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Knowledge and Attitude about Abortion among the Adolescence Students of Higher Secondary Level

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Abstract:

Adolescent are vulnerable to unplanned and unintended early sexual encounters which lead to unwanted pregnancies. Therefore they are exposed to seek for induced abortion and candidates to suffer its complications. Those who carried out abortion in Nepal, most of them were teenagers and at least 65 teenagers go for abortion every day. The main objective of this study is to explore the knowledge and attitude of the adolescent on abortion. Method: It was a descriptive, cross-sectional study. Non probability sampling method was used for obtaining 150 samples from two higher secondary schools (one Government and one Private). A pretested, structured self-administered questionnaire was used to assess knowledge and Likert scale was used to assess attitude towards abortion. Results: More than 90% of the adolescent had heard about abortion. They had the knowledge about the effect of unsafe abortion; they were on excessive bleeding (49.3%), infection (16.7%) and injury on genital tract (18%). More than 50% of the adolescent had the knowledge about abortion is legalized in the country. Out of 80 respondents, 30.8% had the knowledge about the criteria of the legal termination of pregnancy. Out of 150 adolescent, 60% of the respondents had the positive attitude to the abortion. Bivariate analysis showed that respondents of Government College (84%) had more knowledge than the private college (70.7%). But it is not significantly difference ($p=0.051$). Conclusion: Majority of the respondents had knowledge on abortion and consequences of unsafe abortion. Likewise majority of the respondents have positive attitude towards safe abortion.

Keywords: Abortion, Adolescence, Knowledge, Attitude

1. Introduction

Abortion is a public health concern as it affects maternal health. Generally, it is an extremely safe procedure when carried out within a legal framework. However, when legally restricted the procedure is typically unsafe and can lead to maternal morbidity and mortality (Sing et al., 2009).

Adolescents represent a significant proportion of the women who choose abortion. The WHO estimates that at least 33% of all women seeking hospital care for complications related to abortions are less than 20 years of age (Paluku, Mabuza, Maduna, & Ndimande, 2010). Ninety-five thousand abortions were carried out in the year 2010-11 and more than 25 percent among them were teen abortions. At least 65 teenagers go for abortions in Nepal every day. The total number of abortions performed has also increased by nearly 20% in the last two years (MoHP, 2068/69). Fourteen percents of all unsafe abortions in low- and middle-income countries are among women aged 15-19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women (WHO, 2014).

Globally 1 in 8 maternal deaths result from unsafe abortion. About 70,000 women die each year from the effects of an estimate unsafe abortion. An estimate 8.5 million women annually experience complications from unsafe abortion that need medical treatment but only 5 million receive it. Among all of the abortion, 35 million abortions occurred in less developed countries (Guttmacher Institute, 2012).

Adolescent sexual activity and pregnancy are alarmingly common in many countries. Premature sexual intercourse results in high incidence and prevalence of adolescent pregnancy and abortion and also increases the risk of sexually transmitted infections and, as such, adolescent pregnancy needs careful and proper monitoring to ensure a safe outcome (Paluku, Mabuza, Maduna, & Ndimande, 2010). Although the global rate of abortion declined from 45.6 million in 1995 to 41.6 in 2003, unsafe abortion still accounted for 48% and almost all of the unsafe abortion occurred in less developed countries (Grimes, et al., 2006).

An NGO that carries out about 80% of abortions, in 2013 more than 18 thousand girls aged between 15 and 18 years have interrupted their pregnancy in their schools. Of the total registered 89 thousand abortions in the country, more than 70% was carried out by young

girls less than 24 years of age. The number of abortions has increased by almost 42% among teenagers (Thapa and Neupane, 2013). Despite of strict restriction as per Hindu religious scriptures, cultural ethos and law, induced abortion has been widespread in Nepal for many years (Shrestha, 2008). Only 38% of women know that abortion is legal in Nepal. This knowledge is most common among women in urban and those living in the Far-western Terai. Almost two-thirds of women with SLC and above know that abortion is legal, 60% of women know a safe place for abortion (MoHP, 2068/69).

Respondents' knowledge of legal abortion in Nepal was associated with their and their husband's educational attainment, and their family income. Sexual reproductive health interventions are needed at community level in order to equip women of reproductive age group with comprehensive knowledge and skills to reduce the likelihood of unsafe abortion (Khanal, Sanjel, & Chalise, 2014). The community of Nepal attitude towards unmarried women having abortions was very negative; hence it differed from the legal acceptance of all women having the right to abortion (Hald & Sondergaard, 2013).

