

# Perceptions about abortion among college going late adolescent girls of Ranchi Women's College, Ranchi, Jharkhand - A pilot study

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## ABSTRACT


**Background:** Increase in teenage pregnancy and illegal abortion have become a major concern in India and understanding adolescent sexual behavior still remains a challenge. Nearly 60% of abortion in India is illegal. **Objectives:** The objectives of this study were to assess the level of knowledge about abortion among late adolescent girls (16–19 years). **Materials and Methods:** A cross-sectional study was conducted among Bachelor of Arts 1<sup>st</sup> year students of Ranchi Women's College, Ranchi. It included girls in the age group of 16–19 years. The duration of the study was 3 months (August–October 2018). A semi-structured questionnaire was used to collect the data. The descriptive statistics analysis includes percentage and mean with standard deviation. To assess the knowledge level scoring was done. Analysis of variance was done to test the difference in knowledge score. Ethical approval was obtained from the institutional ethics committee and permission was then taken from the principal of Ranchi Women's College. **Results:** A total of 71 students gave assent/consent. The mean age of study subjects was 18.25 (0.68) years. Every student had heard about abortion, but still 19 of them thought abortion to be illegal in India. Of 22 students who claimed to know the gestational age up to which abortion can be done, only 5.6% had correct knowledge. Regarding the place where abortion must be done, 40.8% answered correctly. Most of the respondents (39.4%) mentioned rape to be the condition for legal abortion followed by risk of child abnormality. The common complication is known as bleeding and infection. Friends were the most common source of information. Only 2.8% of girls had satisfactory knowledge, the average and low knowledge being present in 33.8% and 63.4% of girls, respectively. **Conclusion:** This study seeks to determine the existing knowledge of teenagers which was found to be very low. This calls researchers to explore the existing knowledge gap and ways to reduce it at early stage so that maximum could be benefitted from MTP act.

**KEY WORDS:** Abortion; Late Adolescent Girls; Perception; Ranchi

## INTRODUCTION

Abortion is one of the major public health issues which is highly sensitive and stigmatized. This health issue has devastating consequences with high psychosocial impact

on society. Worldwide each year, around 25 million unsafe abortions were estimated to have taken place, almost all in developing countries.<sup>[1]</sup> Globally, over half of all estimated unsafe abortions were in Asia.<sup>[2]</sup> About 4.7–13.2% of maternal deaths each year can be attributed to unsafe abortion<sup>[3]</sup> with around 7 million women being admitted to hospitals every year in developing countries, as a result of unsafe abortion.<sup>[4]</sup> Teenage pregnancy for many adolescents is neither planned nor wanted. 23 million girls aged 15–19 years in developing regions have an unmet need for modern contraception.<sup>[5]</sup> As a result, half of pregnancies among girls aged 15–19 years in developing regions are estimated to be unintended.<sup>[5]</sup> The complications from unsafe abortions are among the top cause

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of death among 15–19-year-old girls.<sup>[6]</sup> Annually, some 3.9 million girls aged 15–19 years undergo unsafe abortions.<sup>[5]</sup> In India, despite four decades of the legalization of abortion, nearly 60% of abortion is still illegal and unsafe.<sup>[7]</sup> This can be partially attributed to lack of knowledge and increase sexual activity of adolescent outside the context of marriage. The custom of early marriage is still highly prevalent in the tribal-state Jharkhand where according to NFHS 4 data, 12% of young women between age 15 and 19 years already begun childbearing. Consequently, stillbirth and abortions are high.<sup>[8]</sup> This is compounded by lack of health-seeking behavior and unsafe abortion. Son preference and, hence, sex selective abortion are also common in Jharkhand, but accessibility to legal abortion services is particularly inadequate in Bihar and Jharkhand states.<sup>[9,10]</sup>

The data on abortion issues are scarce though few studies related to this have been done recently. To know the gap in abortion services, the knowledge of health service providers and abortion care-seeking behaviors of the married woman of reproductive age group has been assessed.<sup>[11,12]</sup> One other study in Kerala has been done to know the risk factors for abortion among unmarried teenagers,<sup>[13]</sup> but no study has been done to determine the knowledge level of unmarried teenagers who are future mother and most vulnerable to illegal abortion. This study, thus, aims to assess the knowledge of unmarried college going late adolescent girls so as to combat with the problem of unsafe abortion at it earliest.

## MATERIALS AND METHODS

A cross-sectional study was conducted among Bachelor of Arts 1<sup>st</sup> year students of Ranchi Women's College, Ranchi. This autonomous institute of Ranchi University is located in the capital city and in an urban area, but caters to the needs of the nearby tribal areas as are reflected by the large number of tribal students. The college offers undergraduate and postgraduate programs in addition to the intermediate. The duration of the study was 3 months (August–October 2018). A seminar on reproductive health was conducted in the college and baseline information was collected before seminar. Consecutive sampling was done. Of 96 students who attended seminar, 71 students of age between 16 and 19 years gave assent/consent and, hence, were included in the study. The tool used was a semi-structured questionnaire containing two sections. Section A was the sociodemographic profile of the study subjects while Section B contained 14 questions regarding abortion including three multiple answer questions. The questions pertaining to the abortion were given score 1 for correct response and score 0 for incorrect response. Total maximum score was 13 and minimum score was 0. The score was further categorized into four knowledge levels as follows:

- Score 0–4 (<40%): Low knowledge level
- Score 5–8 (40–60%): Average knowledge level

- Score 9–10 (61–80%): Satisfactory knowledge level
- Score 11–13 (>80%): High knowledge level.

