

# Perceptions and Practices of Married Women Regarding Medical Abortion in an Urbanized Village of South Delhi, India

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## ABSTRACT

**Introduction:** Unwanted or unintended pregnancy is common and in such a case access to safe abortion services is a women's right. The MTP act of 1971 has provisions which make abortion services available and accessible freely. MTP pills make first trimester abortions possible safely without having to undergo any surgical procedure. But lack of correct knowledge limits its safe use. **Objectives:** To study the Knowledge, Attitude and Practices related to use of medical abortion pills among married women in an urbanized village of Delhi. **Materials and Methods:** A cross sectional study was conducted among 224 married women in reproductive age group residing in an urbanized village of Delhi. Mixed quantitative and qualitative methodology was used in Data collection and analysis. **Results:** 69.2% women were under 30 years of age. 79.7% women had at least two children and 26.4% had at least one abortion. 69.64% women knew about at least one method of abortion (Medical or Surgical). Only 38.8% women knew that abortions are legal. 61.1% had heard about abortion "pills." Of them, as many as 41% said these pills can be procured directly from the chemist. Only 5.8% had correct knowledge regarding use of these pills. Misconceptions about side effects were also common. 50% said they would feel shy to discuss these pills with a male doctor. 12.5% reported using medical abortion pills, though ever having unplanned pregnancy was reported by 52.2% women. 78.57% of the women reporting MTP pill use, took the medicines directly from the chemist. **Conclusion:** Though the general attitude towards use of medical abortions was positive in the community, there were widespread misconceptions. There is an urgent need to increase the awareness about hazards of self-medication of medical abortion pills.

**Key words:** Abortion, MTP, Women's Health, Unmet Need, Reproductive health.

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## INTRODUCTION

According to the World Health Organization (WHO), every 8 mins a woman in a developing nation will die of complications arising from an unsafe abortion. Unsafe abortion continues to be one of the major causes of maternal deaths.<sup>1</sup> World Health Organization (WHO) has defined unsafe abortion as "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both".<sup>2</sup> Globally, it is estimated that unsafe abortions result in 47,000 deaths annually, which constitute 13% of all maternal deaths worldwide.<sup>3</sup> As per official report, one million abortions are performed in India but various studies suggested that actual statistics are actually six times more.<sup>4</sup> This is because abortion is often done clandestinely by untrained individuals or by the pregnant women themselves, much of it goes undocumented.<sup>1</sup> As the result of this, total 8 % of maternal death is due to unsafe abortions which is an unfortunate situation as India is one of the countries where a legal "MTP act" is present.<sup>5,6</sup>

Medical Termination of Pregnancy (MTP) act was enacted and came into force way back in 1971, which

ensures provision of abortion services on socio-economic ground, to save women's life and to preserve health.<sup>7</sup> MTP act brought various new and easily accessible methods for safe and early abortion since its enactment, but available safe abortion services are underutilized due to numerous individual and community-level factors, such as lack of awareness of the legality of abortion, limited understanding on the implications of unsafe abortion and lack of information on availability of safe providers and methods.<sup>8</sup> To widen the choices and accessibility for safe abortion under MTP act, the Central Drug Standard Control Organization, Directorate General of Health approved a combi-pack of mifepristone and misoprostol for the medical termination of intrauterine pregnancy (MTP) for up to 63 days gestation (9 weeks).<sup>9</sup> Medical method of abortion using mifepristone and misoprostol is most natural, earlier, more accessible, safer (92-97% success rate), less traumatic, less medicalized and less expensive.<sup>10</sup> But due to availability of these drugs over the counter, self-administration of these drugs by pregnant women without any medical consultation or supervision has become highly prevalent.<sup>11</sup> Self administration of drug without any

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doctor's prescription results in various adverse effects in women like heavy bleeding, drug reaction, collapse, requirement of blood transfusion, fever etc.<sup>11,12</sup>

The present study was conducted to delve deeper into this issue in urban slum of Delhi, by assessing knowledge, attitude and practices of married women in reproductive age group (15-45 years) related to abortion, more specifically medical abortion.

## MATERIALS AND METHODS

A cross sectional study was conducted among married women in reproductive age group (15 – 45 years) in an urbanized village in South district of Delhi. It had a population of 4000 people, comprising of both locals and a dynamic migrant community from other states who lived there as tenants. The Department of Community Medicine ran an Urban Health Training Centre (UHTC) in the area, which provides Outpatient care, outreach health services and referral services to this community.

