

Knowledge, attitude and practice (KAP survey) of contraception among women seeking termination of pregnancy at a tertiary care hospital in Maharashtra

Savita Khiste^{1*}, Gauri Dank¹, Lakshmi Rachkonda², Gautam Shroff², Swati Shiradkar³

¹Assistant Professor, ²Professor, ³Profesor and HOD, Department Of OBGYN, Mahatma Gandhi Medical College, Aurangabad-431003, Maharashtra, INDIA.

Email: pramod.bhale@gmail.com

Abstract

Objective: To determine the awareness and use of contraception by women seeking termination of pregnancy in MGM Medical College, Aurangabad. **Materials and Methods:** The study is a cross sectional opinion survey of patients attending OBGY OPD of MGM Medical College, Aurangabad using a pretested questionnaire. **Results:** Mean age of respondents was between 20-30yrs. 86% women were Hindus. Most of the women were multiparous. 42% women were not aware of contraceptives. 2% were aware of emergency contraception. **Conclusion:** Among users, most common method of contraception was condom. Females in young age group were more vulnerable to unwanted pregnancy. More than 3/4th (84%) of females had completed their family. These unwanted pregnancies which were getting terminated had real need of awareness of contraception.

Keywords: Medical Termination of Pregnancy (MTP), awareness of contraception, emergency contraception, Maternal mortality.

*Address for Correspondence:

Dr. Savita Khiste, Assistant Professor, Department Of OBGYN, Mahatma Gandhi Medical College, Aurangabad-431003, Maharashtra, INDIA.

Email: pramod.bhale@gmail.com

Received Date: 19/08/2015 Revised Date: 02/10/2015 Accepted Date: 25/10/2015

Access this article online	
Quick Response Code:	Website: www.statperson.com
	Volume 5 Issue 4

INTRODUCTION

Induced abortions have always been of a great concern to medical practitioners worldwide. To reduce maternal morbidity and mortality associated with illegal abortions, medical termination of pregnancy has been legalized in INDIA when the govt. of India passed the medical termination act in 1971. Unfortunately abortion has become a common method of limiting and spacing birth but it should not be promoted as family planning method. Unfortunately MTP is on its rise as a common method for limiting and spacing birth. High rates of induced abortions reflect low prevalence of contraceptive use and

its effectiveness. Actual incidence of abortion estimated worldwide ranges from 30-35 million a year or about 40-70 per 1000 women of reproductive age with abortion ratio of 260 -450 per 1000 live birth.¹ In India it has been computed that about 6 million abortions take place every year, of which 4 millions are induced and 2 million spontaneous. Since abortion has been legalized, the number of legal and registered induced abortions has been increasing steadily.¹ Unsafe abortions constitute of about 13% of maternal deaths.¹ Additional consequences of unsafe abortion include loss of productivity, long term health problems such as infertility. While women of all age groups seek abortions in India, recent review suggests that majority of them are married and in the age of 22-29yrs. Encouraging eligible couples to use effective contraceptive methods is yet another way to reduce voluntarily induced abortions illegal or otherwise. This can be achieved by providing adequate information about available contraceptive methods and helping couples to choose one that suits them. Different methods of regular contraceptions are natural methods, barrier methods especially male and female condoms, oral contraceptive pills (as the most effective method in India), IUCDs and

measures of permanent methods like female and male sterilization. By definition contraceptives are methods or systems which allow intercourse and yet prevent conception. India became one of the first countries legalizing abortions on moderately liberal grounds- Particularly “Failure of contraceptive use” for termination of pregnancy yet unsafe abortions is among the leading cause of maternal mortality and morbidity in India. Emergency contraception in the form of two tablets of levonorgestrel taken preferably within 72 hours can aid in preventing pregnancy in case of unprotected coitus or mishaps or regular contraceptions² This study examines the awareness and practice of contraception by women seeking for termination of pregnancy. The study is important considering the disparity between contraceptive prevalence rate and abortion rates in India. The findings would be useful in the development of reproductive health programmes that would increase acceptance and utilization of effective contraeption.³

AIMS AND OBJECTIVES

To study the obstetric profile, education and awareness of contraception of women undergoing MTP in MGM Medical College, Aurangabad between Jan 2014 to July 2014.

