number of abortions has decreased, there is an unfavorable tendency to increase the number of AA in nulliparous women [9, 14, 16].

Official statistics do not always reflect the real amount of AA. This situation is due to the fact that this information is reliably provided to the statistical authorities only from public medical institutions. The commercial medical institutions that also provide this operation mostly either not filing at all or submitting in a reduced volume the information about surgical abortion rate.

The State Programs that were implemented in Ukraine and aimed at preserving the RH of our country's population were implemented, aimed at preventing unwanted pregnancy by introducing modern methods of contraception, family planning and abortion reduction. Of great importance is the question of postabrtion contraception and rehabilitation and treatment measures aimed at restoring health after surgical abortion and minimizing the complications that lead to violations of RH [9, 14, 15, 16, 17, 18]. Today, the problem of AA remains relevant for our country, that's why we conducted clinical and epidemiological, sociological and statistical studies to determine the current state of problem with abortion in Ukraine [19].

The aim of the study. To determine the current state of the abortion problem in Ukraine on the basis of clinical and epidemiological, sociological and statistical research.

Materials and methods of research. Clinical and epidemiological studies were conducted in the population of women of fertile age in order to determine the frequency and structure of AA. The research was conducted in the industrial district of Kyiv, which was selected as being representative of the typical industrial region of Ukraine. We examined 1,000 women of fertile age (WFA) residents of the industrial district of Kyiv. For the conduct of clinical and epidemiological research, a special program was created and the Questionnaire "Study of methods of contraception in women of fertile age in Ukraine" was developed. The questionnaires were distributed among WFA, residents of the industrial district of Kyiv.

Clinical and epidemiological studies were of population based, cohort, prospective studies. Determination of the population of WFA and individual work with each woman was conducted in accordance with existing methods of conducting clinical and epidemiological studies and adhering to the principles of bioethics.

All received information was entered in database and a further analysis of the research results was conducted. The statistical processing of the obtained results was carried out using generally accepted methods of statistical processing.

Information on the characteristics of the area was taken into account in the analysis of conducted clinical and epidemiological and social studies.

Research results. Clinical, statistical and sociological studies in the WFA population have allowed them to detect changes in RH, after having undergone AA and to identify risk factors.

To find out how much the results correspond to the official statistics, we were sent letters to government agencies of different levels to obtain official statistics, in terms of the indicators studied. Information was obtained from official sources on the official statistics for 5 years (from 2009 to 2013, when military activity was not observed in the country and the Crimea was not annexed). Among them were the State institution “Center of medical statistics of the Ministry of Health of Ukraine”, “State Statistics Service of Ukraine”, “Main Department of Statistics in Kyiv” and “Department of Health of the Kyiv City State Administration”, “City Scientific Information — analytical center of medical statistics”.

Among the many changes in RH, the AA indicators significantly affect its changes, we have more precisely defined these indicators than the other parameters that characterize the RH status of female residents of the industrial district of Kyiv (Table 1).

Table 1

Investigated parameters characterizing the state of reproductive health of women of fertile age, ascertained as a result of clinical and epidemiological studies abs., (%)

Parameter characterizing the state of reproductive health of women of fertile age	Parameters value (per 1,000 women)
Artificial abortions	15 (1.5)

The obtained data show that the average frequency of AA in WFA (per 1,000 women) in the industrial district of Kyiv was 14.5, and in Kyiv 14.1 (Table 2).

The highest rates of AA in WFA, residents of the industrial district of Kyiv were registered in 2009, and amounted to 15.8, and the lowest figure of 13.5 was

registered in 2011. The frequencies of AA in Kyiv from 2009 to 2013 tend to decrease from 15.6 — 2009 to 13.3 in 2013, however, as there is no significant decrease in this indicator in the industrial district of Kyiv.