All married women in reproductive age group who came to the UHTC, seeking healthcare for them or their family members for complaints related or unrelated to the interest of the present study, were approached for participation in the study. They were explained the nature of the study and informed consent was taken. Data collection was done over a period of six months. Minimum sample size was calculated using 50% prevalence as recommended by WHO for areas where similar studies are not available.<sup>13</sup> Taking the absolute error as 10%, it was calculated to be 100. Finally, a total of 224 women were included in the study over six months. Ethical approval was sought from the Institutional Ethics Committee.

A pretested semi-structured, investigator administered questionnaire was used to collect information regarding knowledge, attitude and practice of women on abortions and in particular Medical Abortions. Study subjects were asked many open ended questions like “various options known to them if they get unwantedly pregnant”, which was further added up by putting probing questions about “various methods of termination of pregnancy” and “non-surgical methods for termination of pregnancy” which were known to them. Knowledge about “legal status of services for termination of pregnancy” was also assessed. To determine attitude towards abortion, we used an eight question, three-point Likert scale, to label it as favorable (positive) or unfavorable (negative). A reliability analysis was carried out about the attitude towards abortion comprising of 8 items. Cronbach's alpha showed the questionnaire to reach acceptable reliability,  $\alpha = 0.902$ . Most items appeared to be worthy of retention, resulting in a decrease in the value of alpha if deleted. Practices related to abortion in case of unwanted pregnancy were also assessed. In open ended questions verbatim of women were recorded and analyzed accordingly.

Data were analyzed using SPSS ver.21. (IBM, Chicago, Illinois, USA) Proportions were calculated for qualitative data and bi-variate analysis was done using Chi-square test. Cronbach's alpha statistic was used to determine the internal consistency and reliability of the attitude test scores. It is a statistic widely used to measure the degree to which a set of items measures a single uni-dimensional latent construct. A value between 0.7 and 0.9 is acceptable.<sup>14</sup>

## RESULTS

### Socio-demographic characteristics of study population

Table 1 shows the socio-demographic characteristics of the study population. Majority of the women were less than 30 years of age (69.2%). Mean age of the women was 28.72 years with a standard deviation of 5.21 years. Majority (85.3%) subjects were Hindu by religion. Almost 4 out of 5 women were not permanent residents of the study area i.e. Delhi. They were migrants from other neighboring states. Very few women were

**Table 1: Distribution of participants based on their socio demographic details.**

Socio demographic characteristics	Frequency	Percent
<b>Age</b>		
<25	78	34.8
26-30	77	34.4
31-35	50	22.3
36-40	14	6.3
41-45	5	2.2
<b>Total</b>	<b>224</b>	<b>100.0</b>
<b>Religion</b>		
Hindu	191	85.3
Muslim	26	11.6
Jain	7	3.1
<b>Migrant</b>		
No	49	21.9
Yes	175	78.1
<b>Educational status</b>		
Illiterate	52	23.2
Upto primary	35	15.6
Upto middle	39	17.4
High school	54	24.1
Upto senior secondary	30	13.4
Graduate	14	6.3
<b>Women Occupation</b>		
Working	17	7.6
Not working	207	92.4
<b>Husband education</b>		
Illiterate	12	5.4
Upto Primary	6	2.7
Upto middle	27	12.1
High school	99	44.2
Upto senior secondary	45	20.1
Graduate	35	15.6
<b>Socio-economic status</b>		
Upper	9	4.0
Upper middle	63	28.1
Lower middle	99	44.2
Upper lower	49	21.9
Lower	4	1.8

educated more than senior secondary school (19.7%). Almost all were housewives (92.4%). Majority of the women belonged to upper lower (21.9%) and lower middle (44.2%) socio-economic class according to Modified BG Prasad Classification revised for the study year. The most common type of family was nuclear (81.3%). Regarding the past obstetric history, it was observed that most women had at-least two children (79.7%) and about a quarter had at least one abortion [59(26.4%)]

### Knowledge about options available to a woman if she misses period/ becomes pregnant

Table 2.1 deals with knowledge among study participants about various issues related to Abortion. In response to the above mentioned question, 73(33.6%) women reported that they have “no idea” about what could be done if they get pregnant. Seventy women (31.25%) mentioned “abortion” as an option available to women in-case she doesn't want to get pregnant. Forty-eight women (21.4%) reported that “Doctors could help” them in such a situation. Thirty-three women (14.7%), mentioned that “there is nothing to be done except wait and carry the pregnancy till term”.

