



Knowledge, Awareness and Practices Regarding Abortion Among Rural Women-An Observational Study

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(Received: 07 February 2024 Revised: 10 March 2024 Accepted: 16 April 2024)

KEYWORDS

Abortion,
knowledge,
awareness,
practices, rural
women

ABSTRACT:

Background: Abortion is considered as a crucial part of the reproductive health of women across the world. It is one of the Leading causes of maternal morbidity and mortality in the developing world.

Objectives: The purpose of this study was to investigate the knowledge, awareness and practices towards abortion among women residing in rural area.

Materials and Methods: This was a cross-sectional observational study. Data were collected by interview using predesigned questionnaire. The patients were then assessed based on demographic factors like age, literacy, socioeconomic scale and occupation. They were asked about their personal experience regarding knowledge, awareness and practices of abortion.

Results: A total of 200 women were enrolled in this study, majority of them (40%) were 26-35 years age group, 91% were married, 48% were illiterate, 55% was house wife and 54% were belonging to lower socio-economic class. Majority of them (62.5%) had never heard about the method of abortion, 43.5% of them heard from their parents or relatives, 51.5% don't know the place of safe abortion conducted and 36% belief that any health care professional can conduct abortion. Most of the study participants have lack of knowledge, awareness and practices about abortion. Very little information about the legalities and complications of abortion

Conclusion: Present study shows that rural women have very less knowledge, awareness and practices regarding contraception safe abortion. So, creating awareness and practices about safe abortion can lead to minimize maternal morbidity and mortality in rural population.

INTRODUCTION

Abortion is the expulsion of a fetus from the uterus or termination of pregnancy before fetal viability. The World Health Organization (WHO) defines abortion as the termination of pregnancy and the expulsion of an embryo or fetus before the age of survival or 20 weeks of gestational age or <500g [1-2]. Every year an average of about 11 million abortions take place annually and around 20,000 women die every year due to abortion related complications. Most abortion-related maternal

deaths are attributable to illegal abortions [3]. Unsafe abortions are also strongly associated with maternal morbidity from complications such as hemorrhage, sepsis, peritonitis, and trauma to the cervix, vagina, uterus, and abdominal organs. Common long-term health problems caused by unsafe abortion include chronic pain, pelvic inflammatory disease, tubal blockage and secondary infertility [4]. Almost 100% abortion-related deaths are preventable when performed by a qualified provider using correct techniques under



sanitary conditions [5]. Unsafe abortion is defined by WHO as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both [6]. A woman can seek induced abortion if the pregnancy is the result of contraceptive failure, rape, carries the risk of grave injury to the physical or mental health of the pregnant women and if there is a substantial risk that the child if born, would suffer from physical or mental abnormalities leading to serious handicap [7]. Termination of an unplanned pregnancy can lead to various physical, emotional and psychiatric disturbances which are the result of a lack of knowledge of contraception. Evidence suggests that abortion rates are lowest in those countries with a comprehensive system of sex education and contraceptive services [8]. Abortion is sought by women for a variety of reasons including birth control [9]. Illegal abortions are frequently performed in India by untrained persons like traditional birth attendants or dais placing the pregnant women at an additional risk of life. MTP act deals with the conditions under which a pregnancy can be terminated, the person or persons who can

Perform abortion and where abortion can be done [10] Septic abortion is a paradigm of preventive medicine, relating to all levels of prevention- primary, secondary, and tertiary [11].

Aims & objectives: The main aim of this study was to assess knowledge, awareness and practice towards to abortion care among reproductive age group women belonging to rural area.

MATERIALS AND METHODS

The present was a cross sectional observational study, conducted in the Department of obstetrics and gynecology, index medical college and research center, M P. All the women come from rural area during the study period were enrolled.

Inclusion criteria

- Women ≥ 18 years of age
- Women who provide consent for the study

Exclusion criteria

- Women < 18 years of age
- Women who not provide consent for the study

Verbal consent was obtained from each women and confidentiality of the cases were maintained. All the personal information's of the cases were collected by conducting a personal interview of each woman using a pre-designed questionnaire

The data were collected using a structured questionnaire that was prepared in Hindi and English. These structured questionnaire based interview schedules were used to assess the awareness, attitude and acceptability of these women at the time of admission.

