

**CROSS SECTIONAL STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES AS RELATED TO MEDICAL TERMINATION OF PREGNANCY IN RURAL WOMEN OF HARYANA**

by

DAMAYANTI SHARMA

S. RATHEE

ADARSH

and

SHRI SHER SINGH

**SUMMARY**

This study was conducted to know the different views about MTP Act by rural and Urban Women. The study clearly depicted that majority of women are still ignorant about MTP Act specially the rural women. They still keep it as a secret affair. Thus ignorance of the chances of obtaining MTP and when to approach, unwillingness to consult local Medical services as desire of privacy are common factors leading to delay and getting an abortion illegally.

*Introduction*

More than a decade has passed since India liberalised its abortion law, thus having increasing number of legal abortions but substantial number of illegal abortions still take place. No national statistics are available but estimated illegal abortions are about 4-6 millions yearly (Mathur and Damodar, 1979), while only 30,000 are legal abortions.

About 10-15 per cent of maternal deaths (Rao, 1975) occur following induced abortions in some of our hospitals. The majority of the women hospitalised for abortion complications have been to

dais (traditional midwives) for their abortions or induced themselves. As might be expected, the women who develop serious complications are those least able or willing to seek professional medical care. Kochhar, 1980 reported that in Kasturba Hospital, Delhi, septic abortion was mostly seen in unmarried young girls who had interference done in second trimester by untrained personnel and were admitted in serious condition. In our hospital majority of the women with septic abortions belonged to rural area with high parity.

People from all social strata should be made aware of and should get benefit of liberalised abortion laws.

The main objective of this study was to have the knowledge regarding attitude

*From: Medical College, Rohtak-124 001. (Haryana) India.*

of women to MTP Law and improve our services.

#### Material and Methods

This study was conducted mainly in primary health centre Kathura attached to Medical College and Hospital, Rohtak and urban family planning centre of the Hospital. Two hundred and eighty women were randomly interviewed through a pre-tested semi-structured proforma by one of the authors.

#### Observations

Majority of the women in study group belonged to rural area (71.4%), while only 28.6 per cent were urban.

College education was taken by 13 per cent, 42 per cent had primary schooling while 40 per cent were illiterate. Because of illiteracy and family taboos 43 per cent had no knowledge of MTP Act. This points to lack of information about abortion services.

Age ranged from 19 years to 42 years, maximum number was in age group of

20-30 years (69 per cent).

The parity varied from 0 to 11. Majority of rural women were para 4 or more (54 per cent) in contrast to 64 per cent of urban population who had parity of 1 or 2.

Different sources from which these women came to know of MTP Act (Table I).

From Table I, it is clear that as high as 43 per cent (15% urban and 28% rural) population is not aware of MTP Act which has been operative since last 13 years. It points out to the need of health education and publicity of the MTP Act to bring the remaining population for awareness of legal abortion.

The persons who knew about the Act, on further questioning disclosed that they knew it from a short period. 18.4 per cent had the knowledge of the Act for more than one year while 38.6 per cent knew it for less than a year.

Cause under which abortions could be performed were also interrogated and tabulated in Table II.

TABLE I  
Sources of MTP Information (total 280 women)

Media	Urban	Percentage	Rural	Percentage
Press	7	8.7	2	1.0
Friends	15	18.75	43	21.5
Doctors	28	35.00	27	13.5
Field workers	3	3.75	57	58.5
Other source	6	7.5	10	5.10
More than one source	9	11.25	5	2.5
Do not know	12	15.0	56	28.0

TABLE II

Cause	Urban	Percentage	Rural	Percentage
Contraceptive failure	21	26.5	44	22.0
Medical ground	11	13.0	19	9.5
Insanity	5	6.2	2	1.0
Spacing	5	6.2	—	—
More than one	22	27.5	30	15.0
No knowledge	18	22.2	106	53.0

Table II clearly depicts that the women, both urban and rural were under the impression that MTP can only be carried out after contraceptive failure. In rural areas as high as 53 per cent did not have the knowledge of any such conditions under which termination of pregnancy can be done. This ignorance may be one of the many reasons for which a woman may have to carry her unwanted pregnancy to term thus increasing the population.

Permanent method for family planning was more popular among rural (30.5 per cent) as against urban population (7.5 per cent) who preferred temporary methods 28 per cent of urbanised women and 45 per cent of rural population were not aware of other methods for prevention of pregnancy.

Patients did not approve of MTP for following reasons.

urban population was aware that first trimester MTP is safer than late while only 30 per cent of rural population regarded MTP safe in first trimester showing further need of education to rural women.

Regarding MTP service places, 52.5 per cent of urban women wanted to go to a hospital while only 7.5 per cent rural population wanted it by private practitioner.

The rural women did not prefer hospitals because of few drawbacks in abortions services provided at approved centres e.g. (1) long waiting; (ii) hospitalization; (iii) impersonal atmosphere; (iv) lack of privacy.

Specially unmarried girls do not want to go to big hospitals for lack of privacy.

TABLE III

	Urban	Percentage	Rural	Percentage
Infection	8	10.0	3	1.5
Bleeding	17	21.2	27	13.5
Dangers of life	5	6.2	21	10.5
More than one reason	21	26.2	64	32.0
No opinion	29	36.2	85	42.5

42.5 per cent did not express any opinion. Views of remaining is shown in above Table III.

Majority of the rural population were not using any method (63 per cent). In rural areas, 37 per cent of the couples were using contraceptives as against 56.1 per cent of urbanised couples. This is in confirmity with National figure for contraceptive users which is around 38 per cent as a whole.

Safe period for MTP-60 per cent of

#### Discussion

This study points out the different views about MTP Act by rural and urban women. It clearly depicts that majority of women are still ignorant about MTP Act specially rural women, who still keeps MTP as a secret affair. Thus ignorance of the chances of obtaining MTP and whom to approach, unwillingness to consult local medical services as desire of privacy are common factors, leading to delay and getting an abortion illegally.

MTP cases require special care in handling them. Education and communication approach is very essential for such programme. It should be community oriented health programme which needs help of skilled medical and paramedical staff.

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Table with 4 columns and 5 rows of data, likely representing demographic or clinical statistics from the study.

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