### Knowledge about various methods for termination of a pregnancy

Around two thirds of [156(69.64%)] women knew at-least one method of abortion either “medical” or “surgical” or “both”, whereas 56(25%) women “did not know about abortion at all”. Few subjects [15(6.7%)] also mentioned local beliefs regarding home remedies for abortions. (Table 2.1)

### Knowledge about the legal status of services for termination of pregnancy

Less than half of study subjects i.e. 87 (38.8%) correctly knew that abortions are legal in India. Whereas 35.3% believed that abortion is illegal in India. One fourth study (25.9%) subjects reported that they didn't know about it. (Table 2.1)

### Knowledge about non-surgical methods of Abortion

Table 2.2 shows details about knowledge about non-surgical methods for termination of pregnancy. Out of the total 224 study participants, 138 (61.61%) women had heard about “pills that cause abortions”. Their most common source of information (60.87%) about these pills or medical abortion was an acquaintance like friends, female relatives and neighbors followed by Doctors (24.64%). Out of these 138 women, 42.75% women mentioned Doctor or Health facility as main point to procure these pills, whereas 41.30% women mentioned Chemist as the main

**Table 2.1: Distribution of Participants based on Knowledge related to abortion.**

Abortion	70	31.3
Consult a doctor	48	21.4
Continue the pregnancy to term	33	14.7
Don't know	73	33.6
Knowledge about various methods for termination of a pregnancy*		
Know at least one method of abortion, either medical or Surgical	156	69.64
Did not know about abortion at all	56	25.0
Home based remedies to abort**	15	6.7
Knowledge about the legal status of services for termination of pregnancy		
Legal	87	38.8
Illegal	79	35.3
Don't know	58	25.9

\*Multiple response, \*\*Home based remedies were “a concoction of jaggery, ajwain and til”, “papaya seeds crushed and eaten”, “lifting heavy loads in the early months”, “eating egg” and “herbal medicines.”

**Table 2.2: Distribution of Participants based on knowledge related to medical abortion.**

Knowledge about non-surgical methods for termination of pregnancy		
Heard of pills that cause abortion	138	61.6
Don't know about non-surgical methods	86	38.4
Source of information for non-surgical methods(N=138)		
Doctor	34	24.6
Friends	30	21.74
Neighbors	36	26.08
Relative	18	13.04
Husband	8	5.79
TV	8	5.79
Chemist	4	2.89
Knowledge to point of accessibility of these MTP Pills (N=138)		
Doctor or Health facility	59	42.75
Chemist	57	41.30
Don't know	22	15.95
Knowledge About Window Period(In Months) for taking MTP Pills(N=138)		
<2 months	32	23.18
2-2,5	8	5.79
>2.5	8	5.79
3-4	2	1.44
Few months	4	2.89
Don't know	84	60.87
MTP pill same as OCP(N=138)		
Yes	101	73.19
No	37	26.81
MTP pill different from ECP(N=138)		
No	20	14.49
Yes	118	85.51
Details of side effects*		
Bleeding and pain	12	8.69
Weakness	17	12.32
heaviness in abdomen	4	2.89
Future risk of difficulty in conception	4	2.89
Fetal abnormalities if abortion fails	4	2.89
Rupture uterus	4	2.89
Uterine abscess	4	2.89
Many but not sure	4	2.89
Don't Know	71	52.89
No side effects	24	17.39

\*Multiple Responses

source. Some of the subjects (15.94%) didn't know where they could get these pills from. Regarding the window period in which these pills are effective, very few women (5.79%) had correct information that it can be used up-to 63 days of pregnancy.

We also asked women who had heard about Medical Abortion pills ( $n=138$ ), if these pills were same as the conventional oral contraceptive pills. Majority (73.19%) reported no difference between these two pills. Only a quarter (26.81%) mentioned that the pills were different.

Majority (85.51%) women thought these pills could be used as emergency pills also, whereas only 14.49% knew that these two indications i.e medical termination and emergency contraception mandated use of different pills.