The questionnaire consists of all the variables that can meet the objectives of the study, which is related to socio-demographic characteristics, knowledge, awareness and practices towards safe abortion.

The patients were then assessed based on demographic factors like age, literacy, socioeconomic scale and occupation. They were asked about their personal experience and their awareness about legal status of abortion in India, eligible provider and site.

Statistical analysis: All the data were analysed by using SSPS version 22. P value < 0.05 considered as statistically significant.

RESULTS

A total of Two hundred women belonging to rural area were enrolled for the study. Majority of the women 40% belonged to 26–35 years of age, the mean age was 26.88 ± 5.36 years. Most of the women 91% were married and among educational status 48% were illiterate. Majority (55%) of the women was housewives, 47% were normal BMI and 54% were belonging to lower socio-economic class [Table 1].

Table 1: Socio demographic characteristics of the study participants

Socio-demographic characteristics		Frequency (n=200)	Percentage
Age group (in years)	18-25	38	19%
	26-35	80	40%
	35-45	64	32%
	>45	18	9%
Marital status	Single	8	4%



	Married	182	91%
	Divorced	5	2.5%
	Widowed	5	2.5%
Education status	Illiterate	96	48%
	Primary school	61	30.5%
	Secondary school	29	14.5%
	Post graduate	14	7%
BMI (kg/m ²)	Underweight	68	34%
	Normal weight	94	47%
	Obese	38	19%
Occupation	Labour	62	31%
	House wife	110	55%
	Student	7	3.5%
	Professional	11	5.5%
Socio-economic status	Lower	108	54%
	Middle	63	31.5%
	Upper	29	14.5%

Majority of the women (41%) has 20-24 years age at first marriage, 40% had 2nd gravida, and 43% of women age was 25-34 years on first pregnancy. 34.5% had

history of miscarriage and 39% of the study participants had a parity of 1 to 2.

Table 2: Reproductive and health care related characteristics of the study participants

Characteristics		Frequency (n=200)	Percentage
Age at time of your first marriage	<20	47	23.5%
	20-24	82	41%
	25-34	60	30%
	35-49	11	5.5%
History of gravidity	Nulligravida	34	17%
	1 st gravida	74	37%
	2 nd gravida	80	40%
	≥3rdgravida	12	6%
Age at time of first pregnancy	<20 years	8	4%
	20-24 years	72	36%
	25-34 years	86	43%
	35-49 years	34	17%
Parity	Nullipara	38	19%
	1 child	62	31%
	2 children	78	39%
	≥3 children	22	11%
History miscarried/abortion	Yes	69	34.5%
	No	131	65.5%

Out of total participants, 125 (62.5%) had never heard about the method of abortion, 43.5% of them heard from their parents or relatives and only 15.5% of them

heard from mass media. Most of them (51.5%) don't know the place of safe abortion conducted, 36% belief that any health care professional can conduct abortion,



56.5% don't know the safe abortion prevent reproductive health problem [Table 3].

Table 3: Distribution of Knowledge about induced abortion of the study participants

Variable		Frequency (%)
Have you ever heard about the method of abortion	Yes	75 (37.5%)
	No	125 (62.5%)
Source of information regarding to induced abortion	Health professional	82 (41%)
	Mass media	31 (15.5%)
	Parents/Relatives/other	87 (43.5%)
Know place of safe abortion conducted	Hospital	55 (27.5%)
	Private clinic	27 (13.5%)
	Home	15 (7.5%)
	Don't know	103 (51.5%)
Know who attends safe abortion	Medical Doctor	36 (18%)
	ASHA	26 (13%)
	Any health professional	72 (36%)
	Traditional healer	9 (4.5%)
	Don't know	57 (27.5%)
Will Safe abortion reduce the risk of women reproductive health problem	Yes	53 (26.5%)
	No	34 (17%)
	I don't know	113 (56.5%)
Is unsafe abortion considered a major problem?	Yes	30 (15%)
	No	40 (20%)
	I don't know	130 (65%)

Awareness about legal abortion among rural women was deficient, only 4% women were aware that MTP can be done up to 5th month of pregnancy. 70% women thought that husband or parent's consent is mandatory for abortion, 96% was not Aware about emergency

contraceptives and 44% was not aware regarding methods of abortion. Most of the women (94.5%) never knew that some minor or major complications can occur in safe abortions; while 95% was not aware regarding legal aspect of abortion [Table:4].

