

Knowledge, attitude and practice regarding contraception among women/couples seeking medical termination of pregnancy

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SUMMARY OF THE PROPOSAL

Despite introduction of family planning measures for more than 50 years, the unplanned and unwanted pregnancies remain a major barrier to women's reproductive health. Currently the couple protection rate is 46.6% and a large number of women who seek abortion, either deficient in knowledge or find it difficult to avail the benefit of appropriate contraception. Thus induced abortion due to unplanned pregnancy is a major concern in Indian scenario. The current study is planned to identify, among abortion seekers, the level of knowledge regarding different modern methods of contraception, attitude to use contraception if available, and the contraceptive practices, which the women/couples used, and wish to use after medical termination of pregnancy. This prospective observational study to be carried out in the Department of Obstetrics and Gynaecology, will include 200 individuals/couples seeking medical termination of pregnancy. A structured questionnaire survey will be carried out regarding socio-demographic details, knowledge about modern methods of contraception, attitude and practice regarding contraception. Study will also explore the knowledge, availability and accessibility of emergency contraception and reasons for unwanted pregnancy. It is envisaged that the survey results would give an indication of the proportion of induced abortion that could be prevented by prior knowledge and availability of contraception, especially emergency contraception.

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I. Introduction

The rapid growth of human population in this century threatens the survival of all. At its present rate, the population of the world will double in 54 years and that of many of the poorer countries of the world in about 20 years.

With each woman expected to have no more than one or two children, most of her reproductive years are spent trying to avoid pregnancy. Effective control of reproduction is essential to a woman's ability to accomplish her individual goals.

The term contraception includes all measures temporary or permanent designed to prevent pregnancy due to coital act. Ideal contraceptive methods should be safe, effective, acceptable, inexpensive, reversible, simple to administer, independent of coitus, long lasting enough to obviate frequent administration and require little or no medical supervision. Despite the wide range of effective contraceptive options available to women in developed countries, unintended pregnancies continue to occur in large numbers.

Safe and legal abortion is considered a key intervention for improving in women's health and quality of life. Despite a liberal abortion law in India (Medical Termination of Pregnancy Act of India 1971)¹ 6.7 Million induced abortions occurs every year² of which only 10% are conducted under safe conditions.³ Most of the abortions especially in rural areas are conducted illegally by untrained personnel under unhygienic and unsafe condition. These lead to a high maternal morbidity and mortality, which contributes about 9 to 12% of maternal death.⁴

Despite introduction of family planning measures for more than 50 years, the unplanned and unwanted pregnancies remain a major barrier to women's reproductive health. Currently the couple protection rate is 46.6% and a large number of women who seek abortion, either deficient in knowledge or find it difficult to avail the benefit of appropriate contraception.

Thus induced abortions remain an important public health problem. Use of appropriate contraceptive is the best way to reduce its burden. Therefore, the objective of this current study is to identify among abortion seekers regarding different modern methods of contraception and attitude to use the contraception if available,

and contraceptive practices immediately before an unwanted pregnancy. The study will also identify the contraceptive practices which the couples wish to use after medical termination of pregnancy (MTP).

II. AIMS AND OBJECTIVES

1. To study knowledge about various types of contraception temporary or permanent, among women/couples, who want termination of current pregnancy.
2. To study attitude towards use of any method of contraception (temporary or permanent), if these are available to them.
3. To study and record currently used method of contraception within the last 6 months before the current pregnancy.
4. To study the above parameters (objectives 2 and 3) in the same study group of women/couples who had termination of pregnancy.
5. To estimate the proportion of induced abortion that can be prevented by use of emergency contraceptives.

