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To Estimate The Prevalance Of Induced Abortions, Modalities Followed "

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Abstract
Introduction
To curtail the Mortality rate due to unsafe abortion practices in India Introduction of MTP act was done in 1971, further Amendment done in 2021Under which abortion services are provided to the woman upto 24 weeks for special categories. Around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion.Induced abortions are conducted as per WHO recommendations following MTP (Ammendment)Act,2021. In India 25% of women obtaining induced abortions service. Therefore, this study aims to assess knowledge, attitude, and associated factors towards induced abortion service among females of reproductive age group.
Methods *An Institution-based cross-sectional study was conducted from April, 2022 to March, 2023 among females of reproductive age group seeking induced abortion at Niloufer hospital,Department of Obstetrics and Gynaecology,Osmania Medical College.. We collected data on demographics, Institutional factors: facility policy and regulation, knowledge, and attitude.*
Results *The overall induced abortion ratio was 17.04 per 1000 pregnancies.the lowest induced abortion was 5.27 per 1000 pregnancies for first birth order,increased to 25.81 for third birth order and then declined marginally and non linearly.Education of women was the most important factor that was assosciated with induced abortions .having first and second child rate was related to previous induced abortions .Living in rural areas substantially reduced the odds of induced abortion.Increasing womens education would have profound implications to induced abortions in India. Unplanned and Unintended pregnancies appears to be an important factor assosciated with induced abortion nationally.*

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I. Introduction

Abortion is a healthcare intervention and is regarded as a safe medical procedure when performed in accordance with a method recommended by the World Health Organization (WHO) that is appropriate for the gestational age and by trained medical professionals."Pregnancy terminated voluntarily from a service provider" is the definition of an induced abortion. Early in their pregnancy, pregnant women can also safely and effectively manage a medical abortion on their own outside of a hospital setting, such as at home. .Unsafe abortions are defined by the World Health Organization as "the termination of an unintended pregnancy by persons lacking the essential skills or in an environment lacking the minimum medical standards, or both" . Global estimates indicate that 97% of the 73 million unsafe abortions conducted annually take place in low- and middle-income countries (LMICs), accounting for nearly half (45%) of all abortions performed worldwide.A high burden of potentially fatal complications, including bleeding, infection, and trauma, along with residual morbidity from long-term medical conditions, are linked to unsafe abortion practices. These complications can also result in irreversible physical and mental health issues, increasing the long-term risk of anxiety, depression, and post-traumatic stress disorders.In India, abortions are completely lawful in a number of situations ever since the Medical Termination of Pregnancy (MTP) Act was passed in the 1970s. According to the MTP Act, licensed physicians who are registered and qualified may perform abortions in accredited facilities in order to save a woman's life, maintain her physical or mental health, address a social or economic need, address rape, incest, or fetal impairment, or in the event that a contraceptive method fails. The statute was changed in 2002–2003 to transfer the authority to the district-level committee from the state to authorize a private facility to perform abortion services. This move aimed to increase the number of providers providing complete abortion

care services within the bounds of the law.Guidelines for teaching physicians at public health facilities about comprehensive abortion care, which includes both medication and surgical abortion, were released by the Indian government in 2018. The MTP Act was recently amended in 2021, making it easier for all women, regardless of marital status, to obtain safe and legal abortion services.Until recently, obtaining a medical opinion was required for an abortion: two for a procedure performed between 12 and 20 weeks of pregnancy, and one for a procedure performed within the first 12 weeks of conception. However, under the amended MTP Act, 2021, a single medical professional's advice can now be used to end a pregnancy at any point up to 20 weeks of gestation for all pregnant women. Additionally, women who have experienced sexual abuse, have been raped or incestuously attacked, or are disabled may request a termination up to 24 weeks of gestation.Sadly, a sizable fraction of Indian women still have illegal and possibly dangerous abortions, endangering their health and raising the country's death rate.Although only 22% of abortions were deemed safe, it is estimated that 77% of unplanned pregnancies in India result in an abortion. Roughly eight women in the nation pass away every day from causes connected to unsafe abortions, accounting for 8% of maternal mortality in 2018.Previous studies have demonstrated a significant correlation between a high risk of having an unsafe abortion and a number of other factors, including living in a rural area, not having children, being less educated, being exposed to the media, using antenatal care (ANC) poorly, having younger mothers, and having malnutrition.In addition, poverty, social injustice, and the denial of women's human rights are major contributors to the high rate of unsafe abortion. .Data from the fourth round of India's National Family Health Survey (NHFS) (2019–2021) indicates that married women who had intimate partner abuse were more likely to self-manage their abortions. Furthermore, women frequently lack knowledge about the legal status of abortions in their nation and where to access safe abortion services. This is especially true for adolescent girls, poor women, and women living in rural areas. Additionally, they may frequently lack the financial means and decision-making authority to pursue such services, or they may be deterred by the unfavorable attitudes of healthcare professionals as well as a lack of privacy and confidentiality.Furthermore, women may be prevented from accessing safe abortion services by the stigma attached to abortions, particularly in the case of single women. Healthcare professionals who provide these services might feel discriminated against, which would make them hesitant to do so. The doctor-patient relationship may be weakened and moral distress may result from these conflicts.Government pledges made under the Millennium Development Goals (MDGs) to prioritize providing universal access to sexual and reproductive health (SRH) services have been reaffirmed under the Sustainable Development Goals (SDGs) for 2030. Safe abortion services must be readily available and easily accessible in order to meet the SDG requirement of "**leaving no one behind**." Accordingly, increasing women's access to safe and legal abortion is a top priority in line with the new SDGs that are centered on gender equality and health... While preserving women's autonomy and privacy, progressive legislation that has been upheld by court rulings has significantly expanded access to comprehensive and universal abortion care services in India in recent years. Therefore, more research is necessary to determine how such legislation will affect actual access to abortion care services and the number of unsafe abortions. It is crucial to comprehend the factors that influence women's decisions to have abortions in order to protect their health in this highly vulnerable social and medical context, which could have long-term health effects.Most of the evidence on abortion care in India comes from studies with small sample sizes based on non-representative geographic data.The study's goals were to care seeking patterns for abortion (social /therapeutic /humanitarian), and factors influencing these patterns. We investigated the predictors linked to risky abortion practices in more detail

