

Full Length Research Paper

Psychological distress among adolescents before, during and after unsafe induced abortion in Malawi

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Abstract

Unsafe induced abortion among adolescents in Malawi is common but little is known about the psychological experiences of the adolescents before, during and after undergoing the unsafe induced abortion. A descriptive study that utilized qualitative methods was conducted with 18 purposely sampled adolescents that were admitted at the gynecological ward of Queen Elizabeth Central Hospital in Blantyre, Malawi to explore their experiences. Data was collected through in-depth interviews using a semi-structured questionnaire and was manually analyzed using content analysis. Two themes that emerged from data analysis were psychological distress before and during unsafe induced abortion and psychological distress after unsafe abortion. Before and during unsafe abortion, the adolescents were worried that their pregnancies would disrupt their education, they would lose family support and get arrested. In addition, they were angry and disappointed because of lack of support from their male partners. After abortion, the adolescents felt guilty and regretted to having lost their babies and grieved for their children. Adolescents undergo traumatic experiences before, during and after undergoing unsafe abortion. Counseling and support services should address the psychological needs of adolescents and comprehensive psychological counseling should be integrated into post abortion care services in Malawi.

Keywords: Unsafe induced abortion, adolescent, psychological distress, comprehensive counseling, post abortion care.

INTRODUCTION

Unsafe abortion is a major global public health problem (WHO, 2007). Although the worldwide abortion rate declined from 35 to 29 per 1,000 women of childbearing age between 1995 and 2003, in the developing countries,

the rate increased from 78 to 86% (Sedgh, 2012). Nearly half of all abortions worldwide are unsafe and 98% of all unsafe abortions occur in the developing countries (Sedgh, 2012). In Africa, unsafe abortion rate is at 3.6% out of which 25% occur among girls aged 15-19 each year (Jackson et al. (2011). In Malawi, unsafe abortion is the second leading cause of obstetric complications (Jackson, et al. 2011). In 2009 alone, there were 70,194 induced abortions country-wide (Davis, 2010). Induced abortion cases are highest among the single and school going adolescents that are aged between 15 and 19 years old. These abortions account for up to 40% of all admissions to gynecological wards of public hospitals in Malawi (Davis, 2010).

List of abbreviation

WHO: World Health Organization, PAC: Post Abortion Care, MVA: Manual Vacuum Aspiration, QECH: Queen Elizabeth Central Hospital, COMREC: College of Medicine Research and Ethics Committee, NSO: National Statistical Office.

The Malawi government has put into place strategies to improve post abortion care (PAC), with special emphasis on training providers in the use of Manual

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Vacuum Aspiration (MVA) and ensuring that women and young persons have access to quality services (Hessini et al. 2006). The PAC includes post abortion counseling, education and family planning services to avoid repeat abortions. However, it has been observed that at Queen Elizabeth Central Hospital (QECH), the counseling that is done on post abortion care emphasizes on post abortion family planning only. The current practice leaves out the psychological aspect which would address the emotional concerns of the adolescents.

Studies and documented information regarding the psychological distress among the adolescents before, during and after unsafe abortion are lacking. However, clear understanding of these experiences from the adolescents' perspective would enable better planning and implementation of preventive, curative and rehabilitative management of unsafe abortion to the survivors. Therefore, the aim of this study was to explore the psychological experiences of adolescents before, during and after the unsafe induced abortion.

METHODOLOGY

Design

The study design was descriptive cross sectional and utilized qualitative methods to explore the psychological experiences of adolescents before, during and after unsafe abortion.

Study setting

The study was conducted at the gynecological ward of QECH where adolescents that presented themselves with unsafe induced abortion complications were admitted.

Inclusion and Exclusion criteria

The study included adolescents that were aged between 15 and 19 years, were admitted at QECH gynecological ward, diagnosed with induced and incomplete abortion or its complications and were able to communicate in both English and vernacular language. The study excluded adolescents that were; very sick, had not induced their abortions, not willing to participate, and aged below 15 years or above 19 years.

Sample size

Initially, the sample size was set at 20 however data saturation was reached after interviewing 16 adolescents. Two more adolescents were added to confirm data

saturation and hence the final sample size was 18. The participants were recruited through purposive sampling to select cases that most suited the objectives of the study (Polit and Beck, 2008). When an adolescent who met the inclusion criteria was admitted at the gynecological ward, the hospital staff called the researchers who went there and interviewed the adolescents in a private room. All the adolescents that were approached consented to the study and to having the interviews recorded.

