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Iranian women's knowledge need to improve for prevention of induced abortion; an educational need assessment

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ABSTRACT

Inadequate women's knowledge about consequences of induced abortion can lead to increase illegal unsafe abortion especially in limited access to legal abortion. Among the interventions for improvement the women health programs, educational need assessment is one of the first stages. In order to assessing women's educational needs, knowledge and attitude of new married women about induced abortion examined by knowledge- attitude questionnaire in 2009. Data analyzed by using SPSS_{16.0} and relationship between knowledge and attitude about induced abortion and important related variables was assessed. Result of this study showed that limited percent of participants had adequate knowledge about consequences of induced abortion, while most of participants had negative attitude toward induced abortion. Also there was strong relationship between women's agreement about induced abortion, women's knowledge test score and their age of marriage, level of women's education, occupation and value of using contraception. Many of participants expressed their disapproval for induced abortion; and almost of them didn't have the adequate knowledge about complications of unwanted pregnancies and induced abortion. Based on inadequate knowledge about induced abortion consequences in new married women, it seems that effective educational programs are a priority for health policy makers.

Keywords: Induced Abortion, Education, Knowledge, Attitude.

INTRODUCTION

Mental and physical health and mortality rate of women in reproductive ages is closely dependent on their reproductive behaviors, pregnancies, childbirths and those complications [1,2]. It is estimated about 46 million induced abortions are done per year around the world; above half of these are unsafe abortions [3]. Unsafe abortions cause 47,000 maternal deaths annually and millions permanent and temporary disabilities in women [4]. WHO estimates that about 13% of all pregnancy related death is associated with unsafe abortion and its complications [3]. Despite the success of Iranian family planning programs in reduction of fertility rate, it is open to criticism for sizable proportion (above 35%) of unintended pregnancies, sizable using traditional methods for family planning and failing to address the issue of abortion [5-7]. Induced abortion is illegal in Iran and it is allowed in limited conditions, e.g. if fetus had fetal abnormality or there was definitive risk for mothers life, also it will be perform just after legal permits [8]. No official data about the illegal and unsafe abortion rate in Iran, therefore number of induced abortions and its mortality is not clear [8]. Despite this, abortion is still a concern for Iranian women health and limited access to legal abortion, directs some of women with unwanted or mistimed pregnancies to undergo clandestine for induced abortion that many of these, are performed in hazardous circumstances [8]. Based on

estimations, 73,000 induced abortions per year occurred in Iran [8,9]. Most of Iranian women that attempt to this type of abortion are married and they exposure to untimed, unplanned or unwanted pregnancy [10].

The abortion rate among Iran's provinces are widely varies, it's depending on regional levels of religiosity and modern contraceptive use and laws alone are often unsuccessful in reducing abortions [8,10]. National family planning program in Iran had significant successful in recent two decade that resulted to decrease growth rate, but Iran with large proportion of women in reproductive age and significant percentage of reported unwanted pregnancy in married women are at risk of unreported induced and hidden illegal abortion [8-10]. All of these conditions indicated that there are need for assessment of women's knowledge and their attitude about induced abortion, for improvement the women education programs. Need assessment as a tool for program planning is determining gaps between present and desired conditions, it used for improvement current performance or correct problems.

This study was done to determine the new married women's knowledge and attitude about induced abortion, in Mashhad, Iran for the need assessment purpose.

MATERIALS AND METHODS

This cross-sectional study was performed on new married women who come to couples' counseling centers in Mashhad, Iran, in 2009. Study sample size was calculated based on the result of the pilot study and based on that, 480 new married women were selected from all main couples' counseling centers in a stratified convenient manner. Demographic characteristics of participants, their knowledge and attitude about induced abortion were gathered by standardized structured knowledge and attitude questionnaire. Validity of the questionnaire was assessed by expert panel and its reliability measured in pilot study with determining of internal consistency in each domain (Cronbach's alpha values of 0.7 and higher in each domain). Compliance, plausibility and feasibility of the questionnaire were checked in the pilot study. Total score of questionnaire was 12 to 44 for knowledge and from 0 to 11 for attitude. According to the median of the possible range, in knowledge domain, values less than 28 were considered as poor knowledge (inadequate knowledge) and in attitude domain, values less than 6 were considered as agree with abortion (positive attitude). T-test, Chi square, and Pearson's correlation test were used to assess relationships of women's knowledge and attitude and their characteristics, by using SPSS_{16.0} software, and the P values less than 0.05 were considered statistically significant.