Despite the provisions of safe and affordable family planning services, 120 million couples are not using any contraception to limit or space their family and many who use one, conceive. According to the National Population Policy (NPP) 2000, various methods of contraception and fertility regulation shall be accessible to all.⁵

Over the decades, there has been a substantial increase in contraceptive use in India. The direction, emphasis and strategies of the family welfare programmes have changed over time. However, meeting the contraceptive needs of considerable proportions of women and men and improving the family planning services continue to be challenging.⁶

As contraceptive use increases and becomes a more established behavior, prevalence is no longer a sufficient marker of programme success.⁷ Contraceptive continuation may become more important than acceptance in increasing contraceptive prevalence.⁸ Studies have shown higher discontinuation levels for oral contraceptive pills and condoms than IUDs.⁹ The tendency to discontinue contraceptive use seems to be more common in rural areas than in urban areas.¹⁰ The mean age of women who underwent abortion was $29.2 \pm 5-7$ years. Three-fifths of induced abortion seekers were between 25-34 years, and in 47.3 percent of cases, the parity was three or more. A small percent of induced abortions were in adolescent (1.6%) and in nulliparous women (3.1%).¹¹

The actual incidence of abortion worldwide is not known. Estimates range from 33-55 million a year or about 40-70 per 1000 women of reproductive age, with an abortion ratio of 260-250 per 1000 life births.¹²

Abortions, whether spontaneous or induced, whether in hands of skilled or unskilled persons are almost always fraught with hazards, resulting in maternal morbidity and mortality. Where abortions are legal and statistics relatively accurate, the mortality ratio ranges from 1 to 3.5 per 100,000 abortions in developed countries.¹³ In India, mortalities reported to be 7.8 per 1000 "random abortion".¹⁴

Family planning through contraception tries to achieve two main objectives; firstly, to have only the desired number of children and secondly, to have these children by proper spacing of pregnancies.¹⁵ Mass media also plays an important role in promotion and acceptability of contraception.^{16,17}

According to the National Family Health Survey-3 (2005-06), about 12.8 percent of currently married women in India have an unmet need for family planning. The unmet need for spacing the births is almost same as the unmet need for limiting the births. Unmet need for family planning is highest (27.1 percent) among women below 20 years and almost entirely for spacing the births rather than for limiting the births. Unmet need for family planning is higher in rural areas than in urban areas. It also varies by women's education (with in range of 10.4-13.6 percent) and religion (Hindu and Christian women have a lower unmet need than Muslim women).

Post-coital contraception is advocated as an emergency method; for example, after unprotected intercourse, rape or contraceptive failure. Opinion is divided about the effect on fetus, should the method fail. Although the failure rate for post-coital contraception is less than 1 percent, some experts think a woman should not use the hormonal method unless she intends to have an abortion, if the method fails. There is no evidence that fetal abnormalities will occur but doubts remain.¹⁸

RESEARCH DESIGN

1. **Type of study:** Prospective observational study.
2. **Study area:** Department Obstetrics and Gynaecology, I.P.G.M.E.R., Kolkata (S.S.K.M. Hospital).
3. **Study Population:** Women/couples with unwanted pregnancies seeking induced abortion (Medical termination of pregnancy), attending outpatient clinic of Department of Obstetrics and Gynaecology of our hospital.
4. **Sample size:** A total of 200 individuals/couples (seeking abortion) will be prospectively enrolled in the

study.

5. **Study period:** 1st June, 2010 to 31st May, 2011.
6. **Study design:** This is a prospective structured questionnaire survey, which will be introduced to the women and couples seeking termination of pregnancy. The participants will be approached for an interview at our outpatient clinic, family planning clinic or family planning ward. The study objectives will be explained and a consent form will be signed. A structured questionnaire will be prepared regarding socio-demographic profile, number of living children, and number of spontaneous or induced abortion. The causes of unwanted pregnancy will also be explored. When the abortion is completed, a note will be made about what type of contraception has been planned for these patients. They will be followed up to two weeks after intervention.
7. **Study tool:** Response to structured questionnaire regarding knowledge, attitude and practice of contraception immediately before and after the MTP.

SELECTION CRITERIA INCLUSION CRITERIA

1. Women / couples seeking termination of pregnancy.
2. Period of gestation less than 20 weeks.

EXCLUSION CRITERIA

1. Period of gestation more than 20 weeks.
2. Patient who will not be able to come for followup.
3. Pregnancy following rape.
4. Patients presenting with bleeding in early pregnancy.
5. Suspected ectopic pregnancy.