Data collection method

"Data was collected using in-depth interviews guided by a semi-structured questionnaire". The interviews were recorded and field notes were also taken during the interviews.

Data analysis

Data was manually analyzed using content analysis. All participants responded to the interviews and the interviews were transcribed verbatim and translated into English within 24 hours. Back translation by an independent person ensured that meanings of narrations were not lost during translation. The first stage of the analysis examined common repeated responses from each question. The second stage involved grouping similar responses into categories. The categories were validated with the participants and themes were developed and are reported as the study results.

Trust worthiness

Four criteria (Polit and Beck, 2000) for enhancing rigor in qualitative research were used namely credibility, confirmability, dependability and transferability to ensure trustworthiness of the results. The qualitative data was validated to ensure confirmability (Streubert and Carpenter, 1995). Credibility was ensured by using the member checking approach in which the researchers referred back to 6 selected participants to verify the data and interpretation of the findings. Transferability was established through collection of data that included field notes, together with a rich mix of participants' narrations. Confirmability was ensured through the process of bracketing where by all previous knowledge, beliefs and common understanding about induced abortion were set aside.

Ethical consideration

The study was approved by College of Medicine Research Ethics Committee (COMREC) which is the

Table 1. Demographic Characteristics of the adolescent who underwent unsafe abortion at Queen Elizabeth Central Hospital

Variable	N=18
Age	
14-16	7
17-19	11
School	
In school	17
Out of school	1
Years in school	
7 – 8 years	6
Form 1- 2	8
Form 3 – 4	3
Religion	
Catholic	2
Protestant	13
Moslems	3
Years in relationship	
3months – 1year	3
2 – 5 years	13
6 – 9 years	2
Partner occupation	
Business or employed	students
	14

internal ethical review board of the University of Malawi. Permission to conduct the study at the QECH gynecological ward was granted by the Hospital Director. Informed consent was obtained from all participants and they were told that participation was voluntary and that they were free to opt out of the study should they wish to do so at any stage. Confidentiality was maintained by identifying participants with codes instead of names and locking all filled questionnaires in locked drawers. The data in computers is protected by password that is known by the researchers only.

RESULTS

Demographic characteristics of the participants

The participants' ages ranged from 15 to 19 years and all except one were in school (Table 1). The participants belonged to different religions. On average, the participants had been in relationship with their boyfriends for 2 years (Table 1). For most of the participants, the male partners responsible for their pregnancies were fellow students however, 4 of them were impregnated by men doing business or engaged in gainful employment (Table 1). All the adolescents aborted while in their second trimester.

Psychological distress with unsafe induced abortion

Two major themes emerged from the narrations of the

participants regarding psychological distress with unsafe induced abortion. The two themes were psychological distress before and during unsafe abortion and psychological distress after unsafe abortion.

Psychological distress before and during unsafe abortion

The adolescents in the study experienced a lot of psychological distress from the time they discovered that they were pregnant to the aftermath of their abortions. They were distressed mostly due to worry and disappointment.

Worry

When the adolescents realized that they were pregnant, they all became very worried that their pregnancies were going to disrupt their education. Most of the participants in this study were either in primary or secondary school. Thus becoming pregnant meant dropping out of school and staying at home to raise their babies as shared by participant #7;

"I was worried that the pregnancy would make me drop out of school." "Yes. I was worried about my education and wanted to continue with school."; " I knew that my future was spoiled due to the pregnancy." Another source of worry was their parents.

Participants were worried that if their parents

Discovered that they were pregnant they would be angry with them". This point was shared by participant #5 as follows;

"I was very worried because I was afraid. At my home, people are very strict, they advise us to be exemplary and so I was afraid and did not know how to tell them that I was pregnant. I knew my parents would be angry with me."; "I had already paid my school fees and I was worried that they would be angry with me".

One of the adolescents (participant #3) was viewed as a family model for having gone further with education. She was worried that she would lose the support she enjoyed if her parents discovered that she was pregnant.

"My father is very proud of me, he tells people that I am his only educated daughter and that if I pass my form 4 he will do anything for me. That worried me because I knew that my father and my relatives would be a laughing stock if people found out that I was pregnant."

The socio-economic status of the parents was another source of worry. Some participants pointed out that even if the parents were willing to support them and their babies, they would not be able to render adequate support because the parents themselves were poor.

"I was worried, my mother at times told us that she had no money and we sometimes slept without eating food. My thought was how would she feed us including the child I was carrying? So I was worried about my life for a long time."; "My mother is of child bearing age and has a small baby. So if my mother's baby is lacking clothes to wear and there is hardly enough food to go round in our home, what would happen if I add another child to the family? How will life be like?

