ISSN- O: 2458 - 868X, ISSN–P: 2458 – 8687
National Library of Medicine - ID: 101731606

International Journal of Medical Science and Innovative Research (IJMSIR)
IJMSIR : A Medical Publication Hub
Available Online at: www.ijmsir.com
Volume – 9, Issue – 5, October – 2024 , Page No. : 71 – 79

An Observational Study on the Knowledge, Attitude and Practice about Various Abortion Methods in Pregnant Women Coming for Medical Termination of Pregnancy

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Citation this Article: Dr. Garima Johari, Dr. Rashma Gera, Dr. S.R. Saini, Dr. Ragini Garg, "An Observational Study on the Knowledge, Attitude and Practice about Various Abortion Methods in Pregnant Women Coming for Medical Termination of Pregnancy", IJMSIR - October - 2024, Vol – 9, Issue - 5, P. No. 71 – 79.

Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Introduction: Unintended or unplanned pregnancy poses a major economical, psychological, social and religious challenge in women of reproductive age, especially in developing countries. Access to information is a key determinant of safe abortion. The provision of information about safe legal abortion is crucial to protect women's health and safeguard their human rights. This study was conducted with the objectives of assessing the knowledge, attitude and practice regarding abortion and technology to evaluate socio-demographic profile of women seeking abortion like age, parity, socioeconomic condition, education, duration of pregnancy and reasons to opt for the termination of pregnancy.

Materials and Methods: A hospital based cross sectional study was performed at the department of Obstetrics and Gynaecology, SMS medical college. A questionnaire was prepared and the women who came for MTP in our hospital were assessed. Questions pertaining to women's knowledge, attitude, perception, use of medical abortion, and use of emergency contraception were asked. The information was collected and then analysed.

Results: Most of the cases were aged between 26-30 years (30.81%), 56.98% cases were from rural areas, 90.7% were married, Socio-economic status varied, with maximum (37.79%) in the upper lower class, and Education level of cases showed majority (45.35%) were illiterate. 20.35% had no knowledge of safe abortion methods. In terms of government clinic awareness,52.33% were unaware. 65.70% were unaware that trained doctors perform medical terminations of pregnancy (MTP). Additionally, majority 68.02% did not know that MTP is legalized in India. And, only 47.09% were aware of complications associated with unsafe abortion. 47.67% preferred condom as their contraceptive of choice, 27.91% preferred IUCD, 17.44% preferred OCPs. The primary source of contraceptive information was from health care providers. The main reasons for choosing contraception were to avoid unwanted

pregnancy which is about 51.74%. On the other hand, majority of cases refused contraception because of fear of side effects in 34.30% of cases, and 31.40% because of resistance from family members.

Conclusion: Medical termination of pregnancy holds great potential for increasing the accessibility of women to safe abortion services in India. Therefore, more information, education and communication is needed to spread awareness amongst general population regarding safe abortion methods available right from grass root level till tertiary level. This will help in reducing maternal morbidity and mortality and will ensure safe motherhood.

Keywords: MTP Medical Termination of Pregnancy, **OCP** Oral Contraceptive Pill, **IUCD** Intrauterine Contraceptive Device

Introduction

Unintended or unplanned pregnancy poses a major economical, psychological, social and religious challenge in women of reproductive age, especially in developing countries.[1] Globally, one in 4 pregnancies ends in abortion. It is important that all providers understand the prevalence of abortion, the options available, the safety, the restrictions, and the access issues associated with abortion to be able to provide safe and optimal quality of care to the patients.[2]

Most abortions result from unintended pregnancies. A pregnancy can be intentionally aborted in several ways. The manner selected often depends upon the gestational age of the embryo or fetus, which increases in size as the pregnancy progresses. Medical termination was legalised in India in 1971. There are nearly 40 million women in India who prefer not to become pregnant but do not practice contraception.[3] Hence when pregnant women come for induced abortion, they are very receptive for future contraceptive counselling. The counselling is based upon their needs, knowledge and acceptance for any contraceptive method and her medical eligibility criteria for a particular method.

