IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 14, Issue 12 Ver. IV (Dec. 2015), PP 01-04
www.iosrjournals.org

The Study of Knowledge, Attitude and Practice of Medical Abortion in Women at a Tertiary centre

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Abstract: *Unsafe abortions have devastating effects on women's health. Despite the liberalization of abortion services since the enactment of the Medical Termination of Pregnancy Act, 1971 the rate of unsafe abortion is high in developing countries. This study was conducted to access the knowledge, attitude and practice of medical abortion in Indian women. This is a cross sectional study, carried out from August 2010 to July 2012. In our study we found that most common cause of medical abortion is failure of contraception (38.1%) followed by unplanned pregnancy (32.38%). Most patients got information about medicine from media (45.55%) and family members (18.85%) . Most women were prescribed medicine by their family members (37.14%) and chemist (42.38%). Only 10.48% women took medicine after doctor's prescription. Most patients took medicine at home (89.5%) and arrived to the hospital after complication arose. To conclude, there is a need to increase awareness and availability of safe abortion services in general population. There is also a need to increase knowledge about availability of various contraceptive methods and their correct method of use among couples so as to decrease the number of unwanted pregnancies which leads to unsafe abortion.*

Key words: *Unsafe abortions, Medical termination of pregnancy*

I. Introduction

Every time a woman becomes pregnant, she risks a sudden and unpredictable complication that could result in death of or injury to herself or her infant. Every year, on an average, about 210 million women become pregnant throughout the world.(1) Approximately, one-third of these, or 75 million pregnancies ends in stillbirth, spontaneous or induced abortions(1). About 42 million of induced abortion performed each year, of which 20 million of the total abortions are thought to be unsafe (1). Nearly 98% of these unsafe abortions are performed in developing countries where around 47,000 women die annually due to abortion-related complications and a further 5 million women suffer disability(2). Unsafe abortions account for 13%(1) of all maternal deaths worldwide, or approximately 200 deaths per day.(2)

Between 10- 50% of women who undergo unsafe surgical abortions need medical care for complications. The most common complications are incomplete abortion, infection (sepsis), hemorrhage and injury to internal organs such as perforation of the uterus. Long-term health problems include chronic pain, pelvic inflammatory disease and infertility.

The World Health Organization (WHO) defines unsafe abortions ''as a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standard or both .(3)" In India, about 4 million back street abortions are carried out every year(4). We have a liberal abortion law which makes abortion available on request for social, ethical or eugenic reasons. Most common reason why women resort to unsafe abortion is an unintended pregnancy. The common causes of unintended pregnancies are lack of access to, or failure to use, a contraceptive method and sometimes failure of the contraceptive method itself. Other reasons may be a pregnancy occurring as a result of sexual coercion or rape and a variety of socio-economic reasons. Safe and legal abortion is considered a key intervention for improving women's health and quality of life. In India, abortions were illegal and amounted to homicide till 1971 (as per provisions under IPC 1860 and CPC 1898). MTP Act was passed in 1971 and came into force with effect from 1st April, 1972. Under the MTP Act, the following are strictly specified:

- Maternal/ Fetal conditions under which MTP can be done
- Place where it can be done
- Persons who can do it

Despite a liberal abortion law in India; out of 5.7 million induced abortions every year only 10% are conducted under safe condition and standards or both (5).

Medical abortion is the termination of pregnancy by taking a pill or a combination of pills. The most common and efficacious regime is mifepristone (taken first) and misoprostol (taken 36-48 hours later).

II. Aims and objectives

The following study was conducted in MGM Medical College and M.Y. Hospital Indore from August 2010 to July2012. The purpose of this study was to assess knowledge and attitude of Indian women towards medical abortion and to evaluate socio-demographic profile of women seeking abortion like age, parity, socioeconomic condition, education, duration of pregnancy at the time of abortion, reason to opt abortion.

