

# Knowledge, Attitude and Practices about Induced Abortions among Women of Child Bearing age at Bahawalpur

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## ABSTRACT

**Objective:** To see the level of Knowledge, attitudes and common practices of women of child bearing age about induced abortions, so as to formulate recommendations for improving the state of affairs.

**Study design:** A Cross sectional, descriptive study

**Place and duration of study:** The study was carried out in out-patient department of Gynae Unit-II of Bahawal Victoria Hospital (BVH), Bahawalpur from 1<sup>st</sup> April 2009 to 30<sup>th</sup> September 2009.

**Material and methods:** Women of child bearing age who had one or more induced abortions seeking advice for any gynecological problem were included in this study. A questioner was filled for their demographic features and Knowledge, attitudes and practices of women towards induced abortion. Descriptive statistics were used for describing variable.

**Results:** A total 74 women were interviewed. 68% were between 25 to 35 years. 59% were grand multipara, 62% belonged to poor socio-economic status. 6.7% got secondary and above education. More than 95% knew it as a sin & against Islam. Above 60% women wants it to be conducted by skilled person with sterilized instruments. Only 7% don't know any other contraceptive method. 41% husbands don't aware of need of contraception. About 60% husbands knew not more than two methods. 66% females consider it a health risk & 69% aware of failure. 82% induced only once, 39% got pain during it. Chronic pelvic pain, menstrual problems & sepsis occurred in 70%, 80% & 45% women respectively. No-one of them was willing to practice it again. Only 37% husbands always facilitated their wives to opt some contraceptive method. 52% men never practiced any of male contraceptive method.

**Conclusion:** Unsafe abortion constitutes a major threat to health and lives of women. Most of them are multiparous, married at peak of their reproductive life and belong to poor economic status. Most women knew it a sin, & lead to several short and long term morbidities. They are not willing to practice it again, & want easy accessibility to contraception and cooperation of husbands to improve quality of life.

**Keywords:** unsafe abortion, post abortion care

## INTRODUCTION

Abortion may be the indication of "unmet needs" or a failed family planning; both leading to unwanted pregnancy and a desire to get it terminated. Although medical termination of pregnancy is not legalized in our country, the fourth Commonwealth Medical Conference has recommended the authorization of abortion, only to save lives of women<sup>1</sup>. The magnitude of the problem can be determined by knowing that every single minute 380 women become pregnant around the globe, half of them face unplanned and unwanted pregnancy, and 40 women have unsafe abortion<sup>2</sup>. An estimated million of unsafe abortions are carried out in Pakistan every year which translates into one terminated pregnancy in every six,<sup>3</sup> while society refuses to discuss the medical aspects of the issue, focusing erroneously on mortality and religion. Every year 250,000 Pakistani women suffer from post abortion complications at the hands of unskilled purported "healthcare" providers and 3000 of these women die<sup>3</sup>. W.H.O. estimates that induced abortions cause 1/4 of total maternal deaths<sup>3</sup>.

In USA, the number of abortion providers has declined dramatically in the past 15 years, threatening women's already limited access to abortion services<sup>4</sup>. In countries like Pakistan, the situation is totally different, unbelievably grave and unaddressed. Here, a high percentage of induced abortions are unregistered and performed illegally and clandestinely by back street abortionists<sup>5,6</sup>. In Pakistan, abortions are mostly carried out by trained birth attendants, Daies, etc. and are almost always associated with short and long term complications. The short term sequelae are incomplete abortion, septicemia, injury to genital tract, hemorrhage, gut perforation, renal shut down, irreversible shock and maternal death<sup>7</sup>. The long time complications are infertility, pelvic inflammatory disease, ectopic pregnancy etc<sup>8</sup>.

In our setup unsuccessful, unbothered family planning, illiteracy, poor socio-economic conditions, and lack of health education have made the picture drastically worse. We conducted this study to see the level of knowledge, common practices and attitudes of women of child bearing age about induced abortion so as to formulate recommendations for improving the state of affair.

