

Attitude and perception of medical interns towards abortion in a teaching hospital in central Nepal

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ABSTRACT

Background & Objectives: The objectives the study was to explore the attitude and perception of medical interns, who are in the verge of being registered medical practitioners about abortion care services in Nepal. **Materials & Methods:** This is a questionnaire based descriptive-cross-sectional study conducted among the 96 interns of the College of Medical Sciences. The questionnaire was semi structured consisting of questions on self-assessed educational program characteristics, attitudes and perceptions regarding abortions in the context of Nepal. **Results:** The response rate of the participants was 88.07%. The mean age of the respondents was 24.43±1.449 years. A total of 65 (67.7%) responded that the topic of reproductive health was adequately covered in their course of study and 31 (32.3%) opined that the topic was somewhat covered. Only two of the respondents self-assessed that their theoretical knowledge of sexual and reproductive health was very good while 68 (70.8%) told that it was good and 26 (27.1%) graded themselves as having just fair knowledge in the field. Twenty four (25.0%) responded that they had clinical practice in abortion care services during their course of study. **Conclusion:** The medical interns had been adequately exposed to the reproductive health though they had less clinical practice on abortion care services. The attitude and perceptions of the future health care providers should be understood to properly orient them to the clinical practice.

Key words: Abortion; Knowledge; Perception

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INTRODUCTION

Abortion in any form was illegal in Nepal until 2002. The Nepali Parliament passed landmark legislation to legalise abortion in March 2002 and it came into effect in 2003. The new law legalizes abortion under the following conditions:

1. Up to 12 weeks of gestation on the request of the pregnant women.
2. Up to 18 weeks of gestation in case of rape or incest.
3. At any gestation if the pregnancy is harmful to the pregnant women's physical and mental health as certified by an expert physician.
4. At any gestation if the foetus is suffering from a severely debilitating or fatal deformity as certified by an expert physician.

The medical practitioners who are listed in safe abortion care only can provide comprehensive abortion care services. It is the sole decision of the pregnant woman to choose to continue or

discontinue the pregnancy. When the age of the pregnant woman is less than 16 years of age or unable to give consent because of being mentally incompetent, the nearest guardian or relative can give consent for abortion services. The law has prohibited termination of pregnancy based on sex selection.¹

Although abortion is legalized, many women are performing abortion illegally and there has been associated complications due to unsafe abortion. The abortion care services are yet to reach the rural parts of the country thus the people in those region are using unsafe measures to perform abortion. The physicians themselves may not be properly aware of the provision of legal abortion. Although the medical practitioners have knowledge of safe and legal abortion, the implementation of proper abortion services is low.

In order to increase access to safe abortion, proper education of the service providers is essential.

Those kinds of training should focus on the attitudes of health care providers as well their beliefs on sexual and reproductive health particularly related to abortion, privacy and confidentiality, treating all the women with respect and dignity. Physicians should also attend to those with special needs like adolescents, rape survivors and vulnerable women for health and socioeconomic reasons.²

The present study was conducted with objectives of exploring the, attitude and perception of medical interns, who are in the verge of being registered medical practitioners about abortion in Nepal.

MATERIALS AND METHODS

This is a descriptive-cross-sectional study conducted among the interns of the College of Medical Sciences. The questionnaire was distributed to all the current interns of the College of Medical Sciences on the month of August 2016 which was the study duration. Consent was taken from the individual participants before distributing the questionnaire.

The questionnaire was semi structured consisting of questions on self-assessed educational program characteristics, attitudes and perceptions regarding abortions in the context of Nepal. The questionnaire was derived based on previous studies and modified in the context of Nepal. The questionnaire was subjected to expert validation before administration and the suggestions were implemented.

Among the total of 109 interns working in the hospital at the study time, 96 responded. The responses were entered in Microsoft Excel 2010 and further analysed by SPSS version 18.0.

RESULTS

The response rate of the participants was 88.07%. The mean age of the respondents was 24.43 years with standard deviation of 1.449 years. Among the interns, 60 (62.5%) were males and 36 (37.5%) females. Only four (4.2%) of them were married. The demographic characteristics of the respondents is shown in table 1.

The findings of self-assessed educational program characteristics is presented in table 2. When the query about the inclusion of the topic of reproductive health in their course of study, 65 (67.7%) responded that it was adequately covered and 31 (32.3%) opined that the topic was somewhat covered. Only two of the respondents self-assessed that their theoretical knowledge of sexual and reproductive health was very good while 68

(70.8%) told that it was good and 26 (27.1%) graded themselves as having just fair knowledge in the field. Twenty four (25.0%) responded that they had clinical practice in abortion care services during their course of study. The attitudes and perceptions of the medical interns regarding abortions are presented in table 3.