If the adolescent had good knowledge on safe abortion, it will help to reduce the unsafe abortion and ultimately reduce the maternal morbidity and mortality so, the main objective of this study is to explore the knowledge and attitude of adolescent on abortion.

2. Materials and Methods

This is descriptive cross sectional study conducted at BalUdhar Higher Secondary School, Kathmandu and Welhams. Higher Secondary School, Lalitpur. Non probability sampling was used to select the sample. Total 150 samples of adolescent girls and boys studying in Higher Secondary School (75 from Government and 75 from Private) were included in the study. A pretested, structured self-administered questionnaire was used to assess knowledge level and Likert scale was used to assess attitude towards abortion. Participation in the study was voluntary. Informed consent was obtained from each respondent. The data were entered and analyzed in IBM SPSS 20. The findings are presented in description and tabular form to show the distribution of respondents. The association of various variables with knowledge of abortion was examined by using chi square test including p value. The cut point of p value was considered 0.05 ($p=0.05$).

3. Results

Out of 150 participants, 58.7% were females. Regarding the age, 26.7% of aged belonged to the age of 16 and very few 2.7% to the age 14 years. The average age and standard deviation of the age the respondents are 17 years and 1.3 years respectively with maximum age 19 and minimum age 14 years. About three fourth (73.3%) of the respondents were from urban area, majority were Hindu (72%) and only 5.3% were married and remaining were single and about 70% were from nuclear family.

Out of 150 adolescent students more than 90% had heard about the abortion. Most of them had got the information about abortion from radio/TV (44%) and books/newspaper (40%). More than half of the respondents (56.7%) knew about the effect of unsafe abortion. They were on excessive bleeding (49.3%), infection (16.7%) and injury on genital tract (18%). Regarding safe abortion, more than 3 out of 4 had the knowledge about the safe abortion (77.3%). Among them about 64.4% participants knew who were the appropriate person to provide safe abortion and two third of the participants knew where to have a safe abortion procedure. About 50% had answered that the safe abortion control the population size and 43.3% answered that it reduces the maternal mortality ratio.

More than 50% of the respondent knew that abortion care is legalized in Nepal. Out of 80 respondents who knew about legalization abortion, 30.8% had knew that the legal termination of pregnancy is authorized if pregnancy causing risk of mother health, followed by pregnancy due to rape or incest (29.2%), abnormal fetus (14.2%). Regarding the condition that the law does not allow an abortion was, 33.4% had the knowledge about sex selective abortion, 29.3% without consent of pregnant mother. About one out of five had answered on unmarried women can do the abortion. Regarding the abortion care provider, about fifty percent (47.3%) were agreed trained and certified doctor, followed by all trained and certified nurse (27.4%).

Regarding knowledge of family planning method, ninety percent had heard the family planning method. More than 90% respondents had believed that family planning methods can prevent pregnancy. Among them one in five had used the family planning methods and most of them (93.5%) used the condoms.

Statements	Level of Attitude				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Nepal government's policy of legalization of abortion is good	18 (12%)	29 (19.3%)	46 (30.7%)	40 (26.7%)	17 (11.3%)
Legalization of abortion law influences sexual habit in the society	32 (21.3%)	36 (24%)	29 (19.3%)	26 (17.3%)	27 (18%)
It is important to make people aware about safe abortion	9 (6%)	6 (4%)	10 (6.7%)	56 (37.3%)	69 (46%)
Induced abortion is safe for health	49 (32.7%)	27 (18%)	38 (25.3%)	24 (16%)	12 (8%)
Repeated abortion effects on physical and mental health of client	14 (9.3%)	10 (6.7%)	8 (5.3%)	50 (33.3%)	68 (45.3%)
An unsafe abortion is major health problem of Nepal.	19 (12.7%)	16 (10.7%)	25 (16.7%)	42 (28%)	48 (32%)
Existing abortion care facilities is	28	26	36	38	22

adequate and efficient.	(18.7%)	(17.3%)	(24%)	(25.3%)	(14.7%)
Abortion is taken as method of family planning	34 (22.7%)	29 (19.3%)	19 (12.7%)	38 (25.3%)	30 (20%)
Women sole decision regarding abortion is appropriate	40 (26.7%)	44 (29.3%)	29 (19.3%)	18 (12.%)	19 (12.7%)
An abortion is indicated for an unplanned pregnancy that interferes with education and carrier goal.	22 (14.7%)	20 (13.3%)	39 (26%)	43 (28.7%)	26 (17.3%)
An abortion is indicated if a female become pregnant from being raped.	15 (10%)	21 (14%)	30 (20%)	40 (26.7%)	44 (29.3%)
An abortion is indicated if the female is an unmarried teenager	37 (24.7%)	23 (15.3%)	27 (18%)	31 (20.7%)	32 (21.3%)

