KNOWLEDGE, ATTITUDE & PRACTICES OF MEDICAL ABORTION IN WOMEN- A LONGITUDINAL STUDY FROM PATNA, BIHAR

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ABSTRACT

BACKGROUND

Abortion can be defined as the termination of pregnancy by any means before the foetus is sufficiently developed to survive. Out of 210 million pregnancies occurring every year throughout the world, about one third ends in stillbirths or abortions. Due to abortion related complications, about 47,000 women die annually in developing countries. Approximately 200 deaths per day worldwide are due to unsafe abortions. Safe abortion is the key intervention in these cases for improving women's health and quality of life.

The aim and objectives of the study were to assess the knowledge, attitude, and practices of women under study towards medical abortion, and to evaluate socio-demographic profiles of women seeking abortion.

MATERIALS AND METHODS

A longitudinal study was conducted in obstetrics and gynaecology department of Patna medical college & hospital, Patna, in collaboration with the department of community medicine, from June-2016 to Dec-2016 (Six months). Study subjects were all eligible women of reproductive age group (15-45 years), and registered with features of medical abortion. A total of 200 cases of medical abortion were selected for this study by simple randomization. Verbal consent of all the cases was taken and confidentiality was maintained. Personal information of all cases were obtained by taking a personal interview and using a pre-designed questionnaire. The results were finally analysed.

RESULTS

Most of the women under study were between 25-34 years of age (55%). Out of these 200 women, 95% were married, and 5% were unmarried. Hundred women interviewed were illiterate (50%), while only 25 (12.5%) were graduates. Twenty-two women (11%) belong to Kuppuswamy grade I of socio-economic status, while 65 women (32.5%) belonged to grade IV (%) and 40(20%) to grade V. Majority got the knowledge of contraception through media, like radio (25%), television (20%), stage drama (15%), relatives (12.5%). Most cases of medical abortion were performed by local dais (60%). Instrumentation was the most commonly used procedure in our study for conducting abortion (in 45% cases). Main complication after abortion in this study was excessive bleeding, as complained by 65% women.

CONCLUSION

It was concluded in our present study that medical abortion is an important neglected health problem. Main reasons behind this negligence are lack of education, well trained service providers and easily available abortion services.

KEYWORDS

Abortion, Knowledge, Women.

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BACKGROUND

Abortion is the termination of pregnancy by any means before the foetus is sufficiently developed to survive.[1] Every year, on an average, about 210 million women become pregnant throughout the world.[2] Approximately, one third of these, or 75 million pregnancies ends in stillbirths, spontaneous or induced abortions.[2]

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Unwanted pregnancies places a women at additional risk, if she seeks abortion and safe services are not available.[3] About 42 million of induced abortion performed each year, of which 20 million of the total abortions are thought to be unsafe. Nearly 98% of these unsafe abortions are performed in developing countries. Due to abortion related complications, about 47,000 women die annually in these developing countries, and a further 5 million women suffer disabilities[4] about 13% of all maternal deaths worldwide, or approximately 200 deaths per day are due to unsafe abortions.[4] Most of the women who undergo unsafe abortions suffer from complications and need medical care. The most common of these complications are incomplete abortion, infection (sepsis), haemorrhage, uterine perforation, etc. Others long term problems include pelvic inflammatory disease, chronic pelvic pain and infertility.

Inspite of liberalization of voluntary abortion by the Medical Termination of Pregnancy Act (MTP-Act), 1971,[5] illegal abortions are frequently performed in India by untrained personnel, dais and quacks. Poverty, ignorance and non-availability of trained personnel contribute to high incidence of septic abortion. These cases are referred to hospitals very late with a number of complications leading to high maternal morbidity and mortality. It is estimated that out of about 210 million pregnancies occurring every year, nearly half are unplanned and a greater percentage of these unplanned pregnancies are definitely unwanted.[6,7]

Unintended pregnancy is the most common reason behind unsafe abortion. The common reasons of unintended pregnancies are lack of access to, or failure to use, a contraceptive method. Other reasons are pregnancies occurring as a result of unprotected sexual intercourse, rape or a variety of other socio-economic reasons. Safe abortion is the key intervention in these cases for improving women's health and quality of life. Viewed in this context, the present study was conducted with an objective to assess the knowledge, attitude, and practices of women under study towards medical abortion and to evaluate socio-demographic profiles of women seeking abortion.

