

Unwanted pregnancy and care seeking behaviour in social perspective: An experience from eastern India

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Abstract

Background: Adverse health outcomes like maternal mortality and morbidity due to abortion could be drastically brought down if the women have access to safe abortion services. Abortion is one of the most fundamental health care needs of women. **Aims:** To assess care seeking behavior of currently married women in case of unwanted pregnancy and its social correlates. **Settings:** 12 Villages and 4 wards of Paschim Midnapur District of West Bengal. **Participants:** 2000 currently married women of reproductive age groups (15-49 yrs). **Methods and Materials:** Community based cross-sectional study was carried out among 2000 currently married women (15-49 yrs) in Paschim Midnapur district of West Bengal during May to October 2009 by stratified multistage random sampling and interviewed eligible women through pre-designed and pre-tested proforma by house to house survey. **Statistical analysis:** Proportions, Chi-square test. **Results:** Out of total study population, majority were in the age group of 24-29 yrs (31.5%). Most of the respondents belonged to illiterate and just literate group (46.9%), 87% were Hindu by religion. Regarding providers choice, majority (43.3%) were in favour of government hospital followed by nursing home (32.7%). 11.3%, 10.5% and 2.2% were in favour of Quacks, others group of providers and unaware respectively. 14.7 % of the educated women (secondary and above) still preferred quacks. Preference of others group of providers was more (15.7%) among Low socio-economic group (BPL) than APL group (3.8%). So 24% of the study subjects having proper lack of knowledge either wrong perception (21.8%) or unawareness (2.2%) for safe abortion procedure. Preference of quacks was more among Muslims than Hindus as well as the women belonged to nuclear families and rural community. **Conclusion:** Awareness generation about safe abortion practice to be enhanced through mass media advocacy and interpersonal communication. Utilization of safe abortion services through more effective behavior change strategy.

Keywords: Care seeking behavior, provider, preference, abortion, quacks, unaware.

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INTRODUCTION

Abortion has a low risk of maternal mortality except for abortions performed unsafely, which results in 70,000 deaths and 5 million disabilities per year.¹ Unsafe abortion (defined by W.H.O as those performed by unskilled individuals, with hazardous equipment, or in unsanitary facilities) carry a high risk of maternal death and other complications.² For unsafe procedures, the mortality rate has been estimated at 367 per 100,000 (70,000 women per year worldwide).³ Although the global rate of abortion declined from 45.6 million in 1995 to 41.6 million in 2003, unsafe procedures still accounted

for 48% of all abortions performed in 2003⁴. WHO estimates that at least 33% of all women seeking hospital care for abortion, complications occurred aged less than 20 years, 50 million induced annually, of which 33% are illegal and almost 50% are performed outside the health care system.⁵ People in the Netherlands consider unplanned pregnancy to be a large problem that society and decision-makers should and do seriously address. The abortion rate fluctuates between 5-7/ 1000 women of reproductive age, the lowest abortion rate in the World⁶. Research suggests that contraceptive failures and or discontinuation are responsible for more than half of the unwanted pregnancies in the Asian Countries.⁷ Two thirds of unsafe abortions occur among women aged between 15-30yrs; about 14 percent of all unsafe abortions in developing countries are among women under 20 yrs of age.⁸ In spite of legislation of abortion, the incidence of illegal and unsafe abortion have not come down in India, also quality and coverage of MTP services remain poor. The proportion of abortion ranges from 9-15% of the total pregnancies and 8.9% maternal death every year in India are due to septic abortion or unsafe abortion. It is estimated that 6 million abortions takes place every year out of which 2 million are spontaneous and 4 millions are induced, out of which nearly 5-6 lakhs are legal and rest are estimated to be illegal.⁹ Studies in the Philippines and Zambia showed perceptions of couples were important for the fulfillment of desired family planning objectives.¹⁰ A study of the perceptions and practices of adolescent sexuality and fertility in Kenya showed the majority of subjects had a poor knowledge about reproductive health.¹¹ The abortion issue must involve understanding the rationale that is used by abortion seeking women. Unwanted pregnancies impose severe psychological, physical, social and medical dangers on women. Denial of access to abortion services dehumanizes women and reduces growth in national development.¹² Safe and legal abortion is considered a key intervention for improving women's health and quality of life. Despite a liberal Medical Termination of Pregnancy (MTP act) and awareness of family planning, maternal mortality attributable to induced abortion is high.¹³ Health education, access to family planning and improvements in health care during and after abortion has been proposed to address this phenomenon.¹⁴ So proper perception about MTP services and deals institutions in a sound way would be beneficial to prevent abortion related maternal deaths. With these above perspectives the present study was an attempt to assess the perception of currently married women on care seeking behavior in case of unwanted pregnancy and to determine the social correlates of it.

