

Assessment of knowledge and attitude regarding legal abortion among women in the reproductive age group - a cross sectional study

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ABSTRACT

Objective: To assess the knowledge and attitude on legal abortion among women in the reproductive age group. **Methodology:** This cross sectional study was carried out for duration of 1 month from 31-12-13 to 31-01-14. The sample consisted of 100 women in the reproductive age group of 15-49 years and samples were selected by using multistage sampling technique. A structured interview schedule and attitude scale was developed to assess knowledge and attitude regarding legal abortion. **Results:** 28% of the women in reproductive age group had adequate knowledge regarding legal abortion, 63% had moderately adequate knowledge and 9% had inadequate knowledge. 28% of the women had most favourable attitude regarding legal abortion, 65% had favourable attitude and 7% had unfavourable attitude. Significant association between knowledge level with their educational qualification and monthly income were observed. No significant associations were seen between attitude and their demographic variables. There was positive correlation between knowledge and attitude. **Conclusion:** Majority of the women in reproductive age group had moderately adequate knowledge and favourable attitude regarding legal abortion. Hence, creating awareness regarding legal abortion should be a major issue for improving health as well as quality of life of women.

Keywords: Legal abortion, knowledge, attitude, reproductive age group.

Worldwide, abortion represents an important aspect of women's reproductive health rights. The actual incidence of abortion worldwide is not known. It may range from 30 to 55 million a year or about 40 to 70 per 1000 women of reproductive age with an abortion ratio of 260-450 per 1000 live births. In India it has been computed that about 6 million abortions take place

every year, of which 4 million are induced and 2 million spontaneous with ratio of 452 abortions per 1000 live birth or 60 induced abortions per 1000 women of child bearing age [1]. The incidence of abortion is difficult to work out but probably 10-20 percent of all clinical pregnancies end in miscarriage and other optimistic figure of 10 percent are induced

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illegal [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].

From the historical times, termination of pregnancy has been practiced with or without legal and social sanctions as a solution for unwanted pregnancies. Hence, in India, Shantilal Shaw Committee formed in 1964 recommended liberalization of abortion law in 1966. In 1971, medical termination of pregnancy (MTP) Act was passed by Indian Parliament, and it came into force from 1.4.1972. In 1975 October MTP rules were notified. These rules were further amended in 1977 [4]. Ganatra B, Elul B [5] reported that legal abortions are necessary to prevent the adverse consequences of unsafe procedures. However, the liberalization of abortion laws does not guarantee by itself that safe procedures are available for all women. The case of India, one of the few developing countries with liberal abortion laws, clearly shows that legality does not always coincide with safety. Abortion is legal under a wide range of medical and social grounds since 1971, but unsafe abortion remains a relevant public health matter; government abortion services are scarce, and bureaucratic and cultural barriers make it difficult women's access to safe procedures. The number of unsafe abortions in India is extremely high and accounts for 9 to 20% of all maternal deaths.

Grimes DA, et al. [6] reported that 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. Other potential consequences include an increased chance of ectopic pregnancy, spontaneous abortion, or premature delivery in subsequent pregnancies. Still today, unsafe abortion is one of the great neglected problems of health care in India [7-11]. Legal abortion is considered a key intervention for

improving women's health and quality of life and help in reducing maternal mortality as well as morbidity.

The investigator also during her clinical experience as a staff nurse have come across many women who were admitted in the hospital with complications related to unsafe abortions and hence felt the need to assess the knowledge and attitude on legal abortion among women in the reproductive age group. This study will help in finding the baseline data on knowledge and attitude regarding legal abortion which in future may help in making future plans in reducing maternal morbidity and mortality.

Objectives of the study

1. To assess the knowledge and attitude regarding legal abortion among women in the reproductive age group.
2. To find out the association between knowledge and attitude regarding legal abortion among women in the reproductive age group and selected factors like marital status, age, religion, educational qualification, monthly income, gravida, parity, occupation.
3. To co-relate the knowledge and attitude regarding legal abortion among women in the reproductive age group.