Ethical approval was obtained from the institutional ethics committee and permission was then taken from the principal of Ranchi Women's College after acquainting her with the details of the research study.

## Statistics

The descriptive statistics analysis includes percentage and mean with standard deviation. Analysis of variance was done to test the difference in knowledge score.  $P < 0.05$  was considered to be statistically significant. Data entry was done in MS Excel sheet and it was analyzed using SPSS version 21.

## RESULTS

In this study, nearly half of the students were of age 18 years (49.3%) with equal number of students of age 17 and 19 years. The mean age found was  $18 \pm 0.7171$ . Table 1

**Table 1:** Sociodemographic profile of study subjects ( $n=71$ )

Characteristics	<i>n</i> (%)
Age ( $18 \pm 0.7171$ )	
17	18 (25.4)
18	35 (49.3)
19	18 (25.4)
Religion	
Hindu	38 (53.5)
Christian	6 (8.5)
Muslim	7 (9.9)
Sarna	20 (28.2)
Residence	
Rural	43 (60.6)
Urban	28 (39.4)
Mother education	
Primary	21 (29.6)
Secondary	17 (23.9)
Higher secondary	7 (9.9)
Graduate and above	7 (9.9)
Illiterate	19 (26.8)
Previous school	
Only girls	32 (45.1)
Both	39 (54.9)
Hons subject	
History	34 (47.9)
Psychology	14 (19.7)
Hindi	15 (21.1)
Political science	5 (7.04)
Philosophy	3 (4.2)

depicts the sociodemographic profile of study subjects. Majority were Hindu (53.5%) and non-tribal (63.4%) with 60.6% belonging to rural area. More than half (54.9%) had previous coeducation. Regarding the mother education, more than two-third were literate with only 26.8% illiterate mother. The study subjects were mostly students of history (47.9%) with only few of philosophy (4.2%) and political science (7.04%).

Everyone had heard about abortion. The source of information was multiple with mostly friends in 22 study subjects, internet in 19 students, and mother in 17 of them [Figure 1]. 19 students still thought abortion to be illegal in India. Three-fourth of the study subjects did not know that abortion required sole consent of woman only and not their spouse/husband. Of 22 students who claimed to know the legal gestational age up to which abortion can be done, 18 students were correct. The fact that abortion should be done in only government recognized hospitals was known to <1-third of the study subjects (29.6%). Rape (39.4%) was the most common known indication for legal abortion followed by child abnormality (25.4%). Only half of the study subjects were aware about complications following abortion with most common being bleeding (46.5%) followed by infection (28.2%) and death (2.8%). None knew that abortion can cause infertility too [Table 2].

**Table 2:** Knowledge about abortion among study subjects (n=71)

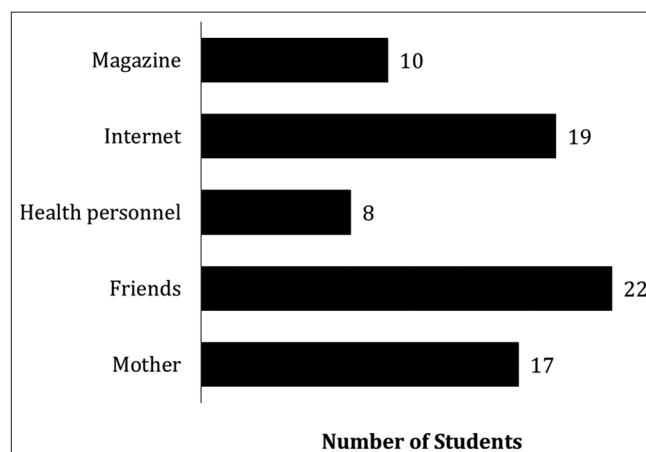
Characteristic	n (%)
Gestational age	
12 weeks	18 (25)
20 weeks	4 (6)
Do not know	49 (69)
Place	
Government recognized hospitals	21 (29.6)
Any hospital	8 (11.3)
Do not know	42 (59.1)
Reasons for legal abortion*	
Contraceptive failure	2 (2.8)
Rape	28 (39.4)
Boyfriend refusal	9 (12.7)
Child abnormality	18 (25.4)
Mother does not want baby	7 (9.9)
Mother life endangered	27 (38)
Do not know	25 (35.2)
Complications*	
Infection	20 (28.2)
Bleeding	33 (46.5)
Infertility	0 (0)
Death	2 (2.8)
Do not know	35 (49.3)

