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KNOWLEDGE ATTITUDE AND PRACTICES OF WOMEN SEEKING ABORTIONS IN A TERTIARY CARE HOSPITAL- A CROSS-SECTIONAL STUDY FROM CENTRAL INDIA

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ABSTRACT

BACKGROUND: Unsafe abortion remains a significant public health concern, especially in developing countries, including India, where a large proportion of abortions are conducted outside recognized medical facilities. Despite the legalization of abortion under the MTP Act of 1971, the lack of awareness and poor access to contraceptive information continues to contribute to unintended pregnancies and unsafe abortion practices. This study aims to assess the knowledge, attitude, and practices related to abortion among women seeking termination of pregnancy in a tertiary care setting.

METHODS: This cross-sectional study was conducted at the Department of Obstetrics and Gynecology, at a tertiary care centre in central India, over six months from January 2022 to June 2022. Out of 167 women who presented for MTP, 100 consenting participants were included. A structured questionnaire was used to collect socio-demographic data, obstetric history, reasons for seeking abortion, and awareness about contraception and legal aspects of MTP. Data were analyzed using SPSS software.

RESULTS: Most participants (86%) were aged 25–34 years; 95% were married and 77% were housewives. Contraceptive failure (39%) and medical reasons (29%) were the main causes for seeking MTP. Although 73% had used contraception, only 18.9% used it regularly. Awareness of emergency contraception was low (23%), and 62% were unaware of MTP complications. Only 26% knew the legal gestational limit. Post-MTP, 29% did not adopt any contraceptive method.

CONCLUSION: There are significant gaps in knowledge and practices related to contraception and MTP legality. Strengthening counseling, public education, and access to family planning services is vital to reduce unintended pregnancies and promote safe abortion practices.

KEYWORDS: MTP, Unsafe Abortion, Contraceptive Awareness, India.

INTRODUCTION

Medical Termination of Pregnancy (MTP) is defined as the wilful termination of pregnancy before the period of viability of the fetus.[1] Every year, approximately 210 million women become pregnant worldwide, and about one-third of these pregnancies-approximately 75 million-end in stillbirths, spontaneous abortions, or induced abortions.[2]

Unintended pregnancies often lead to abortions, and when safe services are not accessible, they pose significant risks to women's health and lives. Globally, around 42 million induced abortions are performed annually, of which an estimated 20 million are unsafe. About 98% of these unsafe abortions occur in developing countries.[3]

The World Health Organization defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by individuals lacking the necessary skills or in an environment not meeting minimal medical standards-or both.[4] While in many countries, abortion remains illegal or heavily restricted, India legalized abortion under the Medical Termination of Pregnancy (MTP) Act in 1971. According to this Act, a woman can seek an induced abortion under specific circumstances such as contraceptive failure, rape, risk to the physical or mental health of the woman, or if there is a substantial risk to the fetus.[5]

To address the gaps in access to safe abortion and align with advancements in medical care and women's rights, the Government of India amended the Medical Termination of Pregnancy (MTP) Act in 2021. The original 1971 Act allowed abortions up to 20 weeks under specific conditions but did not sufficiently account for complex situations such as late-diagnosed fetal abnormalities or pregnancies resulting from rape. Despite the Act, unsafe abortions remained a major public health issue, contributing significantly to maternal deaths and complications.

The MTP (Amendment) Act, 2021 expanded the legal gestation limit for abortion to 24 weeks for certain categories of women, including survivors of rape and minors, and allowed termination beyond this limit in cases of substantial fetal abnormalities diagnosed by a medical board. It also ensured confidentiality and extended abortion rights to unmarried women under contraceptive failure, promoting reproductive autonomy and aiming to reduce the incidence of unsafe abortions in India.

Despite this legal provision, in India, an estimated 22 million abortions are still performed unsafely each year, resulting in approximately 47,000 maternal deaths and morbidity in over 5 million women.[6] Unsafe abortions can lead to serious complications such as incomplete abortion, infection (sepsis), hemorrhage, and uterine perforation. Long-term complications include pelvic inflammatory disease, chronic pelvic pain, and infertility.[7]

The most common cause of unsafe abortion is unintended pregnancy. Factors contributing to unintended pregnancies include lack of knowledge about contraception, limited access, failure to use contraceptives, or contraceptive failure.[8] Nearly all abortion-related deaths are preventable when the procedure is performed by a qualified provider using safe and appropriate techniques.[9]

Aims and Objectives

The aim of this study is to comprehensively assess the knowledge, attitudes, and practices of women seeking abortions at a tertiary care hospital, with a specific focus on their understanding of available contraceptive methods. Additionally, the study seeks to evaluate the socio-demographic profile of women seeking abortion.