MATERIAL AND METHODS

Type of study: Cross sectional study

Sample Size: 100 pregnant women seeking MTP (1st trimester)

Data Collection: Data was collected by using pre tested and pre structured questionnaire (informed verbal consent was taken from all participants)

RESULTS

Most of the women were between 20-30 years of age. (60%). 14% of the women were between 31-35 years of age.(Table 1) More than 2/3rd (76%) of the women were literate. (Table -2) Non usage of contraception rather than contraception failure was reported to be chief reason. 42% women had to undergo MTP just because they have not used any contraception due to fear or lack of awareness. Some couldn't use OC-pills or IUCDS due to their side effects. Most of the couples (62.07%) used condom as the safest method of contraception but husbands didn't always co- operate using them (interference with sexual pleasure). Condom also has the highest failure rate. IUCD was not used as it causes pain, discomfort, irregular bleeding, and excessive bleeding. Some women have infrequent sexual contact either because of grown up children or husbands away for long periods. They felt occasional contact wouldn't lead to pregnancy however if does occur, some women opt for

abortion. Many women perceived that abortion didn't have any long term adverse health consequences and pretend it as safer.

Table 1: Distribution of women according to age:

Age (yrs)	No. of patients
15-19	14
20-25	26
26-30	34
31-35	14
36-40	10
>40	2

Table 2: Distribution women according to education

Educational status	No. Of patients	Percentage
Illiterate	24	24
Primary	56	56
Secondary	10	14
Graduation and Above	10	10

Table 3: Distribution of women according to number of living children

No. of living children	frequency	Percentage
0	4	4
1	52	52
2	18	18
3	20	20
4	6	6
5	0	0

Table 4: Distribution of women according to previous MTP

No. of previous MTP	No. of patients	percentage
0	74	74
1	20	20
2	4	4
3	2	2

Table 5: Distribution according to religion

Religion	Frequency	Percentage
Hindus	86	86
Muslims	14	14

Table 6: Distribution according to contraceptive used

Contraception	No. of patients	Percentage
Not used	42	42
used	58	58

Table 7: Distribution according to types of contraception

Contraception	Frequency (58)	Percentage
Condoms	36	62.07
Oc Pills	14	24.14
Iucd	8	13.79

Table 8: Regrets at termination of pregnancy

	Number	percentage
yes	18	18
no	82	82

Among the women who came for termination of pregnancy 82 of them did not have any regrets for termination.

Table 9: Distribution of women according to reasons for MTP

Reason for MTP	Frequency	Percentage
Family completed	18	18
Previous baby too young	42	42
Economic	8	8
Contraceptive failure	30	30
medical	2	2

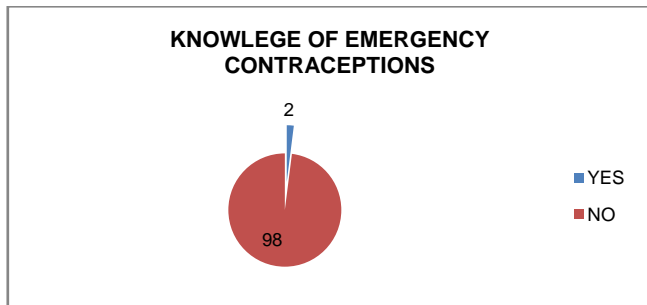


Figure 1: Knowledge about emergency contraception

DISCUSSION

There are a variety of methods of regular contraception available for the individual choice of a woman including natural methods, barrier methods, oral pills, intrauterine devices, progestogen injections and permanent methods in the form of female and male sterilization. India was the first country in the world to formulate a national family planning programme in 1952 and gave due importance to it by subsequent five year plans. In spite of the availability of safe and effective contraception, the need for it has not been met mainly due to the ignorance amongst women especially in rural and tribal areas. The Government of India through the nongovernment organisations and The Federation of Obstetrics and Gynecological Societies of India is trying to meet the unmet need for contraception. Many women still don't use regular contraception and may need emergency contraception for unprotected coitus. In the present study, around two third the women (60%) were between 20-30 years of age. While women of all age groups seek abortion in India, a recent review suggests that the majority of those seeking abortion are in the age group: 20-29 years.⁸ A substantial number of adolescents, both married and unmarried, also seek abortion services. Between 1-10% of abortion-seekers are adolescents. Ganguli G *et al* in their study on "Profile of women undergoing medical termination of pregnancy in hospital" found that 44.4% of MTP seekers were illiterate, 48.2% were educated up to primary school and only 7.3% were educated up to high school and above. In contrast to the above study we found