Methodology

This cross sectional study was carried out in four

Perceived susceptibility	An individual's assessment of his or her chances of getting the disease
Perceived benefits	An individual's conclusion as to whether the new behavior is better than what he or she is already doing
Perceived barriers	An individual's opinion as to what will stop him or her from adopting the new behavior
Perceived seriousness	An individual's judgment as to the severity of the disease
Modifying variables	An individual's personal factors that affects whether the new behavior is adopted
Cues to action	Those factors that will start a person on the way to changing behavior
Self-efficacy	Personal belief in one's own ability to do something

Table 2: Association between knowledge regarding legal abortion and selected demographic variables like marital status, age, religion, educational qualification, monthly income, gravida, parity and occupation. (N=100)

Sl. No	Variable	Category	Knowledge			Total	Chi square Value	df	P-value
			Adequate	Moderate	Inadequate				
1.	Marital Status	Married	19	51	8	78	2.621	2	0.27 NS
		Unmarried	9	12	1	22			
2.	Age in years	15-19 yrs	4	5	1	10	4.406	6	0.622 NS
		20-29 yrs	11	25	4	40			
		30-39 yrs	4	19	3	26			
		40-49 yrs	9	14	1	24			
3.	Religion	Hindu	28	63	9	100	-	-	-
4.	Educational qualification	Illiterate	4	9	4	17	12.807*	6	0.046 S
		Primary school	7	2	12	21			
		High school	7	32	2	41			
		≥HSLC	10	10	1	21			
5.	Monthly income	>Rs. 1000	2	14	5	21	15.139*	6	0.019 S
		Rs.1001-2000	8	25	3	36			
		Rs.2001-3000	6	11	1	18			
		≥Rs.3001	12	13	0	25			
6.	Gravida	Nulligravida	9	18	1	28	8.635	6	0.195 NS
		1 st gravida	5	17	5	27			
		2 nd gravida	8	22	1	31			
		≥3 rd gravida	6	6	2	14			
7.	Parity	Nullipara	9	19	1	29	9.752	6	0.135 NS
		1 child	6	20	5	31			
		2 children	7	21	2	30			
		≥3 children	6	3	1	10			
8.	Occupation	Housewife	20	46	8	74	5.343	8	0.72 NS
		Daily wager	1	7	1	9			
		Business	1	2	0	3			
		Service	0	1	0	1			
		Student	6	7	0	13			

NS = non-significant (P>0.05), S= significant, *= significant at p (<0.05)

villages of Sonapur Block Primary Health Centre (PHC) in Kamrup district, Assam. The sample consisted of 100 women in the reproductive age group of 15-49 years who met the criteria and the samples were selected by using multistage sampling technique. Data was collected from 31-12-13 to 31-01-13.

A descriptive approach was used for this study. The conceptual framework used in the study was based on the “Health Belief Model” designed by Hochbaum (1958) and modified by Rosenstoch (1974) that intended to predict which individual would or would not use preventive measures for diseases (table1).

Health Belief Model (HBM): The following four perceptions serve as the main constructs of the model; perceived seriousness, perceived susceptibility, perceived benefits and perceived barriers (ta. Each of these perceptions, individually or in combination can be used to explain health behavior. More recently, other constructs have been added to the HBM; thus, the model has been expanded to include cues to action, motivating factors, and self efficacy [12]. Knowledge regarding legal abortion was assessed by using structured interview schedule and attitude regarding legal abortion was assessed by attitude scale. The content of the tool was validated by the subject experts and the reliability of the tool was found to be 0.77 for the knowledge

section and 0.75 for the attitude section. Data analysis was done by using SPSS version 21.

Results

In relation to demographic data, it was found that 78% of the women in reproductive age group were

married, 40% were in the age group of 20-29 years, all women in reproductive age group were Hindus, 41% percent completed their high school education, 36% of

2nd gravida, 31% had one child and 74% were housewives.

The major findings revealed that 28% of the women in reproductive age group had adequate

knowledge regarding legal abortion, 63% had moderate adequate knowledge and 9% had inadequate knowledge regarding legal abortion (Fig. 1). 28% of the women in the reproductive age group had most favourable attitude regarding legal abortion, 65% had favourable attitude and 7% had unfavourable attitude regarding legal abortion (Fig. 2).

There was statistically significant relationship between knowledge level with their educational qualification [($x^2 = 12.807$), $df = (6)$ $p < 0.05$] and knowledge and monthly income ($x^2 = 15.139$), $df = (6)$ $p < 0.05$] (Table 2). No significant associations were seen between attitude regarding legal abortion and their demographic variables (Table 3). The result revealed positive correlation between knowledge and attitude regarding legal abortion [$r = .393$ $p < 0.01$] (Fig.3).