MATERIALS AND METHODS

A longitudinal study of eligible women of reproductive age group (15-45 years) having different reproductive issues regarding medical abortion was conducted in obstetrics and gynaecology department of Patna medical college & hospital, Patna, in collaboration with the department of community medicine, from the period of June-2016 to Dec-2016 (Six months). A total of 200 cases of medical abortion were selected for this study by simple randomization. Study subjects were all women registered in obstetrics and gynaecology department with features of medical abortion. Diagnosis of abortion was done on the basis of per abdomen and per vaginal examination, ultrasonography and laboratory investigations as per operative findings. Confidentiality and verbal consent of all these cases were taken. All the personal information of the cases was obtained by taking a personal interview of each women using a pre-designed questionnaire. Questions pertaining to women knowledge, attitude, perception and use of medical abortion, use of emergency contraception were asked. Leading or suggestive questions were not asked to avoid biasing. Study was carried out using responses given in the proforma. All the information was collected and then finally analysed. All women who came for termination of pregnancy due to any congenital anomaly of the foetus, her life is in danger because of pregnancy, or who did not give her consent were excluded from this study.

RESULTS

Demographic Characters		Number	Percentage (%)
Age Group	15-24 years	70	35
	25-34 years	110	55
	35-45 years	20	10
Parity	Gravida 1, Para 0	35	17.5
	Para 1	75	37.5
	Para 2	65	32.5
	Para 3 & above	25	12.5
Marital Status	Married	190	95
	Unmarried	10	05
Education	Illiterate	100	50
	Primary	40	20
	High School	35	17.5
	Graduate	25	12.5
Socio-economic status (Kuppuswamy Classification)	Grade 1	22	11
	Grade 2	23	11.5
	Grade 3	50	25
	Grade 4	65	32.5
	Grade 5	40	20
Residence	Urban	155	77.5
	Rural	45	22.5

Table 1. Demographic Characteristics

In our present study, most of the women under study were between 25-34 years of age (55%). Out of these 200 women, 190 were married (95%), and 10 (5%) were unmarried. Hundred women interviewed were illiterate (50%), while only 25 (12.5%) were graduates. Twenty-two women (11%) belong to Kuppuswamy grade I of socio-economic status, while 65 women (32.5%) belonged to grade IV (%) and 40(20%) to grade V. [Table-1]

Knowledge about Contraception	Number of Cases	Percentage (%)
No Knowledge	85	42.5
Barrier method	75	37.5
IUCD	32	16
Pills	06	03
Tubectomy	02	01
Foam / Jelly	00	00

Table 2. Knowledge about Contraception

Out of the two hundred women studied in this case, majority (i.e. 42.5%) were having no knowledge about any contraceptive device. 37.5% cases were having the knowledge of barrier method, 16% about IUCD, 3% about pills, and 1% about tubectomy. [Table-2].

Source of Knowledge	Number of Cases	Percentage
Auxiliary Nurse Midwives (ANM)	30	15
Primary Health Centre	25	12.5
Relatives	25	12.5
Media		
Television	40	20
Radio	50	25
Stage Drama	30	15

Table 3. Source of Knowledge of Contraception

Out of the 200 cases selected for our present study, majority of the cases got the knowledge of contraception through media, like radio (25%), television (20%), stage drama (15%), relatives (12.5%). Fifteen percent (15%) of the cases got the knowledge from ANM and 12.5% from primary health centre. [Table-3].