Table 1: Attitude towards Abortion
Source: Field survey, 2014

In the context of attitude of the respondents on various statements of abortion, most of them were found in neutral attitude (30.7%) of the statement of Nepal government's policy of legalization is good followed 11.3% strongly agreed, 26.7% agree and least 12% strongly disagree (Table 6). Regarding legalization of abortion law influences sexual habit in the society, most of them were disagreed (45.3%) with this statement and 35.3% agreed. Eighty three percent (83.3%) of the respondents were agreed to the statement that it is important to make people aware about safe abortion. About half of the respondents were disagreed to the induced abortion which is safe for health. Three out of four were agreed to the statement that repeated abortion effects on physical and mental health of client. Likewise 60% of the respondents were agreed to the unsafe abortion is major health problem of Nepal. About one third of the respondents (36%) were disagreed to the statement that existing abortion care facilities is adequate and efficient. Approximately 50% of the respondents were agreed to the statement that abortion is taken as method of family planning. Regarding the statement that women sole decision regarding abortion is appropriate, more than half of the respondents (56%) were disagreed to this statement. About 46% respondents were disagreed to the statements that an abortion is indicated for an unplanned pregnancy that interferes with education and carrier goal. There is approximately equal proportion of respondents who are agreed (40%) and disagreed (42%) to the statement that an abortion is indicated if the female is an unmarried teenager.

Level of attitude	Frequency	Percent
Disagree	60	40.0
Agree	90	60.0
Total	150	100.0

Table 2: Level of attitude
Source: Field Survey, 2014

Out of 150 respondents, 60% of the respondents had the positive attitude to the abortion. Out of 12 attitude statements, there are 11 minimum and 42 maximum score. The neutral score is 24. The average score is 26.53 with standard deviation 6.04.

Characteristics		Heard about abortion		P value
		Yes	No	
Type of School	Private	70(93.3%)	5(6.7%)	Chi square value at 1 d.f. = 0.5 and p value 0.47
	Government	71(95.9)	3(4.1 %)	
Sex	Male	56(90.3%)	6(9.7%)	Chi square value =3.88 and p value =0.04
	Female	85(97.7%)	2(2.3%)	
Residence	Urban	103(94.5%)	6(5.5%)	Chi square value = 0.015 And p value =0.94
	Rural	38(95%)	2(5 %)	
Marital status	Single	133(94.3%)	8(5.7%)	Fisher exact value = 0.63
	Married	8(100%)	0(0%)	
Types of Family	Nuclear	99(96.1%)	4(3.9%)	Chi square(df,2) = 2.8 and p value = 0.23
	Joint	38(92.7%)	3(7.3%)	
	Extended	4(80%)	1(720%)	
Characteristics		Heard about safe abortion		P value
Type of School	Private	53(70.7%)	22(29.3%)	Chi square value at 1 d.f. =3.8 and p value 0.051
	Government	63(84%)	12(16 %)	
Sex	Male	52(83.9%)	10(16.1%)	Chi square value =2.5 and p value =0.108
	Female	64(72.7%)	24(27.3%)	
Residence	Urban	88(80%)	22(20%)	Chi square value = 1.67

Marital status	Rural	28(70%)	12(30 %)	And p value =0.196 Fisher exact value = 0.68
	Single	109(76.8%)	33(23.2%)	
	Married	7(87.5%)	1(12.5%)	
Types of Family	Nuclear	81(77.9%)	23(22.1%)	Chi square(df,2) = 1.8 and p value = 0.38
	Joint	30(73.2%)	11(26.8%)	
	Extended	5(100%)	0(0%)	

Table 3: Association between demographic variables and knowledge related abortion
Source: Field Survey, 2014

3.1. Bivariate Analysis of Factors Associated with Knowledge

Bivariate analysis of factors associated with knowledge on abortions is shown in Table 3. The association between the knowledge about abortion and type of college ($p=0.47$), residence ($p=0.94$), marital status (0.63) and type of family ($p=0.23$) of the respondent, there is an insignificant relationship. But it is significant relationship between the sexes of the respondents and heard about abortion (0.04). Those who heard about the abortion, proportionally female (97.7%) were significantly more than the males (90.3%). Likewise, knowledge about safe abortion, respondents of Government College (84%) had more knowledge than the private college (70.7%). But it is not significantly different ($p=0.051$).

