

## ORIGINAL ARTICLE

**Knowledge, Attitude and Practices in Induced Abortion**

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**ABSTRACT****Objective:** To study knowledge, attitudes and practices of the patients of induced abortion.**Study Design:** Descriptive analytical study.**Place and Duration of Study:** This study was conducted from July 2004 to March 2005 in the department of obstetrics and gynecology, Islamic International Medical College, Railway General Hospital, Rawalpindi and Federal Government Services Hospital, Islamabad.**Materials and Methods:** The patients who were admitted in the Obstetrics and Gynecology with a history of induced abortion were included in the study. A special questionnaire was designed to explore the reasons which compelled them to undergo this illegal and dangerous procedure rather than using some contraception before. The patients were interviewed by a single post graduate trainee on a pre- designed Performa. The data collected was entered on SPSS- 10 and analyzed. The results were shown in percent.**Results:** Most of the abortions (66%) were done by dais at their homes, while 28% terminations were done by doctors at their clinics. Majority of the patients (90% and 60% respectively) were aware of not only the religious and legal implications of abortion but also knew that it could cause great harm to their health, including the fact that it could be fatal. Majority of women (74%) were not using any contraceptive measure for no specific reason. In majority of patients (92%) it was an unwanted or unintended pregnancy which was terminated. Only 14% of patients showed reservations in using some contraceptive measure like religious position, husband's disapproval or fear of side effects.**Conclusion:** The problem of induced abortion is not merely a medical problem to be resolved through medical means. Rather it falls into the social norms of people. The physician is supposed to understand the deep seated psychological inhibitions and motives which lead the patient to have (or not have) abortion.**Key words:** *Abortion, Contraception, Pregnancy, Fetus, Family planning.***Introduction**

Septic abortion has become an uncommon problem in the developed countries. However, in the developing countries, where abortion is illegal, it continues to be a major problem.<sup>1</sup> Unfortunately we come across cases of septic abortion quite frequently. The most common manifestation is the termination of an unwanted or unplanned pregnancy, done by an untrained person. Abortion is the most common and controversial issue in many parts of the world. Approximately 46 million abortions are performed worldwide every year. Pakistan has an estimated abortion rate of 29 abortions per 1,000 women of reproductive age, despite the procedure being illegal except to save a woman's life. 890,000 abortions are performed annually in Pakistan.<sup>2</sup> Worldwide about 20 million abortions are performed under unsafe conditions because of poorly trained providers, unhygienic circumstances and crude and dangerous methods.

Each year, an estimated 70,000 women die of complications of unsafe abortion, accounting for at least 13% of global maternal mortality and cause a further 5 million women suffer grave consequences.<sup>3</sup> About 48% abortions worldwide are unsafe and more than 97% of all unsafe abortions are performed in developing countries.<sup>4</sup>

The objective of the study was to get an insight to the religious and social beliefs of the people, concerning the legitimacy of abortion and exercise of their choice to control their fertility patterns. We aimed to highlight the typical psyche of the people and to understand why it is highly undesirable and risky (both from health and social point of view) to use abortion as a method of family planning.

**Materials and Methods**

A descriptive study was conducted over a period of fifteen months in the Department of Obstetrics and Gynaecology, Railway Hospital, Rawalpindi (from July 2004- March 2005), and later in the Department of Obstetrics and Gynaecology, Federal Government Services Hospital, Islamabad (December 2005- May 2006). Fifty patients who were admitted in the Obstetrics and Gynaecology with a history of induced abortion were included in the study. A special

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questionnaire was designed to explore the reasons which compelled them to undergo this illegal and dangerous procedure rather than using some contraception before. The methodology adopted throughout the study was interactive and patients were interviewed in complete privacy by single post graduate trainee on a pre- designed Performa. The data collected was entered on SPSS- 10 and analyzed. The results were shown in percent.

