

ORIGINAL RESEARCH ARTICLE

KNOWLEDGE, ATTITUDE AND PRACTICE OF ABORTION IN SLUM AREA OF KATHMANDU

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ABSTRACT

**Background:** Abortion is legal up to 12 weeks' gestation period in Nepal. Due to a lack of proper abortion services and socio cultural stigma, every year many women died due to abortion. The aim of this study was to assess the knowledge, attitude and practice of abortion in the residents of slum area of Kathmandu district.

**Methods:** The cross-sectional study was conducted in slum area of Kathmandu district from 20th December, 2020 to 15th January, 2021. The sample size was 255 and convenient sampling technique was used to select the participant aged above 15 years. The collected data were entered in MS excel and analysis was performed using SPSS version 22.

**Results:** The prevalence of abortion was 25.27%. The level of knowledge was found significant with education status. Age, marital status, ethnicity were found significant with attitude of the respondents. Ten percent of the female respondents had done unsafe abortion. The complications after abortion were the bleeding (54.3%), trauma (15.20%), loss of consciousness (13.0%) and abdominal pain (2.20%).

**Conclusions:** The level of knowledge of participants of the present study found to be satisfactory but attitude was less satisfactory with compared to the knowledge about the abortion.

INTRODUCTION

Abortion is defined as pregnancy termination prior to 20 weeks gestation or a fetus born weighing less than 500 gm.<sup>1</sup> The commonly used two types of abortions are medical and surgical abortions. Due to a lack of proper abortion services and socio cultural stigma, every year many women succumb to death. The situation is even worse in South East Asia and Africa.<sup>2</sup> Unsafe abortions are mainly due to lack of skills service providers and unsanitary facilities. Due to low literacy rate and inadequate information system regarding the legal rule of the abortion and its services, poor and underprivileged group of the society are mostly affected.<sup>3</sup> In Nepal, abortion is legal up to 12 weeks' gestation. On special condition such as rape or incest, it is legal up to 18 weeks gestation and at any time if the pregnancy poses a danger to the woman's life or physical or mental health or if there is fetal abnormality.<sup>4</sup>

Globally 121 million unintended pregnancies occurred each year between 2015 and 2019. Among these unintended pregnancies, 73 million (61%) ended in abortion per year.<sup>5</sup> The estimated unintended pregnancy rates in south Asian regions are 45 and 65 per 1000 women aged 15-44 respectively. In

Nepal, 323,100 women had the abortion in 2014. Among these 42% abortions were legal and 19% were treated for abortion complications.<sup>6</sup> The present study was carried out to assess the knowledge, attitude and practice of abortion in the residents of slum area of Kathmandu district.

METHODS

The descriptive cross sectional study was conducted in slum area of Kathmandu from 20<sup>th</sup> December, 2020 to 15<sup>th</sup> January, 2021 using structured questionnaire. Convenient sampling technique was used to select the participant aged above 15 years. The sample size was calculated using the formula  $n = Z^2pq/d^2$ . where  $Z = 1.96$  at 95% confidence interval,  $p$  (Prevalence of abortion) = 21.1%,  $q = 100\% - p = 78.9\%$  and  $d$  (margin of error) = 5%. The total sample size is 255. Each question was explained to the participants and written consent was taken. Ethical approval was taken from Institutional Review Committee of Kathmandu Medical College. The collected data were entered in MS excel and analysis was performed using SPSS version 22. There were ten, eight and four questions about knowledge, attitude and practice respectively. Knowledge of the participant

was assessed as good and the attitude was assessed as positive if the score was above the median score. Minor loss of blood was categorized as bleeding and rapid and excessive significant loss of blood was categorized as haemorrhage. Odds ratio was calculated. Chi square test was applied to find the association and p value less than 0.05 was considered significant difference.