that 24% of MTP seekers were only illiterate. Among the hundred women studied it was observed that almost half of the MTP seekers (52%) had previous one child, 4% had no child, 18% of the women were having 2 or more living children revealing the fact that in spite of the completed family size, these women got unwanted pregnancy and sought MTP. 20% of the women were undergoing MTP second time or more which is a failure on the part of health care providers to counsel these women in need of contraception. Patnaik *et al* (2007)¹⁰ in their study on socio clinical profile of abortion cases in Brahmapur observed history of previous abortion for one time in 19% of cases and for twice or more in 4.7% of cases. In our study we found that 86% of the MTP seekers were Hindus. Khokhar and Gulati⁶ in their study at urban slums of Delhi noted that the most common reasons for the abortion stated by the women undergoing MTP were Unplanned pregnancy. In the present study we found that the commonest reason was last child very small (42%). Other reasons were: inadequate income (8%), Family complete (18%), Contraceptive failure (30%), Health problems (2%). Mehra *et al*⁹ in their study at Chandigarh observed that only one woman was aware of Emergency Contraceptive pills while in a study by Tripathi *et al* in New Delhi, it was found that none of their patients were aware of emergency contraception. In our study 5% of patients were aware of emergency contraception. This certainly reflects that emergency contraception is an area which needs to be publicized. A definite place of emergency contraception in the family planning programme cannot be denied. However, the role of counseling cannot be undermined here to prevent repeated abortions and to encourage women to adopt suitable methods of contraception, encouraging compliance of use.

CONCLUSION

- The most common method of contraception was condom
- Females in young age group are more prone to unwanted pregnancy

More than 3/4th (84%) of the females had completed family size. Major reasons for termination of pregnancy were: Previous baby too young, Completed family size, and Economic as well as fear of contraception. These unwanted pregnancies which were getting terminated reveal the unmet need of contraception. Very few women undergo MTP due to medical reasons like uncontrolled DM, hypothyroidism, heart disease.

REFERENCES

1. A Study on socio-demographic and obstetric profile of MTP seekers at Guru Govind Singh Hospital, Jamnagar

- Shipra Gupta, Viral Dave, Kishor Sochaliya, Sudha Yadav. ISSN 2229-337X Volume 3 Issue 1 January-June 2012
2. Survey of the Attitude to, Knowledge and Practice of Contraception and Medical Abortion in Women Attending a Family Planning Clinic, Suneeta MITTAL, Anupama BAHADUR, Jai Bhagwan SHARMA. J Turkish-German Gynecol Assoc, Vol. 9(1); 2008.
 3. Awareness and use of contraception by women seeking termination of pregnancy in south eastern Nigeria. Echendu Dolly Adinma, Joseph I feanyi Brian-D Adinma, Nkermakolam Obinna Eke. Asian pacific Journal Of tropical disease (2011) 71-75
 4. Abortion in India: Emerging Issues from the Qualitative Studies Leela Visaria, Vimala Ramachandran, Bela Ganatra, Shveta Kalyanwala
 5. Awareness about emergency contraceptives pill in women who came for medical termination of pregnancy. Preti Yadav, Anita Sinha, Jaykaran, Purva Mody. National Journal of physiology, pharmacy and pharmacology, (2011) vol 1 issue 2,68-78
 6. Contraceptive knowledge, practice and acceptance among women seeking termination of pregnancy at a secondary level hospital in southern Karnataka Parvati V. Bhat, Ashwini Prabhu, Pratap Kumar, and Sreekumaran Nair Health and Population Perspectives and Issues Vol. 31 (3), 157-162, 2008
 7. Comparative analysis of knowledge, Attitudes and Perceptions about Induced Abortions among Medical and Non-Medical Students of Karachi. R. Kumar S, S. Malik A. Qureshi, I.M. Khurram, K.S. Chaudhary.
 8. R.Ramasubban and S.J. Jejeebhoy, eds., Women's Reproductive Health in India. Jaipur: Rawat Publications. Vols. 186-235.
 9. Khokhar A., Gulati N. Profile of Induced Abortions in Women from an Urban Slum of Delhi. Indian Journal of Community Medicine. 2000, Vols. 25 (4): 10-12.
 10. Patnaik A, P.K.Ganatyat, L.Patnaik, T.Sahu. socio clinical profile of septic abortion cases - A hospital based study. Indian journal of community medicine.2007, Vol. 3(1).

Source of Support: None Declared
Conflict of Interest: None Declared