DISCUSSION

Abortions performed according to medical guidelines carry very low risk of complications while unsafe abortions increase the vulnerability of maternal morbidity and death, representing one of the major causes of preventable maternal deaths. Thus provision of proper abortion care services helps to prevent the untoward complications in case of unwanted pregnancies. The medical students after completing their internship have to provide health care facilities including abortion care services to the public. Therefore we had chosen them to enroll in our study to understand their attitudes and perception towards abortion in Nepal. When the question about the inclusion of topic of reproductive health in the course of study was asked, two third of the interns responded that it was adequate but one third still assessed that the coverage was inadequate. Provenzano-Castro et al.³ have also presented that abortion was still inadequately addressed in the medical school

Table 1: Demographic characteristics

Variable	Number	Percent
Sex		
Male	60	62.5
Female	36	37.5
Place of upbringing		
Rural	15	15.6
Urban	81	84.4
Religion		
Hindu	93	96.9
Kirat	3	3.1
Marital Status		
Unmarried	92	95.8
Married	4	2.2

Table 2: Self-assessed educational program characteristics:

Variable	Number	Percent
Has the topic of reproductive health been included in your course of study?		
Adequately	65	67.7
Somewhat	31	32.3
Not at all	0	0
How do you assess your theoretical knowledge of sexual and reproductive health?		
Very good	2	2.1
Good	68	70.8
Fair	26	27.1
Poor	0	0
Have you had clinical practice in abortion care services during your course of study?		
Yes	24	25.0
No	72	75.0

Table 3: Attitudes and perceptions regarding abortions

Statement	Agree N (%)	Disagree N (%)	Neither agree nor disagree N (%)
Unsafe abortion is a serious health problem in Nepal.	91 (94.8)	0	5 (5.2)
Abortions at unregistered clinics are more harmful than at registered clinics.	91 (94.8)	2 (2.1)	3 (3.1)
Abortion clients are treated in privacy in Nepal	64 (66.7)	14 (14.6)	18 (18.8)
Unmarried women prefer to have abortions outside public health clinics.	91 (94.8)	2 (2.1)	3 (3.1)
Unmarried women have more complications from abortions than married women.	78 (81.2)	2 (2.1)	16 (16.7)
Abortions among unmarried women are acceptable in case of unplanned pregnancy.	66 (68.8)	16 (16.7)	14 (14.6)
A woman should always have the right to an abortion in the case of an unwanted pregnancy.	80 (83.3)	4 (4.2)	12 (12.5)
Women prefer to have surgical rather than medical abortions.	12 (12.5)	61 (63.5)	23 (24.0)
Surgical abortions are more harmful than medical abortion.	50 (52.1)	20 (20.8)	26 (27.1)
A woman needs to have her partner or spouse's approval to have an abortion.	20 (20.8)	71 (74.0)	5 (5.2)
Only those doctors and health care workers who are listed in the roster of Safe Abortion Service process of Nepal can provide abortion services.	85 (88.5)	3 (3.1)	8 (8.3)
If the pregnant woman is less than 16 years of age, the nearest guardian or relative can give consent for abortion services.	85 (88.5)	6 (6.2)	5 (5.2)
To minimize unsafe abortion, messages about legalization of abortion should be well informed by media.	94 (97.9)	2 (2.1)	0

curricula in Argentina. The medical curriculum should adequately cover the topic of reproductive health and focus to update the current legal provision of abortion facilities as well. Similarly, about two third of the interns graded themselves as having good theoretical knowledge on sexual and reproductive health. A total of 75% of the students didn't have clinical practice in abortion care services during their course of study. It is important to expose students to the practical aspects of abortion care services in the course so that they become competent to provide such services in their practice.

Majority of the interns agreed that unsafe abortion is a serious health problem in Nepal. Most of them perceived that abortions at unregistered clinics are more harmful than at registered clinics. In our context, many of the illegitimate pregnancies are taken to unregistered clinics for abortion. In those clinics, the service might be provided by unqualified and untrained persons. As well, the abortions are carried out hastily and without opting proper precautions which can increase the risks associated. Unmarried women prefer to have abortions outside public health clinics. This statement was also positively perceived by most of the interns. The unmarried women have tendencies to procure abortions more privately and thus choose the private clinics rather than going to public health sectors.

The statement about acceptance of abortions among unmarried women in case of unplanned pregnancy was positively figured out by almost two thirds of interns. The concept that woman needs to have her partner or spouse's approval to have an abortion was wrongly perceived by 20.8% of the respondents. The present law of Nepal states that the consent of woman is enough to go for abortions if the criteria of abortion are fulfilled. The findings are consistent to that of presented from a study in Maharashtra, India.⁴

Only those doctors and health care workers who are listed in the roster of Safe Abortion Service process of Nepal can provide abortion services. This statement was correctly pointed out by 88.5% of the interns. It is important to note that only those health care providers who are trained and listed in the roster of safe abortion service process of Nepal are eligible to perform abortion. Nurses and midwives should also be given a relevant role in expanding access to abortion care services, as practiced by many countries.⁵⁻⁸

Although abortion is legalised in Nepal, many of the people may not be aware about the legalisation. This might be the reason of choosing unqualified persons to perform abortion. Akbarzadeh M. et al.⁹ had showed that mothers with unwanted pregnancy are under various pressures. The people choose not to disclose about their pregnancy and the abortion performed. Thus it is essential to spread the message about the legalisation of abortion in Nepal through different media.

CONCLUSION

The medical interns had been adequately exposed to the reproductive health though they had less clinical practice on abortion care services. The attitude and perceptions of the future health care providers should be understood to properly orient them to the clinical practice. The medical students should be further exposed to the abortion care services in order to make them more capable and confident.

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