Majority of the women were unaware of any adverse effects of these pills (52.89%). A little more than a quarter of the women (23.91%) said the Medical Abortion pills caused adverse effects like "heavy bleeding, pain, weakness etc". Few women (11.59%) mentioned serious adverse effects like "difficulty in future conception, fetal abnormalities in case abortion fails, uterine abscess etc". But some women (17.39%) believed these pills did not have any side effects. Myths about adverse effects were common. (Table 2.2.)

### Attitude towards medical abortion among the study population

Chronbach's alpha value for this set of eight questions determining attitude towards abortion was observed as 0.902, indicating that the attitude test was able to measure the latent theme of attitude towards abortions (specially Medical) reliably. (Table 3)

Majority (61.2%) believed that abortion was a sin (Item No.1). Majority of the women (72.3%) women felt husband's permission was must to seek an abortion (Item no. 2). Shame did not hinder access to MTP pill as 41.1% said they would not feel ashamed (Item No. 3). But 50% agreed that they would not discuss using these pills with a male doctor (Item No. 5). As the knowledge regarding difference between contraceptive pills and MTP pills was poor, majority had no opinion when asked if they would like to use MTP pills frequently instead of using contraception (Item No. 4). Contrary to our expectation, privacy from family members was of lesser concern to these women (53.1% had no opinion) when choosing a method of abortion. But about a third (33.9%) women did feel that talking about this issue in a crowded OPD would be embarrassing. Similarly, majority 63.8% (Item no. 8) had no opinion on being able to stay at home and being able to carry out normal responsibilities when choosing medical abortion though 19.6% women agreed that this was an advantage offered by MTP pills.

### Practice of medical abortions among the study population

Out of the total of 224 women, 28 (12.5%) reported having used medical abortion pills to abort an unwanted pregnancy. More than half, 57% of these women took the medicines directly from the chemist without seeking a doctor's advice, 18 women (64.29%) women had side effects to the medication, 50% women used MTP pills again and 50% recommended it to their friends also. (Table 4)

## DISCUSSION

Our study has revealed several grave facts about Knowledge, attitude and practices related to medical abortion which put women at higher risks related to unsafe abortion and its complications. So, these findings need to be discussed. There is poor knowledge on abortions overall and medical abortions in particular among the study subjects. Though majority women (69.7%) had knowledge about either medical or surgical method of abortion or both, but only less than half (38%) women were aware about legal status of abortion which is similar to finding as reported by a systematic review which has estimated that, worldwide, less than 50% women had knowledge about legal status of abortion.<sup>15</sup> This

low awareness in our study might be due to lower literacy rate among study subjects as 56.2% were educated upto middle class. Also, the study subjects were mainly migrant population (78.1%), who mostly has limited access to health facilities and probably health related knowledge and which could be another reason for lower awareness about legal abortion. If we see particularly, knowledge related to medical abortion, 61% women heard about pills that can terminate pregnancy which is very high as compared to study conducted by Population Science International (PSI) in 2006<sup>16</sup> in which, 25% women heard about MTP pills and another study conducted in Delhi in year 2007<sup>17</sup> in which only 22% women heard about pills. The increase in awareness might be due to increasing popularity of MTP pills with time which ensures naturalness and privacy for the women. If we see in our study, majority women (60.87%) are getting the information from female relatives, female friends and female neighbors which is also showing increased popularity of MTP pills with years passing. But this is comparatively low as reported by Namrata et al. (2015)<sup>18</sup> in their study which has reported, 18% subjects received the information from female relatives, but 45.55% had gained information from media, mainly the internet and television.