MATERIALS AND METHODS

Ethical approval

The study was approved by the Institutional Ethics Committee.

Study Design

This cross-sectional study was conducted in the Department of Obstetrics and Gynecology at at a tertiary care centre in central India, over a period of 6 months, from January 2022 to June 2022. During this time, a total of 167 women opted medical termination of pregnancy (MTP). Out of these, 100 women who provided informed consent were included in the study.

Inclusion and Exclusion Criteria

The study included all consenting married and unmarried women who presented to the Gynecology Outpatient Department for medical termination of pregnancy (MTP) during the study period. Pregnancies were confirmed using a urine pregnancy test, and gestational age was determined through per vaginal examination and ultrasonography. Women were excluded if they did not provide consent, had self-medicated with MTP pills and reported to the hospital with complications, experienced spontaneous abortions, or had serious medical disorders requiring MTP.

Data Collection Procedure

Detailed information regarding the socio-demographic profile, obstetric history, duration of pregnancy, and factors influencing the decision to seek medical termination of pregnancy (MTP) was collected using a pre-designed structured questionnaire.

Statistical Analysis

The data obtained was statistically analyzed using the SPSS software [IBM Corp. released 2011]. Data was entered in Microsoft Excel 2021 spreadsheet. Descriptive statistics of the variables were calculated by mean, median, standard deviation, frequency, and proportions. The level of significance was set at 5%.

RESULTS

Table 1: Demographic characters	
Age group	**Number (%) n=100**
15-24 years	9
25-34 years	86
35-44 years	5
Age range	16-38
Mean age± SD in years	28.5±4.1
Median age (IQR) in years	28(27-32)
Marital status Married	95
Unmarried	5
Residence	
Rural	25
Urban	75
Education	
High school	68
Graduation	32
Occupation	Number (%)
Housewife	77
Private job	14

In table 1 the majority of women seeking MTP were aged 25–34 years (86%), married (95%), housewives (77%), and residents of urban areas (75%). Most had at least a high school education, with 32% being graduates.

Table 2: Obstetric profile of women seeking MTP	
Parity	
Nullipara	8
para one	38
Para two	50
Para three and more	4
Number of previous abortions	Number (%)
0	67
1 & above	33
Gestational Age Of Current MTP	Number (%)
<12 weeks	75
>=12 weeks	25

In table 2 most women were multiparous, with para two being the most common (50%), and 67% had no history of prior abortion. The majority (75%) sought MTP in the first trimester (less than 12 weeks).

Table 3: Reason for MTP	
Reason for MTP	**Number (%)**
Failure of Contraception	39
Medical conditions needing MTP	29
Family Completed	19
Anomalous baby/Medical conditions in baby	6
Financial reason	4
Rape victim	3

In table 3 the most common reason for MTP was contraceptive failure (39%), followed by medical conditions (29%) and completed family (19%).

Table 4: Knowledge and Awareness about contraception	
Counselling on contraception during previous delivery	**Number(%)**
Received	72(75%)
Not received	24(25%)
Use of contraception	**Number (%)**
Used	73
Not used	27
Use of contraception	**Number (%)**
Irregular	57(78.1%)
Regular	16(18.9%)
Mode of contraception used	**Number (%)**
Barrier contraceptives	53(72.6%)
Oral contraceptive pills	16(21.9%)
Injectable contraceptive	3(4.1%)
Intrauterine device	1(1.4%)
Knowledge about emergency contraception	**Number (%)**
Yes	23
No	77
Methods of contraception preferred by the patient after current MTP	**Number (%)**
Barrier contraceptive	21
IUD	16

Injection DMPA	2
Permanent Sterilization	30
Oral contraceptive pills	19
None	12

In table 4 although 75% received contraceptive counselling during a previous delivery, only 73% had used contraception, mostly irregularly. Barrier methods were the most commonly used (72.6%), and only 23% were aware of emergency contraception.

Table 5: Source of knowledge for method of Contraception	
Source of knowledge for methods of contraception	**Number (%)**
Social Media (TV, newspaper, magzines)	48(54.5%)
Doctor/ healthcare professional	28(31.8%)
Education	4(4.5%)
Relatives	3(3.4%)
Friends	5(5.7%)

In table 5 the most common source of information on contraception was social media/TV (54.5%), followed by doctors (31.8%).