It emerged from the participants' narrations that some of the participants' worries were associated with fear. The participants explained that they were worried because they feared that if their parents found out that they were pregnant, they would be chased from their home. They would be told to go to their boyfriends' homes or sent to the village where life would be difficult for them.

"I was worried because I feared that if my parents discovered that I was pregnant, they would ask me to go and stay with my boyfriend or to go and stay in the village where life would be tough for me."— Participant #10

The adolescents were also worried because they feared the outcomes of unsafe abortion. They feared death in case of unsuccessful abortions because they heard numerous rumors and stories of adolescents who lost their lives while procuring unsafe abortions. They also feared that abortion would damage some of the vital organs in their bodies.

"It's dangerous to abort because some people actually damage the uterus and you may also find yourself with another problem, like, you would no longer be able to give birth in future" " a lot of people die during abortion, I was worried I thought I was also going to die." "I know that someone can die during abortion."- Participant # 9.

The participants explained that pre-marital pregnancy in society brings shame to those that abort and also to

their families. The general norm in society is that young, unmarried and schooling adolescents are not supposed to become pregnant. The adolescents were worried that people would label them promiscuous and lacking in responsibility. They also feared that premarital pregnancies would make it difficult for them to find future spouses because men do not like marrying women who have children from other men, as shared by participant # 6.

"I was worried, I feared that people would laugh at me and say bad things about me"; "If I aborted this pregnancy I would be free, and would be able to find a man to marry in future. But if I kept the pregnancy, and have a child without a father, my worry was that in future I would have problems to secure a new husband because men do not like to marry girls who already have children from other men."

Another source of worry was the fear of being handed over to the police because abortion is illegal in Malawi. This fear delayed the adolescents in seeking help when they were in great pain and had developed complications following the unsafe induced abortion.

"I did not want to come to the hospital because I was worried, I was afraid that the nurses would report me to the police, and the police would arrest me because I know abortion is not accepted here. It is illegal to abort." — Participant # 1

Worry that originated from fear also contributed to delay and unwillingness for the adolescents to seek hospital care on time when they aborted. Most participants were afraid to report at the hospital for unfounded fear of being shouted or beaten by health workers. Some participants had heard unfounded rumors that when people abort illegally the health workers insert instruments into the patient to treat the post abortion complications and these thoughts worried the adolescents.

"I was worried because friends told me that people are beaten up when they go to the hospital. I was also told that they say bad things about you at the hospital, so I said no hospital for me, because in the end they will just do something deliberately bad to me" "What they told me made me get very worried. I thought if they insert the instruments, won't they aggravate my sickness? No, I won't go."; "liiii! People were saying that, Eeee nurses! they beat you up, if you can't explain yourself clearly. So I was worried that they were going to slap me and add to the pain I was already feeling at the time. After coming here, I know these were lies, I was received and treated well here." — Participant # 14.

Anger and disappointment

All the adolescents felt angry and disappointed because when they became pregnant their male partners did not support them. Lack of support from people the girls

thought loved them was so devastating and pushed them into deciding to abort as narrated by participants # 15.

“I found him with another girlfriend at his house. So I got furious, and I said if he has another girlfriend now, what if when I deliver a child? How much more will he be involved with other girlfriends? I was very disappointed”

For some girls, after being informed about the pregnancies, their boyfriends terminated the relationships and some utterly disappeared. In another situation, one of the boys had no courage to tell the participant that the relationship was over, but instead sent a friend to relay the message.

“When I told him that I was pregnant, he disappeared. Then, he called his friend to inform me that the relationship was over and that I should forget about him, I was very disappointed”. – Participant # 16.

Psychological distress after abortion

The adolescents experienced psychological distress after abortion. Their narrations indicated that the adolescents felt guilt and regret, and, also loss and grief.

Guilt and regret

Most participants believed through religious teachings that life begins with conception and so they felt guilty that they had taken away life.

“...I feel guilty and regret that I took away life. It is not good to abort because the life that people have is the same life that the fetus has. Aborting is killing because the fetus has life.”; “It’s a bad thing because the thing you abort is a human being..... so it’s wrong to abort.” – Participant #2

For some participants the guilt feeling came due to the thought of what the aborted child would have been if he or she had grown up.