III. Material and methods

A clinical survey of eligible women of reproductive age group (15-45 years) covering various reproductive issues regarding medical abortion was conducted in M.G.M.M.C. and M.Y. Hospital, Indore during a two year period from August 2010 to July 2012 .

Questionnaires were prepared and women were interviewed. Questions pertaining to women knowledge, attitude, perception and use of medical abortion, use of emergency contraception were asked. Study was carried out by using

responses in the proforma given. Leading question or suggestive questions were not asked to avoid biasing and overestimation. The information collected was then analyzed.

Those women, who presented after a spontaneous abortion and came for termination of pregnancy because fetus has congenital anomaly or her life is in danger because of pregnancy, were excluded since they desired a pregnancy and would not be expected to use contraceptives in near future. Those women who did not gave consent to be a part of study were also excluded from study.

IV. Observations and Results

Table .1 Demographic characters

Demographic characters		Number	Percentage
Age group	15-24 years	80	38.1%
	25-34 years	112	53.33%
	35-44 years	18	8.57%
Marital status	Married	205	97.62%
	Unmarried	5	2.38%
Parity	Gravida1 ,Para 0	30	14.29%
	para one	71	33.80%
	Para two	60	28.57%
	Para three and more	49	23.34%
Residence	Urban	157	74.76%
	Rural	53	25.24%
Socioeconomic status (Kuppuswamy' Classification)	Grade 1	23	10.95%
	Grade 2	23	10.95%
	Grade 3	52	24.76%
	Grade 4	64	30.48%
	Grade 5	48	22.86%
Education	Illiterate	85	40.5%
	Primary	49	23.3%
	High school	55	26.2%
	Graduation	21	10%

In our study, most of the women interviewed, were between 25-34 years of age (53.33%). Out of the 210 women , 205 women (97.62%) were married and 5 (2.38%) were unmarried. 154 women (74.76%) belonged to urban residence. 33 women (15.71%) were working women. 169 women (80.48%) were housewives. 8 (3.81%) interviewed were students. 85 women interviewed were illiterate (40.5%) while only 21 women (10%) were graduates. 23 women (10.95%) belonged to Kuppuswamy grade I of socioeconomic status, while 48 women (22.86%) belonged to grade V and 64 (30.48%) belonged to grade !V(table 1) .

Table 2: Gestational age at abortion

Gestational age	No.	Percentage
<12 weeks	112	53.33%
12-20 weeks	42	20%
Not known	56	26.67%

In our study, majority of women 112(53.33%) had taken abortifacient at <12 weeks of gestation. However, 56 (26.67%) women did not know about their gestational age. Majority of women, 187(89.05%) had taken medicine at home. Only 10.95% women had taken medicine at hospital under supervision.

Table. 3: **Source of Information**

Information obtained from	Mifepristone / Misoprostol Regime (n=191)		Other abortifacients (n=19)	
	No.	%	No.	%
Media	87	45.55%	1	5.26%
Relatives	36	18.85%	16	84.21%
Chemist	9	4.71%	-	-
Doctor	23	12.01%	-	-
Health worker	19	9.98%	-	-
Others	17	8.9%	2	10.53%

Table.4: Complaints after medical abortion

Type of complications	Number	Percentage
Bleeding	126	60%
Pain	57	27.14%
Continued pregnancy	39	18.57%
Incomplete abortion	80	38.1%
Increased frequency of visit to hospital	35	16.67%

Out of 210 women, 191 women took the Mifepristone/Misoprostol regime of medical abortion and only 19 women had undergone abortion using other medicines. Out of the 191 Women only 23 women (12.01%) heard about this regime from doctors and 87 women (45.55%) had gained information from media, mainly the internet and television. Out of the 19

women who had heard that abortion can be obtained by using other medicines, 16 women (84.21%) had heard about it from Relatives, 1 (5.26%) from Media, 2 (10.53%) from others (friends)

