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Original Research Article

Why are abortions the answer? Prevalence, knowledge and attitude towards induced abortions among women attending a secondary level health care facility in Tamil Nadu, Southern India

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ABSTRACT

Background: In India, from 2010 to 2011, government statistics on family welfare recorded 620,472 abortions in government-approved institutions. On the downside, a study conducted by the Indian Council of Medical Research (ICMR) in rural areas, found that abortions by uncertified health care personnel/in unapproved institutions were twice as many as in the approved ones (13.5 v 6.1 per 1000 pregnancies).This could be attributed to low levels of modern contraceptive use, being only 48% in 2007-08 (DLHS-3). The aim was to assess prevalence, knowledge and attitude towards induced abortions among women who attend a secondary health center, in Tamil Nadu, India
Methods: The study was a hospital-based cross-sectional study, done in the Out-patient department of a secondary level health care facility in Vellore, in September 2015. The women attending the secondary level health care facility; who were then pregnant or just post-delivery and those who had greater than two years of inter-pregnancy interval; were eligible to be enrolled in the study.
Results: Only 27 out of the 175 women (15.4%) used any form of contraception. We found a rate of 72.69 abortions per 1000 married woman years in our study. Out of the 175 women, 29 (16.5%), 95% CI (10.9%, 22.1%), reported to have had at least one induced abortion; the main reason was unwanted pregnancy 22 (75.86%). Most women 116 (66.3%) had poor knowledge and attitude on induced abortions.
Conclusions: We conclude that contraceptive use should be strongly advocated to women for birth planning and prevention of unwanted pregnancy and subsequent induced abortions.

Keywords: Abortions, Contraception, Secondary level hospital

INTRODUCTION

Despite the establishment of the MTP Act in 1971 and the liberal laws towards abortion, there is still a high incidence of unsafe abortions. The law allows abortions to be provided from public and certified private facilities and only by gynaecologists or certified doctors who have received special training. Unsafe abortions add to the increasing maternal morbidity and mortality. About 56% of the total 6.4million induced abortions are reported to be unsafe in India.[1] 8% of the maternal deaths annually, are attributed to this unfortunate practice.[2] Unsafe

abortions account to 13% of the maternal deaths worldwide of which 19% occurs in South East Asia.[3]

Most women go for induced abortions as a method of family planning citing various reasons. In an ICMR study done in rural India the main reason for an abortion was that they did not want any more children.[4] Many young women in rural settings are less likely to obtain contraceptive services as they are expected to bear children as soon as they are married. Many pregnancies are ill timed and unwanted and lead to high rated of unsafe abortions.[5] India has the highest number of women with the unmet need of contraception with only 56.3% of women practicing some form of contraception.[6,7] Though there is high acceptance of permanent sterilisation method for family planning, most birth spacing methods are not opted for by Indian women.[8] This leads to many unwanted pregnancies which often lead to abortions.

A study previously done by the Community health department in 1996 showed a high prevalence of induced abortions.[9] Our study aimed at determining the prevalence of induced abortions; to find out what the attitude of women towards abortions was and whether they considered abortions legal. We also looked at their knowledge regarding safe abortion practices.

METHODS

The study was a hospital-based cross-sectional study, done in the Out-patient department of a secondary level health care facility, CHAD hospital (Community health and development) which is a peripheral health institute of the Christian medical college, Vellore. It provides health services to Vellore and the surrounding rural and semi-urban areas. CHAD has been recognized by the government as a family planning centre and it provides free family planning services including permanent method of sterilisation, IUCDs, condoms and pills.

The study was conducted in the month of September; 2015.The sample size was estimated to be 257by using the prevalence of induced abortion as 28%. (Using prevalence from a previous study done in CHAD).

The women attending the secondary level health care facility who were then pregnant or just post-delivery and those who had greater than two years of inter-pregnancy interval; were eligible to be enrolled in the study. Women who fulfilled the eligibility criteria were included in the study after obtaining informed consent. A total of 175 women were enrolled in the study. Interviews were conducted using a questionnaire which was drafted in English and then translated to the local language of Tamil. The questionnaire was pilot tested on a few women and then revised prior to being used in the study.

Epi data version 3.1was used for data entry and Statistical package for social sciences (SPSS) version 16 was used for analysis. Continuous variables were expressed as mean and standard deviation; Categorical variables as frequency and percentage. The responses of participants to questions on level of knowledge and attitude towards abortion were scored out of 15. Those who scored above the median score were considered to have a good knowledge and attitude. Chi square test was used to check if there were associations between some factors and the knowledge-attitude score

RESULTS

Results are present in three sections, each with one tabular representation: the socio-economic and demographic characteristics; contraceptive use and abortions. The mean age of the participants was 27 years (Standard deviation of 3.72 years) with 19 years and 42 years being minimum and maximum respectively. Most of the respondents had at least completed high school level education 145 (83%), while only 1 (1%) was illiterate. Majority of the participants were from middle socio-economic class, according to modified Kuppuswamy scale. This scale was used as the women were mostly from a semi-urban background. 39% (n=68) of the participants stayed as joint families (Table 1).

Table 1: Type of family and socio-economic class of the participants.

Category	Subcategory	Number (Percentage)Total=175
Type of Family	Joint (parents, married children and their families, eating from the same kitchen)	68(39%)
	Nuclear (husband, wife and unmarried children)	62(35%)
	Extended (husband, wife, unmarried children and parents of the husband or the wife)	45(26%)
Socio-economic class (Kuppuswamy scale)	Middle	88 (51.2%)
	Upper Lower	82 (47.7%)
	Lower	2 (1.1%)

Out of 175 participants, 27 (15.4%) used some form of contraception while 148 (84.6%) did not practice any form of contraception. Details of contraceptive are shown in Table 2.