Table 6: Knowledge about the legal aspects of MTP	
Knowledge about safe abortion	**Number (%)**
Yes	42
No	58
Knowledge that MTP can be performed at a recognised centre by a recognised doctor	Number (%)
Yes	69
No	31
Knowledge about how many months/weeks MTP is legal in India	Number (%)
Yes	26
No	74
Knowledge about complications of MTP	Number (%)
Yes	38
No	62

In table 6 only 42% were aware of safe abortion practices, and a significant number lacked knowledge about the legality, complications, and conditions under which MTP can be performed.

Table 7: Method of contraception/permanent sterilization method performed after this mtp/medical abortion	
Method of contraception/permanent sterilization method performed after this MTP/medical abortion	**Number (%)**
MTP with barrier contraceptive	16
MTP with -IUD	14
MTP with Injection DMPA	1
MTP with Laparoscopic Tubal Ligation	10
MTP with abdominal Tubal Ligation	14
MTP with Oral contraceptive pills	16
None, only MTP	29

In table 7 following MTP, a variety of contraceptive methods were adopted, with barrier methods and oral pills being the most common. However, 29% did not adopt any method post-MTP.

DISCUSSION

The present study aimed to assess the knowledge, attitude, and practices of women seeking abortions in a tertiary care hospital in Central India. The findings reveal significant gaps in awareness about contraception, legal aspects of abortion, and post-MTP contraceptive practices.

In our study, the majority of participants (86%) were between 25-34 years of age, predominantly married (95%), and housewives (77%). This demographic profile aligns with previous studies, such as that by Agarwal et al., who also reported the majority of abortion seekers to be married women aged between 20-35 years, suggesting that abortion services are frequently utilized by women in their prime reproductive years seeking to limit or space children after family completion or due to contraceptive failure.[10]

A concerning finding is that only 23% of participants were aware of emergency contraception, and 27% had never used any contraception. Even among users, irregular use was observed in 78.1%. This highlights an urgent need to improve contraceptive counseling and access. Similar patterns were noted in the study by Kumari et al. from Bihar, which found that irregular use and lack of awareness were key contributors to unintended pregnancies and, consequently, abortions.[11]

The most common reason cited for seeking MTP was contraceptive failure (39%), followed by medical indications (29%) and completed family (19%). These trends are consistent with other Indian studies such as Namrata et al., where contraceptive failure was a leading cause for seeking abortion.[8]

Despite the legality of abortion under the MTP Act, our study found that 58% of women were unaware of the legal status of abortion and 74% did not know the permissible gestational age for legal abortion in India. This is a critical finding and mirrors observations from a BMC Women's Health study, which emphasized that lack of legal knowledge leads many women to seek unsafe abortions from untrained providers.[12]

In our study, although 75% of participants reported receiving contraceptive counselling during previous deliveries, only 16% opted for regular contraceptive use. This discordance suggests a gap in effective counselling or in follow-up support. Studies by Bharti Maheshwari et al. and the article from BMC Health Services Research both highlight that even when counselling is provided, uptake and adherence to contraception remains suboptimal unless follow-up mechanisms and partner involvement are ensured.[13,14]

Furthermore, only 54.5% cited social media/TV as their source of contraceptive knowledge, followed by doctors (31.8%), indicating that healthcare providers may not be the primary source of reliable contraceptive information. This contrasts with findings from Western countries where healthcare professionals play a more dominant role in contraceptive counselling.[9]

Post-MTP contraception adoption was also varied. While 30% underwent sterilization, 29% did not opt for any method after the abortion. The gap between intention and action is also well-documented in the study by the Guttmacher Institute, which stresses the importance of immediate post-abortion contraceptive provision to prevent repeat unintended pregnancies.[15]

Overall, our findings indicate that despite the availability of legal and safe abortion services, knowledge and practice gaps still persist. Awareness programs, better integration of family planning services with MTP care, and emphasis on emergency contraception are essential steps forward. Additionally, community-based education and mass media can play a transformative role in enhancing awareness and reducing the stigma surrounding abortion and contraception.

