

Assessment of Attitude And Perception Regarding Abortion Among The B.Sc. Nursing Interns of Selected Nursing Colleges of Punjab, India.

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Abstract : The objectives the study was to explore the, attitude and perception of nursing interns, who are in the verge of being, registered Nurse and assist in abortion care services in country. A questionnaire based descriptive-cross-sectional study conducted among the 96 interns of the different Nursing College of Punjab. The semi structured questionnaire were used and consisting of questions on self-assessed educational program characteristics, attitudes and perceptions regarding abortions in the context of India. **Results:** The response rate of the participants was 88.07%. The mean age of the respondents was 24.43±1.449 years. A total of 65 (67.7%) responded that the topic of reproductive health was adequately covered in their course of study and 31 (32.3%) opined that the topic was somewhat covered. Only two of the respondents self-assessed that their theoretical knowledge of sexual and reproductive health was very good while 68 (70.8%) told that it was good and 26 (27.1%) graded themselves as having just fair knowledge in the field. Twenty four (25.0%) responded that they had clinical Exposure in abortion care services during their course of study. **Conclusion:** The nursing interns had been adequately exposed to the reproductive health though they had less clinical practice exposure on abortion care services. The attitude and perceptions of the future health care providers should be understood to properly orient them to the clinical practice.

Key Words: Abortion; Knowledge; Perception

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I. Introduction

A therapeutic abortion takes place when a pregnancy is terminated by the removal of the fetus from the uterus by the use of external methods, however, unlike an induced abortion that is performed as result of an unwanted pregnancy, therapeutic abortion is performed to either to save the life of a pregnant woman; or when a woman's physical or mental health is in jeopardy; or if a child would be born with a congenital disorder that may be terminal or related to significant illness; or to selectively decrease the number of fetuses to reduce health risks that are linked to multiple pregnancies (Ronco, 2013).¹

The medical practitioners who are listed in safe abortion care only can provide comprehensive abortion care services. It is the sole decision of the pregnant woman to choose to continue or discontinue the pregnancy. When the age of the pregnant woman is less than 16 years of age or unable to give consent because of being mentally incompetent, the nearest guardian or relative can give consent for abortion services. The law has prohibited termination of pregnancy based on sex selection.²

Although abortion is legalized, many women are performing abortion illegally and there has been an associated complication due to unsafe abortion. The abortion care services are yet to reach the rural parts of the country thus the people in those regions are using unsafe measures to perform abortion. The physicians themselves may not be properly aware of the provision of legal abortion. Although the medical practitioners have knowledge of safe and legal abortion, the implementation of proper abortion services is low. In order to increase access to safe abortion, proper education of the service providers is essential. Those kinds of training should focus on the attitudes of health care providers as well their beliefs on sexual and reproductive health particularly related to abortion, privacy and confidentiality, treating all the women with respect and dignity. Nursing personals should also attend to those with special needs like adolescents, rape survivors and vulnerable women for health and socioeconomic reasons.³ The present study was conducted with objectives of exploring the, attitude and perception of B.Sc. nursing interns, who are in the verge of being registered Nurse and assist in abortion care services in country.

II. Need of The Study

Ipas India reported in 2013 that unsafe abortion killed one woman for every two hours in India (approximately 4,000 deaths a year), according to estimates and calculations correlating data on maternal mortality ratio and Sample Registration System (SRS) data.

A Lancet paper in 2007 said there were 6.4 million abortions, of which 3.6 million or 56 per cent were unsafe. Based on the then available latest population and crude birth rate figures, Ipas put the figures of induced abortion at 5,007,932.⁴

In 1964, the Central Family Planning Board of the Government of India met and formed a committee to examine the subject of abortion from the medical, legal, social, and moral standpoints.¹⁰

The Indian abortion laws falls under the Medical Termination of Pregnancy (MTP) Act, which was enacted by the Indian Parliament in the year 1971 with the intention of reducing the incidence of illegal abortion and consequent maternal mortality and morbidity.² The MTP Act came into effect from 1 April 1972 and was amended in the years 1975 and 2002.