## RESULTS

**Table 1: Demographic profile of the respondents**

Demographic Profile	Respondents n(%)	
Age (In years)	≤30	97(38.0)
	>30	158(62.0)
Sex	Male	73(28.6)
	Female	182(71.4)
Ethnicity	Janajati	110(43.1)
	Madhesi	41(16.1)
	Brahmin/Chhetri	21(8.2)
	Dalit	83(32.5)
Religion	Hindu	171(67.1)
	Muslim	46(18)
	Christian	26(10.2)
	Buddhist	12(4.7)
Marital Status	Married	196(76.9)
	Unmarried	48(18.8)
	Divorced	5(2.0)
	Separated	6(2.4)
Education	Illiterate	127(49.8)
	Primary	72(28.2)
	Secondary	40(15.7)
	Higher level	16(6.3)
Occupation	Labor	75(29.4)
	Semi/ Skilled workers	79(30.9)
	House maker	85(33.3)
	Other	16(6.3)

The prevalence of abortion was 25.27%. Majority of respon-

dents were above 30 years of age. The mean age was 33.8 years with standard deviation was 8.9 years.

Most of the respondents are Janajati (43.1%), followed by Dalit (32.5%), Madhesi (16.1%) and Brahmin/Chhetri (8.2%). Two third of respondents (67.1%) were Hindu by religion. Around three fourth of them (76.9%) were married. Half of the respondents (49.8%) were illiterate. One third of them (33.3%) were house maker and around 30% each were labor and skilled worker by occupation.

**Table 2: Knowledge of the participants about the abortion**

Knowledge	No. of Respondents (%)
Good	230(92.5)
Poor	25(7.5)
Total	255(100.0)

**Table 3: Attitude of the participants about the abortion**

Attitude	No. of Respondents (%)
Positive	156(61.0)
Negative	99(39.0)
Total	255 (100.0)

Three fifth of the respondents (61%) had positive attitude about the abortion.

The level of knowledge was found significant with education status and not significant with other demographic variables. Age, marital status, ethnicity were found significant with attitude of the respondents and not significant with other demographic variables.

In practice questions were asked to the female participants only who had the abortion history. In this study, there were 182 female participants, 46 (25.27%) of them had the history of abortion.

**Table 4: Association of level of knowledge and attitude of the participants with demographic variables**

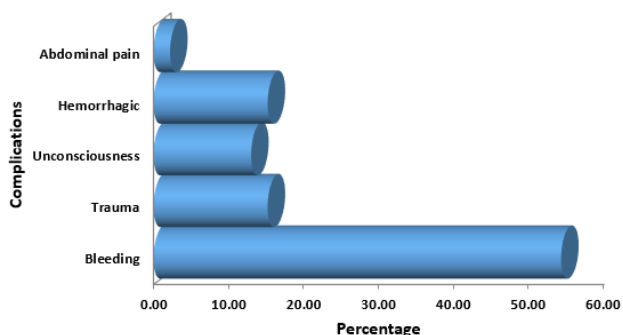
Characteristics		Knowledge		p- value	Attitude		p- value
		Poor	Good		Negative	Positive	
Age group (in years)	≤30	14	83	0.059	49	48	0.004
	>30	11	147		51	107	
Sex	Male	8	64	0.660	35	37	0.053
	Female	17	166		65	118	
Marital Status	Married	17	179	0.269	67	129	0.003
	Others	8	51		33	26	
Religion	Hindu	14	157	0.301	61	110	0.053
	Muslim	8	38		20	26	
	Christian	2	24		16	10	
	Buddhist	1	11		3	9	
Ethnicity	Janajati	12	98	0.710	42	68	0.027
	Madhesi	2	39		24	17	
	Brahmin/ Chhetri	2	19		5	16	
	Dalit	9	74		29	54	

Occupation	Labor	8	67	0.352	34	41	0.111
	Semi/ Skilled workers	10	69		36	43	
	House maker	5	80		24	61	
	Other	2	14		6	10	
Education	Illiterate	5	122	0.008	43	84	0.317
	Primary	13	59		32	40	
	Secondary	6	34		19	21	
	Higher level	1	15		6	10	

**Table 5: Abortion performed places**

Abortion performed at	No. of aborted respondents (%)
Hospital/Private Clinics	26(56.5)
Registered abortion center	15(32.6)
Taking drugs from pharmacy without prescription	5(10.9)
Total	46(100.0)

Nine out of ten respondents performed the abortions in the hospitals and the registered abortion centers. Almost 11% of the female respondents had done unsafe abortion by taking drugs without prescription.