Table. 5 Indication of abortion in women

Indication of abortion	Number	Percentage
Unplanned pregnancy	68	32.38%
Failure of contraception	80	38.1%
Social factors	62	29.52%

Table .6 : Service provider

Prescribed by	Number	Percentage
Self	21	10%
Doctor	22	10.48%
Family members	78	37.14%
Chemist	89	42.38%

Out of the 210 women undergoing abortion, 68 women (32.38%) had an abortion due to unplanned pregnancy while 80(38.1%) of them had pregnancy due to failure of contraception.While 78 women (37.14%) received medicine by Relatives mainly Husband and 42.38% by chemist 21 (10%) took the medicines by themselves, only 22 women (10.48%) were prescribed medicine for abortion by Doctor.

Main complication after taking medicine for abortion was excessive bleeding mentioned by 126 women (60%), incomplete abortion by 80 women(38.1%), continued pregnancy by 39 women(18.57%), pain by 57 women(27.14%)and frequency of visits by 35 women(16.67%).

The main reason for not going to doctor or hospital directly for getting termination of pregnancy was fear 107 (50.95%), social factor 77 (36.67%) and no information about medical abortion facility at Govt. Hospital as said by 26 women (12.38%).

Out of 210 women who had undergone abortion, 188 women (65.71%) wanted some form of contraception. Majority 56 women (26.67%) wanted permanent method of contraception. 45(21.43%) women accepted barrier contraception, 20. (9.51%) used OCPs and 17(8.1%) accepted IUCDs.

V. Discussion

Most of the abortions especially in the rural areas are conducted illegally by untrained persons under unhygienic and unsafe conditions. These lead to high maternal mortality and morbidity contributing to about 9 to 12% of maternal deaths. Even where the services are available, they are underutilized. This is mainly due to lack of knowledge among the community regarding the legality and availability of abortion services. Cultural sensitivity, uncompassionate attitude of the provider, hesitancy to avail services from male partner and lack of post abortion care. Also there is lack of awareness and under utilization of family planning services leading to unplanned pregnancies that lead to unsafe abortions forming a vicious cycle.

The present study was undertaken to evaluate the knowledge, attitude and practice of Medical Abortion among Indian women at a tertiary center.

During the study period there were 282 women who came for MTP, reasons also included incomplete, missed abortions, etc. Out of which, 11 performed for eugenic and therapeutic purposes.

In our present study, most of the women who came for MTP (53.33%) were between 25 to 34 years. Guleria K et al (2006) and Bahadur et al (2008) also observed maximum cases among 20-30 years age group supporting ours observation (6,7). Majority of patients in our study who turned up for abortion are married (97.62%). In Guleria K et al study 91.4% were married. 33.8% of women were of parity1 followed by parity2 (28.57%). 74.76%women were from urban area and 25.24 % from rural area. But majority of women of urban region belonged to urban slum areas. In contrast to our study Roychowdhury et al [4] noted that the majority (53.33%) of cases from rural and semi urban region and 46.67% from an urban background. Agarwal & Salhan [8] also noted 32% patients from rural background, 24% from urban and 44% from urban slum area.

In our study majority of the patient (30.48%) belonged to a class IV socioeconomic status followed by class v. In study conducted by B.C.Shivkumar et al.(5) women of lower socioeconomic status constituted 74% followed by middle class 26%. Bahadur et al (7) also observed higher incidence (53.4%) in women belonged to the lower middle class and lower class. Roychowdhury et al (4) 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 seek services from unqualified providers.

Majority of the patients (40.5%) were uneducated. In the study of Shivkumar et al(5) also majority of patients were uneducated(57.3%) In this stratum of society there is lack of awareness about contraceptive method and most pregnancies are unplanned. Desire of male child and poverty are also important cause of high abortion rate in this class. Majority of women (53.33%) presented during <12 weeks of pregnancy followed by 13- 20 weeks (20%). Bhattacharya et al (9) noted majority of the abortion cases (56%) in first trimestend 32.6% of cases in second trimester. In the study of Shivkumar et al (5) 84.7% women presented during 5-12 weeks of pregnancy followed by 13-20 weeks (15.3%). The delay beyond 12 weeks was mainly because of administration of abortifacients leading to failure/incomplete abortions and may probably be due to desire to know the sex of the fetus.