## MATERIAL AND METHODS

This was a cross-sectional descriptive study conducted at the Outpatient department of Obstetrics & Gynaecology Unit II, Bahawal Victoria Hospital, Bahawalpur from 1<sup>st</sup> April 2009 to 30<sup>th</sup> Sept. 2009.

KAP Studies are highly focused evaluations that measure changes in human Knowledge Attitudes and Practices in response to a specific intervention. KAP Studies are being used more than 40 years in the public health. They are cost effective, resources conserving, highly focused and limited in scope.

A total of 74 women of childbearing age who had one or more induced abortions seeking advice for any gynaecological problem were included in this study. For data collection, a questionnaire was developed, which contained both close ended and open ended questions. All the women were interviewed after taking informed verbal consent about age, parity, marital status, educational & socio-economic status. Different questions were asked to assess their knowledge, attitudes & practices towards induced abortion. The questionnaire included 5 questions regarding demographic information, 13, 6 and 10 questions about knowledge, attitude and practices of Induced abortions respectively. The questions were explained to the women and their responses were entered in the respective columns of the questionnaire.

## RESULTS

During the study period, 74 women were interviewed in outpatient department of Gynae Unit-II who came for gynaecological indications. There were 68% patients who were in the range of 25-34 years. 59.6% patients got > 5 children. There were 62% women who belonged to poor socioeconomic status (Table 1).

The educational status of women was grouped into three i.e. illiterate, having primary education and secondary or higher education. Data showed that 72% were illiterate and only 6% were having secondary / higher education. The educational status of women was significantly associated with induce abortion (Table 1).

Table 1: Demographic Characteristic

Age in years	=n	%age
15-24	09	12
25-34	51	68
35-44	14	18

Parity	=n	%age
0	09	12
1-4	21	28
>5	44	59

Socio-economic status (Income/month)	=n	%age
Poor (<5000 Rs)	46	62
Low middle (5000-10000 Rs)	19	25
Upper middle (>10000 Rs)	09	12

Educational Status	=n	%age
Illiterate	54	72
Primary	15	22
Secondary / higher	05	6.7

Table 2: Knowledge about Induced Abortion (Part a)

Description	Response	
	Yes	No
Is induced abortion a simple	31.37	68.63

procedure?		
Is it permitted by Islam?	3.92	96.08
Is it permitted by Islam at gestational age <3 months?	23.53	76.47
Is it a method of contraception?	47.06	52.94
Is it necessary that person performing should be well trained?	68.63	31.37
Is it necessary that instruments used should be sterilized?	60.78	39.22
Can it lead to complications like chronic pelvic pain?	78.43	21.57
Can it lead to complications like sepsis?	58.83	41.17
Can it lead to complications like infertility?	25.49	74.51

Description	Response (%)
What other methods of contraception do you know? (Tick all you know)	Natural methods: 24 Pills: 59 IUCD: 14 Barriers: 21 Injections: 09 Female Sterilization: 68 Male Sterilization: 17
Who does perform Induced Abortions usually?	Doctors: 2 Nurses: 3 LHVs: 53 TBAs: 10 Dais: 6 Hakeems: 0
Are their husbands aware of need for contraception	Yes 59% No 41%
What other methods of contraception their husbands know? (Tick all they know)	Natural methods: 27 Pills: 32 IUCD: 03 Barriers: 31 Injections: 00 Female Sterilization: 14 Male Sterilization: 11

Table 3: Attitude about Induced Abortion

Description	Response	
	Yes	No
Induced Abortion is a safe method of contraception?	84	16
It is legal?	24	76
It is sin?	97	03
It may end up with severe complications	66	34
It may end up with death	42	58
It may have failure	69	31