MATERIALS AND METHODS

Community based cross-sectional observational study was carried out among currently married women of reproductive age groups (15-49 yrs) in 3 blocks and 2 Municipality areas of Paschim Midnapur District in the State of West Bengal. The study was conducted for a period of 6 months (May – October 2009).

Sampling technique

Stratified Multi stage random sampling. Out of total 19 districts in West Bengal, 1 district was selected randomly for the study purpose. Out of total 29 blocks in the district, 3 blocks had been selected randomly. From each block 2 sub-centers and from each sub centre area 2 villages had been selected randomly. Out of total municipalities of the district, 2 municipality areas were selected randomly. From each municipality, 2 wards also selected randomly. So total 12 villages (4 villages from each block) and 4 wards (2wards from one municipality) had been chosen for study purpose. So total 16 areas had been selected throughout the district (3 blocks X 4 villages + 2 wards X 2 municipality = 16).

Sample size

The sample size was 2000 eligible couples. The minimum Sample size came to be 1735(approx) considering allowable error 5% and using formula $4PQ/L^2$, based on present couple protection rate (49.5%) of West Bengal according to NFHS-111(2005-2006). As urban and rural population are in the ratio of 1:3, so total clusters selected from the district were also distributed in the same ratio, i.e. 4 urban wards from Municipality areas and 12 villages from blocks. From each selected area, 125 eligible couples covered to get 2000 (16 x 125) currently married women.

Data collection Technique

Data collected through a predesigned and pretested schedule by interviewing the female partners of all eligible couple in a house to house survey using standard random procedures to go to the first house. Faculty members of various Medical Colleges of Kolkata were involved in the survey. Variables like socio-demographic characters (age, religion, type of family, literacy, S-E-S), preference of facility for abortion in case of unwanted pregnancy, type of provider prefer, reasons for preference etc were studied. Prior to survey training of interviewers was carried out by the Principal investigator and co-investigators of the project. Supervision was done in the field by the investigators and other senior professors of other Medical colleges. Socio-Economic status of the families was determined from per capita monthly income.¹⁵ Data analysis was carried out by manually and computer feeding, statistical analysis includes simple percentage distribution, rates and chi-square-test.

***Currently married women:** Married women of reproductive age group (15-49 yrs) and living with husbands irrespective of their parity.

***Eligible couples:** All currently married couples in whom the female partner is in the reproductive Period i.e. 15-49 years.⁹