Table 3: Association between attitude regarding legal abortion and selected demographic variables.

Sl. No	Variable	Category	Attitude(N=100)			Total	Chi Square Value	Df	p-value
			Most Favourable	Favourable	Unfavourable				
1.	Marital Status	Married	19	54	5	78	2.831	2	0.234 NS
		Unmarried	9	11	2	22			
2.	Age in years	15-19 yrs	2	6	2	10	6.143	6	0.407 NS
		20-29 yrs	12	26	2	40			
		30-39 yrs	8	15	3	26			
		40-49 yrs	6	18	0	24			
3.	Religion	Hindu	28	65	7	100	-	-	-
4.	Educational qualification	Illiterate	5	11	1	17	5.730	6	0.454 NS
		Primary school	4	15	2	21			
		High school	9	29	3	41			
		≥HSLC	10	10	1	21			
5.	Monthly income	>Rs. 1000	4	15	2	21	4.427	6	0.619 NS
		Rs.1001-2000	11	23	2	36			
		Rs.2001-3000	3	14	1	18			
		≥Rs.3001	10	13	2	25			
6.	Gravida	Nulligravida	10	16	2	28	3.020	6	0.806 NS
		1 st gravida	6	18	3	27			
		2 nd gravida	8	21	2	31			
		≥3 rd gravida	4	10	0	14			
7.	Parity	Nullipara	10	17	2	29	3.221	6	0.781 NS
		1 child	6	22	3	31			
		2 children	8	20	2	30			
		≥3 children	4	6	0	10			
8.	Occupation	Housewife	18	51	5	74	6.601	8	0.58 NS
		Daily wager	3	6	0	9			
		Business	2	1	0	3			
		Service	0	1	0	1			
		Student	5	6	2	13			

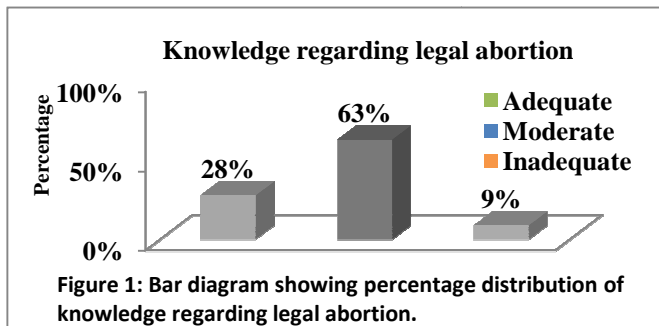
NS: Not significant (p>0.05).

the women in reproductive age group were in the income group of Rs.1001-2000 per month, 31% were

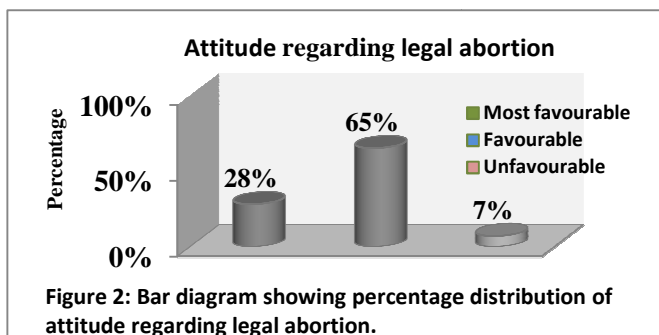
Discussion

A community based cross sectional study was

attempted to assess knowledge and attitude of a mother of childbearing age group (15 – 49) towards legal abortion. 28% of the women in reproductive age group



had adequate knowledge regarding legal abortion, 63% had moderately adequate knowledge and 9% had inadequate knowledge. This study also revealed that the education and monthly income has an association with knowledge of legal abortion. A study carried out by Silwal K, et al. (2013) regarding the knowledge of safe abortion by using the method of experimental



intervention on safe abortion education among the reproductive age group women and they found higher post intervention mean of knowledge ($p=0.001$) among participants about safe abortion compared to pre-observational test. The mean difference between the pre-test and post-test was 64.1% (Pre-test 11.18 ± 12.88 Post-test 75.28 ± 9.56). The research hypothesis was accepted with p value paired t -test at <0.001 (0.05). The result supports that the educational intervention was effective in increasing abortion awareness among reproductive aged group women [13].

