

KNOWLEDGE AND PRACTICES OF SEPTIC ABORTION: A LONGITUDINAL STUDY FROM KISHANGANJ DISTRICT OF BIHARKashif Shahnawaz¹, Pankaj Kumar², Suryadev Singh³**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: INTRODUCTION: Unwanted pregnancy places a women at additional risk, if she seeks abortion and safe services are not available. Poverty, ignorance and non-availability of trained personnel are important causes of septic abortion in India. **OBJECTIVE:** To study the knowledge and practices of septic abortion in women. **MATERIALS AND METHODS:** A Longitudinal study was conducted in the indoor of obstetrics and gynaecology department of M.G.M. Medical College & L.S.K Hospital, Kishanganj, Bihar from the period of Feb-2014 to April-2014. A total of 100 cases of septic abortion were selected by simple randomization. Informations of these cases about their knowledge and practices of septic abortion was obtained by conducting interview and studied. **OBSERVATIONS:** Out of the 100cases studied, majority (i.e 60%) were having no knowledge of contraceptive devices. Rural women were having lesser knowledge of contraception than urban women. Majority of the cases got the knowledge of contraception through media, like television (20%), radio (25%), stage drama (15%), nautankees (12.5%). Urban population of women had a greater knowledge of MTP Act than rural population. In majority of the cases (i.e 65%), there was a history of dai intervention. Among 100cases studied, in 51cases (i.e 51%), instrumentation was used for procuring the septic abortion. **CONCLUSION:** Present study shows that poor knowledge of contraception and MTP Act particularly in rural women and conduction of abortion by untrained personnel like dais, quacks, local practitioners are important contributing factors for high incidence of septic abortion in India. So, there is the need to strengthen good quality abortion services.

KEYWORDS: Knowledge, Practice, Septic abortion, Contraception.

INTRODUCTION: Unwanted pregnancy places a women at additional risk, if she seeks abortion and safe services are not available.¹ Abortion is the termination of pregnancy by any means before the fetus is sufficiently developed to survive.² Any type of abortion when complicated with infection, is called septic abortion.² WHO has defined septic abortion as "A procedure for the termination of unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards or both."³ In spite of liberalization of voluntary abortion by the Medical Termination of Pregnancy Act (MTP-Act), 1971,⁴ illegal abortions are frequently performed in India by untrained persons like traditional birth attendants or dais with disastrous results. It is estimated that globally about 210million pregnancies occur each year, nearly half of these pregnancies are unplanned and a greater percentage is definitely unwanted.^(5, 6) With such a large proportion of unplanned and unwanted pregnancies, it is not surprising that everyday, some 1,50,000 women undergo induced abortions.⁷ In India, each year about 1,25,000 women die from pregnancy related causes.⁸ At least 1/5th of these deaths are caused by induced abortion, sepsis being one of the causes. Most important cause of septic abortion in india is abortion conducted by untrained personnel, dais and quacks. Poverty, ignorance and non-availability of trained personnel also contribute to high

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incidence of septic abortion. These cases are mostly referred to hospitals very late after occurrence of complications leading to high maternal morbidity and mortality. Viewed in this context, the present study was undertaken to evaluate the knowledge and practices of women under study regarding septic abortion.

OBJECTIVE: To study the knowledge and practices of septic abortion in women.

MATERIALS AND METHODS: This was a longitudinal study, conducted in the indoor of obstetrics and gynaecology department of M.G.M. Medical College and L.S.K. Hospital, Kishanganj, in collaboration with the department of community medicine, from the period of February-2014 to April-2014 (Three months). A total of 100 cases of septic abortion were selected for the study by simple randomization. All women having features of septic abortion and registered in the indoor for treatment were considered as study subjects. Diagnosis of septic abortion was done on the basis of per abdomen and per vaginal examinations, investigations and per operative findings. Verbal consent was obtained from each woman and confidentiality of the cases were maintained. All the personal informations of the cases were collected by conducting a personal interview of each woman using a pre-designed questionnaire.

OBSERVATION: The knowledge and practices of women about contraception and septic abortion were studied in this present study.

Knowledge about Contraception	No. of cases	Percentage
No Knowledge	60	60%
Barrier method	06	6%
IUCD	05	5%
Pills	25	25%
Foam/Jelly	0	0%
Tubectomy	09	9%

Table 1- Knowledge about contraception (n=100)

n=Number of Cases

Out of the 100 cases studied, majority of the cases (i.e 60%) had no knowledge of contraceptive devices. Out of the remaining, 6% cases knew the barrier method, 5% knew about IUCD, 25% about pills, and 9% about tubectomy.

Place	Total number of cases	Knowledge of Contraception	Percent	No Knowledge of contraception	Percentage
Rural	78	22	23.18	56	76.81
Urban	22	18	81.8	4	18.18

Comparison between the Rural Vs Urban $P < 0.001$ and $Z = 4.5$

Table 2- Knowledge of contraception (Rural, Urban) (n=100)

n=Number of Cases

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Out of the 100 cases studied, rural women comprised of 78 cases in which maximum number of cases (76.81%) had no knowledge about contraception, while 23.18% had some knowledge. Urban women comprised of 22 cases in which 81.8% had knowledge about contraception and 18.18% had no knowledge. The knowledge of contraception between the rural and urban was significantly different. This means that urban populations had greater knowledge of contraception as compared to rural.