## Results

Age range of the patients was from 15-40 years and parity ranged between zero to 6 as show in Table I. Most of the abortions (66%) were done by dais at their homes, while 28% terminations were done by doctors at their clinics. Majority of the patients (90% and 60% respectively) were aware of not only the religious and legal implications of abortion but also knew that it could cause great harm to their health, including the fact that it could be fatal. Majority of women (74%) were not using any contraceptive measure for no specific reason, although they were fully aware of and had easy access to at least one of the modern contraceptive methods available. In majority of patients (92%) it was an unwanted or unintended pregnancy, and thus was terminated. In 96% cases, husbands were aware of pregnancy and termination was performed after their full consent and will as shown in Table II.

Only 14% of patients showed reservations in using some contraceptive measure like religious position, husband's disapproval or health related consequences of different contraceptive measures, including weight gain, menstrual irregularities and fear of surgery as shown in Table III.

**Table I: Demographic features of study population**

Sr. no	Features		Number	Percent
1	Age	15-24	3	6
		25-34	20	40
		More than 35	27	54
2	Parity	0-2	7	14
		3-4	21	42
		More than 4	22	44
3	Gestation	Less than 12 wks	39	78
		More than 12 wks	11	22

4	Educational status	Graduate	3	6
		Matric	6	12
		Middle	3	5
			11	22
		Primary No formal education	27	54
5	Abortion performed by	Dai	33	66
		Nurse/ LHV	3	28
		Doctor	14	6

**Table II: Knowledge, attitude and practices**

1	Knowledge of religious imolications	Yes	45	90%
		No	3	6%
		No response	2	4%
2	Knowledge of legal implications	Yes	30	60%
		No	18	36%
		noresponse	2	4%
3	Knowledge of health implications	Yes	29	58
		No	21	42
		No response		
5	Husband's will and knowledge	Yes	48	96%
		no	2	4%

**Table III: Reasons for not using contraception**

1	Unawareness	0	0
2	Nonavailability	0	0
3	Religious belief/ other reservation	7	14%
4	Husband's disapproval	2	4%
5	No specific reason	37	74%
6	Poor compliance/ contraceptive failure	4	8%

## Discussion

Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters related to reproductive system and its functions and processes. WHO estimates that 1 in 8 pregnancy related deaths result from unsafe abortion.<sup>5</sup> further in the developing countries, five million women are admitted to hospital annually for treatment of complications from unsafe abortion.<sup>5</sup> In a study conducted in a teaching hospital of Karachi, about complications of induced abortion, 79% patients presented with septicemia followed by massive haemorrhage (20%) and uterine perforation (20%).<sup>6</sup> Other serious long term complications faced by women undergoing unsafe abortion include chronic pelvic pain, infertility, tubal blockade and ectopic pregnancy. In the present study, women of every age and parity had undergone illegal abortion from 17 to 45 years and from nulliparous to multipara, although prevalence was noticed more in women above thirty

five years. Most of women had completed their family and did not wish to have more children. These observations are similar to those seen in another study where most of the patients were grandmultipara above 35 and were not using an contraceptive measure.<sup>7</sup> This state in the developing countries is different from the west where teenage pregnancies are common and relatively younger women seek for abortion. Eight out of ten pregnancies among teenagers are found to be unintended in USA.<sup>8</sup> Women often seek help for abortion when faced with an unwanted pregnancy. Unwanted pregnancies occur for a number of reasons: failure to use contraception, lack of access to family planning services because of political and economic circumstances, contraceptive failure or change in social circumstances that make a wanted pregnancy unwanted, such as abandonment, health problems and financial difficulties. Of the 208 million pregnancies that occurred in 2008, 41 percent have been estimated to be unintended.<sup>9</sup> The highest unintended pregnancy rates were found for Eastern and Middle Africa and the lowest for Southern and Western Europe and Eastern Asia.<sup>9</sup> In many Asian countries, information from surveys and hospital records indicate that most women who seek abortion are married, over the age of 25 and have several living children. Illegal abortions are thought to be common in younger girls in Africa where contraceptives are not readily available particularly to young unmarried girls. In a study conducted in Ethiopia in 2008, an estimated 382,000 induced abortions were performed and 52,600 women were treated for complications of abortion. Over all about 42% pregnancies were unintended.<sup>10</sup> Our study recorded that most abortions were performed at less than 12 weeks gestations by dais or traditional birth attendants at their homes. This is usually a problem of developing countries or areas where abortion is not legalized. However it is noticed also that in many countries, despite legalization of abortion, these services are still provided by these untrained or unauthorized personnel.<sup>8, 11</sup> An example is India, where it has been noticed that despite complete legalization of abortion, it is still performed in back street clinics in a secretive manner and under very unhygienic conditions.<sup>1</sup> As far as the women's perception of abortion is concerned, 90% of women

