

Original Article

Assessment of the level of knowledge regarding safe abortion among reproductive age group women, a short cross sectional study in lekhnath, kaski

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Abstract

Introduction: Overall situation of reproductive health and the quality of life of females are not satisfactory in developing countries. Complications from unsafe abortion result in maternal deaths and abortion-related morbidities worldwide, placing high strain on limited health system resources and leading to severe physical, psychological, and financial consequences for women¹.

Methods: A cross sectional descriptive study carried out in 50 reproductive age group women living in Lekhnath municipality-12 at Kaski, Nepal and sample size was determined by using non probability purposive sampling where data were taken under the consent of individual using semi structured interview schedule and were analyzed using SPSS version 11.5.

Result: Regarding the type of the abortion, 40% knew about induced abortion, 16% knew about spontaneous abortion whereas 44% knew about both induced and spontaneous abortion. Among the respondents who heard about safe abortion, only 28% gave the correct meaning about safe abortion whereas rest 72% gave incorrect meaning about the safe abortion. The respondents who heard about safe abortion, there was only 51% knows about the legal period of safe abortion for women and remaining 49% of them did not have any idea for legal time of legal abortion. In addition, 40% of respondents had high as well as fair level of knowledge about safe abortion and 20% of the respondents had low level of knowledge regarding safe abortion.

Conclusion: Reproductive rights are the rights of individuals to decide whether to reproduce and have reproductive health. The present study highlights the knowledge on reproductive age group women of Lekhnath, Kaski and knowing about safe abortion is important as it helps to enhance equity and gender equality, share the burden of preventing diseases and health complications, promote satisfying sexual lives for men and women.

Key words: Safe Abortion, Reproductive Age, Nepal

Introduction

Unwanted pregnancies and unsafe abortion pose major health risks to women in the reproductive age group. Unsafe abortion has been defined by the World Health Organization as a procedure for terminating unwanted pregnancy that is performed by someone lacking the necessary skills or in an environment lacking

minimal medical standards or both². Unsafe abortions can endanger women's reproductive health and lead to serious, often life-threatening complications. Furthermore, unsafe abortions impose a heavy burden on women and society by virtue of the serious health consequences that often ensue. Unsafe abortion is of public health concern because of its dire reproductive health consequences and impact on maternal morbidity

and mortality. It is one of the five leading causes of maternal death in the developing world. As we can see from different literatures, Abortion is not only a medical problem but also a social problem. For the community it is important to prevent complications resulted from unsafe abortion like vaginal bleeding, infection, pelvic infection and laceration, sepsis which needed blood transfusion, and hospitalization. The main aim of this study was to assess knowledge towards the abortion care among the reproductive age group women.

Methods

This study was conducted in Lekhnath municipality-12 at Kaski, Nepal. A cross sectional descriptive study design was employed. The sample size was determined by using non probability purposive sampling technique with 50 women of reproductive age were studied which was only 4.46% of total women of the collected reproductive age group. Data were taken after the consent of individual using semi structured interview schedule; in part I consisting of demographic data and part II consisting of knowledge about safe abortion. Data was analyzed using SPSS version 11.5.

Results

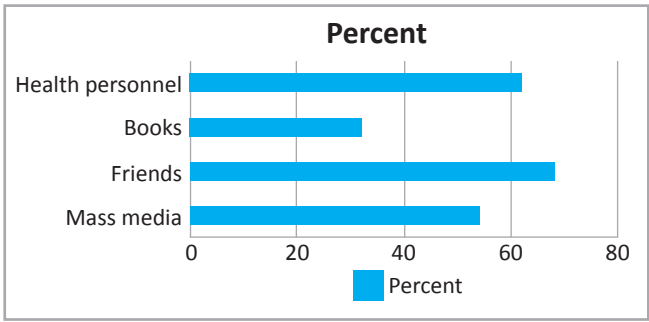
The basic characteristics of study revealed that the total of 50samples included in this study of knowledge on safe abortion. This study was descriptive cross sectional study conducted in Lekhanath Municipality-12 at Kaski, Nepal. The results of the study are being planned in tabular form mainly.

Table 1: Distribution of respondents by age group (n=50)

Age group	Percent
15-19	24
20-24	28
25-29	14
30-34	12
35-39	8
40-44	6

The range of respondent’s age was 15-49. Among fifty respondents i.e. 24 percent were 15-19 age group, 28 percent were 20-24 age group, 14 percent were 25-29,

12percent were 30-34 age group, 8percent were 35-39 age group, 6percent were 40-44 age group, 8percent were45-49 age groups.