RESULTS

Total study population in the district of Paschim Midnapur was 2000 eligible couples. Out of which 1500 Eligible Couples resided in rural area (Nayagram, Chandrakona-II, Keshpur Blocks) and 500 Eligible Couples in urban area (Midnapur municipality and Kharagpur Municipality). So, 2000 currently married women interviewed for their providers' choice in case of unwanted pregnancy. Out of total respondents, about one third (31.5%) belonged to 24-29 yrs age group followed by 36 yrs and above (25.7%), 22.6%, 19% and 1.2% of the respondents belonged to 18-23 yrs, 30-35 yrs and less than 18 yrs age groups respectively. 75% of the study population belonged to rural community. Majority (69.7%) of the respondents belonged to nuclear family. Majority (46.9%) of the respondents belonged to illiterate and just literate group. Table -I showed that majority (43.3%) of the respondents favoured government hospital followed by Nursing home (32.7%). But 11.3% of the respondents still preferred quacks for termination of unwanted pregnancy. Out of total respondents, nursing home preference was more (46.1%) among higher age group (36 and above) than lower age group and least (23%) in the age group of 18-23 yrs. Those who favored government institution, majority (54.3%) belonged to 30-35 yrs age group followed by 48% were in age group of 18-23 yrs and least (30.5%) belonged to less than 18 yrs. Preference for quacks was highest (26.0%) in less than 18 yrs age group whereas major no of respondents (19.4%) favored others group of provider as abortion pleader in 24-29 yrs age group (Table-I). Preference of government hospital was more (44.8%) among the rural respondents than urban respondents (39%) whereas

nursing home preference was reverse (urban-37.8%, rural- 31%). Rural-urban differences in care seeking behavior for abortion was observed in case of all providers categories. But preference of quacks incase of rural respondents was higher (13.2%) than urban respondents (5.4%) and the observed difference was statistically significant ($p=0.0000000$) shown in Table--II. It was also revealed from Table-II that Government facilities favored by 43.1% and 46% of respondents belonged to Hindu and Muslim by religion respectively. Preference of quack was more (24.2%) among Muslims than Hindus (9.3%). Religion-wise difference for choosing quack was statistically significant ($p=0.0000000$). Preference to attend government facilities was observed more or less same among the respondents of both nuclear (43.7%) and joint (43.6%) families. But preference of quack was more (13.5%) among the respondents of nuclear family members than joint family members where it was 5.7% only. Table-III indicated that out of total secondary and above educated group, 49% were in favour of nursing home for abortion whereas 49.4% of the illiterates prefer to attend government hospital. 68% of just literate group also preferred government doctor as abortion pleader. 14.7% of the respondents with literacy status secondary and above still favoured quacks for abortion whereas it was 9.3% and 9.6% in case of below secondary and illiterate groups respectively. The difference was also statistically significant. Preference for nursing home was more (36.5%) among APL group than BPL group (29.8%). But 15.7% of BPL group respondents were in favour of others group (self medication, traditional healer, MPWS, Kabiraj, Ojha, Trained Dai etc) as providers whereas it was only 3.8% among APL group (Fig—I). Those who were in favour of unqualified providers (quacks and others), out of them majority (35.5%) were illiterate, 24.6%, 23.7% and 16.2% belonged to secondary and above, primary and just literate group respectively shown in Fig –II.

Table 1: Care seeking behavior for unwanted pregnancy in relation to age (n=2000)

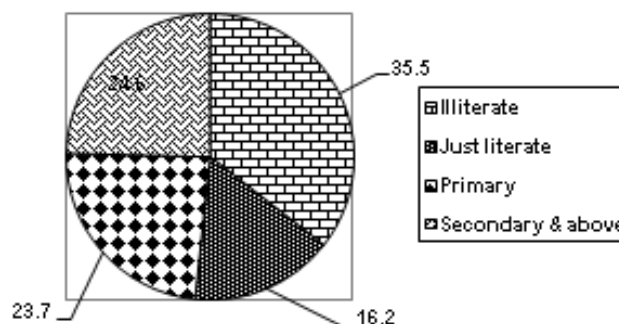
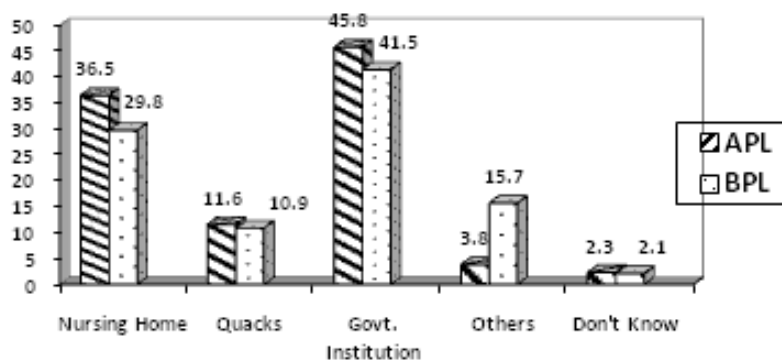
Age in years	Govt. Inst	Nursing home	Quacks	Others	DK
	No %	No %	No %	No %	No %
>18 (n = 23)	7 (30.5)	8 (34.8)	6 (26.1)	1 (4.3)	1 (4.3)
18-23 (n = 452)	217 (48.0)	104 (23.0)	55 (12.2)	60 (13.3)	16 (3.5)
24-29 (n = 630)	241 (38.2)	180 (28.6)	67 (10.6)	122 (19.4)	20 (3.2)
30-35 (n = 381)	207 (54.3)	125 (32.8)	25 (6.6)	19 (5.0)	5 (1.3)
>36 (n =514)	195 (37.9)	237 (46.1)	72 (14.0)	9 (1.8)	1 (0.2)
Total (n=2000)	867 (43.3)	654 (32.7)	225 (11.3)	211 (10.5)	43 (2.2)

