International Journal of Clinical Obstetrics and Gynaecology

ISSN (P): 2522-6614
ISSN (E): 2522-6622

www.gynaecologyjournal.com
2021; 5(4): 108-111
Received: 28-05-2021
Accepted: 30-06-2021

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Knowledge, attitude and practices of abortion and PPIUCD in Indian women

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DOI: https://doi.org/10.33545/gynae.2021.v5.i4b.973

Abstract
Background: According to the first national study of the incidence of abortion and unintended pregnancy in India, an estimated 15.6 million abortions were performed in the country. The current study was done to determine awareness among Indian women regarding abortions and its legalities as well as post partum intra uterine device.
Aims and Objective: To know the status of knowledge, awareness and practices of abortion services and PPIUCD in women
Materials and Methods: A study was done between January to December 2019 among 9359 women who attended the outpatient department of obstetrics and gynaecology and family planning department at Muzaffarnagar medical college, which is a tertiary care institute at important district of Uttar Pradesh, Muzaffarnagar by using predesigned, pretested questionnaire. 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.
Results: Among 9359 women enrolled, 6084 (65%) were in the age group of 20–30 years and majority 3002(32.1%) belonged to lower middle class; 5616 (60%) were illiterate. Only 2340(25%) knew about the legalities of abortion and 1498(16%) about eligible provider. In 4264(67%) cases, MTP were self prescribed, out of which and 764(12%) developed major life threatening complication and saved and 40% chronic morbidity.4475 (70%) not adopted any post abortal contraceptive method.
Conclusion: The current study found that almost 75% of the women were unaware of legal status of abortion in India and 67% women have self prescribed MTP. Post abortal contraception counselling and adoption need attention as only 30% adopted any regular method. There is free availability of MTP KIT at counter.
Hence, the urgent need of the hour is to reduce unintended pregnancies, by promoting PPIUCD, creating more awareness about availability of safe and legal abortion practices in India among public and health workers with emphasis for post abortion contraceptive counselling.

Keywords: abortion, PPIUCD, gynaecology

Introduction
According to the first national study of the incidence of abortion and unintended pregnancy in India, an estimated 15.6 million abortions were performed in the country. It also found that 81% of abortions were achieved using medical abortion that was obtained either from a health facility or another source. Fourteen percent of abortions were performed surgically in health facilities, and the remaining 5% of abortions were performed outside of health facilities using other, typically unsafe, methods [1].
This paper synthesizes recent evidence on abortion scenario in India, explores factors why women seek abortions. It highlights factors, notably unmet needs for contraception, lack of awareness of legality of abortion services, limited access to safe services, poor quality of services, leading women to seek services from untrained providers or self-procurement of medical abortion kits without the knowledge of proper consumption or the potential complications. Thus by creating awareness about abortions and improving post abortal counselling we can surely help tackle this problem to some extent.
Levels of unsafe abortion are very high in India, especially given that abortion is legal for broad range of indications, and available in public and private health sector. In India, around 10000-12000 women die each year as a consequence of unsafe abortion while many women suffer from long term morbidity with abortion-related complications [2]. Estimates for contribution of unsafe abortions to maternal death in India vary from 8-20% [3, 4] Recent data suggest that 3-9% of all

pregnancies in India are terminated through induced abortion, and 18% of maternal mortality can be attributed to this [5].

Almost all abortion-related deaths are preventable when performed by a qualified provider using correct techniques under sanitary conditions. [6]Recognizing the preventable nature of most maternal morbidity and mortality related to unsafe abortion [7-9] the Indian parliament passed the Medical Termination of Pregnancy (MTP) Act in 1971 [10]. This relatively liberal law permits a woman to seek an abortion to save her life, preserve her physical and mental health, for economic or social reasons, and in cases of rape or incest, fetal impairment, or when pregnancy results from contraceptive failure.[11] Subsequent amendments in 2002 and 2003 have aimed to expand safe services by devolving abortion service regulation to the district level, changing physical requirements for facilities providing first trimester abortions, and allowing medical abortion at facilities not approved for surgical abortion [10].