In our study, out of the 191 women who had taken Mifepristone/Misoprostol regime of medical abortion, 47.55% (47) had heard about it from media, whereas 18.85% (36) women heard from their relatives (table3). In a study conducted by Wiebe ER, Sandhu S (10) in 2008, women received information about abortion services from their physician (60%), internet (14.8%), telephone directory (7.8%), friends or family (5.3%) and other sources (12.3%)

In present study 60% cases presented with bleeding per vaginum followed by incomplete abortion(38.1%), pain(27.14%), continued pregnancy(18.57%)and frequent visit to hospital(16.67%). In Coyaji et al(11) (2000),75% women had no complications but 14% mentioned bleeding and 4%mentioned more visits.

Main reason for undergoing abortion was failed contraception (38.1%) followed by unplanned pregnancy (32.38%) and social factors (29.52%). In the study of Shivkumar et al.(5) unplanned pregnancy constituted 30.7%, followed by contraceptive failure 29.3%, inadequate income 26.7% as a reason for opting abortion.

In our study most of the women received medicine from non- medical personnel, from chemist 42.38%, by relatives (mainly husband and in laws), 37.14% by herself (10%). Only 10.48% women have taken medicine from medical personnel. In Dhillon BS et al (12) study 42.8% women received medicine from husband. In Fikree F et al (13) study 50 reported reaching their decision alone but all consulted their husband at some point. In Okonofua FE et al (14) study abortions were performed in 32% by medical practitioners, 27% by non-medical and 19% were self induced.

12.38% of women did not go directly to doctor as they did not have information about facility at Government hospital while 50.95% women did not go due to fear and social factor was implicated by 36.67 % women. In the study of K Coyaji (2000)(11), three most important reasons for choosing medical abortion were avoiding hospital admission, general fear of surgery and greater convenience.

In our study 65.71% accepted post MTP contraception. TT in 26.67%, IUCD in 8.1% , OCPs in 9.51% cases and barrier methods 21.43%.In Suneeta Mittal et al study (15) out of 284 women, 111 (39.08%) did not use contraception. 108 (38.02%) accepted barrier method, 52(18.31%) used IUCD,11 (3.87%) used OCP and 2(0.7%) used other methods. Complications encountered in women after abortifacients were 30 cases of severe anemia (14.29%), 4 cases of shock(1.9%), 11 cases of septicemia(5.24%) and 2 cases of ectopic pregnancy(0.95%) In the study of Ojha et al (16) out of 57, 31(54.4%) women presented with incomplete abortion. 3 cases of method failure and 4 presented with ectopic pregnancy.

VI. Conclusion

Medical abortion holds great potential for increasing the accessibility of women to safe abortion services in India. However, the awareness about medical abortion is significantly low. Women routinely seek information about abortion services from friends and relatives. However these friends and relatives often do not know that safe abortion services are available and where to find them, so they some time recommend unsafe or untrained health care providers or home brewed connections to end pregnancy, endangering the life of the women. It is therefore of utmost importance to increase the awareness about medical abortion not only among doctors but also among general population. 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 are some important causes, why women opt for unsafe and illegal abortion

There is a huge gap between demand of abortion services and facilities available. Women, who do not have access to safe abortion services, resort to unsafe abortion methods risking their life and getting exposed to serious reproductive morbidities and whatever limited facilities are available are not fully utilized. It is also important to stress upon the fact that MTP services are available legally at government hospitals and government recognized centers which will allow for safe abortion. It should also be ensured that post abortal contraceptive counseling is provided to all the couples.

To conclude, rolling out effective abortion services and family planning services will certainly contribute to health and rights of women, rich or poor.

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