This research conformed to the Helsinki declaration and local legislations on ethical principles for medical research involving human subjects and was approved by the ethical committee of department of community medicine in Tehran university of medical sciences.

RESULTS

The social and demographic characteristics of participants are reported in Table 1. The mean age of participants was 21.2 years old (SD=4.4), range 13-49 years old. Of women 6.5% (31) had a history of previous marriage. Ninety six percent (460) of women declared that they were Muslim and others didn't answer to this question. Also 65% of participants expressed their positive opinion about using contraception methods, and 28% of them reported that the occupation is important for them.

Participants considered some conditions that were acceptable in their opinion for choosing induced abortion. Table 2 showed the frequency of participant's agreements with induced abortion for different causes. As Table 2 shows almost of participants agreed with perform induced abortion, if fetus have severe disease or have serious physical defects, or if there was severe risk for maternal health, and concern about maternal psychological or physical health problems. Low maternal age without preparedness for pregnancy and intention to divorce are placed in the next ranks. Conflict and partner violence, adequate number of children and complete size of family were after those reasons, and economic problems had the least frequency.

Adequate knowledge reported in 124 of participants (25.8%) and 330 of them (68.8%) had negative attitude toward induced abortion. Participants in 70% thought that induced abortion was immoral. There was significant reverse correlation between knowledge and attitudes test scores about induced abortion, Pearson's $r = -0.43$ ($P < 0.001$). Only 11% of women with positive attitude to induced abortion had adequate knowledge about consequences of induced abortion, while in women opposed to induced abortion, adequate knowledge was 81%.

The relationship between knowledge and attitude about induced abortion and important related variables are shown in Table 3. Significant relationship was observed between marital age, education, occupation, value of using contraception and women's knowledge and attitude toward induced abortion ($P < 0.05$). There was significant direct

correlation between age and knowledge score ($P < 0.001$) and reverse correlation between age and attitude score ($P = 0.04$); participants with higher score of knowledge were 1.8 years older (95% CI = 0.87-2.7) than the other group and whom lower score (oppose to abortion) were one year older (95% CI = 0.8-2.1).

All of participation didn't answer to all of questions; therefore, the answer rate was decreased in some parts of questionnaire, although missing data was about 4% in different questions.

Table 1. Social and demographic characteristics of participants

| Variables | Status | N (%) |
|--|----------------------|-----------|
| Educational grade | Elementary school | 115(24) |
| | Secondary school | 194(40.4) |
| | University education | 171(35.6) |
| Occupation | Housewives | 198(41) |
| | College students | 106(22) |
| | Students | 110(23) |
| | Employees | 66(14) |
| High and Low Economic status | High | 56(12) |
| | Low | 23(7) |
| Induced abortion in friends or close relatives | Reported | 64(18) |
| Value of woman occupation | Important | 131(28) |
| Value of using contraception | Important | 308(65) |
| History of previous marriage | Reported | 31(7) |
| Religion | Muslim | 460(96) |

Table 2. Frequency of participant's agreement with induced abortion in different causes

| Causes for induced abortion | Agree women N (%) (CI95%) | Causes for induced abortion | Agree women N (%) (CI95%) |
|--|---------------------------------|------------------------------|---------------------------------|
| Fetus's severe disease or serious physical defects | 227(47) (42.8-51.8%) | Intention to divorce | 83(17) (13.9-20.7%) |
| Severe risk for maternal health | 214(44.5) (40.1-49.0%) | Conflict or partner violence | 38(8) (5.5-10.3%) |
| Low maternal age without pregnancy preparedness | 88(18) (14.9-21.8%) | Adequate number of children | 38(8) (5.5-10.3%) |
| Concern about maternal health | 91(19) (15.5-22.5%) | Economic problems | 19(4) (2.2-5.7%) |