Abortion can be completed with medication or by a procedure which is called medical abortion or surgical abortion. The reasons for terminating a pregnancy may be maternal factors or fetal indications.

Early medical abortion is non-invasive, avoids the risk of a surgical procedure, and the risk of anaesthesia and can be done up to 11 weeks. It allows for more privacy and control for the patient. It involves the use of medications such as mifepristone and misoprostol [4,5,6] . Medical abortion after the first trimester can also be performed safely and effectively by trained clinicians in settings that are equipped to support the patient.

Post-abortion contraception is the most effective means to reduce abortion rate. The return of fertility is rapid after first trimester abortion. The first ovulation may take place as soon as 2 weeks after abortion, and half of the women have ovulated by 3 weeks. Hence, commencement of effective contraception is necessary even before the first post-abortive menstrual period. Average age of the women coming for termination is 25-29 yrs.

Access to information is a key determinant of safe abortion. The provision of information about safe legal abortion is crucial to protect women's health and safeguard their human rights. This study was conducted with the objectives of assessing the knowledge, attitude and practice regarding abortion and technology to evaluate socio-demographic profile of women seeking abortion like age, parity, socioeconomic condition, education, duration of pregnancy and reasons to opt for the termination of pregnancy.

Materials and Method

A hospital based cross sectional study was performed at the department of Obstetrics and Gynaecology, SMS medical college. Socio-demographic data i.e. age, address, ethnicity, parity and smoking history, age at marriage, age at first child birth were collected about each participant. A questionnaire was prepared and the women who came for MTP in our hospital were assessed. Questions pertaining to women's knowledge, attitude, perception, use of medical abortion, and use of emergency contraception were asked. The information was collected and then analysed.

Study Design: Observational study

Study Type: Hospital based prospective study

Study duration: November 2022 till the sample size is achieved and 2 months for data analysis.

Study Universe: Women presented to outpatient department obstetrics and gynaecology SMS medical college.

Study population: Patient presented to outpatient department obstetrics and gynaecology.

Inclusion Criteria

- Pregnant women coming in out-patient department (OPD) for Medical Termination in 1st trimester of pregnancy
- Women who are willing to give consent
- Women who are not participating in any other study

Exclusion Criteria

- Pregnant women in 2nd trimester wanting MTP
- Pregnant women with fetal congenital anomaly
- Pregnant women with mother's life at risk
- Pregnant women with previous scarred uterus
- Pregnant women with low lying placenta

Observation and Results

A hospital based observational, prospective study was conducted among 172 cases who came for MTP to study their knowledge, attitude and practice about various abortion methods.

Table 1 shows socio-demographic parameters of study population. The study included 172 cases : Most of the cases were aged between 26-30 years (30.81%), whereas 6.98% belonged to >35 year age group. 56.98% cases were from rural areas, and 43.02% were from urban areas. 90.7% were married, with 9.3% of women being unmarried. Socio-economic status varied, with maximum (37.79%) in the upper lower class, and minimum being 12.21% in the upper class. Education level of cases showed majority (45.35%) were illiterate, and 3.49% were with a graduation degree.

Table 1: Socio-demographic parameters

Socio-demographic Parameter		No. of Cases	Percentage
Age Distribution (in years)	<20	23	13.37
	21-25	47	27.33
	26-30	53	30.81
	31-35	37	21.51
	>35	12	6.98
Geographical Area	Rural	98	56.98
	Urban	74	43.02

Marital Status	Married	156	90.70
	Unmarried	16	9.30
Socio-economic Status	Upper	21	12.21
	Upper Middle	24	13.95
	Lower Middle	31	18.02
	Upper Lower	65	37.79
	Lower	31	18.02
Education Status	Illiterate	78	45.35
	Primary	57	33.14
	High School	31	18.02
	Graduation	6	3.49

Graph 1:

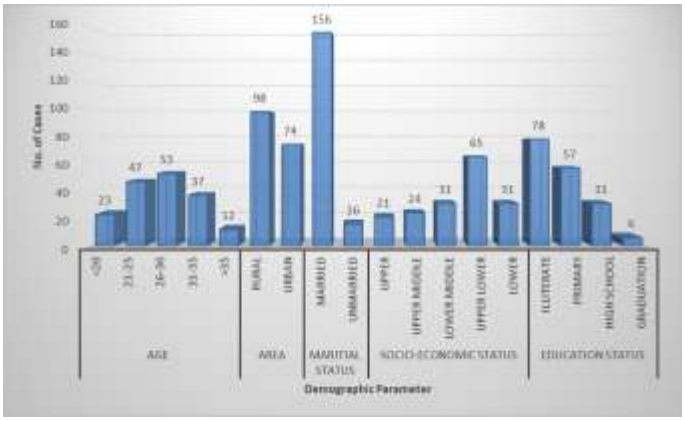

Table 2 shows knowledge about abortion methods and related aspects among total 172 cases, 49.42% cases knew about both the methods(medical and surgical methods), while 20.35% had no knowledge of safe abortion methods. In terms of government clinic awareness, 47.67% knew about it, whereas 52.33% were unaware. 65.70% were unaware that trained doctors perform medical terminations of pregnancy (MTP) but only few were aware about it. Additionally, only 31.98% knew that MTP is legalized in India, while majority 68.02% did not know about it. And, only 47.09% were aware of complications associated with unsafe abortion.

Table 2: Knowledge about Abortion, Technology & Complications

Knowledge about Abortion , Technology & Complications		No. of Cases	Percentage
Knowledge about safe abortion method	None	35	20.35
	Medical (MMA)	40	23.26
	Surgical (D&E)	12	6.98
	Both	85	49.42
Knowledge about government clinic	Yes	82	47.67
	No	90	52.33
Awareness that trained doctors performed MTP	Yes	59	34.30
	No	113	65.70
Knowledge about MTP being legalised in India	Yes	55	31.98

	No	117	68.02
Knowledge about complication of an unsafe abortion	Yes	81	47.09
	No	91	52.91

MMA (Medical Method of Abortion), D&E (Dilatation and Evacuation)

Graph 2:

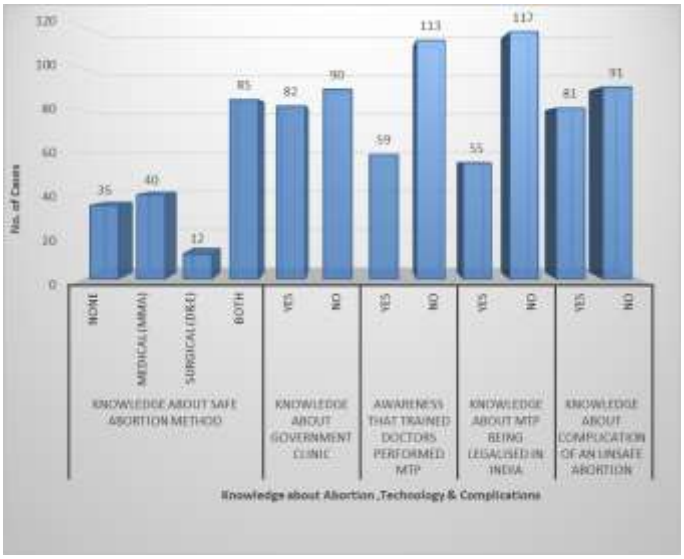

Table 3 shows, awareness in terms of contraception awareness, attitude, and practice, the preferred methods among 172 cases included 47.67% preferred condom as their contraceptive of choice, 27.91% preferred IUCD, 17.44% preferred OCPs. The primary source of contraceptive information was from health care providers. Many cases did not wanted immediate contraception. Only 44.77% were willing to use contraception immediately after abortion.

The main reasons for choosing contraception were to avoid unwanted pregnancy which is about 51.74%. On the other hand, majority of cases refused contraception because of fear of side effects in 34.30% of cases, and 31.40% because of resistance from family members.