“I feel guilty and regret the abortion. I felt bad, the child could have helped me in future”; “Like I have said that the child I have aborted would have held my hand in future, you would not know.”- Participant # 18

The participants explained that they were responsible for the actions to abort and thought that one day they will have to account. These thoughts were related to their religious beliefs because some adolescents were taught or heard that the aborted child becomes a witness before God against their parents on the day of judgment.

“I feel guilty and regret that I have killed a person and that the baby will bear witness against me before God”; “It is said that when you abort, the child waits for you in heaven. I feel sorry that aaaah! I have lost a child, a real good child.” - Participant #17.

Loss and grief

The participants expressed feelings of loss and grief

because they did not want to abort in the first place but that circumstances led them into aborting. One participant who aborted at a relatively advanced stage of pregnancy felt that she had actually aborted a fully developed baby as she was able to recognize its sex:

“I have lost a child and I am grieved because of him. I feel sorry for myself because it was a fully formed baby. It had everything, fingers, toes and also I could tell its sex” “I still feel memories for it as I think that aah I have made a mistake, I still feel the loss.” “ I really grieve my child. I did not want to lose it but it was due to lack of peace and worries.” – Participant # 10.

DISCUSSIONS

The results are discussed in relation to the demographic characteristics of the participants and the identified themes. Most of the unsafe abortions in this study occurred among adolescents of less than 19 years old as also reported by other studies (de Bruyn and Packer, 2004) that adolescents below 20 years constituted a considerable proportion of all adolescents with unsafe abortion. At this stage girls are not mature enough for pregnancy and delivery. The adolescents’ pelvis bones and birth canals are still not fully developed and the pelvis is too narrow for the baby’s head (de Bruyn and Packer, 2004). In addition, similar to the results in this study, all the adolescents aborted in their second trimester as also reported by de Bruyn and Packer, (2004). Results show that teenagers decide or opt for abortion in the later stages of pregnancy because the adolescents are immature and less experienced about pregnancy. It is therefore important that health workers provide care based on the sensitive needs and the delicate psychological disposition of the adolescents.

Most of the adolescents were in school. These results are expected. The National Statistical Office (NSO, 2011) reported that most of the adolescents aged between 15 and 19 are likely to be in school in Malawi. Munthali et al. (2006) in a study to determine the adolescent’s sexual and reproductive health, reported that school going adolescents receive some kind of sex education while at school. Therefore, the adolescents in this study could have known how to prevent unwanted pregnancy. The study results however suggest that the adolescents in this study did not take right decisions regarding safe sex and contraception and hence became pregnant which lead to their procurement of unsafe abortions. These results may be attributed to the fact that in Malawi, abortion is a sensitive topic which is often avoided or not discussed at all in schools. It is not surprising therefore that the adolescents in this study were distressed psychologically when they became pregnant at a time that they were not ready for it and hence resorted to abort.

The study findings further show that all the participants belonged to certain religious groups. Furthermore, the adolescents valued the teachings of their faiths on issues

of premarital sex and abortions. Although their religions taught them that engaging in premarital sex and abortion was sin before God, the adolescents procured unsafe abortions due to worry and disappointment. Thus psychological haunting forced the adolescents to act against their religious teachings. These results are in agreement with those reported by Oye-Adeniran (2005) who, in a study to determine the prevalence of contraceptives among young women in Nigeria found that religious affiliation did not prevent adolescents' decision to resort to seeking unsafe induced abortion.

One of the reasons for procuring abortion was lack of financial support for the pregnancy. Most of the participants were made pregnant by boyfriends who were also schooling adolescents. Consequently, the young men denied paternity of the pregnancies. Young men deny responsibility when their girlfriends fall pregnant because they cannot afford to support the women financially (Dahlback et al. 2007). When the girls were confronted with this situation, they thought that the best option was to abort so that they can continue to lead a normal life once again. Thus, the socio-economic factors, especially poverty had an influence on the adolescents' decision to procure unsafe abortion.

Adolescents who presented for post abortion care at the hospital were psychologically distressed. They were worried about their future, education, parents and consequences of abortion. These findings suggest that the adolescents resorted to unsafe abortion because of not finding a better and acceptable solution to their pregnancies which they viewed as unbearable. These results concur with those from other studies that adolescents who had unsafe abortion experienced psychological distress that ranged from guilt feelings, fear and anxiety; anger and sadness, as well as depression (Joyse, 1997).