Medical abortion or abortion by orally administered regimens of Mifepristone and Misoprostol has recently been accepted worldwide as an effective and safe option for early abortion. It is a safe procedure, with mortality rates comparable with spontaneous abortion [12]. Introducing medical abortion in countries with high abortion-related mortality is feasible step towards achieving millennium development goal 5. While safe abortion services in any form would save women's lives, medical abortion offers resource-poor countries the tools to achieve this with minimal expenditure

Materials and Methods

A study was done between January to December 2019 among 9359 women who attended the outpatient department of obstetrics and gynaecology and family planning department at Muzaffarnagar medical college, which is a tertiary care institute at important district of uttar Pradesh, Muzaffarnagar by using predesigned , pretested questionnaire. Each patient of the age group 18years to 50 years were asked to fill this questionnaire. 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. Awareness and experience about PPIUCD noted. Also the first person from which she took opinion regarding abortion, cause of abortion, gestational age at which abortion conducted along with the provider and site of abortion noted. She was asked for any complications following abortion. She was also asked about easy availability of MTP, follow up form provision, success of medical method and post abortal contraception advice.

Result

1. Sociodemographic

Among 9359 women enrolled, 6084 (65%) were in the age group of 20–30 years and majority 3002(32.1%) belonged to lower middle class; 5616 (60%) were illiterate and 5616(60%) were housewife by profession.

Table 1: Sociodemographic Factors

Age		
<20yr	748	7.9%
20-30yr	6084	65%
36-50yr	2527	26.9%
Socioeconomic Status		
Lower	2614	27.9%
UPPER LOWER	3002	32.1%
Lower Middle	1872	20%
Upper Middle	1404	15%
Upper	468	5%
Literacy		
Illiterate	5616	60%
10th PASS	2340	25%
Graduate	1404	15%
Occupation		
Housewife	5616	60%
Paramedics	2808	30%
Highly Educated	936	10%

2. Awareness about abortion and PPIUCD

Only 2340(25%) knew about the legalities of abortion and 1498(16%) about eligible provider .468(5%) females were aware about PPIUD.

Table 2: Awareness about abortion and PPIUCD

Legalities of Abortion Known		
Yes	2340	25%
No	7020	75%
Awareness About Eligible Provider For MTP		
Any Doctor	2714	29%
Pharmacist	2340	25%
Paramedics	2808	30%
Only Mbbs Doctors	1498	16%
Awareness About Post Abortal IUCD		
Yes	468	5%
No	8892	95%

3. Personal experience of abortion

Of the 9359 women 6364(67.9%) had experienced an abortion in her life ,and 3055(48%) of them had repeated abortion .In 3500 (54.9%) the first opinion for abortion was taken by a health care professional like asha, ANM, nurses and doctors.4263 (66.9%) women wanted abortion because of unwanted pregnancies and 1782 (28.1%) women underwent second trimester abortion. In 4264(67%) cases, MTP were self prescribed, out of which and 764(12%) developed major life threatening complication and saved And 40% chronic morbidity.4475 (70%) not adopted any post abortal contraceptive method. Also 5728(90%) claimed that MTP kit was easily available at pharmacy without any prescription.

Table 3: Personal experience of abortion

Experience of Abortion		
Yes	6364	67.9%
No	2995	32.1%
First Opinion for Abortion		
Health Worker	3500	54.9%
Elder And Relatives	2864	45%
Husband	318	5%
Cause of MTP		
Unwanted Pregnancy	4263	66.9%
Contraception Failure	763	11.9%
Congenital Anomaly	254	3.9%
Others	1082	17%
Gestational Age		
1st TRIMESTER	4582	71.9%
2nd Trimester	1782	28.1%
Complications		
Minor	4073	63.9%
Major	764	12%
Nil	1527	24.1%
Provider of Abortion		
Self	4264	67%
Paramedics	1464	23%
Doctors	636	10%
Site		
Hospital	636	10%
Phc&Chc	1591	25%
Self	4137	65%
Follow Up Form Provided		
Yes	6045	94.9%
No	319	5.1%
Medical Method		
Failed	2101	33.1%
Successful	4263	66.9%
After 1 Abortion Repetition of Same Procedure		
Yes	3055	48%
No	3309	52%
Easy Availability of MTP Kit At Pharmacy		
Yes	5728	90%
No	636	10%
Post Abortal Contraceptive Counselling		
Done	1909	30%
Not Done	4455	70%