Though MTP pills are gaining popularity, but correct information is still lacking in communities as in our study, 73.19% of these women could not differentiate between these pills and contraceptive pills and 85% could not differentiate between MTP pills and EC pills. Moreover, 41%

**Table 3: Attitude regarding medical abortions among the women participants.**

S.no	Attitude Statement	Agree (%)	Disagree (%)	No opinion (%)
1	To terminate an Unwanted Pregnancy, Husband's permission is a must.	162 (72.3)	4 (1.8)	58 (25.9)
2	To terminate an unwanted pregnancy/ Abortion is a sin as children are gift of God.	137 (61.2)	40 (17.9)	47 (21.0)
3	I will feel ashamed to consult a Doctor to get the MTP pill.	58 (25.9)	92 (41.1)	74 (33.0)
4	I would like to use it infrequently instead of using it as regular contraception.	15 (6.7)	83 (37.1)	126 (56.3)
5	I would not like to discuss using these pills with a male doctor.	112 (50.0)	28 (12.5)	84 (37.5)
6	I would feel shy in talking about this when there are a lot of people in the Doctor's room who can overhear me.	76 (33.9)	60 (26.8)	88 (39.3)
7	I would not want my family to know that I want to terminate a pregnancy, so this method is most appropriate.	36 (16.1)	69 (30.8)	119 (53.1)
8	By using this method, I don't have to stay in the Hospital and can take care of my family.	44 (19.6)	37 (16.5)	143 (63.8)

\*Multiple responses

**Table 4: Distribution of Participants based on Practice of Medical abortion.**

History of Unplanned Pregnancy	Frequency	Percentage (%)
Yes	117	52.2
No	107	47.8
<b>Ever use of Medical abortion</b>		
Yes	28	12.5
No	196	87.5
<b>Source of information (N=28)</b>		
Chemist	4	14.29
Doctor	8	28.57
Friend	4	14.29
Husband	8	28.57
Relatives and doctor	4	14.29
<b>Source of procurement (N=28)</b>		
Doctor	20	71.43
Doctor's advice not taken	8	28.57
<b>Side effects (N=28*)</b>		
No side effects	10	35.71
Heavy bleeding	12	42.86
Weakness and giddiness	10	35.71
Pain abdomen	6	21.43
Irregular periods	4	14.29
<b>Used again (N=28)</b>		
Yes	14	50.0
No	14	50.0
<b>Recommends to friends(N=28)</b>		
Yes	14	50.0
No	14	50.0

\*Multiple Responses

women reported chemist as main source of these medicine and only 5.7% women gave correct information about window period of 63 days of taking these pills. Similar finding was reported by PSI in its study<sup>16</sup> in which majority of women considered emergency contraceptive pills to be abortifacients and 70% of women considered the nearest pharmacy as the most accessible source for medicines for abortion.<sup>17</sup>

In our study 52% were unaware about side effects of MTP pills whereas in a similar study in Ethiopia, 93% women were unaware about these side effects.<sup>19</sup> Since unsupervised medical abortion can lead to incomplete abortion and its complication, so knowledge of side effects is very important for the reproductive age group female.

Abortion has been stigmatized so strongly in India and other parts of world that, most of women don't want to discuss about it. In our study, on assessing their attitude, majority subjects (61%) revealed negative attitude towards abortion as they considered abortion as sin. Also, majority women did not give any opinion for most of questions asked to them which might be due to their poor knowledge and stigma attached to it which restrain women to even talk about it.

Out of total study subjects, 59(26.4%) reported history of atleast one abortion, 28(12.5%) women reported using MTP pills to terminate their pregnancy and 71.43% (20) of those, took doctor's advice before taking

MTP pill. Another study conducted by Bindoo *et al.*<sup>9</sup> reported that, 77% women who attended hospital for abortion, have already self-administered abortion pills and a study by Namrata *et al.*<sup>18</sup> reported 89% women used MTP pills at home. The difference in our results might be due to difference in target population as both the other studies were conducted among women who attended hospital for purpose of medically induced abortion or incomplete abortion due to self-medication practice.

## CONCLUSION

This study is important because it dealt with a very important aspect of maternal health i.e. safe abortion services. In spite of having a liberal MTP act, many social and behavioral factors still limit the access of women to safe abortion services. Cultural beliefs classifying abortion as sin limit the conversation about use of abortion services. Misconceptions about correct use of MTP pills are widespread. Self-administration of MTP pills was found to be fairly common. There is an urgent need to generate awareness about the correct use of these pills and to generate a positive environment in society regarding use of safe abortion services.

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## CONFLICT OF INTEREST

The authors declare no Conflict of interest.

## ABBREVIATIONS

**MTP:** Medical Termination of Pregnancy; **WHO:** World Health Organisation; **UHTC:** Urban Health Training Centre; **SPSS:** Statistical Package for Social Sciences; **IBM:** International Business Machines; **USA:** United States of America.

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