Table 3: Awareness, attitude & practice of contraception & its methods after Abortion

Awareness, attitude & practice of contraception & its methods		No. of Cases	Percentage
Method which will be opted as Contraception	Condom	82	47.67
	Female Sterilization	5	2.91
	Injectable	7	4.07
	IUCD	48	27.91
	OCP	30	17.44
Source of Contraceptive Information	Family Member	24	13.95
	Friends	26	15.12
	Health Care Provider	62	36.05
	Magazine	7	4.07
	Newspaper	1	0.58
	Non-government Organisation	5	2.91
	Radio	24	13.95
	Television	23	13.37
Willing to use contraception immediately after abortion	Yes	77	44.77
	No	95	55.23
Reasons for using Contraception	Avoid unwanted Pregnancy	89	51.74

	Improvement in Health	6	3.49
	Limiting Family	34	19.77
	Socio-economic Reasons	15	8.72
	Spacing Family	28	16.28
Reasons for refusal of contraception	Doesn't want immediate Contraception	43	25.00
	Fear of Side Effects	59	34.30
	Husband works out of town	10	5.81
	Not able to take Decision	6	3.49
	Resistance by family members	54	31.40

Discussion

In our study, maximum women(30.81%) were between 26-30 years of age group, and least 6.98% were in the age group of >35 years. Study by Bamniya A et al [7], Sharma R et al[8] and Wassie A Y et al[9] showed majority were in the age group of 26-30 years coinciding with our study. In Pagare S B et al[10] and Maheshwari B et al[11]study the most common age group was 21-30 years.

In our study, 56.98% of cases were from rural areas, while 43.02% were from urban areas. Study by Pagare S B et al[10] also noted similar findings with 53.33% cases from rural areas and 46.66% cases from urban areas. In Bamniya A et al[7] and Agrawal and Salhan[12] majority of cases were from urban areas but most cases were from urban slums.

In our study, in terms of marital status, 90.70% of cases were married, while 9.30% were unmarried. Studies by Bamniya A et al[7] and Sharma R et al[8] found similar results with majority being married.

In our study, 12.21% belonged to the upper class, 13.95% were from the upper middle class, and 18.02% fall into both the lower middle and lower categories. The largest group, comprising 37.79% was from the upper lower socio-economic status. Study by Bamniya A et al[7], Pagare S B et al[10] and Maheshwari B et al[11] found a similar distribution, with most women belonging to class 4 socio-economic status which is also supported by B.C. Shivakumar [13] highlighting poor socio-economic conditions compelling women to seek services from unqualified providers.

In our study, regarding educational background, 45.35% were illiterate, 33.14% had received primary education, 18.02% had completed high school, and 3.49% were graduates showing majority of cases were uneducated leading to more unsafe abortion and post-abortive complications. Study by Bamniya A et al[7] found that 40% were illiterate, 23% had primary education, 26% had high school education, and 11% were graduates, while Shivkumar et al[13] found 57% were uneducated. Study by Maheshwari B et al[11] found 60% were illiterate, and 15% were graduates while Sharma R et al[8] and Wassie A Y et al[9] found that majority of cases were literate.

In our study, 20.35% of individuals had no knowledge about abortion methods, 23.26% were aware of medical methods (MMA), 6.98% knew about surgical methods (D&E), and 49.42% were familiar with both. Study by Bamniya A et al[7] reported 69% were aware of the Dilatation and Evacuation method.

In our study, 47.67% of individuals were aware of the government clinic, while still 52.33% were unaware whereas the study done by Bamniya A et al[7] found that 58% of respondents knew safe abortions are performed at government-approved institutions.

In our study, regarding awareness that trained doctors perform MTP, 34.30% of cases had knowledge about it, while 65.70% were unaware. Study by Maheshwari B et al[11] showed that 29% of people recognize any doctor as suitable for MTP, 25% identify pharmacists, 30% are aware of paramedics, and 16% consider only MBBS doctors appropriate for MTP. Study by Bamniya A et al[7] also reported similar findings that 38% knew safe abortion procedures were done by trained doctors, showing that majority of women were unaware that trained doctors perform MTP.