Conducting Persons	Number of Cases	Percentage
Dais	120	60
Sister / Paramedical Staff	70	35
General Practitioner (MBBS)	10	05

Table 4. Type of Persons Conducting Medical Abortion

Our present study shows that most of the cases of medical abortion was performed by local dais (60%). In 70 cases (35%), there was a history of intervention by sister or other paramedical staffs. In the rest 5% of the cases only, the abortion was performed by general practitioners (MBBS). [Table-4].

Method used for Abortion	Number of Cases	Percentage
Instrumentation	90	45
Laminaria tent	40	20
Abortion Stick	15	7.5
Suction	10	05
Thin rod	08	04
Abortion Stick with medicine	06	03
Others	31	15.5

Table 5. Different Methods Used for Medical Abortion

In this study, most of the cases of medical abortion were undertaken by instrumentation (45%), followed by laminaria tent (20%), abortion stick (7.5%), suction (5%), thin rod (4%), abortion stick with medicine (3%). In other 31 cases (15.5%), different methods used for abortion were cycle spoke, broom stick, potassium permanganate, etc. [Table-5].

Type of Complications	Number of Cases	Percentage
Excessive bleeding	130	65
Pelvic and abdominal pain	55	27.5
Continued pregnancy	35	17.5
Incomplete abortion	73	36.5
Infections	32	16

Table 6. Complications after medical abortion

Our present study shows that main complication after taking medicine for abortion was excessive bleeding, as complained by 130 women (65%). After that, incomplete abortion was complained by 73 women (36.5%), pelvic and abdominal pain by 55 (27.5%), continued pregnancy by 35 (17.5%), and infections by 32 women (16%). [Table-6]

DISCUSSION

In our present study, most of the women coming for MTP (55%) belonged to the age group of 25-34 years. This study was consistent with the studies of Guleria K et al[8] and Bahadur et al,[9] who also observed maximum number of cases among 20-30 years of age. Majority of the cases who came for abortion were married (95%). In the study of Guleria K et al,[8] 91.4% cases were married. In this study, most of the women (32.5%) belonged to a class IV socio-economic status, followed by class V (20%). In the study conducted by B.C. Shivkumar et al,[10] women of lower socio-economic status constituted 74%, followed by middle class 26%. Roychowdhary et al,[11] Also recorded highest incidence (48.89%) in low income group. Economic constraints may compel many women, particularly those who are poor and dependent on others, to take services from unqualified providers. Majority of women in our study were illiterate (50%). Similar finding was observed in the study of Shivkumar et al,[10] where also majority of patients were uneducated (57.3%). Due higher rates of illiteracy, there is lack of awareness about contraceptive method and most pregnancies are unplanned.

Out of the two hundred women studied in this case, majority (i.e. 42.5%) were having no knowledge about any contraceptive device. 37.5% cases were having the knowledge of barrier method, and 16% about IUCD. Similar results were observed in Suneeta Mittal et al study,[12] where 39.08% cases did not used contraception, because they were having no knowledge about it. 38.02% accepted barrier method and 18.31% used IUCD.

MTP is a safe and easy procedure for trained personnel, but becomes life threatening when performed by untrained persons in unsterile conditions. In our present study, in most of the cases (60%), the termination of pregnancy was conducted by local dais, followed by paramedical staffs in 35% of the cases. Only in the rest 5% of the cases abortion was performed by medical practitioners (MBBS). This study was similar to the study of Sharma et al,[13] in which 67.7% of the abortions were induced by dais and other untrained persons at home or other unhygienic places. Similar observations were found in other studies also.[14,15]

In our present study, instrumentation is the commonest method of interference constituting 45%, followed by laminaria tent (20%), and stick insertion (7.5%). Other methods used were suction (5%), thin rod insertion (4%), abortion stick with medicines (3%). Sood et al,[16] in their study also reported that termination method included instrumentation by untrained midwives (62%), foreign body insertion (7.5%), and dilatation and curettage or suction by unqualified personnel.