Source of Knowledge	No. of cases	Percentage of cases
ANM	06	15
Primary health centre	05	12.5
Media		
Television	08	20
Radio	10	25
Stage Drama	06	15
Nautanke	05	12.5

Table 3- source of Knowledge of Contraception (n=40)

n=Number of Cases

Out of the 100 cases questioned, only 40 cases could respond regarding their source of knowledge regarding contraception. Majority of the cases got the knowledge of contraception through media, like television (20%), radio (25%), stage drama (15%), nautanke (12.5%). 15% of the cases got the knowledge from ANM and 12.5% got the knowledge from primary health centre.

Place	Total no. of cases	Knowledge of MTP Act			
		Yes	Percentage	No	Percentage
Rural	78	08	10.2	70	89.7
Urban	22	20	90.9	02	09

Comparison between urban Vs rural $P < 0.001$, $Z = 8.1$

Table 4- Knowledge of MTP- Act (Liberalization of abortion) (n=100)

n=Number of Cases

Out of the 100 cases studied, the majority of women had no knowledge of MTP Act. Among 78 rural women 89.7% had no knowledge about MTP Act and only 10.2% had knowledge. Out of 22 urban women 90.9% had knowledge about MTP Act, while 9% had no knowledge. The knowledge of MTP Act between rural and urban population is significantly different. So, urban population had a greater knowledge of MTP Act than rural population.

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Conducting persons	No. of cases	Percentage of cases
Dais	65	65%
Sister/Paramedical staff	30	30%
General Practitioners (MBBS)	05	05%
Comparison between dais Vs sisters $P < 0.001^{**}$		
Comparison between dais Vs general practitioners $P < 0.001^{**}$		
Table 5- Showing the type of person conducting septic abortion (n=100)		

****** highly significant,

N=number of cases

Out of 100 cases studied, the following distribution was seen in the incidence of persons conducting septic abortion:

In 65 cases (i. e 65%), there was a history of dai intervention and this number was significantly high. In 30 cases (i. e 30%), there was a history of sisters/ paramedical staff intervention and in 5 cases (i. e 5%), general practitioners (MBBS) intervention was there.

Group	No. of cases	Percentage of cases
Instrumentation	51	51%
Laminaria tent	23	23%
Abortion stick	12	12%
Laminaria tent with instrumentation	03	03%
Thin rod	03	03%
Cycle spoke	02	02%
Suction	02	02%
Broom stick	01	01%
Abortion stick with medicine	01	01%
Potassium Permanganate	01	01%
Not clear	01	01%
Table 6- Showing the devices used for procuring the septic abortion (n=100)		

n=Number of Cases

Out of the 100 cases studied, in 51 cases (51%), instrumentation was used, in 23 cases (23%) laminaria tent was used, in 12 cases (12%) abortion stick was used, in 3 cases (3%) laminaria tent with instrumentation was used, in 3 cases (3%) thin rod was used, in 2 cases (2%) cycle spoke was used, in 2 cases (2%) suction was used, in 1 case (1%), broomstick was used, in 1 case (1%), abortion stick with medication was used, in 1 case (1%) potassium permanganate was used and in 1 case (1%), device used was not clear.

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DISCUSSION: MTP is a safe and easy procedure for trained hands, but becomes life threatening when performed by untrained persons in unsterile conditions. In our study, the termination of pregnancy was conducted by dais in 65% cases, followed by paramedical staffs (30%) and general practitioners (MBBS) (5%) [Table-5]. Sharma et al⁹ had similar observations, in which 67.7% of cases were induced by dais and other untrained persons at home or other unhygienic places. Various other authors have made similar observations.⁽¹⁰⁻¹²⁾

Our study shows that instrumentation is the commonest method of interference constituting 51%, followed by laminaria tent (23%) and stick insertion (12%). other methods used were rod & spoke insertion, suction & evacuation, medicinal use, etc. [Table-6]. Sood et al¹³ reported that termination method included instrumentation by untrained midwives (62%), foreign body insertion (7.5%) and dilatation and curettage or suction by unqualified personnel.

CONCLUSION: Our present study confirms that, septic abortion is one of the important neglected health problems, particularly in rural areas of India. This is mainly due to lack of education, adequately trained abortion provider and freely available quality abortion services, which leads to very high maternal mortality and morbidity. Thus, there is a serious unmet need for easy availability of safe and effective methods of contraception and abortion services.

RECOMMENDATIONS: A high degree of commitment from all categories of health professionals for prevention of unsafe abortion is needed. General doctors also need to be properly trained to provide quality abortion services. Early diagnosis of complication and prompt referral to tertiary centres also will save many lives and limit morbidities. Women's health groups and other advocates, parliamentarians and health professionals can work together to support the right of women not to die from unsafe abortions and to ensure that they receive treatment for complications. Although law, policy and women's right are central to this issue, making abortions safe is above all, a public health responsibility of governments.

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