Table 2

Frequency of artificial abortions in women of fertile age (per 1000 women) in the industrial district of Kyiv and in Kiev for 5 years (official statistics data)

Year	Industrial district of Kyiv	City of Kyiv
2009	15,8	15,6
2010	14,9	14,7
2011	13,5	14,0
2012	14,5	13,0
2013	14,0	13,3
The average for 5 years	14,5	14,1

The absolute rate of AA in the industrial district of Kyiv averages 1,358, and in Kyiv 11,128 (Table 3). At the same time, the number of WFA living in the industrial area over 5 years decreased from 97,272 women in 2009 to 82,520 women in 2013, while in Kyiv this figure slightly increased, respectively, by 773,296 women to 790,839 women. In absolute terms, there is a tendency to reduce the number of abortions in the industrial district of Kyiv from 1,540 in 2009, to 1,187 in 2013, and in Kyiv from 12,486 to 10,391.

Table 3

Frequency of artificial abortions in women of fertile age (per 1000 women) in the industrial district of Kyiv and in Kiev for 5 years (official statistics data)

Year	Industrial district of Kyiv	City of Kyiv	Indicator for 100 live births	
			industrial district of Kyiv	city of Kyiv
2009	1,540	12,486	39.4	38.3
2010	1,446	11,617	38.1	36.1
2011	1,313	11,019	35.8	34.5
2012	1,304	10,051	34.9	30.4
2013	1,187	10,391	31.3	31.0
The average for 5 years	1,358	11,128	35.9	34.06

Also, a more pronounced tendency to reduce the total number of abortions by all information and private institutions was observed in Ukraine as a whole and amounted to 194,845 abortions in 2009 and 147,736 abortions in 2013. Although the number of WFA in Ukraine has decreased somewhat, but not significantly (11,960,858 women in 2009 and 11,273,916 in 2013). According to official statistics in Ukraine, in 2009, 18,106,400 abortions were registered, and in 2013 there were 13,776 abortions). The average

abortion rate per 100 live births averaged over 35 years in 35 years, with the highest rate in 2009 (39.4) and the lowest in 2013 (31.3). In general, this figure did not differ sharply from that in Kyiv, where the average indicator was 24.06, while the highest and lowest indicators were also in 2009-2013 (respectively, 38.3 and 31.0).

An important factor in reducing the amount of AA is the effective use of women after the abortion of contraceptive methods. Women who use hormonal contraception and intrauterine devices (IUD) were observed in outpatient counseling units. Data from official statistics (Table 4) show that for 1,000 women, within 5 years, the number of women who have undergone AA and decided to use short and mid-term methods of hormonal contraception and IUD in the postabortion period was 411.2 on average, and in Kyiv — 312.8. Analyzing these data, it can be argued that the work on informing women of the use of contraceptive methods in postabortion period is better done by doctors obstetricians-gynecologists in the industrial district of Kyiv than in the whole of Kyiv.

Table 4
The number of women of fertile age who have had an artificial abortion and an observation for use of hormonal contraception and intrauterine device (per 1000 women) (official statistics for five years)

Year	Industrial district of Kyiv	City Kyiv
2009	401.6	308.3
2010	404.0	309.6
2011	406.7	314.4
2012	434.8	322.4
2013	409.0	309.3
The average for 5 years	411.2	312.8

Using the specially developed and approved by the Bioethical Committee questionnaire (which included issues of medical and sociological aspects of abortion termination), modern factors of the risk of impact on the health of women who have undergone AA have been identified. The research was conducted by interviewing women undergoing a medical abortion procedure.

According to the survey, the number of women who underwent AA and who felt support of the family (38.0 %) and did not feel emotional support partner (35.2 %) was the largest (Table 5).

A detailed study of the nature of the support (emotional and material) of the surrounding women in AA women showed that 35.2 % of women never experienced a lack of interlocutor, or a person with whom a woman could share their feelings, often did not feel lack of interlocutor 30.0 % women often felt such a lack of 14.8 % of women, acute shortage of interlocutor felt in 20.0 % of women (Table 5).

The lack of necessary emotional support for the partner was not felt by 35.2 % of AA women, often 30.0 % of women lacked such support, never experienced a lack of 20.0 % emotional support from a partner and often did not feel it 14.8 % of women.

Among surveyed women 22.0 % felt important to share their experiences with other women, 25.2 % of women often could afford it, and only 2.4 % of women who never shared their the experience with other women amounted to 28.0 % (Table 5).