Table 4: Practices about Induced Abortion

Description	Response		
	Never	Occasional	Always
Did you have induced abortion?	00	82.35	18
Did you experience pain	11.76	49.13	39.10

during procedure?			
Did you develop sepsis after it?	54.90	31.54	13.56
Did you develop chronic pain after it?	27.98	56.24	15.78
Did you develop any menstrual problem after it?	19.60	54.90	25.60
Did you have feeling of guilt?	27.45	23.42	49.13
Will you practice it again?	82.35	17.65	0
Will you like to go for other contraceptive methods?	9.80	7.84	82.35
Their husbands practicing male-contraceptive method	64	21	15
Husbands facilitate their wives to opt contraception	32	35	37

Knowledge of the patients indicated (Table No.2) 68% know that induced abortion is not a simple procedure, not permitted in Islam (96%) and persons performing should be trained(68%) using clean instruments (60%), aware of having complications like chronic pelvic pain( 78%) and sepsis (78%) but not knowing of developing infertility as a sequel (74%). More then 90% were aware of some other contraceptive methods. 40% men were not aware of contraceptive need. Attitude towards induced abortion reflected (Table No.3) 84% considered it safe, 76% think illegal & 69% aware of failure rate. The practice of women showed (Table No.4) that 80% got induced at least once, 89% experienced it painful. In post abortion period chronic pelvic pain, sepsis & menstrual problems complicated 73%, 45% & 80% respectively to a variable degree.72% had guilt for it,82% were committed not to practice it again & 80% willing to opt some other contraceptive method .64% husbands never practiced contraception & 37% never facilitated their wives to practice it.

## DISCUSSION

In Islamic countries like Pakistan due to religious reasons, liberalization of the act is not possible, illegal abortion still remains a common cause of maternal morbidity and mortality.

Results of our KAP Study are comparable with other national & international studies regarding demographic variable. The age, parity & socio-economic status of our patients who had induced abortion was similar to study conducted at Lahore<sup>9</sup> and Bahawalpur<sup>10</sup>, & Faisalabad<sup>11</sup> in which women were in their 3<sup>rd</sup> decades of life, multiparous, & belong to poor socio-economic status Significant association seen between educational status of patients and to have an induced abortion. In our study which is similar to a study done in Africa<sup>12</sup> showing low educational level of a woman related to induced abortion but our result differs from some other studies who showed no relationship between low educational status and induced abortion<sup>13,14</sup>. The knowledge of our women seems to be optimum in few aspects like that they know it is sin not allowed in Islam & can cause complications like sepsis, chronic pelvic pain as shown in a study<sup>15</sup>. According to women about > 90% of induced abortions were carried out by LHV's, TBAs and dais & doctors rarely involved in it as seen in Lahore<sup>3</sup>. Our study indicated the need of education of male partners because most of the females told that their husbands don't or have a little knowledge about contraceptive methods & they consider it against Islam, they don't practice it & don't allow their wives but compel them for induced abortion as shown in a Knowledge & Attitude study<sup>17</sup> at Karachi. Attitude of females reflect that although they considered it sin & illegal yet the couple preferred to get induced abortion. Practices of women indicate that some women are habitual for induced abortion. Many women suffered various immediate & delayed complications as shown in various studies<sup>11,15</sup>. Majority of women feel guilt for it, committed for not to practice it again & interested to opt some safer, accessible & cheaper method.

Public health program should be launched on primary secondary and tertiary prevention which can reduce induce abortion related diseases and deaths. Primary prevention includes promotion of contraceptive use by women (and men) at risk of unwanted pregnancy; secondary prevention involves the liberalization of abortion laws and access to safe abortion care in the country. In contrast, tertiary prevention includes the integration and institutionalization of post abortion care. Efforts to address these problems will contribute both in reducing maternal mortality and achieving health development goal.

## CONCLUSION

Induced abortion constitutes a major threat to the health and lives of women. This study highlighted the need of easy accessibility & availability of contraceptive services at doorstep without cost & proper counseling and explanation to improve the quality of health. As in our male dominant society females alone can not decide about their reproductive life, it is strongly recommended that family planning education should be given to all men (2ndry school level, G.P clinics). Campaigns should be launched at public level & media regarding contraception & unplanned pregnancies among married women, involvement of ulma-deen & husbands is also important.

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