II. Materials And Methods

A retrospective study, data collection undertaken from the data base of Department of obstetrics and gynaecology OPD, Niloufer hospital ,OMC for a period of 12 months (april 2022-March 2023) . A total of 660 women aged 21-35 years were included in the study . The analysis of this study included data from women aged 21-35 years s who had terminated their last pregnancy by induced abortion (and not spontaneous) in one year preceding the survey. The one year between the start and end of the study period were considered, which included a total of 248 women with a history of induced abortion.

Inclusion criteria

Data from women between the ages of 21 and 35, regardless of their marital status, who had had spontaneous and induced abortion—a planned, medically or surgically carried out termination of a pregnancy—in the year prior to the survey were included in the analysis.

The relationship between variables that were previously identified in the literature as influencing the decision-making process when seeking care for an abortion in alternative health facilities and the outcome variable was investigated. Factors including the woman's age, education, BMI and marital status Household factors were among the individual level determinants. Community-level characteristics included place of

residence and region. Pregnancy and abortion characteristics included parity and the reason for the abortion, among others.

Exclusion criteria :
1) Medico legal cases
2) Unwanted pregnancy.
Trimester variable

Trimester at which abortion was performed was categorized into first trimester(upto 12 wks+6 days of gestational age), second trimester (13 wks to 20wks of gestational age),exceptional cases up to 24 wks bound by MTP law.

Reason for abortion variable

The respondent's stated primary reasons for abortion were categorized as follows: therapeutic (health did not allow for pregnancy complications);and humanitarian (humanitarian: fetus had a congenital abnormality or contraceptive failure; social: economic reasons, last child too young, unplanned pregnancy).

Methods of abortion
The methods were categorized as surgical and medical abortions.

III. Results

During 2022,April to 2023,March, a total of 648 women of reproductive age group were registered in the study area.The incidence of spontaneous abortion -488 (75.3%),-causes being -The incidence of induced abortions -160 (24.6%).

induced abortions were , maternal age >26 years (7.0), and birth order of three or more (8.2) (Table 1). About 48 of induced abortions were observed among primi (30%),the rest in higher order pregnancy.About 66 %(n=106) of induced abortions were performed in <12 weeks of gestation, 22.5% (n=36) in 12-20 weeks of gestational age,10.7% (n=18) pregancies were terminated beyond 20 wks of gestational age.Among the pregnancies terminated beyond 20 weeks, 71 % (15) were terminated at facility in view of fetal anomalies

Characteristics of the women who had terminated their last pregnancy by abortion in the last one year, stratified by the type of health facility attended for the abortion, are reported in Table 1. A higher proportion of women across all age groups regardless of their marital status, education level, place, and region of residence availed of private facilities for abortion-care services whereas a greater proportion of Table 2 reports the abortion-related characteristics among women aged 21-35yrs whose last pregnancy .

Ended in an induced abortion.According to data, social causes (50.14%)—such as an unplanned pregnancy, accidental fall.—were the most frequent justifications for getting an abortion. Out of induced abortions 68% of the female participants reported having had a medical abortion.34% of women who had no living female child and 54% of women who had no living male child underwent induced abortions. The percentage of induced abortions was nearly the same across maternal and paternal education levels (Table 2).