Confidence in support of neighbors in difficult times was expressed by 24.0 % of women who had an AA. They could often rely on their neighbors, 20.8 % of women, often did not feel that 22.0 % of women, a significant number of women could rely on their neighbors, and namely, 33.2 % could never rely on their neighbors.

The anxiety because of significant concern that the partner could leave often had such 28.0 % of the interviewed women and 20.0 % of women often did not have such anxiety; a sense of confidence in their partner expressed 29.2 % of women (Table 5).

Sensation of a person with whom you can share happiness of being pregnant felt 27.2 % of women who had AA often experienced the presence of such a person 22.8 % of women, often did not feel the opportunity to share happiness of being pregnant 20.0 % of women and did not feel the presence of such a person 28.0 % of women (Table 5).

26.0 % of women who had AA experienced a guaranteed support of a partner during fatigue; 24.8 % of women often felt their partner's support during fatigue, and 24.0 % of women often did not feel this support, while 25.2 % of women surveyed % have never been convinced that their partner will help during fatigue.

Feel of confidence in support of relatives for women, who giving birth in case of financial difficulties were expressed by 38.0 % responders and 38.8 % of women were often feeling such confidence. Among surveyed women 15.2 % often did not feel such kind of support and 8.0 % of women never experienced similar support (Table 5).

In case of financial difficulties full support of their friends felt, 15.2 % of the interviewed women and 16.8 % of women were often feeling such support. Often did not feel such support and never experienced such support 34.8 % and 33.2 % of women respectively.

The full availability of state support in case of absence of any other support was felt by 2.0 % of the women, and 0.8 % of women had often experienced such support. The largest number of women surveyed often lacked such support — 77.2 %, and never felt such support 20.0 % of the surveyed women (Table 5).

More than half of the interviewed women had never consumed alcoholic beverages (Fig. 1), 14.8 % of

the surveyed women consumed alcoholic beverages less than once a month, 12.8 % of women consumed alcoholic beverages less than once a week, and 5.2 % of women used 1-2 glasses of alcohol every day. None of surveyed women did not drink alcohol more than 3-9 cup daily.

Table 5
The nature of the support of interviewed women who have had an artificial abortion from the family and friends? abs., (%)

List of questions with the help and support of women interviewed	Number of women			
	That's how I feel	Often I feel it	Often I do not feel it	I never feel it
I do not have anyone to share my feelings with	50 (20.0)	37 (14.8)	75 (30.0)	88 (35.2)
My partner does not provide me with the necessary emotional support	88 (35.2)	75 (30.0)	37 (14.8)	50 (20.0)
I can share my experience with other women	55 (22)	63 (25.2)	6 (2.4)	70 (28.0)
I believe that in difficult moments my neighbors would help me	60 (24.0)	52 (20.8)	55 (22.0)	83 (33.2)
I worry that my partner might leave me	70 (28.0)	57 (22.8)	50 (20.0)	73 (29.2)
There is always someone with whom I can share happiness of being pregnant	68 (27.2)	57 (22.8)	55 (20.0)	70 (28.0)
When I'm tired, I know my partner will help me	65 (26.0)	62 (24.8)	60 (24.0)	63 (25.2)
I know that my family would help me if I had financial difficulties	95 (38.0)	97 (38.8)	38 (15.2)	20 (8.0)
I know my friends would help me if I had financial difficulties	38 (15.2)	42 (16.8)	87 (34.8)	83 (33.2)
I know that the state will support me	5 (2.0)	2 (0.8)	193 (77.2)	50 (20.0)

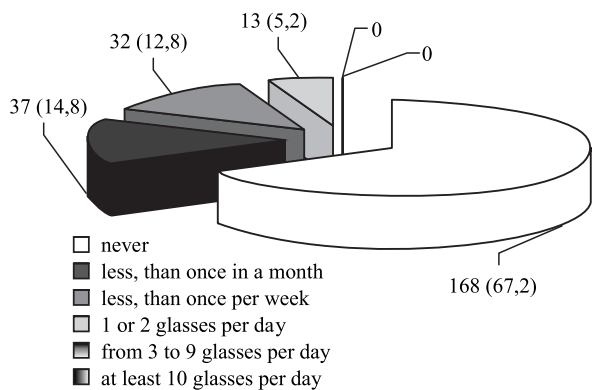


Fig. 1. Frequency of alcohol consumption by surveyed women abs., (%).