In this study, 65% cases presented with bleeding per vaginum, followed by incomplete abortion (36.5%), pelvic and abdominal pain (27.5%), continued pregnancy (17.5%), and infection (16%). In Coyaji et al[17] study, 75% women

had no complications, but 14% mentioned bleeding and 4% mentioned frequent visit to hospital due to different causes.

CONCLUSION

Our present study confirms that medical abortion is one of the important neglected health problems, particularly in rural areas of India. Knowledge and awareness about medical abortion is very low. Main reasons behind this are lack of education, adequately trained service providers and freely available quality abortion services. These factors ultimately cause very high maternal mortality and morbidity. It is therefore of utmost importance to increase the awareness about medical abortion not only among doctors but also among general population. Also, there is a serious unmet need for easy availability of safe and effective methods of contraception and abortion services, particularly in rural areas.

Recommendations

There is a huge gap between demand of abortion services and facilities available. MTP services should be available legally at all government hospitals and government recognized centres which will allow safe abortion. Women's health groups, advocates, parliamentarians, and other health professionals should work together to support the right of women not to die from unsafe abortions and to ensure that they receive adequate treatment for complications. Post-abortal contraceptive counselling should be provided to all the couples.

REFERENCES

[1] Kumar P, Malhotra N. Jeffcoate's principles of gynaecology. 7th edn. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd 2008:131-138.

[2] World Health Organization. Unsafe abortion global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. 6th edn. Geneva: WHO 2011.

[3] Stubblefield PG, Grimes DA. Septic abortion. N Engl J Med 1994;331(5):310-314.

[4] Unsafe abortion incidence and mortality. Global and regional levels in 2008 and trends during 1990-2008.

[5] Ministry of Health & Family Planning, Government of India, Medical Termination of Pregnancy Act, 1971, 31-36. Amended 1972, New Delhi.

[6] Akande EO. Reducing morbidity and mortality from unsafe abortion in Nigeria. Archives of Ibadan Med 2001;2(1):11-13.

[7] Ekanem AD, Etuk SJ, Udoma EJ, et al. What proportion of abortion seekers in calabar are really pregnant? Trop J Obstet Gynaecol 2006;23(1):12-15.

[8] Guleria K, Bansal S, Agarwal N, et al. Women with septic abortion: who, how and why? A prospective study from tertiary care hospital in India. Indian J Public Health 2006;50(2):95-96.

[9] Bahadur A, Mittal S, Sharma JB, et al. Socio-demographic profile of women undergoing abortion in tertiary centre. Arch Gynecol Obstet 2008;278(4):329-332.

[10] Shivkumar BC, Vishvanath D, Srivastava PC. A profile of abortion cases in a tertiary care hospital. J Indian Acad Forensic Med 2011;33(1):33-38.

[11] Roychowdhury UB, Guharoy D, Roy A, et al. Termination of pregnancy in adolescence. J Indian Acad Forensic Med 2008;30(4):212-215.

[12] Mittal S, Bahadur A, Sharma JB. Survey of the attitude to knowledge and practice of contraception and medical abortion in women attending a family planning clinic. J Turkish-German Gynecol Assoc 2008;9(1):29-34.

[13] Sharma M, Malhotra P, Jain P, et al. Role of early active management in patients of septic abortion. J Obstet & Gynaecol 2008;13(11):459-461.

[14] Jain V, Saha SC, Bagga R, et al. Unsafe abortion: a neglected tragedy. Review from a tertiary care hospital in India. J Obstet & Gynaecol Res 2004;30(3):197-201.

[15] Naib JM, Siddiqui MI, Afridi B. A review of septic induced abortion cases in one year at Khyber Teaching Hospital, Peshawar. J Ayub Med Coll Abbottabad 2004;16(3):59-62.

[16] Sood M, Juneja Y, Goyal U. Maternal mortality and morbidity associated with clandestime abortions. J Indian Med Assoc 1995;93(2):77-79.

[17] Coyaji K. Early medical abortion in India: three studies and their implication for abortion services. J Am Med Womens Assoc (1972) 2000;55(3 Suppl):191-194.