\*Multiple answers

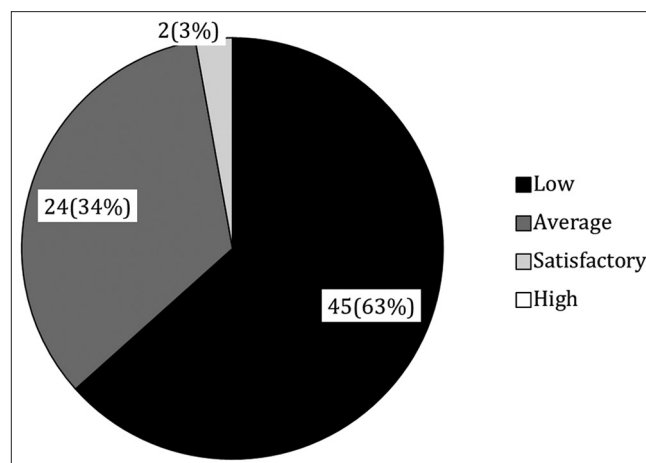
The overall knowledge about abortion was found to be low in 63% of students while only 3% had satisfactory knowledge [Figure 2]. The knowledge level was not found to be associated with age ( $P = 0.485$ ), religion ( $P = 0.465$ ), residence ( $P = 0.154$ ), previous school ( $P = 0.713$ ), mother education ( $P = 0.074$ ), and Hons subject ( $P = 0.085$ ).

**DISCUSSION**

In the current study, students were mostly of 18 years of age, Hindu, non-tribal belonging to rural area. The awareness about legality of abortion was found in 73.3% of study subjects, but very few students knew about gestational age limit. The knowledge about indications for legal abortion and sites for it was also low. The most common source of information were friends with health personnel being the source of information in only 11.26%. Nearly two-third of the study subjects had very poor knowledge about abortion. No association was found between sociodemographic variables and knowledge level, and this may be due to small sample size.



**Figure 1:** The various sources of information about abortion to the students\*



**Figure 2:** The level of knowledge about abortion among late adolescent girls (n = 71)

In an interventional study conducted by Banerjee *et al.*<sup>[14]</sup> between 2007 and 2009 among rural population of two blocks of Jharkhand, the awareness that abortion is legal was found only in 19.7%. This could be attributed to low education level of study subjects. The knowledge about the gestational age limit and indications of legal abortion was 21.4%. The site of abortion services was also known to majority. This inconsistency could be due to the difference in study subjects as in this interventional study, both genders were taken who were married and had undergone abortion while in our study, the subjects were unmarried and not exposed to abortion. The source of information though was similar in both the studies. There is discrepancy in findings of the present study and a cross-sectional study conducted by Banerjee *et al.* in regarding awareness about legality of abortion and source of information. The knowledge about gestational age limit was also comparatively higher in our study. This could be due to difference in sample population and geographical area. In another interventional study done in Jharkhand and Bihar<sup>[15]</sup> to compare the effectiveness of two models of behaviour change communication, the baseline knowledge level was found to be consistent with our findings. The complications of abortion in our study were known to half of the subjects. There were some literatures on complications occurring in woman undergone abortion,<sup>[16]</sup> but none was found regarding the assessment of knowledge about complication before exposure. In contrast to our estimates, a study of our neighbor country, Nepal<sup>[17]</sup> revealed awareness of abortion law among adolescent female to be low (41%) and this may be due to recent legalization of abortion in this country. The findings of other countries in this context were comparatively higher.<sup>[18-20]</sup>

Our study had some limitations. As it was a pilot study, a small sample size was taken, and hence, this weakened both external and internal validity of the result. Furthermore, the study was done only in one gender and in late adolescents only. The selection of single college also served an important limitation. Despite these loopholes, the study provided an important estimate of the lack of basic knowledge about abortion among vulnerable groups. This will form a niche for further research in abortion issues among unmarried teenagers.

This study reported a very low level of knowledge about abortion among unmarried college going late adolescent girls. Although every student had heard about abortion, still 26.7% thought abortion to be illegal. Very few had correct knowledge about gestational age limit and site for legal abortion. The complications of abortion were also known to only half of the study subjects.

## CONCLUSION

Literature on abortion in India is few. Even after decades of the legalization of abortion, it is still stigmatized. There is evidence that woman goes for unsafe abortion for sake of keeping it a secret. Talk on abortion is avoided. Despite

government immense effort, female feticide is still on rise, subjecting women more too unsafe abortion. The high unmet need of contraceptive adds on it. It has been documented that education do improve the attitude and health-care-seeking behavior of women. Majority of studies have been done in married women in this context. Few studies have been done in unmarried women too, but only among those who were exposed to this condition. No study has been done in naïve unmarried teenagers who can be future victims. This study initially seeks to determine the existing knowledge of teenagers which was found to be very low. This calls researchers to explore the existing knowledge gap and ways to reduce it at early stage so that maximum could be benefitted from MTP act.

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