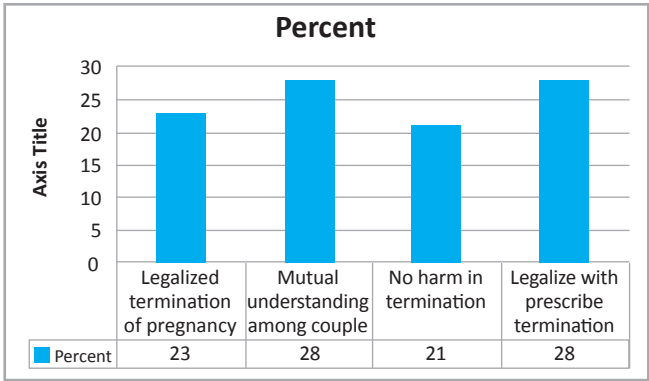
Graph 1: Distribution of respondents by source of information about abortion (n=50)

The source of information regarding health education received by the respondents shows, highest accessed of information by friends which was 68% followed by health personnel 62%, mass media 54% and least by books which was only 32%

Table 2: Distribution of respondents by knowledge about type of abortion (n=50)

Type of abortion	Number	Percent
Induced	20	40
Spontaneous	8	16
Both	22	44

Regarding the type of the abortion, 40% know about induced abortion, 16% know about spontaneous abortion whereas 44% know about both induced and spontaneous abortion.



Graph 2: Distribution of respondents knowing about the meaning of safe abortion (n=50)

Among the respondents who heard about safe abortion, only 28% gave the correct meaning about safe abortion

whereas rest of the percent i.e. 72% gave incorrect meaning about the safe abortion.

Table 3: Distribution of respondents knowledge on legal status of safe abortion (n=50).

Legal time for women	Number	Percent
Eight week	1	2.1
Ten week	5	10.7
Twelve week	24	51
Eighteen week	2	4.2
Don't know	15	32

The respondent who heard about safe abortion, there was only 51% knows about the legal time of safe abortion for women and remaining 49% of them did not have any idea for legal time of legal abortion.

Table 4: Distribution of respondents by knowing about menstrual time after safe abortion(n=50)

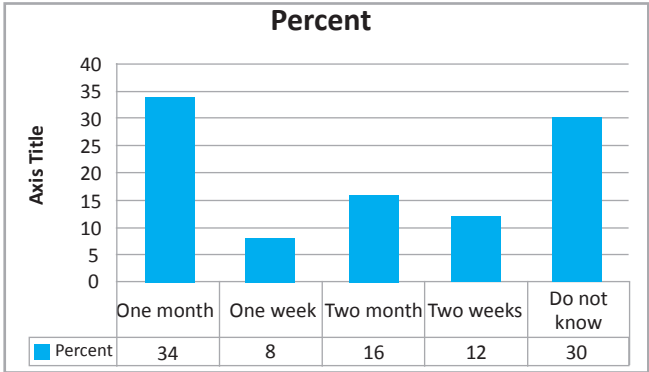
Time interval for menstruation		Number	Percent
S.No	If menstruation ideal "yes"		
1	One month	27	54
2	More than one month	4	8
3	Total	31	62

Among 62% of the respondents who have the idea about the menstruation after safe abortion, the greater part i.e. 54% knows that women get menstruation after one month of safe abortion whereas only 8% of the women know that they get menstruation after more than one month.

Table 5: Distribution of respondents by knowing effect of not using contraceptive immediately after safe abortion (n=50)

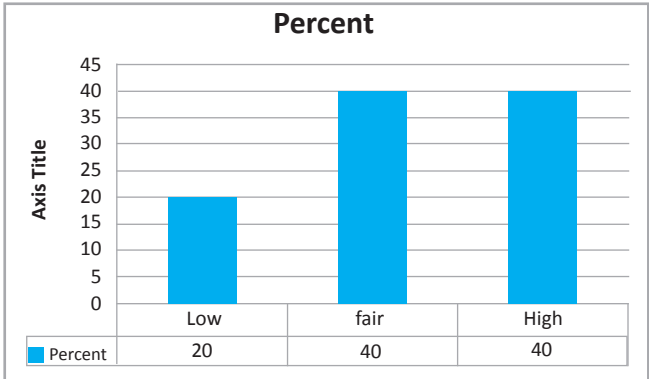
Effect of not using the contraceptive	Number	Percent
The women becomes pregnant	35	70
Severe bleeding	6	12
Nothing will happen	7	14
Infection of the uterus	2	4

Among 50 respondents, 70% had said that woman becomes pregnant if not used contraceptive methods immediately whereas 14% had said that nothing will happen, 12% mentioned that severe bleeding will occur and rest described that infection of the uterus will occur.