Table 2: Perception on care seeking behavior for unwanted pregnancy according to residence, religion, type of family (n=2000)

Variable /Category	Govt. Inst No %	Nursing home No %	Quacks No %	Others No %	DK No %	P-Value
Residence						
Urban (n=500)	195 (39.0)	189 (37.8)	27 (5.4)	79 (15.8)	10 (2.0)	χ^2 45.98 P = 0.00000000
Rural (n=1500)	672 (44.8)	465 (31.0)	198 (13.2)	132 (8.8)	33 (2.2)	
Religion						
Hindu(n=1740)	750 (43.1)	599 (34.5)	162 (9.3)	195 (11.2)	34 (1.9)	χ^2 64.19 P = 0.00000000
Muslim(n=252)	116 (46.0)	52 (20.7)	61 (24.2)	15 (6.0)	8 (3.1)	
Others(n=8)	3 (37.5)	2 (25.0)	1 (12.5)	1 (12.5)	1 (12.5)	
Type of family						
Nuclear(n=1394)	609 (43.7)	459 (33)	189 (13.5)	113 (8.1)	24 (1.7)	χ^2 51.92 P = 0.00000000
Joint(n=583)	254 (43.6)	184 (31.6)	33 (5.7)	94 (16.1)	18 (3.0)	
Others(n=23)	4 (17.4)	11 (47.9)	3 (13.0)	4 (17.4)	1 (4.3)	

Table 3: Care seeking behavior for unwanted pregnancy in relation to literacy status (n=2000)

Literacy status of the respondents	Govt. Inst No %	Nursing home No %	Quacks No %	Others No %	DK No %	P-Value
Illiterate (n=588)	290 (49.4)	123 (20.9)	57 (9.6)	98 (16.6)	20 (3.5)	χ^2 166.90, P = 0.00000000
Just Literate (n=351)	239 (68.0)	33 (9.4)	19 (5.5)	52 (14.8)	8 (2.3)	
Primary (n = 436)	133 (30.6)	192 (44.0)	57 (13.0)	46 (10.6)	8 (1.8)	
Secondary and above (n -625)	205 (32.8)	306 (49.0)	92 (14.7)	15 (2.4)	7 (1.2)	
Total(n=2000)	867 (43.3)	654 (32.7)	225 (11.3)	211 (10.5)	43 (2.2)	

**Figure 1:** Percentage of preference of Quacks and others group of providers in relation to literacy status**Figure 2:** Provider choice in case of abortion for unwanted pregnancy in relation to social class