were aware that abortion is prohibited in Islam. Majority of the patients (60%) knew that it is also illegal in Pakistani constitution, at any stage, except in circumstances, when it is needed to save the life of mother. Throughout Asia, the legal status of abortion varies considerably. Increasing maternal educational level favorably impacts maternal mortality rate by affecting the access and utilization of health facilities and change in woman's reproductive behavior.<sup>7</sup> However, legal status of abortion has not been shown to impact unsafe abortion and maternal mortality.<sup>10</sup> Women were also interviewed for their perception regarding different contraceptive measures and their utilization. The results revealed an awareness as well as availability of at least more than one contraceptive method in the range of 98-99%. This figure is similar to the prevalence seen in another study conducted in Lahore as well as reported in Pakistan reproductive health and family planning survey 2007- 2008, reflecting a positive impact of family planning programme in urban areas.<sup>12,13</sup> As we inquired about the use of contraception, only 24% of our patients had ever used contraception. Even a lesser proportion (15%) admitted regular use and good compliance to these methods. In our study more than 85% pregnancies were unintended because of no or ineffective contraceptive practices. Contraceptive prevalence in Pakistan was 9.1% in 1995 and reported to be 36% in 2005.<sup>14</sup> In western African countries, the percentage of women using a modern contraceptive was only 7% in 1986 and 15% in 2007. Approval to use contraception increased from 32% in 1986 to only 39% in 2007.<sup>15</sup> Contrary is the condition in developed countries. In the USA, where contraception is a norm, nine in ten women who are sexually active, are fertile and do not want to become pregnant, use a contraceptive method.<sup>15</sup> A survey conducted in UK has shown that over 95% of sexually active women, who wish to avoid pregnancy, use at least one method of contraception.<sup>16</sup> Only 14% of patients showed reservations in using some contraceptive measure like religious position or health related consequences of different contraceptive measures, including weight gain, menstrual irregularities and fear of surgery. Exposure to family planning messages on television, husband's approval and presence of four or more

children were the main factors associated with contraception use in another study conducted in district khairpur, Sindh, Pakistan.<sup>17</sup> Husband's approval is one of the key factors involved in use of contraception as well as method choice.<sup>18</sup> As far as the role of the dominant male sect of the society is concerned, 96% pregnancies were terminated by full awareness and consent of the husbands indicating towards dire need of the education of family especially the husband to acquire a positive attitude towards women's health as well as their responsibility towards safeguarding the well being of the family. This thing is especially important by the fact that most of the non users of contraception in our study population indicated husband's disapproval being the key reason for not using contraception.

## Conclusion

The religious scholars, the teachers, community workers and all means of electronic and print media should feel their responsibility in the matter of maternal and child health care. Though the legitimacy of abortion is still a confounding issue in the context of our moral and religious norms, however there is a need to have serious reflections and discussions on these issues. If abortion is neither acceptable legally, nor justifiable morally, then it is better to use contraception than to conceive and abort a child in the pretext of being unwanted.

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