For the adolescents in this study, their parents, guardians, and the entire society did not expect them to become pregnant while in school. Therefore, the thought that if parents knew that their daughter was pregnant while at school would bring disappointment and shame was a source of worry to most adolescents. These results suggest that psychological and social consequences of adolescent pregnancy depend on the acceptance and support the adolescents would get from the family, partners and society at large, as also reported by Atuyambe et al. (2005). The results also show that becoming pregnant while in school was a strong reason for the decision to terminate the pregnancy, because many of the girls did not want to ruin their future career prospects by disrupting their studies due to pregnancy. Education is key factor in influencing abortion among schooling adolescents (Kinoti et al. 1997; Renne 1996; Girvin 2004). These findings then suggest that unplanned pregnancy in school going adolescents would probably always end into unsafe abortion since the adolescents are desperate to remain in school and

continue with their education. Thus to reduce the high unsafe abortion rates in Malawi, more awareness should be created among schooling adolescents regarding prevention of early and unwanted pregnancies.

Unsafe induced abortion is illegal in Malawi and the person who aborts and the accomplices risk police arrest. The penalty for performing an illegal abortion in Malawi is 7 years imprisonment for the client and 14 years for the abortionist. Most of the participants did not tell anybody that they had aborted. They only reported to the hospital because of the unbearable pain they were experiencing from the unsafe abortion. Other studies (Jackson et al. 2011) have also reported that health workers, community members, police officers and even judges agreed that suspected abortions were rarely reported to authorities, and reported cases were uniformly dropped without prosecution, often without investigation because there are no mechanisms in place to reinforce the anti abortion law. These findings show that adolescents will continue seeking unsafe abortion in cases of unplanned pregnancies because the law is never reinforced and culprits are never prosecuted.

Regarding post abortion care, Burket et al. (2008) in their study on implementation of youth friendly post abortion care reported similar results to this study. Adolescents that aborted did not want to go to the hospital. Similar findings were also reported by Dahlback et al. (2007) in a study to improve the quality of post abortion care among girls in Zambia reported that girls were strongly prohibited, either by parents or by the abortionist, to tell the truth about the abortion procedure for fear of legal reprisals or negative attitudes from health staff. They were told that they could be refused medical attention on arrival at the hospital or take the risk of being reported to the police. Hence most of the girls in this study postponed termination of their pregnancies until late in the second trimester, hence increasing the risk of maternal morbidity and mortality. In another study (Olukoya et al. 2001) reported that fears and worries delayed girls in seeking abortion, and also delayed them in seeking help when complications occurred, which, in turn, increased the risk of maternal morbidity and mortality. As long as adolescents continue to fear the health care providers, they will avoid health services and end up seeking help from unprofessional people (Atuyambe et al. 2005).

In Malawi, deaths due to abortion are very common. The results that the participants feared negative abortion outcomes such as death or damage of important reproductive organs agree with those reported by Jackson et al. (2011). In addition abortion brought feelings of guilt, regret, loss and grief. Emuziene (2011) also reported sadness and dissatisfaction or regret after abortion. Results of a study by Oye-Adeniran (2005) indicated that women who procured unsafe abortion felt guilt because they felt they committed a crime (not just against the law) but also against God. Women who abort

develop feelings of grief for not letting the little human to live (Emuziene, 2011). These psychological pains can sometime haunt the adolescents for a long time since psychological pains sometimes last for a life (Oye-Adeniran, 2005). Therefore psychological counseling should become part of post abortion care so that girls are appropriately counseled after procuring unsafe abortion. There is also a need to create awareness among the youths on the consequences of unwanted pregnancies so that the rate of unsafe abortion can be reduced.

Limitations

The study was conducted at one gynecological ward of a Central hospital in the Southern Region of Malawi. Although the results give a picture of the psychological problems that the schooling adolescents face before, during and after procuring unsafe abortion, the results may not be generalized throughout the country due to cultural differences across different geographical regions.

CONCLUSION

Unsafe induced abortion is being procured by adolescents in Malawi. When the adolescents discover that they are pregnant, they go through traumatic experiences that cause psychological distress. Adolescents need information to cope with the trauma they experience before, during and after unsafe induced abortion. Therefore, nurse-midwives in the post abortion care wards should offer support and comprehensive psychological counseling to the adolescents. The counseling should become an integral part of post abortion care in all health facilities of the country to heal the psychological wounds that are caused by abortion.

Competing interest

The authors declare that they have no competing interests.

Authors' contribution

RPC conceptualized the study, collected data, analyzed it and drafted the manuscripts. AK, AM, EC and JC were supervisors of RPC during this study which forms part of her M.Sc. degree in reproductive health. They mentored RPC at every stage throughout her study. AM edited the manuscripts and all authors proof read and approved the manuscript. They chose AM to be the corresponding author.

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