Among surveyed women the most popular alcoholic beverages were dry wine (20.8 %), sweet wine

preferred by 6.0 % of women, 5.2 % of women preferred vodka, and 0.8 % of women preferred beer (Fig. 2).

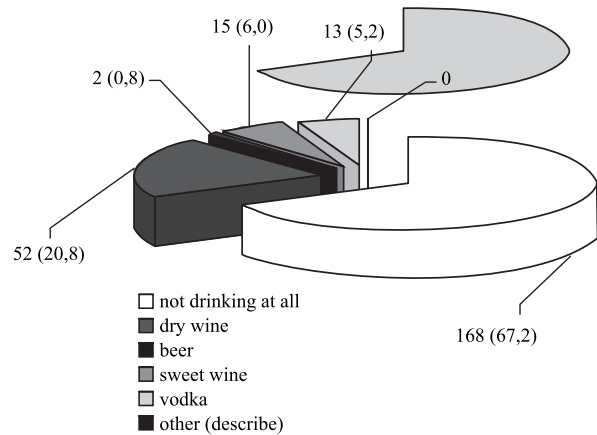


Fig. 2. Types of alcoholic beverages used by women who had artificial abortion, abs., (%).

Cohabitation with smokers stated 2.0 % of women, who had an AA, while the vast majority of surveyed women noted that there were no harmful habits among domestic residents, and 32.0 % of women had no bad habits (Fig. 3).

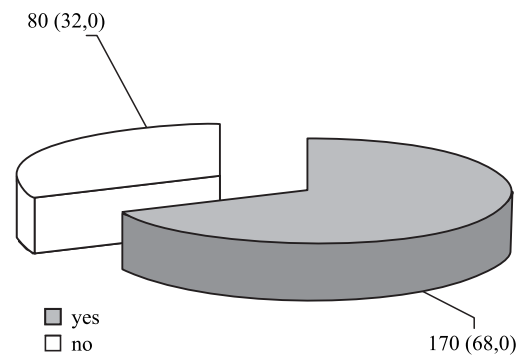


Fig. 3. The presence of bad habits among cohabitants of surveyed women who had an artificial abortion, abs., (%).

Most of the women (23.2 %) indicated that their husband smoked a lot, and 7.2 % of women noted that other members of the household were smoking a lot, 14.0 % of the surveyed women observed moderate smoking of their husband, and 8.0 % of the surveyed women noted moderate smoking in their home environment, 10.0 % of women were active smokers and 7.2 % of women noted that their home cohabitants were smoking rarely, 32.0 % of women said that their husband never smokes, and 74.4 % of women said that none of the households had tobacco abuse (Table 6).

Significant male alcohol abuse was noted by 7.2 % of women who had an artificial abortion, 11.2 % of

women reported that their men were drinking a lot of alcohol, 34.8 % of women reported moderate alcohol consumption by their husbands, and 46.8 % of women said that their husbands were almost not drinking alcohol at all (Table 6).

Most of the women who had AA noted that their husbands never used relaxing or narcotic drugs, and 6.8% of the surveyed women reported that their husbands used drugs moderately and less than 5.2 % of women that their husbands were using drugs at some extent (Table 6).

Table 6
Prevalence and frequency of bad habits among men and home environment of interviewed women undergoing artificial abortion abs., (%)

Harmful habit	Number of women in response			
	Your husband		Others in the home environment	
Smoking:				
a) a lot;	52	(20.8)	8	(3,2)
b) many;	58	(23.2)	18	(7,2)
c) moderately;	35	(14.0)	20	(8,0)
d) small;	25	(10.0)	18	(7,2)
e) never.	80	(32.0)	186	(74,4)
Drinking:				
a) a lot;	18	(7.2)	-	-
b) many;	28	(11.2)	-	-
c) moderately;	87	(34.8)	-	-
d) small;	117	(46.8)	-	-
e) never.	-	-	-	-
Drug use:				
a) a lot;	17	-	-	-
b) many;	13	-	-	-
c) moderately;	220	(6.8)	-	-
d) small;	-	(5.2)	-	-
e) never.	-	(88.0)	-	-

Almost all of women (93.2 %) indicated that their husbands did not systematically use other medications for emotional satisfaction, however 6.8 % of the surveyed women replied that their husbands used such medications systematically (Fig. 4).