Table 3. Relationship between knowledge and attitude of participants about induced abortion and related variables

| Variable | Status (N) | Inadequate knowledge N(%) | P value | Negative attitude N(%) | P value |
|-------------------|-------------------------------|------------------------------|---------|---------------------------|---------|
| Age | 18 years old & less (163) | 135(82.8) | <0.001 | 61(37.4) | 0.004 |
| | More than 18 years (302) | 203(67.2) | | 75(24.8) | |
| Educational grade | High school or Lower (309) | 243(78.6) | <0.001 | 109(35.3) | 0.002 |
| | University education (171) | 105(61.4) | | 37(21.6) | |
| Occupation | Housewife (198) | 155(78.3) | 0.057 | 63(31.8) | 0.082 |
| | Student (110) | 87(79.1) | | 40(36.4) | |
| | Employees (66) | 46(69.7) | | 20(30.3) | |
| | College student (106) | 70(66.0) | | 22(20.8) | |

DISCUSSION AND CONCLUSION

Induced abortion is a major health concerns that affecting on the women's quality of life in reproductive age [3]. This study showed that although most of participants in the beginning of married life expressed their disapproval about induced abortion, but they did not have the required knowledge which could reduce unplanned pregnancy and decrease induce abortions. There was a significant inverse relationship between women's knowledge and attitude about induced abortion while the women that agreed with induced abortion had poor knowledge, and there were the significant differences between scores of knowledge in two groups (agree, opposed). Lower age, lower woman's educational grade, put low importance for contraception use and high importance to women's occupation were significantly associated with poor knowledge and higher agreement scores (positive attitude) to induced abortion.

Induced abortion, either safe or unsafe, may be the result of unwanted pregnancies, overcrowded families, poverty, sex preferences, fetus abnormalities and mothers' threatening health status [5,6]. Based on large study has been done in 62 rural primary healthcare centers in Tehran, 32% of women with unwanted pregnancy had some attempts for induced abortion in unsafe methods including violence physical methods, use of non-medical vaginal bodies, injection, eating herbal drugs and so on to terminate their pregnancy [11].

There is a concern about strong correlation between using unsafe contraception methods and attempt to terminate pregnancy by induced abortion. A Chinese study that has conducted among women aged between 18-24 who suffer from unwanted pregnancies showed that only 13% of women have used continuous contraceptive methods [12]. Another study showed that French women who have a history of two attempted abortion, were widely not informed of emergency contraception methods [13].

In our study a large number of the respondents demonstrated their agreement with abortion when there is a health threat for mother or the fetus, but for other reasons there were fewer agreements. Several reports have described the various reasons for induced abortion such as adequate number of children, financial problems, mother or fetus health concerns, having small child, family planning failure, poor family relationship and the intended divorce [14,15]. Based on an American survey that have done in a group of college students, 90% of students believed that abortion is allowed when the pregnancy is dangerous for the mother, 55% were agree for fetal anomalies reason and 51% for economical problems [16]. Although the most common reasons for abortion were the small child and economic problems in Sri Lanka [17].

In this study, opposed participants with induced abortion often thought that induced abortion was immoral, a similar study in Sri Lanka has shown that 96% of women who were referred for termination of pregnancy were not aware of the consequences of abortion, 91% thought induced abortion is immoral, 94% did not know it is an illegal action, however only 16% of them were regularly used contraception methods [17]. As there is a significant relationship between the numbers of unwanted pregnancies and unsafe abortions, for example the use of clandestine, the improving of safe and modern contraceptives availability in high risk areas is recommended [18]. It is noteworthy that expanding education efforts to reach couples, and increasing information about and access to emergency contraception, given the strong negative association between contraceptive use and abortion rates are needed [8]. Evidence shows that unwanted pregnancies in Chinese women have been resulted from the lack of young people sex educations and their knowledge about contraceptive use [12].

Providing the proper social and health services, improving the educational programs for women and extending the family planning clinics are the priorities of women's health which need the strong supports of governments. The merging of the consultation session with the couples' counseling center's programs as well as performing the educational sessions for second school students are the initial steps in this regard.

In study about knowledge and attitudes of a number of Iranian policy-makers towards abortion, they had strong agreement on abortion only when mother's or fetus's health is at risk, however, in their view, the pregnant women decision for induced abortion did not gain too much approval and the majority of them, fairly knew about the prevalence and complications of illegal abortions [19].

Finally, based on induced abortion is illegal in Iran except in fetal fetus abnormality and definitive risk for maternal life, inadequate women's knowledge about consequences of induced and illegal abortion can lead to women with unwanted pregnancy perform illegal abortion in unsafe conditions, while the improvement of women information may be encourage women use safe contraception methods, if they don't have program for pregnancy.