Table 2: Contraceptive use, decision making and perception of safety.

Category	Subcategory	Number (Percentage) Total=175
Type of Contraception used	Condoms	11(6.3%)
	IUCDs	11(6.3%)
	OCPs	4(2.3%)
	Abstinence	1(0.6%)
	None	148(84.5%)
Decision regarding contraception	Self	20(12%)
	Husband	21(12%)
	Combined	127(72%)
	Others	7(4%)
Perception of safety of contraceptive use	Doubtful/ Don't Know	100(57.5%)
	Safe	44(25.1%)
	Unsafe	31(17.7%)

We found a rate of 72.69 abortions per 1000 married woman years in our study. Out of the 175 women, 78 (44.6%), 95%CI (37.5%, 52.5%) women reported to have had at least one abortion and 29 (16.5%), 95% CI (10.9%, 22.1%), reported to have had at least one induced abortion Among the induced abortions, the main reason for abortion was unwanted pregnancies-22 (76%).We looked at who the decision makers were in those who had undergone induced abortions. Among the women, 14 (52%) had made the decision along with their husbands, while 9 (33%) made the decision themselves, 3 (11%) had the decisions made for them by their husbands and 1 (4%) had the decision made by her in laws.

Knowledge about safe abortions was assessed by asking participants about ideal place, gestational age, method and probable complications of abortions. Attitude was elicited by exploring feelings of guilt, gender preference and whether they would opt for induced abortion in case of an unwanted pregnancy. The questions on knowledge and attitude were given a score of one. For a total score of 15; the number of participants, who scored more than the median, were considered to have a good knowledge and attitude towards abortions. Only 59 (33.7%) had good knowledge and attitude towards abortions. 111 (78%) of the 175 study participants believed that abortions of any type are illegal.

Table 3: Details of abortions that were reported by the study participants.

Category	Subcategory	Number (Percentage) Total=78
Place where abortion occurred	Private facility	57 (73%)
	Government facility	9 (11.5%)
	Did not seek care/home	11 (14%)
	Others	1 (0.5%)
Whether doctor was approached	Yes	69 (88.5%)
	No	9 (11.5%)
Method adopted for abortion	Directly-Pharmacy medications	29 (37.2%)
	Doctor-directed (Medicines/Surgical procedure)	48 (61.5%)
	Others (Spontaneous)	1 (1.3%)

DISCUSSION

84.5% of the women we had interviewed did not practice any form of contraception. This was much more than an ICMR (Indian council of medical research) study in rural areas in India which showed an overall contraceptive prevalence of 45.2%.[10] This could be because of our inclusion criteria. We included women who were pregnant or immediate post-partum, which probably meant that the women had not yet completed their family, and hence were not using contraception. None of the women had undergone permanent sterilization at the time of the study, and their immediate or subsequent plans of doing so, was not considered in the questionnaire. This could also be the reason for the high prevalence of not using contraceptive methods.

Low levels of contraceptive use usually contribute to high levels of abortion especially for unwanted pregnancies. This has been seen in other similar studies.[11] Even after undergoing abortion, many women are not practicing contraception; this could lead to repeated induced abortions.[12]

Our study showed that 76% of the women who had an induced abortion had it done for an unwanted pregnancy.

This was higher than another study which was done in 13 states of India which had 42% opting for an abortion as they did not want any more children.[4] This reiterates the need for education on contraceptive methods and the need for spacing.

In our study, most women (73%) approached private medical practitioners for abortions. This is much more than 46% seen in another study. In this rural women who had opted for induced abortions in different states of India were interviewed. Most of them (51%) had sought care in the government sector.[4]

Most of the women in our study (88%) sought a doctor's advice before an abortion. Compared to 62% of women in an urban slum community in Mumbai who sought termination of pregnancy from an unqualified practitioner.[11]

A study done in rural Tamil Nadu showed that most women had concerns over the safety and efficacy of medical abortions. According to them privacy, cost, assurance of secrecy, promptness of service were the factors affecting their access to a health care provider for an abortion.[13] Most of the women in our study (78%) also did not believe that it was legal to have a medical abortion.

India does not mandate spousal consent for medical termination of pregnancy. In our study, most women made the decisions to have the abortions with the support of their husbands. This is quite unlike another study which was done in the slums where most husbands opposed or did not support the decisions made by the women.[11] This strong resistance from the partner made these women approach unskilled providers for assistance for abortion.

The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 banned pre-natal sex determination; yet there were a few women in our study who believed it was alright to have a gender scan prior to the abortion.

Some of the limitations of our study were that: we could not achieve the estimated sample size during the study period; it was hospital based and hence the true abortion rate in the population could not be calculated.

One systematic review done showed that a combination of community interventions; targeting young married couples, important family members, community members and health systems were effective in delaying pregnancy, increasing contraceptive use and pregnancy care. The interventions which were shown to benefit young married couples were formation of women's groups, group counseling and home visits by health care workers.[5]

CONCLUSION

Very low usage of contraceptive devices and high rate of unplanned pregnancies are probably the reasons for induced abortions. Strong advocacy for effective contraceptive use for optimum birth planning is required. Women need to be better equipped to prevent unplanned pregnancies. Women's groups and a combination of community and hospital interventions targeted at all the stakeholders may be required to increase knowledge and improve attitude towards abortions. The health care scene needs to be improved so that there are enough centers offering comprehensive abortion care services in accordance with the MTP and the PNPDT acts in India.

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