Pregnancies not exceeding 12 weeks may be terminated based on a single opinion formed in good faith. In case of pregnancies exceeding 12 weeks but less than 20 weeks, termination needs opinion of two doctors.⁵

The present study was conducted with objectives of exploring the, attitude and perception of B.Sc. nursing interns, who are in the verge of being registered Nurse and assist in abortion care services in country.

III. Materials And Methods

This is a descriptive-cross-sectional study conducted among the B.Sc. Nursing interns of the Nursing College. The questionnaire was distributed and mailed to all the current interns of the Nursing College on the month of August 2017 which was the study duration. Consent was taken from the individual participants before distributing the questionnaire.

The questionnaire was semi structured consisting of questions on self-assessed educational program characteristics, attitudes and perceptions regarding abortions in the context of India. The questionnaire was derived based on previous studies and modified in the context of India. The questionnaire was subjected to expert validation before administration and the suggestions were implemented.

Among the total of 109 interns posted in the various hospitals at the study time, 96 responded. The responses were entered in Microsoft Excel 2010 and further analysed by SPSS version 18.0.

IV. Results

The response rate of the participants was 88.07%. The mean age of the respondents was 22.43 years with standard deviation of 1.449 years. Among the interns, 60 (62.5%) were males and 36 (37.5%) females. Only four (4.2%) of them were married. The demographic characteristics of the respondents is shown in table 1.

The findings of self-assessed educational program characteristics is presented in table 2. When the query about the inclusion of the topic of reproductive health in their course of study, 65 (67.7%) responded that it was adequately covered and 31 (32.3%) opined that the topic was somewhat covered. Only two of the respondents self-assessed that their theoretical knowledge of sexual and reproductive health was very good while 68 (70.8%) told that it was good and 26 (27.1%) graded themselves as having just fair knowledge in the field. Twenty four (25.0%) responded that they had clinical exposure in abortion care services during their course of study. The attitudes and perceptions of the B.Sc. nursing interns regarding abortions are presented in table 3.

V. Discussion

Abortions performed according to medical guidelines carry very low risk of complications while unsafe abortions increase the vulnerability of maternal morbidity and death, representing one of the major causes of preventable maternal deaths. Thus provision of proper abortion care services helps to prevent the untoward complications in case of unwanted pregnancies. The Nursing students after completing their internship have to provide & assist in health care facilities including abortion care services to the public. Therefore we had chosen them to enroll in our study to understand their attitudes and perception towards abortion.

When the question about the inclusion of topic of reproductive health in the course of study was asked, two third of the interns responded that it was adequate but one third still assessed that the coverage was inadequate. Provenzano-Castro et al.³ have also presented that abortion was still inadequately addressed in the Nursing schools.

Variable	Number	Percent
Sex		
Male	60	62.5
Female	36	37.5
Place of upbringing		
Rural	15	15.6
Urban	81	84.4
Religion		
Hindu	93	96.9
Kirat	3	3.1
Marital Status		
Unmarried	92	95.8
Married	4	2.2

Variable	Number	Percent
Has the topic of reproductive health been included in your course of study?		
Adequately	65	67.7
Somewhat	31	32.3
Not at all	0	0
How do you assess your theoretical knowledge of sexual and reproductive health?		
Very good	2	2.1
Good	68	70.8
Fair	26	27.1
Poor	0	0
Have you had clinical practice in abortion care services during your course of study?		
Yes	24	25.0
No	72	75.0