This study showed that preparing educational program is a priority for health policy makers. It seems that it is needed to plan the new strategies in order to promote women's awareness about consequences of induced abortion and try for increasing acceptance of modern contraceptives methods for prevention of unwanted pregnancy.

REFERENCES

- [1] Modabber M, Eshraghyan M, Soleymaniyan J, et al. Prenatal care and peripartum complications in delivered women in Qazvin hospitals. *Annals of Biological Research* **2012**, 3 (8):3838-3841.
- [2] Olayinka A, Akpomeyoma Tare A, Ehobhayi A. Assessment of knowledge of strategies used in the prevention and management of postpartum haemorrhage by midwives in Bayelsa State, Nigeria. *Archives of Applied Science Research* **2012**, 4 (1):447-453.
- [3] World Health Organization guidelines. Safe Abortion, Technical and Policy Guidance for Health Systems. WHO: Geneva **2003**; Chapter 1: 10-17.
- [4] Sexual & reproductive health, preventing unsafe abortion. World Health Organization. Available online at: www.who.int/reproductivehealth/topics/unsafe_abortion/hrpwork/en/ last accessed: May 10 **2011**.
- [5] Abbasi-Shavazi M, Hosseini-chavoshi M, Delavari B. Unwanted pregnancies and its determinants in Iran. *Reproduction and Infertility* **2004**; 5(1):62-76.
- [6] Majlessi F, Forooshani A, Shariat M. Prevalence of induced abortion and associated complications in women attending hospitals in Isfahan. *East Mediterr Health* **2008**;14(1):103-9.
- [7] Mehryar A, Ahmad-Nia Sh, Kazemipour Sh. Reproductive health in Iran: pragmatic achievements, unmet needs, and ethical challenges in a theocratic system. *Studies in Family Planning* **2007**; 38(4): 352–361.
- [8] Erfani A, McQuillan K. Rates of induced abortion in Iran: the roles of contraceptive use and religiosity. *Studies in Family Planning* **2008**, 39(2): 111–122.
- [9] Chinichian M, Holakouie Naieni K, Refaee Shirpak Kh. Reasons of induced abortion in Iran, a qualitative study. *Payesh* **2008**;6(3):219-223.
- [10] Shamshiri-Milani H. Mother's rights to life, a medical approach to abortion. *Reproduction and Infertility* **2005**;6(4):457-464.
- [11] Zamani F, Eftekhar Ardebili H, Bashardost N, et al. The behavior of women confronted with unwanted pregnancies. *School of Public Health and Institute of Public Health Research* **2003**;2:55-63.
- [12] Wu J, Rauyajin O, Good S, et al. A survey on contraceptive knowledge, attitude and behavior among never-married young women who are seeking pregnancy termination in Beijing. *Chinese Journal of Epidemiology* **2001**,22(3):219-222.
- [13] Alouini S, Uzan M, Meningaud JP, et al. Knowledge about contraception in women undergoing repeat voluntary abortions, and means of prevention. *Eur J Obstet Gynecol Reprod Biol.* **2002**;104(1):43-48.
- [14] Finer L, Forthwirth F, Dauphiness L. Reasons U.S women have abortions: quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health* **2005**; 37(3): 110-118.
- [15] Ahmed S, Ialam A. Induced abortion: what's happening in rural Bangladesh? *Reproductive Health Matters* **1999**; 7(14): 19-29.
- [16] Gondor M, Cavanaugh RM Jr, Henneberger PK, et al. Young adults' knowledge, attitudes, and behavior about abortions in young women. *Pediatric Adolescent Gynecol.* **1996**;9(1):21-26.
- [17] Perera J, de Silva T, Gange H. Knowledge, behavior and attitudes on induced abortion and family planning among Sri Lankan women seeking termination of pregnancy. *Ceylon Med.* **2004**;49(1):14-7.
- [18] Fallahian M, Mohammad-Zadeh F. Trends in abortion in Iran: 1994–2002. *Archives of Iranian Medicine* **2005**;8 (3): 217–218.
- [19] Shamshiri Milani H, Pourreza A, Akbari F. Knowledge and Attitudes of a Number of Iranian Policy-makers towards Abortion. *Reprod Infertil.* **2010**;11(3):189-95.