Table 4: Distribution of awareness about abortion of the study participants

Parameter		Frequency (%)
Correct knowledge of gestational limit	Aware	8 (4%)
	Not aware	176 (88%)
	Not sure	16 (8%)
Consent of husband required for abortion	Aware	140 (70%)
	Not aware	40 (20%)
	Not sure	20 (10%)
Awareness regarding methods of abortion	Medical	25 (12.5%)
	Surgical	42 (21%)
	Both	35 (17.5%)
	Not sure	88 (44%)
Aware of emergency contraceptives	Aware	8 (4%)
	Not aware	192 (96%)
Awareness of post abortion complications	Aware	11 (5.5%)
	Not aware	189 (94.5%)



Awareness of legal aspect of abortion	Yes	4 (2%)
	No	196 (98%)

Regarding attitude towards MTP, 170 (85%) women agreed for legal abortion and the common indications were complete family size (60%) and contraception failure (24%). Most of the women (80.5%) abortion was

done in 1st trimester, 51% had no complication, 49% abortion conducted by paramedical staff, 60.5% done in hospital and post abortal counseling done in 57.5% cases[Table:1]..

Table 5: Practices about abortion among the study participants

Practices		Frequency (%)
Experience of Abortion	Yes	170 (85%)
	No	30 (15%)
Cause of Abortion	Unwanted Pregnancy	37 (17.5%)
	Contraception Failure	48 (24%)
	Congenital Anomaly	5 (2.5%)
	Complete family size	60 (30%)
Gestational Age at the time of abortion	1 st Trimester	161 (80.5%)
	2 nd Trimester	37 (18.5%)
	3 rd Trimester	2 (1%)
Complications of abortion	Minor	76 (38%)
	Major	22 (11%)
	Nil	102 (51%)
Conducting persons of abortion	Dai	54 (27%)
	Sister/paramedical staff	98 (49%)
	Registered doctor	48 (24%)
Site at which abortion is conducted	Hospital	121 (60.5%)
	PHC	43 (21.5%)
	Home	36 (18%)
Post Abortal Contraceptive Counseling	Done	85 (42.5%)
	Not done	115 (57.5%)

DISCUSSION

MTP is a quite safe and easy procedure for specialized persons and trained hands, but becomes life threatening when performed by unauthorized and untrained persons. In our study prevalence of unsafe abortion was more common in rural area, similar finding also reported by many other studies like: Shekhar C, et al [12] and Rahaman et al [13], this could be due to women residing in rural areas are often lack of knowledge, awareness and inadequate access to safe abortion procedures.

In current study, majority of participants were in age group of 26-35 years similar to the findings of Kore et al [14].

Present study reported that unsafe abortion are more common in lower socio-economic class women in

agreement with the Silwal K, et al [15]. That may be due to social behaviors such as cultural practices, religious rituals and other performances in society.

Overall knowledge about safe abortion is poor in our study respondents, concordance with the other researchers: Wayessa et al [16] and C. Espinoza et al [17].

In the present study majority of the women had lack of knowledge about the safe place for abortion, safe method of abortion, complication related to abortion and legal consequences of abortion, similar results also obtained by Mekonnen A, et al [18] and Pratibha B, et al [19].

In our study, the abortion was conducted mostly by paramedical staffs (49%) followed by dais in 27% cases, Sharma et al [20] and Jain V, et al [21] had



similar observations.

Present study observed complete family size as the most common indication for abortion, accordance with the Gupta et al [22], whereas Umashanker et al [23], found the most common indications for MTP were unplanned pregnancy and contraception failure.

Current study found that overall awareness regarding the safe abortion among study participants was very poor, constant with the Richa, et al [24].

In our study, majority of the abortion was performed in 1st trimester of pregnancy, our report concise with the Sangma N, et al [25].

Present study participants were predominantly lacking in complications and legal issues of unsafe abortion, these results were comparable with the Maheshwari, et al [26] and Amrita, et al [27].

CONCLUSION

We have concluded that majority of the women had lacking of adequate knowledge, awareness and practices attitude regarding legal abortion. Safety of abortion depends on awareness, attitude, and acceptability for it, Hence, creating awareness regarding legal abortion should be a major issue as it has a key intervention for improving women's health and quality of life and help in reducing maternal morbidity as well as mortality

Conflict of interest: none

Source of funding: none

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