Our study showed that 31.98% of individuals were aware of the legalization of abortion, while 68.02% were not. Bamniya A et al[7] showed 10% of respondents knew that MTP is legalized. Gupte et al[14] reported that 18% knew abortion is legal in India, 64% thought it was illegal. Sharma R et al[8] reported that 13.7% of women were aware that abortion is legal in India, with only 4.6% knowing the gestational limit for MTP. Studies by Maheshwari B et al[11] and Ghana health service reported similar findings. Hence still majority of women think that MTP is illegal and therefore, use unsafe methods for abortion leading to complications and further morbidity and mortality.

In our study, 47.09% knew about the complications of an unsafe abortion, while 52.91% were unaware. Bamniya A et al[7] observed that only 25% of responders knew about complications of an unsafe abortion. Still many women are unaware of safe abortion services leading to unsafe abortion and complications.

Our study showed 47.67% preferred condom as their contraceptive of choice, 27.91% preferred IUCD, 17.44% preferred OCPs, 4.07% preferred injectable like DMPA and NET-EN, and 2.91% preferred undergoing female sterilization after abortion. Studies by Bamniya A et al[7] and Umashankar et al[15] found that majority of responders preferred IUCDs as their contraceptive choice, while 10% were unaware of any contraceptive method. Study by Sahni S et al[16] found that 43.6% were knowledgeable about barrier and intrauterine contraceptive devices, 40.8% knew about OCPs, and 10.1% were aware of injectables.

In our study, 36.05% of individuals received information regarding contraception from healthcare providers, 13.95% from family members and radio each, 15.12% from friends, 4.07% from magazines, 0.58% from newspapers, 2.91% from non-government organizations, and 13.37% from television. Bamniya A et al[7] noted a lack of awareness about contraceptive methods in their study, with 47% of women learning about abortion procedures through the media and 18.85% from relatives. In Wiebe ER, Sandhu S's[17] study, 60% of women received information from physicians and 5.3% from friends and family. In study by Pagare S B et al[10] reported that healthcare providers, family members, and friends being their main source of information.

In our study, 55.23% were not willing to use contraception immediately after abortion. Study by Pagare S B et al[10] showed 70% were willing to use contraception immediately after abortion.

In our study, the primary reasons for using contraception were as follows: 51.74% to avoid unwanted pregnancy, 19.77% to limit family size, 16.28% for spacing family, 8.72% for socioeconomic reasons, and 3.49% for health improvement. Pagare S B et al[10] reported primary reason for using contraception was to avoid unwanted

pregnancy. Study by Mittal et al[18] noted that 39.8% did not accept any contraception.

In our study, in terms of reasons for refusing contraception, 34.30% of individuals cited fear of side effects, 31.40% noted resistance from family members, 25% did not want immediate contraception, 5.81% mentioned the husband was working out of town, and 3.49% were unable to make a decision. Pagare S B et al[10] and Sharma R et al[8] found similar findings with fear of side effects being the main reason for refusal of contraception.

Conclusion

Medical termination of pregnancy holds great potential for increasing the accessibility of women to safe abortion services in India. However, the awareness about medical termination of pregnancy is significantly low. It is therefore of utmost importance to increase the awareness about medical abortion. Poverty, sex discrimination, low status of women in our society, lack of knowledge about family planning methods, lack of awareness about safe abortion services, lack of qualified persons in rural areas, and lack of awareness about legalisation of MTP are some important causes, why women opt for unsafe and illegal abortion. Women, who do not have access to safe abortion services, resort to unsafe abortion methods risking their life and hence are exposed to serious reproductive morbidities. It should also be ensured that post-abortive contraceptive counselling including emergency contraception is provided to all the couples. To conclude, more information, education and communication is needed to spread awareness amongst general population regarding safe abortion methods available right from grass root level till tertiary level. This will help in reducing maternal morbidity and mortality and will ensure safe motherhood.

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