Characteristics		Heard about family planning method		P value
		Yes	No	
Type of School	Private	68(97.7%)	7(9.3%)	Chi square value at 1 d.f. =.07 and p value 0.78
	Government	67(89.3%)	8(10.7 %)	
	Sex	Male	54(87.1%)	
	Female	81(92%)	7(8 %)	
Residence	Urban	99(90%)	11(10%)	Chi square value = 0.00 And p value =1
	Rural	36(90%)	4(10 %)	
Marital status	Single	127(89.4%)	15(10.6%)	Fisher exact value = 1
	Married	8(100%)	0(0%)	
Types of Family	Nuclear	98(94.2%)	6(5.8%)	Chi square(df,2) = 6.7 and p value = 0.034
	Joint	33(80.5%)	8(19.5%)	
	Extended	4(80%)	1(20%)	
Characteristics		Use of contraceptives		P value
Type of School	Private	17(22.7%)	58(77.3%)	Chi square value at 1 d.f. =.36 and p value 0.54
	Government	14(18.7%)	61(81.3 %)	
	Sex	Male	27(43.5%)	
	Female	4(4.5%)	84(95.5 %)	
Residence	Urban	21(19.1%)	89(80.9%)	Chi square value = 0.62 And p value =.42
	Rural	10(25%)	30(75 %)	
Marital status	Single	27(19%)	115(81%)	Chi square value = 4.4 And p value =0.35
	Married	4(50%)	4(50%)	
Types of Family	Nuclear	21(20.2%)	83(79.8%)	Chi square(df,2) = 1.6 and p value = 0.43
	Joint	10(24.45%)	31(75.6%)	
	Extended	0(80%)	5(100%)	

Table 4: association between knowledge about family planning and type of the family
Source: Field Survey, 2014

Regarding the association between knowledge about family planning and type of the family, it is significant association (0.034). Those who were from nuclear family had more knowledge than the other family types. Similarly, male (43.5%) were significantly ($p=.000$) more used the family planning device than the females (4.5%) (Table 4).

4. Discussion

This study showed that most of the respondents had knowledge about abortion. Exactly half of the respondents had answered of abortion that is termination of pregnancy before the fetus has attained viability. This finding was similar to the findings of Reza and Hassan (2013) which revealed that the adolescents were aware about abortion.

Most of the respondents had got the information about abortion from radio/TV (44%) and books/newspaper (40%). This finding was similar to the finding of Paluku, Mabuza, Maduna and Ndimande (2010) in which the different sources of information for the adolescents of Goma Democratic Republic of Congo were the radio (66.2%). friends (31.7%), parents (1.5%), and the church (0.5%).

More than half of the respondents (56.7%) knew that the effects of unsafe abortion were excessive bleeding (49.3%), infection (16.7%) and injury on genital tract (18%). Regarding safe abortion, more than 3 out of 4 had the knowledge about the safe abortion (77.3%). This study correlates with what Paluku, Kalisoke, Wandabwa & Kiondo (2013), found in Uganda study on Knowledge and attitudes about induced abortions among female youths attending Naguru Teenage Information and Health Centre.

More than 50% of the respondent knew that abortion care is legalized in Nepal. Out of 80 respondents who knew about legalization of abortion, 30.8% had knew that the legal termination of pregnancy is authorized if pregnancy causing risk of mother health, followed by pregnancy due to rape or incest (29.2%), abnormal fetus (14.2%). This finding was similar to the study of Hald & Sondergaard (2013) and (MoHP, 2068/69) which revealed that the overall awareness of abortion being legal was high, although the extent of knowledge of the specific legal grounds varied.

In this study 60% of the respondents had the positive attitude to the abortion. Out of 12 attitude statements, there are 11 minimum and 42 maximum score. This finding was in contrast with study conducted by Becker, Garcia & Larsen (2002) at Mexico found 36% were categorized as conservative, 49% as moderate and 15% as liberal.

There is no significant association between demographic factors and abortions, but there is significant association between knowledge of family planning and type of the family (P value = 0.034). Even though most of the participants had knowledge on abortion and most of them had positive attitude, it is necessary to know everybody to reduce the unsafe abortion and ultimately reduce the maternal mortality and morbidity.

5. Conclusion

Most of the respondents has heard about abortion and had known about the effects of unsafe abortion. Only 56.7% of respondents had knowledge about legalization of abortion so this issue should be included in the curriculum of higher secondary schools. If the adolescent are aware about legalization of abortion it will help to reduce the unsafe abortion and also help to reduce the Maternal Mortality Rate of Nepal.

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