III. Methodology

In this study, a group of 200 women/couples attending the antenatal clinic or family planning clinic of our hospital will be selected (taking into account of the points mentioned in the inclusion and exclusion criteria).

A questionnaire would be administered to each of them which would comprise the following:

I Knowledge about modern methods of contraception both temporary [like rhythm method, condom, IUD, pills (COC, POP), injectables/implants] and permanent (like male and female sterilization) before accidental pregnancies with special emphasis on emergency contraception.

II Method of contraception followed by them within last 6 months of current pregnancy and causes of accidental pregnancy.

III If knowledge is present, the data regarding source of the knowledge such as family members, friends, television, newspapers and others will be collected.

IV Attitude of the women/couples in accepting various modern contraceptive measures.

V Contraceptive practices by them (women/couples) after medical termination of pregnancy).

Those who have accepted termination of pregnancy will be further counseled regarding contraception. Following MTP they will be followed up at two weeks to assess their knowledge, attitude and practice regarding contraception will be re-assessed.

All required permission and consent and institutional ethics clearance taken. Data will be used for academic purpose only. After collection, compilation it will be analyzed by statistical software's. Nominal data will be expressed in percentages with 95% confidence interval, and comparisons between groups will be done by Chi-square test. The continuous data will be expressed as mean with standard deviation, and comparisons between groups will be done by Students' T-test.

- Results – 100 study subjects were studied. It was a purposive sampling done in OPD among willing candidates. The purpose being exploring reasons and understanding the background knowledge, attitude and practice first 100 eligible study subjects were interviewed. Background descriptors : The study revealed 87% were illiterates, 8% unmarried, 53% women were in first trimester and 41% before second trimester. 89% were homemakers, 32% primigravida, none declared done sex determination and 63% lived in joint family. However 59% sought unmet need for contraception whereas 61% displayed felt need.

KAP Studies revealed that Knowledge was poor among 35%, Attitude was poor among only 17% whereas Practice was poor among 68%. The huge gap between KAP is worrisome and strongly reveals the lack of women autonomy in taking decisions on their own Reproductive health. Reasons explored reveal 73% to be confirming to the head of the family irrespective of their own wish. 59% cited ignorance and lack of awareness on same. 34% cited domestic violence as cause for poor compliance. However patriarchal society, age old practices, firm beliefs, inaccessibility to health care. Only 5% opined their choices were voluntary. Refusal by family another want of male child in 34% cases. It was noted that among those seeking contraception temporary

methods sought by 51% and permanent methods by only 13%. Reasons for unmet need alarming. And need to be probed. Families to be talked ad they should be able to have a platform to voice opinion and seek care beyond the households. Although KAP Studies are not much in use now but it depicts the mindset and need for basic awareness generation session.

IV. Discussion

The present study revealed that unmet needs are very high and intense awareness generation alongside providing services optimally is required. Trust on healthcare workers is mandatory to ensure uptake of services by beneficiaries. However as said RCH is all about giving autonomy to women.

A study conducted concluded medical termination of pregnancy has a learning effect on a woman's subsequent fertility control behaviour. Hence to assess their knowledge and attitude of MTP acceptors towards abortion and their pre and post abortion contraceptive practices, a study in Kolkata revealed good knowledge is an important determinant.

Moreover, availability of services and accepting contraception with guarded religious beliefs exist in India. Another study revealed irrespective of knowledge is poor, in urban area uptake of contraception depends on partners mostly. However, another study revealed as MTP was considered sinful in a majority the primary reason for deciding to have an abortion was socioeconomic or a hidden sex determination. Hence as similar to present study unmet needs of contraception and associated reasons remain unfavourable and need socio-political will and support to combat it.

V. Conclusion

The study concludes that practice of taking contraception is above average though knowledge is poor. Illiteracy and false perceptions and societal pressures along with fear of health care services lead to reduced uptake of contraceptives. Hence a larger study with more representative sample and liberal funding is required to elicit the ground reality. Women's health cannot be neglected and the KAP Studies needs to conducted more vigorously to have the grassroot level scenario so that policies can be formulated in accordance.

- **Conflict of Interest – Nil**

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