Statement	Agree N (%)	Disagree N (%)	Neither agree nor disagree N (%)
Unsafe abortion is a serious health problem in India.	91 (94.8)	0	5 (5.2)
Abortions at unregistered clinics are more harmful than at registered clinics.	91 (94.8)	2 (2.1)	3 (3.1)
Abortion clients are treated in privacy in India	64 (66.7)	14 (14.6)	18 (18.8)
Unmarried women prefer to have abortions outside public health clinics.	91 (94.8)	2 (2.1)	3 (3.1)
Unmarried women have more complications from abortions than married women.	78 (81.2)	2 (2.1)	16 (16.7)
Abortions among unmarried women are acceptable in case of unplanned pregnancy.	66 (68.8)	16 (16.7)	14 (14.6)
A woman should always have the right to an abortion in the case of an unwanted pregnancy.	80 (83.3)	4 (4.2)	12 (12.5)
Women prefer to have surgical rather than medical abortions.	12 (12.5)	61 (63.5)	23 (24.0)
Surgical abortions are more harmful than medical abortion.	50 (52.1)	20 (20.8)	26 (27.1)
A woman needs to have her partner or spouse's approval to have an abortion.	20 (20.8)	71 (74.0)	5 (5.2)
Only those doctors and health care workers who are listed in the roster of Safe Abortion Service process of India can provide abortion services.	85 (88.5)	3 (3.1)	8 (8.3)
If the pregnant woman is less than 16 years of age, the nearest guardian or relative can give consent for abortion services.	85 (88.5)	6 (6.2)	5 (5.2)
To minimize unsafe abortion, messages about legalization of abortion should be well informed by media.	94 (97.9)	2 (2.1)	0

Curricula in Argentina. The Nursing curriculum should adequately cover the topic of reproductive health and focus to update the current legal provision of abortion facilities as well. Similarly, about two third of the interns graded themselves as having good theoretical knowledge on sexual and reproductive health. A total of 75% of the students didn't have clinical exposure in abortion care services during their course of study. It is important to expose students to the practical aspects of abortion care services in the course so that they become competent to provide & assist such services in their practice.

Majority of the interns agreed that unsafe abortion is a serious health problem in Country. Most of them perceived that abortions at unregistered clinics are more harmful than at registered clinics. In our context, many of the illegitimate pregnancies are taken to unregistered clinics for abortion. In those clinics, the service might be provided by unqualified and untrained persons. As well, the abortions are carried out hastily and without opting proper precautions which can increase the risks associated.

Unmarried women prefer to have abortions outside public health clinics. This statement was also positively perceived by most of the interns. The unmarried women have tendencies to procure abortions more privately and thus choose the private clinics rather than going to public health sectors.

The statement about acceptance of abortions among unmarried women in case of unplanned pregnancy was positively figured out by almost two thirds of interns. The concept that woman needs to have her partner or spouse's approval to have an abortion was wrongly perceived by 20.8% of the respondents. The present law of Indian states that the consent of woman is enough to go for abortions if the criteria of abortion are fulfilled. The findings are consistent to that of presented from a study in Maharashtra, India.⁵

Only those doctors and health care workers who are listed in the roster of Safe Abortion Service process of India can provide abortion services. This statement was correctly pointed out by 88.5% of the interns. It is important to note that only those health care providers who are trained and listed in the roster of safe abortion service process of India are eligible to perform abortion. Nurses and midwives should also be given a relevant role in expanding access to abortion care services, as practiced by many countries.⁵⁻⁶

Although abortion is legalised in India, many of the people may not be aware about the legalisation. This might be the reason of choosing unqualified persons to perform abortion. Akbarzadeh M. et al. 9 had showed that mothers with unwanted pregnancy are under various pressures. The people choose not to disclose about their pregnancy and the abortion performed. Thus it is essential to spread the message about the legalisation of abortion in India through awareness programmes at community level and by different media.

VI. Conclusion

The B.Sc. nursing interns had been adequately exposed to the reproductive health though they had less clinical exposure & practice on abortion care services. The attitude and perceptions of the future health care providers should be understood to properly orient them to the clinical practice. The nursing students should be further exposed to the abortion care services in order to make them more capable and confident.

VII. Conflict of Interest

There is no conflict of interest as researcher was not received any financial support from institute or individual. Project was self financed.

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