4. Outcome of self administration

Out of 764 women who developed major complication 641(84%) had self administerd the MTP and out of 2101 women who had a failed MTP 78% had self administered the MTP

Table 4: Outcome of self administration

Major Complication		
SELF	641	84%
Health Care Worker	123	16%
MTP Failure		
SELF	1638	78%
Health Care Worker	463	22%

Discussion

Access to and provision of correct information is a key determinant on the pathway to safe abortion. The absence of accurate knowledge and the fear of violating law creates a chilling effect and deter women from seeking health care services [13]. Among women the substantial unmet need for information on the abortion legal context in countries can be the result of the stigmatization of the topic preventing women from seeking information, and/ or health care providers personal views on abortion inhibiting an open discussion with women. Two studies in the review collected information on where women received information about abortion and legality and outlined four sources: (1) mass media, (2) health personnel, (3) community level groups/activities, and (4) family and friends [14, 15] with media and community sources being the most important

In this study, that was done in women attending OPD in a tertiary care centre in Muzaffarnagar a higher level of general knowledge was noted than studies done on rural women with no access to health care. There is thus a greater need for abortion related national level representative data to be collected. Findings from one population group or a single facility study do not allow us to determine whether the findings are representative of what is occurring across the country at a national level. Recent law and policy reforms represent a step forward towards ensuring a woman's right to safe abortion care. It is only in recent years that several national-level consultative efforts [16, 17, 18, 19] involving policymakers, professionals bodies like the Federation of Obstetrics and Gynaecology Societies of India (FOGSI) and the Indian Medical Association (IMA), NGOs and health activists, have tried to improve access to safe and legal abortion services in India. Many of their recommendations are in line with the objectives and the strategies outlined in the Action Plan of India's National Population Policy, 2000. They include:

- Increasing availability and access to safe abortion services,
- Creating more qualified providers (including mid-level providers) and facilities, especially in rural areas
- Simplifying the certification process,
- De-linking clinic and provider certification,
- Linking policy with technology and research and good clinical practice,
- Applying uniform standards for both the private and public sectors, and
- Ensuring quality of abortion care.

Increasing awareness and dispelling misconceptions about the abortion law amongst providers and policymakers is just one step towards this. There is a need to enhance awareness of both contraceptive and abortion services, especially amongst adolescents, within the larger context of sexual and reproductive health, integrating strategies and interventions within value systems and family and gender relations [20]

Conclusion

The current study found that almost 75% of the women were unaware of legal status of abortion in India and 67% women have self prescribed MTP. Post abortal contraception counselling and adoption need attention as only 30% adopted any regular method. There is free availability of MTP KIT at counter.

Hence, the urgent need of the hour is to reduce unintended pregnancies, by promoting PPIUCD , creating more awareness about availability of safe and legal abortion practices in india among public and health workers with emphasis for post abortion contraceptive counselling .

Unsafe abortion remains one of the four main causes of maternal mortality and morbidity. One of the reasons for unsafe abortion is that safe abortion services are frequently unavailable and inaccessible due to a variety of reasons ranging from legal and policy restrictions, lack of accessible and affordable abortion services and lack of knowledge among women regarding the provision of safe abortion. Thus, interventions to disseminate accurate information on the legal context are necessary. Knowledge of accessible safe abortion services, providing

women with information on the legal context and methods to allow access to such information assist in decreasing the chances that a woman will seek unsafe abortion services and consequently decreasing her likelihood of suffering from abortion related morbidity or mortality.

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