Graph 3: Respondents knowledge on the duration of having of physical relation after safe abortion (n=50)

Among 50 respondents, regarding the duration of having physical relation after safe abortion 34% said after one month, 30% reported they do not know, 16% reported after two months, 12% mentioned after two weeks and 8% mentioned after one week.



Graph 4: Level of knowledge about safe abortion among reproductive age women (n=50).

Above table illustrate that, 40% of respondents had high as well as fair level of knowledge about safe abortion and 20% of the respondents had low level of knowledge regarding safe abortion.

Discussion

Reproductive health has been a great concern for every woman. It is a crucial part of general health and a central feature of human development. Reproductive ill-health has been an apprehension to many stakeholders as maternal mortality and morbidity are very high in

developing countries³. The overall knowledge level of abortion among respondents was low to moderate and their knowledge of legal abortion in Nepal was associated with their and their husband's educational attainment, and their family income⁴. This study has tried to assess knowledge, attitude and practices of women at reproductive age group towards abortions where 40% of respondents had high as well as fair level of knowledge about safe abortion and 20% of the respondents had low level of knowledge regarding safe abortion.

Reproductive health knowledge is important for women as woman's health and well-being, contraception, as well as those of her family may depend on her being able to delay the birth of her first child or space the birth of her children^{5, 6}. In this study regarding the type of the abortion, 40% know about induced abortion, 16% know about spontaneous abortion whereas 44% know about both induced and spontaneous abortion. Urban women were more knowledgeable about reproductive health than rural women. Thus overall knowledge on reproductive health among urban women was better than rural women⁷.

Unsafe abortions still contribute to 13-50 % of the maternal mortality in some of these countries. The source of their information on abortion was, therefore, media or other reports and TV as like my study subjects. However, seventeen of them were interested in knowing more about abortion and abortion laws⁸. The present study shows the source of information regarding health education received by the respondents were highest 68% by friends, followed by health personnel 62%, mass media 54% and least by books which was only 32%.

The current use of contraception was much lower (25.1%) among the Mru people than at the national level (55.8%)⁹. In this study, regarding the duration of having physical relation after safe abortion 34% after one month, 30% reported they do not know, 16% reported after two months, 12% mentioned after two weeks and 8% mentioned after one week.

Abortion could be occurring spontaneously or could be induced. Spontaneous abortion it occurs without intervention. It is most commonly due to fetal chromosomal defects while, induced abortion results from medical or surgical intervention that can cause abortion^{10, 11}. Our study stated that, regarding the type of the abortion, 40% know about induced abortion, 16%

know about spontaneous abortion whereas 44% know about both induced and spontaneous abortion.

The awareness and utilization of reproductive right and health is not satisfactory in developing countries including Nepal. Globally, situation of reproductive health and thus the quality of life of females are not satisfactory. Unequal access to information, care and basic health services, early marriage (17.2 years), deeply-rooted believes, the prevailing social and cultural structures, low literacy rate (42.0%), the unmet need of family planning (24.6%), and unsafe abortion and delivery conducted by untrained personnel (80.0%) are further increasing the health risk for women^{10, 11, 12, 13}. Unsafe abortion is a preventable tragedy and is one of the neglected problems of health care in developing countries. The safe abortion educational intervention program was instrumental to improve reproductive age women's knowledge considerably about safe abortion service.

Conclusion

Even if this study shows that women of reproductive age groups have good knowledge, attitude and poor practice. Many reproductive aged women needlessly die due to unsafe abortion even when they seek help to terminate their unwanted pregnancy. These deaths could have been prevented and aware that safe abortion service was available to them. Poor knowledge and conservative attitudes were important obstacles to accessing safe abortion services. Changing knowledge and attitudes can be challenging for policymakers and public health practitioners alike.

Conflict of interest: None declared.

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