Again, more the family income, there is a chance of gaining more knowledge due to it increases the access to information. This study revealed no significant association between attitude regarding legal abortion and their demographic variables. But, positive correlation between knowledge and attitude regarding legal abortion was found [$r=.393$ $p< 0.01$]. . Several studies on Indian women’s knowledge of abortion and

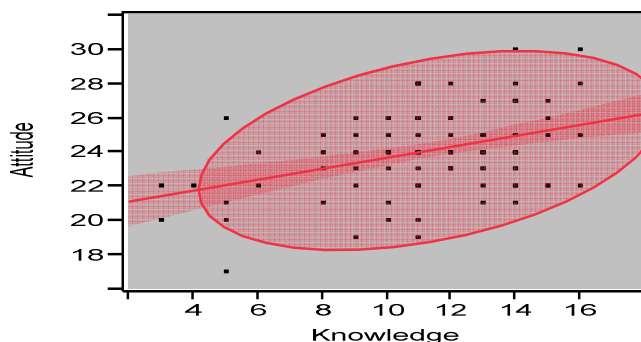


Figure 3: Scatter diagram showing correlation between knowledge and attitude regarding legal abortion

the legislation found lack of knowledge and misunderstandings such as the need of spousal consent, the dangers of performing an abortion and when an abortion is legal [14,15].

Conclusion

Majority of the women in reproductive age group had moderately adequate knowledge and favorable attitude regarding legal abortion. 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. **Disclaimer:** Nil.

References

1. Park K. Textbook of preventive and social medicine. 18th edition. Jabalpur: Banarsidas Bhanat Publishers; 2005.
2. Dutta DC. Textbook of obstetrics. 7th edition. Calcutta: New central book agency (P) Ltd; 2011.

3. World Health Organization. Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003. 5th ed. Geneva: World Health Organization; 2007. Available from: http://www.who.int/reproductivehealth/publications/unsafe-abortion_2003/ua_estimates03.pdf.
4. Government of India. Manual for Medical Termination of first trimester of pregnancy. Department of family welfare. New Delhi: Ministry of health and family welfare; 1995.
5. Ganatra B, Elul B. Legal but not always safe: three decades of a liberal abortion policy in India. *Gaceta Médica de México*. 2003; 139 (suppl. 1): 103-8.
6. Grimes DA, Benson J, Singh S, Romero M, Ganatra B, Okonofua FE, Shah IH. Unsafe abortion: the preventable pandemic. *Lancet*. 2006; 368: 1908-19.
7. Jain V, Shaha SC, Bagga R, Gopalan S. Unsafe abortion: A neglected tragedy. Review from a tertiary care hospital in India. *J Obstet Gynecol Res*. 2004; 30(3): 197-201.
8. Bhattacharya S, Mukherjee G, Mistri P, Pati S. Safe abortion – Still a neglected scenario: A study of septic abortions in a tertiary hospital of Rural India. *Online J Health Allied Scs*. 2010; 9(2):7.
9. Singh S, Wulf D, Jones H. Health professionals' perceptions about induced abortion in South Central and Southeast Asia. *International Family Planning Perspectives*. 1997; 23 (2): 59–7.
10. Duggal R, Ramachandran V. The Abortion Assessment Project—India: key findings and recommendations. *Reproductive Health Matters*. 2004; 12(24 Suppl.): 122–29.
11. Jejeebhoy S et al. Increasing Access to Safe Abortion in Rural Maharashtra: Outcomes of a Comprehensive Abortion Care Model. New Delhi: Population Council; 2011.
12. Stretcher V, Rosenstock IM. The health belief model. In: Glanz K, Lewis FM, Rimer BK (eds). *Health behavior and health education theory, research and practice*. San Francisco: Jossey – Bass. 1997. Pg 31-5.
13. Silwal K, Shrestha T, Dulal RK. Effect of educational intervention among reproductive age group women on safe abortion. *JNMA J Nepal Med Assoc*. 2013; 52(192): 612-8.
14. Council P, editor. *Increasing Access to Comprehensive Abortion Care Services in India Baseline Study*. 2008.
15. Gupte M, Bandewar S, Pisal H. Abortion Needs of Women in India: A Case Study of Rural Maharashtra. *Reproductive Health Matters*. 1997; 9: 77-86.

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