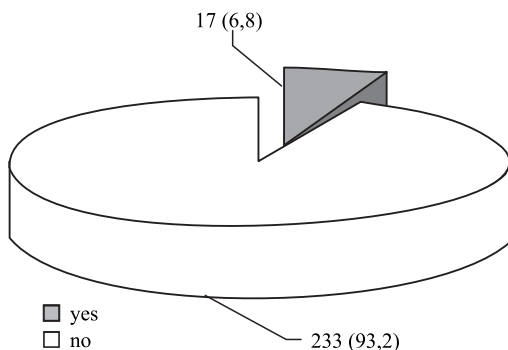


Fig. 4. Use of other medicines for emotional satisfaction among men and home environment of women who had an artificial abortion, abs., (%).

Other factors of the psychoemotional load that influenced the state of the examined women who had undergone AA were distributed as following: one third (30.0 %) of the women surveyed did not feel self-confident; 25.2 % of the surveyed women did not feel confident in their relations with others, 20.0 % of the surveyed women felt a sense of misunderstanding, 23.2 % of women had a sense of inconvenience after disputes, 35.2 % of women experienced a high nervous tension at work, more than half of women noted physical and mental exhaustion and conflicts in the family — 52.0 % to 55.2 %, as more than half of women felt the presence of financial difficulties and had executed a subsidy for rent — 62.0 % and 68.0 % respectively. Positively responded to questions about staying in the area of antiterrorist operation of relatives or men — 25.2 % and 18.0 % of women respectively (Fig. 5).

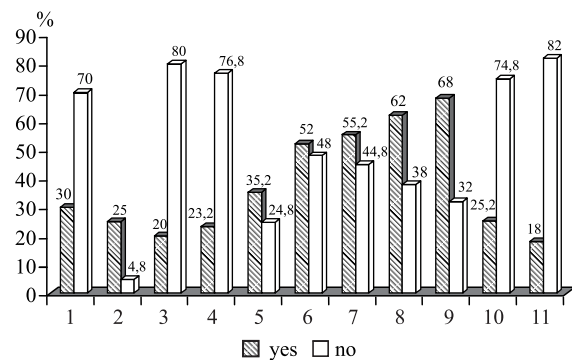


Fig. 5. Characteristics of the factors of psychoemotional load in the surveyed women who had artificial abortion, %. 1 — Did you feel uncertain? 2 — Do you feel uncertain in your relationship with others? 3 — Do you have a sense of fear of misunderstanding? 4 — Do you have a feeling of discomfort after a dispute? 5 — Do you have any increased nervous tension at work? 6 — Did you notice mental and physical exhaustion? 7 — Have you had family conflicts? 8 — Have you had any financial difficulties? 9 — Do you have a subsidy for an apartment? 10 — Have your relatives been in the ATO area? 11 — Was your husband in the ATO area?

Conclusions

The current state of the abortion problem in Ukraine shows that there are medical aspects and sociological aspects of this problem that need to be addressed in order to preserve the general and reproductive health of women and improve the demographic situation in the country. Conducted clinical and epidemiological and sociological studies have shown that in modern conditions, changes in reproductive health, which are related to abortions (15.0 per 1,000 surveyed) are relevant.

According to official statistics, the frequency of such changes in reproductive health as abortions in

the structure of gynecological morbidity of the population of our country is quite high. The average number of abortions per 100 newborns living on average for 5 years was 35.9.

According to the surveys conducted, the number of women who supported the family (38.0 %) and did not feel the emotional support of the partner (35.2 %) was the largest, the value of these indicators compared to the

trust of the friends and neighbors indicate a low level of socialization of women of fertile age undergoing or underwent an artificial abortion procedure.

A significant number of surveyed women noted abuse of their husbands by tobacco smoking.

More than half of the women taking part in the study experienced mental and physical exhaustion, family conflicts and financial difficulties.

