

A Comparative Study to Evaluate the Awareness of Safe Abortion And Emergency Contraception In Rural And Urban Women of Reproductive Age

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Abstract

Objective: A comparative study to evaluate the Awareness of Safe Abortion and Emergency Contraception among rural and urban women of reproductive age.

Methodology: A cross sectional prospective study was conducted among 500 married women between age group of 18-45 years attending OBG OPD at Sree Balaji Medical College & Hospital, Bharath University, Chrompet, Chennai, India by employing random sampling method. All the women willing to participate were interviewed with pre-tested questionnaire after obtaining informed consent.

Results: Out of 500 women studied, age of participants, years of marital life, educational status of the patient and spouse, socio-economic status, religion, working status and parity had significant role in the assessment of knowledge and attitude on safe abortion and emergency contraception use.

Conclusion: The awareness of safe abortion and emergency contraception is dismal in our country, the main reasons being illiteracy, lack of adequate knowledge, lack of access to medical fraternities and increased stigma about abortion. The focus should be to increase the knowledge and to have regulations in place to curb indiscriminate distribution of the drugs used for medical abortion over the counter by local pharmacists. Every endeavor should be made to reduce the menace of the rampant use of medical abortifacients and its consequences on maternal morbidity. Emergency contraception should be promoted by creating awareness and should be made easily accessible and available to women to meet their unmet needs.

Keywords: Contraception, knowledge, acceptance, practice, unmet need

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I. Introduction

In India, a baby is born every 1.25 seconds. India is the first country in the world to initiate a nationwide family planning program in 1952. Couple protection rate is still only 41%. Seventy-eight percent of the pregnancies in India are unplanned and at least 25% are unwanted. Every year 11 million abortions take place and at least half of these are unsafe and associated with a high morbidity and mortality. At least 20,000 women are dying annually due to abortion related complications. Unprotected sexual intercourse and method failure lead to unintended pregnancies. Emergency contraception (EC) promises to be useful in such cases by preventing unwanted pregnancies following unprotected sex. In India, the levonorgestrel method has been approved and is incorporated in the National Family Welfare Program. Unmet needs are defined as those women who are fecund and sexually active neither pregnant nor amenorrhoeic and are not using any methods of contraception either to space or to avoid pregnancy.

II. Methodology

A cross sectional prospective study was conducted on 500 married women in the age of 18-45 years attending OBG outpatient department of Sree Balaji Medical College & Hospital, Bharath University, Chrompet, Chennai, India employing systematic random sampling method. Exclusion criteria were sterilized women, girls less than 18 years of age, women >45 years, widows, unmarried women, post menopausal women, and women not willing to participate in the study. Informed consent was obtained and interview was conducted orally on a structured preformed questionnaire, which was developed to cover the research objectives. Utmost care was taken to maintain privacy and confidentiality. Ethical clearance was obtained from the Institutional Ethics committee prior to the start of the study. Data entry and statistical analysis was done.

III. Results

In this study, 500 married women between ages 18- 45 years attending OBG OPD and willing to participate in the study were interviewed through a pre-structured questionnaire. Most of the participants (83.3%) were educated. 73.85% of the participants belonged to urban and 26.15% to rural areas. 56% of the participants were Hindu, 35.14% were Christian and 8.86% were Muslim. Most of the participants were from socio-economic status class II (75%). 84.1% of the participants were not working. 90.6% reported to reside within ≤ 3 km from the Government sponsored health facility. The mean age of marriage among the participants in the present study was 22.25 ± 2.1 years and the mean years of marriage was 6.15 ± 4.1 years. 51% of the subjects had > 2 children and 49.8 had ≤ 2 children.