DISCUSSION

Worldwide the magnitude of abortion represents an important aspect of women's reproductive health and rights. Even though there is a marked increase in the number of legal abortion acceptors since the enactment of the MTP act in India, illegal abortion is still three (urban) to five (rural) times more common than legal abortion.¹⁶ Data on perception and practices related to abortion are not very conclusive. So, the present study was conducted among 2000 currently married women to assess their perception on care seeking behavior for abortion in case of unwanted pregnancy. Out of total study population, majority (43.3%) prefer to attend government institution, nursing home preferred by 32.7% of the respondents, quacks and others group of providers (chemist, traditional healers, Dai, MPWs, self medication, Ojha, homeopathy etc) favored by 11.3% and 10.5% of the respondents respectively but still 2.2% of the study population were unaware of the facts. The present study showed that preference of unqualified providers was higher in lower age groups (< 30yrs) whereas qualified providers preference was more among higher age group (>30yrs). Regarding Nursing home /Government institution preference was directly proportional to the age of the respondents. So both quacks and others group preference by the respondents constitutes 21.8% of the study subjects, so they were unaware about ideal providers / facilities for safe abortion and 2.2% were ignorant about it. So all total 24% of the currently married women had incorrect perception regarding proper selection of provider/facility for safe abortion practice in case of unwanted pregnancy. The present study also showed that preference of quacks was higher among the respondents belonged to Rural community, Muslims and nuclear families. Socio-economic- status had some influence on care seeking behavior as because major no of low S-E-S group preferred others group of providers. Literacy status had no influence for selection of qualified / unqualified providers; it may be due to maintenance of confidentiality, nearby accessibility of services. The findings of the present study did not corroborate with the findings of the earlier study¹⁷ where place of abortion favoured by the adolescent girls was government hospital mostly which was higher (78.5%) than the findings of the present study (43.3%) and less preference for private practitioner in earlier study. In the present study preference of quack was quite high (11.3%) and ignorant about place of abortion/provider was low (2.2%) than earlier study¹⁷ where it was 1.6% and 4.1% respectively. This variation might be due to the fact that earlier study was done among urban unmarried adolescent girls whereas the present study carried out among currently married women of reproductive age group throughout the district which

covered both urban and rural areas. The findings of Ray *et al*¹⁸ did not corroborate with the findings of the present study. Earlier abortion prevalence study conducted in North Dinajpur district of West Bengal in 1999 by Ray *et al* where main provider chosen was private practitioners (39.4%) including private hospital/ nursing home, preference for government institutions was only 14.1%. Choice of others group of providers as abortion pleader was higher (30.9%) in the earlier study than the present study finding (10.5%). Preference of quack was very less (1.7%) in earlier study¹⁸ than the findings of the present study. An I C M R task force study¹² revealed similar observations like present study except for choice of "others" group of providers which was reported only 3.3% there quite less than the findings of the present study where 10.5% prefer to attend the same group for abortion. ICMR study also showed that 45.6% women would like to avail abortion services from nursing home/private clinics due to maintenance of privacy and confidentiality; moreover providers of private clinics did not insist that a woman should adopt a concurrent contraceptive method.¹³ Study⁶ done in Netherland explained low abortion rate in the World. Factors facilitating the rapid transition to a contraceptive society in the Netherlands were a voluntary Family planning movement, fear of overpopulation, role of general practitioners in providing family planning services and inclusion of family planning in the national public health insurance system. Higher literacy and accessibility to health care services have been shown to improve correct perceptions and practice in several studies.^{6, 10, 13, 20} In summary, age, literacy status, religion, area of residence, type of family, socio-economic status are important determinants of perception and practice regarding choice of qualified or unqualified providers for abortion in case of unwanted pregnancy. So considering large number of study population preferred quacks, it is important to undertake an in-depth study to understand the factors responsible for preference of unlicensed health care providers (quacks) in case of unwanted pregnancy for abortion.

CONCLUSION

The study indicate that there is need to strengthen public awareness for behavior change campaign regarding safe abortion practices as well as accessibility and utilization of services (MTP) at the grass root level. Training of quacks (unlicensed Health care providers) also essential to prevent abortion related maternal deaths. So advocacy for safe abortion services needs to be made through mass media and inter-personnel communication after ensuing adequate facilities in all the areas of the district.

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