Factors for spontaneous abortion

cause	N = 488	percentage
unexplained	209	43
Chromosomal anomalies	185	38
Recurrent pregnancy loss		
Endocrine and metabolic	53	11
APLA	9	2
Other causes	4	1
Anatomical abnormalities of uterus	4	1
Medical causes and immunological	9	2

The most common reason for induced abortion was "bleeding per vagina" (23%) followed by "fetal demise" (14%), which was determined by an ultrasound showing no or a low heart rate. . No more than one option was noted.

Factors for induced abortion

Cause	**Frequency**	**Percentage**
Bleeding PV	39	23
Dead foetus	32	14
Severe hypertension	15	8
Congenital malformation	18	9
Uterine anomalies	10	5
Total	160	100

Mode of induced abortion

MODE	N= 160	percentage
Medical	**118**	
Mife+miso	**54**	**33**
miso	**64**	**40**
Surgical	**42**	
Manual vacuum aspiration	**16**	**11**
Dilatation and curettage	**26**	**16**

After getting scan done for all patients for retained products of conception if any, after induced abortions - patient get discharged in 24hrs with haemodynamically stable condition after being counseled for contraception

Reasons for prolonged hospital stay :
1) Delay in providing RPOC scan(technical issues)
2) For coverage with triple antibiotics (if patient having high WBC count post procedure to prevent from sepsis)
3) For correction of anaemia
4) Genetic analysis studies for repeated abortions

IV. Discussion

According to the current study, women from lower socioeconomic classes prefer to have abortions performed at home rather than in a medical facility, indicating a social gradient in the pattern of abortion care service utilization. This result is in line with earlier studies from lower- and middle-class income groups, which indicate that women in financial hardship are more likely to choose not to use medical facilities for abortion services due to the related direct or indirect costs. Even though the field of study has made great strides, attitudes and knowledge regarding induced abortion are still lacking. According to a systematic review that evaluated LMICs' knowledge, attitudes, and abortion practices, women may be more likely to have an abortion at home under the guidance of a licensed healthcare provider if they are unaware of India's restrictive abortion laws and the stigma that surrounds the procedure.This study also revealed that a low educational attainment is a risk factor in and of itself for choosing to self-manage abortions at home rather than seeking abortion care from licensed healthcare providers at designated health facilities. These findings highlight the need for increased knowledge of abortion-related laws and services among vulnerable socioeconomically disadvantaged populations.Early-life unplanned pregnancies can have a negative effect on a person's education and career prospects, which can prolong their emotional and financial suffering. Adolescent girls are also more likely than relatively older women to put off having an abortion, which is linked to severe pain to their physical and mental health. This is because teenage girls typically discover and accept their pregnancies later in life.The current study found that women reporting social reasons for abortion tend to avoid receiving care at any healthcare facility, aside from therapeutic reasons such as medical complications in abortion. Prior research also revealed that unintended pregnancy and financial difficulties are the main causes of abortions in India, which may potentially increase the number of unsafe abortions. Furthermore, the results of this study indicate that women who chose medication over surgical abortion methods had a significantly higher likelihood of having an abortion at home without consulting a medical professional. Such a mindset regarding getting an abortion in defiance of medical advice, particularly when it's advised after the first trimester of pregnancy, may increase the risk to the mother's health.The MTP Act only gives limited recognition to self-managed medication abortions, despite being amended in 2021 in response to numerous calls to improve access to safe abortions while protecting women's autonomy and privacy This study was unable to evaluate women's awareness of abortion laws and their legal rights, which could have provided insight into the gaps in abortion-seeking behaviors. However, this information was not gathered through the survey. Furthermore, the number of abortions and potential causes in the data set may be under-reported, particularly in relation to illegal sex-selective abortions, as women are frequently reluctant to report abortions because of stigma and discrimination. Lastly, the majority of the women in this sample were married, despite the fact that unmarried women have historically had a higher incidence of unsafe abortions, which suggests that the problem may have been underestimated.

V. Conclusion

Despite notable advancements, attitudes and knowledge regarding induced abortion in the research field are still insufficient and subpar. This may be related to issues with information dissemination, and socioeconomic status. reproductive health concerns must be addressed, and school health programs must be rethought and revised. The most reputable community elders and religious leaders, in addition to governments and non-governmental organizations, should work on these issues to promote positive awareness and attitudes

regarding induced abortion. It is necessary to hold forums and panel discussions on induced abortion, .The provision of friendly services is necessary to reduce maternal mortality and morbidity, which arise from complications resulting from unsafe abortion practices.

Limitations of this study: Recall bias may have an impact on the social desirability bias because of the delicate nature of abortion-related issues and its historical background.

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