**Figure 1: Complications after abortion**

Most of the female participants who had done the abortion reported that the complication after abortion was the bleeding (54.3%) followed by trauma (15.20%), loss of consciousness (13.0%) and abdominal pain (2.20%).

## DISCUSSION

Unsafe abortion is widespread and medical attention regarding abortion is increasing day by day because of maternal mortality and morbidity. Different complications due to unsafe abortion create an impact on health and social living standards. The study was conducted to assess knowledge, attitude and practice of abortion in slum area of Kathmandu. In present study, the abortion was found 25.27% which was close to the findings of study conducted in Nepal where it was 21.1%.<sup>7</sup> Most of the younger, poor and uneducated women could undergo unsafe abortion due to several reasons like sex selectiveness (preference for a male child), early marriage and lack of financial resources to take care of a child. There may be underreporting of unsafe abortions among the uneducated or very young age, which signify a potential bias in the estimation of the abortion rate.

In this study majority of the respondents (92.5%) had the good level of knowledge about the abortion. The result of present study was supported by the study conducted in under graduate students of health and allied science of Pokhara University to assess the knowledge and attitude regarding the abortion. The study reveals that 94.4% of the students had the good knowledge regarding the abortion.<sup>8</sup> The knowledge about the abortion of present study was higher than the finding of Gyawali et al<sup>9</sup> where it was 78.4%.

The level of knowledge was found significant with the education status and not significant with other demographic variables age, sex, marital status, religion, ethnicity and occupation. These findings are consistent with finding of Ojha,<sup>8</sup> Gyawali<sup>9</sup> and Adhikari<sup>10</sup>. In their study also found the most of the demographic variables were insignificant with the level of knowledge.

In present study most of the respondents (61.0%) had positive attitude towards the abortion. This finding was supported by the study conducted in Nepal to assess the knowledge and attitude about abortion among the bachelor level student. The study result revealed that 60% of the respondents have positive attitude towards the abortion and its legalization.<sup>11</sup> The present study finding on attitude was less than the study conducted in Pokhara by Ojha at el<sup>8</sup> and Adhikari at el<sup>10</sup> where it was 94.3% and 90% respectively. This difference may be due to the difference in the age of the participant since these studies were conducted only in the students. Age, marital status, ethnicity were found significant with the attitude of the respondents and not significant with sex, religion, education and occupation.

In the present study, 25.27% of the female respondents had the abortions and 60% of them had complication during and after abortion. Most of the respondents complain of bleeding (54.3%) followed by trauma (15.2%), loss of consciousness (13.0%) and abdominal pain (2.2%). These findings were contradicted with the findings of Behera conducted in India.<sup>12</sup> The post-abortion complications reported by Behera were incomplete abortion (17%), excessive bleeding (9%), severe abdominal pain (5%) and foul smelling discharge (5%).<sup>12</sup> The higher complications during

and after the abortion in the present study may be due to study conducted in the resident of slum area.

## CONCLUSION

The prevalence of abortion is high in the slum area of Kathmandu district and the proportion of unsafe abortion is alarming. The knowledge of abortion was not significant with age, sex, religion, ethnicity, education and occupation. Age, marital status, ethnicity were found significant with attitude of the respondents and not significant with sex, religion, education and occupation. The level of knowledge of participants of the present study found to be satisfactory but attitude was

less satisfactory with compared to the knowledge about the abortion.

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**CONFLICT OF INTEREST:** None

**FINANCIAL DISCLOSURE:** None

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