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СУЧАСНИЙ СТАН ПРОБЛЕМИ АБОРТІВ В УКРАЇНІ

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Клініко-епідеміологічні дослідження були проведені в популяції ЖФВ з метою з’ясування частоти і структури АА. Дослідження проводились в промисловому районі м. Києва, який був обраний, як такий, що відповідає типовому промисловому регіону України. Було обстежено 1000 ЖФВ мешканок промислового району м. Києва. Для проведення клініко-епідеміологічних досліджень була створена спеціальна програма та розроблена Анкета “Вивчення методів контрацепції у жінок фертильного віку в Україні”. Клініко-епідеміологічні дослідження носили характер популяційних, кагортних, проспективних досліджень. Для з’ясування на скільки отримані результати відповідають даним офіційної статистики, нами були направлені листи в Державні установи різного рівня для отримання даних офіційної статистики, щодо досліджуваних показників. Була отримана інформація з офіційних джерел, щодо показників офіційної статистики за 5 років (з 2009 по 2013 рр. в період коли в країні не точились військові дії та не був анексований Крим). Проведені клініко-епідеміологічні та соціологічні дослідження показали, що в сучасних умовах актуальними є зміни репродуктивного здоров’я, які проявляються абортами (15,0 на 1000 обстежених). За даними офіційної статистики частота таких змін репродуктивного здоров’я, як аборти в структурі гінекологічної захворюваності населення нашої країни достатньо висока. Середній показник кількості абортів на 100 новонароджених живими в середньому за 5 років становив 35,9. Згідно з даними опитування, які були проведені, кількість жінок, що відчували підтримку родини (38,0 %) та не відчували емоційної підтримки партнера (35,2 %) була найбільшою, значення цих показників у порівнянні із довірою до товаришів та сусідів вказують на низький рівень соціалізації жінок фертильного віку, що проходять або перенесли процедуру артіфіційного аборту. Значна кількість опитаних жінок відзначала зловживання їх чоловіків шкідливими звичками у вигляді тютюнопаління. Більше половини жінок, що приймали участь у дослідженні відчували психічну та фізичну виснаженість, конфлікти в сім’ї та фінансові труднощі.

СОВРЕМЕННОЕ СОСТОЯНИЕ ПРОБЛЕМЫ АБОРТОВ В УКРАИНЕ

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Клинико-эпидемиологические исследования были проведены в популяции ЖФВ с целью выяснения частоты и структуры АА. Исследования проводились в промышленном районе. Киева, который был выбран, как таковой, что соответствует типичному промышленному региону Украины. Было обследовано 1000 ЖФВ жительниц промышленного района г. Киева. Для проведения клинико-эпидемиологических исследований была создана специальная программа и разработана Анкета “Изучение методов контрацепции у женщин фертильного возраста в Украине”. Клинико-эпидемиологические исследования носили характер популяционных, кагортных, проспективных исследований. Для выяснения насколько полученные результаты соответствуют данным официальной статистики, нами были направлены письма в государственные учреждения различного уровня для получения данных официальной статистики, по исследуемым показателям. Была получена информация из официальных источников, относительно показателей официальной статистики за 5 лет (с 2009 по 2013 гг. в период, когда в стране не велись военные действия и не являлся аннексирован). Проведенные клинико-эпидемиологические и социологические исследования показали, что в современных условиях актуальными являются изменения репродуктивного здоровья, которые проявляются абортами (15,0 на 1000 обследованных). По данным официальной статистики частота таких изменений репродуктивного здоровья, как абORTы в структуре гинекологической

заболеваемости населения нашей страны достаточно высока. Средний показатель количества аборт на 100 новорожденных живыми в среднем за 5 лет составил 35,9. Согласно данным опроса, которые были проведены, количество женщин, чувствовали поддержку семьи (38,0 %) и не испытывали эмоциональной поддержке партнера (35,2 %) была наибольшей, значения этих показателей по сравнению с доверием к товарищам и соседям указывают на низкий уровень социализации женщин фертильного возраста, проходящих или перенесли процедуру искусственного аборта. Значительное количество опрошенных женщин отмечала злоупотребления их мужчин вредными привычками в виде табакокурения. Более половины женщин, принимавших участие в исследовании чувствовали психическую и физическую усталость, конфликты в семье и финансовые трудности.