6.6% provided history of induced abortion, out of which 3.4% reported to have undergone abortion ≥ 2 times for unwanted pregnancy. 20.6% primi-parous and 4.9% multi-parous women were willing to have more number of children. Most of the respondents (62.9%) desired ≥ 3 years birth interval between the child births. 60.4% reported to have started using contraceptive before the age of 25 years. 52.8% have reported to have undergone permanent sterilization and 11.25% reported to have used temporary methods

81.9% of the participants were aware of the availability of various safer abortion methods. Awareness for medical methods were higher in urban areas, while people from rural areas are more aware of surgical methods, like dilatation and curettage. Among the urban population, 76% have incomplete awareness and they desire to use over the counter medical abortifacients, whereas 24% desire to attend hospitals for safe abortion. 20% women had taken MTP pills without even confirmation of pregnancy, out of which majority of women had consumed incorrect dose of MTP pills and at inappropriate gestational age. In our study, there were 8 % women who took MTP pills at >12 weeks gestation. These women had bought the drug from local chemist without any prescription. They had received information regarding MTP pills from their friend, husband or the chemists. Excessive bleeding per vaginum was the most common presentation, followed by irregular bleeding and abdominal pain.

Among the women studied, 11.4% had the knowledge of emergency contraception. Out of that, 94% of the participants were from urban area comparison to 6% from the rural areas. 64.5% from the urban areas have practiced emergency contraception in comparison to 35.5 % from rural areas. Among those who used emergency contraception, 99% of them have used Levonorgestrel, only 1% have used Ulipristal regimen, the main reason being high cost of the drug. Both the working (85.5%) as well as non-working (14.5%) participants showed equal awareness, but the usage was comparatively low in nonworking category. However, the awareness was high in higher socio-economic status, but the usage of emergency contraceptives was comparatively less in middle and lower. The awareness and use of emergency contraception increased significantly with the increase in the level of education of the participants and their spouses.

The acceptance for both safe abortion and emergency contraception practices is 96.7%. The main source of information regarding the availability of safe abortion and emergency contraception was through health care providers (69.2%), television (27.4%) and other sources such as internet, print media, friends and relatives. Awareness, acceptability and use of emergency contraceptives and safe abortion techniques were significantly higher in Hindu and Christian community in comparison to Muslims. In this study, the unmet need for contraception was found in 46% cases. Unmet need for spacing was found in 28% and 18% had unmet need for limiting.

IV. Discussion

ECPs do not interrupt an established pregnancy, defined by medical authorities such as the United States Food and Drug Administration/National Institutes of Health and the American College of Obstetricians and Gynecologists.. Therefore, ECPs are not abortifacient. The best available evidence shows that levonorgestrel and ulipristal acetate as ECPs prevent pregnancy primarily by delaying or inhibiting ovulation, thus inhibiting fertilization, mechanisms that do not involve interference with post-fertilization events. Its high effectiveness implies that emergency insertion of a copper IUD must be able to prevent pregnancy after fertilization.

Unwanted pregnancy is a social as well as economic burden for the society with a high complication rate. National guidelines for family planning should encourage the use of regular contraception as well as consider counseling for safe abortions and emergency contraception specially for women undergoing medical termination of pregnancy. It is important that everyone understands that no contraceptive method is 100 per cent effective. All women may need a last-minute chance to prevent unwanted pregnancy by making emergency contraception accessible as a back-up method.

V. Conclusion

The current study has revealed an inadequate knowledge about emergency contraceptives among women of reproductive age, especially in rural areas. Most of them had not been offered information or counselling about emergency contraception, but were willing to receive information and use these methods when needed. It is highly recommended that information about emergency contraceptives be made widely available and reach through mass media, health education classes at the health settings and the private health sector. Health care providers be trained and encouraged to discuss the issue of emergency contraceptives with their clients. And ECs should be made affordable only with reasonable prices in all pharmacies, and family planning clinics.

Despite abortions being legal for the last 46 years, almost 60% of procedures in India are unsafe - a ratio much closer to that in countries where abortions are illegal. This discrepancy is primarily because of lack of access to hospital facilities, awareness and stigma about abortion. To reduce the magnitude of unsafe abortions in the country and its impact on maternal health, safe abortion should be made a reality in both rural and urban areas and the Government should make the medical abortifacients available at free of cost in all institutions, and also only with prescriptions from medical personnel, for safe abortions, and not over the counter.

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