CONCLUSION

This study highlights critical gaps in knowledge, attitude, and practices related to contraception and medical termination of pregnancy among women seeking abortion services at a tertiary care hospital. Despite the legal framework provided by the MTP Act and prior contraceptive counselling received by many, awareness about emergency contraception, legal gestational limits, and possible complications remains insufficient. Irregular contraceptive use and reliance on informal sources of information contribute significantly to unintended pregnancies and the continued risk of unsafe abortions. These findings underscore the need for comprehensive and sustained efforts in public

education, improved contraceptive counselling, and integration of family planning services with abortion care to promote safe reproductive practices and reduce preventable maternal morbidity and mortality.This study also highlights the sociodemographic profile of the patients undergoing medical termination of pregnancy in a tertiary care institute.

STRENGTHS OF THE STUDY

1] This study highlights the critical gap in knowledge, attitude and practices related to MTP among women seeking abortion in tertiary care centre.
2] This study highlights the need for integration of family planning services with MTP.
3] This study highlights the role of community based education and mass media in enhancing awareness and reducing stigma surrounding abortion and contraception.

LIMITATIONS OF THE STUDY

1] Being single-centered with a modest sample size and noncomparative study design, the results may not be generalizable outside of this environment.
2] Being a tertiary referral centre, the study includes a selected subset of referred patients so that referral bias might exist.
3] Additional follow-up was not part of the study protocol,so further complication or readmission was not assessed.

DECLARATIONS

Consent for Publication : The patient's informed consent has been acquired for the conduct of this study and for the publication of this study.All the efforts have been made to ensure patient confidentiality, and any identifying information has been appropriately anonymized.
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Authors' Contribution :
Conceived and designed the analysis – Dr. Moushmi Tadas
Collected the data – Dr. Moushmi Tadas and Dr. Shweta Sharma
Contributed data or analysis tools- Dr. Mansi Shrigiriwar and Dr. Shweta Sharma
Performed the analysis – Dr. Moushmi Tadas, Dr. Mansi Shrigiriwar and Dr. Shweta Sharma
Wrote the paper – Dr. Moushmi Tadas and Dr. Shweta Sharma

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REFERENCES

[1] Ministry of Health and Family Welfare. Medical Termination of Pregnancy Act 1971. Government of India.
[2] Singh S, Sedgh G, Hussain R. Unintended pregnancy: worldwide levels, trends, and outcomes. *Guttmacher Institute*. https://www.jstor.org/stable/10.1363/46e1120
[3] World Health Organization. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. Geneva: WHO; 2011.
[4] WHO. Unsafe abortion: the preventable pandemic. *Lancet*. 2006;368(9550):1908-19.

[5] Ministry of Health and Family Welfare. The Medical Termination of Pregnancy (Amendment) Act, 2021. Government of India.
[6] BMC Women's Health. Awareness and knowledge about safe abortion practices: a cross-sectional study. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0835-x
[7] BMC Health Services Research. Knowledge and perceptions of abortion legislation among women. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4297-5
[8] Namrata S, Sumitra Y. The study of knowledge, attitude and practice of medical abortion in women at a tertiary Centre. *IOSR J Dent Med Sci*. 2015;14(12):1-4.
[9] .Abiola AH, Oke OA, Balogun MR, Olatona FA, Adegbesan-Omilabu MA. Knowledge, attitude, and practice of abortion among female students of two public senior secondary schools in Lagos Mainland Local Government Area, Lagos State. Journal of Clinical Sciences. 2016 Apr 1;13(2):82-7.
[10]Agarwal N, Gupta M, Agrawal A. Knowledge, attitude and practice of post abortion contraception among MTP Seekers in a tertiary care hospital of North India. Hindu. 2023 Jan 21;140:94-59. Santosh University Journal of Health Sciences, July-December, 2019;5(2):86-89
[11]Kumari R, Shahnawaz K. Knowledge, attitude & practices of medical abortion in women - a longitudinal study from Patna, Bihar. J Evid Based Med Healthc. 2018;5(12):1037-40.
[12]BMC Women's Health. Awareness and knowledge about safe abortion practices: a cross-sectional study. Available from: https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-019-0835-x
[13]Bharti Maheshwari DK, Sharma P. Knowledge, attitude and practices of abortion and PPIUCD in Indian women. Age. 20(748):7-9.
[14]BMC Health Services Research. Knowledge and perceptions of abortion legislation among women. Available from: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4297-5
[15]Singh S, Sedgh G, Hussain R. Unintended pregnancy: worldwide levels, trends, and outcomes. Guttmacher Institute. Available from: https://www.jstor.org/stable/10.1363/46e1120