

Insights into Post-Abortion Care among Primigravid Women: A Knowledge Assessment

MS. Bincy Mathew¹, DR. Devraj Singh Chouhan²

¹PhD Scholar, Faculty of Nursing, Parul University, Waghodia, Vadodara, Gujarat, 391760, India

²PhD Supervisor, Department of Nursing, Parul Institute of Nursing, Faculty of Nursing, Parul University, Waghodia, Vadodara, Gujarat, 391760, India

ABSTRACT

A healthy pregnancy, an uncomplicated delivery and a healthy new-born is a wish and dream of every expectant mother. Bleeding in early pregnancy leading to abortion is a dangerous condition. Care of a woman after abortion is generally neglected or least significantly considered in health care system and society. Proper postabortion care, imparting of knowledge related to postabortion care and contraceptive measures etc will improve the physical and mental health of the postabortion victim. This study was aimed to assess the level of knowledge of postabortion women on self-care and contraceptive usage and to assess the association between level of knowledge and selected demographic variables. 200 primigravid post abortion women were interviewed from selected hospitals of Dadra & Nagar Haveli. Non-probability- purposive sampling technique was used for sample collection. The data was collected by structured interview schedule related to knowledge on post abortion care and contraceptive usage. The analysis of the data revealed that 66.5% samples (133) had poor knowledge i.e. (below 50%) on postabortion care and no sample was having good knowledge level (above 75%). The findings also suggested that educational status of the participants and their area of residence have significant association with their knowledge regarding post abortion care and contraceptive use.

KEYWORDS: knowledge, Post abortion care, contraception, abortion, primigravid.

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INTRODUCTION

Becoming a mother is a joyful experience for every female. God created women with all the physical, psychological, mental and spiritual potentials to take care her next generation. An uncomplicated healthy pregnancy is a dream for every mother who is confirmed with her pregnancy. But sometimes, the joyful pregnancy may turn into painful situation, when the pregnant woman starts with unexpected per vaginal bleeding, abdominal cramps etc. This experience may leads to physical, mental and psychological trauma to them. Proper education, support and counselling will help the woman to overcome that situation in a healthy manner.

Abortion is an ill condition where the conceptual product is coming out of the womb spontaneously or by manual methods before reaching its viability.¹ According to estimates from the World Health Organization, around 210 million women worldwide become pregnant each year, with 75 million of those pregnancies ending in stillbirths or induced or spontaneous abortions.² The process of abortion, if it is spontaneous and unexpected or by any manual measures will manifest with sudden per vaginal bleeding, abdominal cramps, uncertain or decreased fetal heart sound, open cervical os etc.¹ In case of incomplete and inevitable abortion, the woman has to approach health care facility to ensure complete expulsion of the conceptual product by medical or surgical procedures appropriately. If not done so, that can lead to many health issues like fever, uneasiness, chills, chronic abdominal pain, prolonged bleeding, foul smelling vaginal discharge, itchy perineum and vulva³ etc.

Post abortion care includes physical and physiological care like monitoring of the general health including vital signs and vaginal bleeding, mental and psychological care including providing psychological support and counselling³ to each individual woman, educating regarding importance of spacing for healthy future pregnancies and different methods of contraception. According to WHO, the conceptual framework for abortion care includes respect for human right, supportive framework of law and policy, availability and accessibility of information and supportive health system.⁴

As the abortion process is a traumatic experience for the woman and even to her family and it may lead to many wrong decisions for future pregnancies. She may be compelled to plan an immediate future pregnancy as a result of pressure from husband, parents, In-laws or relatives. The woman herself may think that becoming pregnant immediately and delivering a child will improve her confidence, self-esteem and may get more family and social acceptance to her. World Health Organization recommends spacing of at least six months between an abortion and the subsequent pregnancy.⁴ The level of knowledge and understanding about the human reproductive physiology, post abortion care and different contraceptive measures are very important in such point of decision making in life.

In a developing country like India, the integrated concept of post abortion care (PAC) which includes treatment, counselling, contraception, reproductive health services and community and service provider partnership are yet to be implemented in a holistic and comprehensive aspect. If it comes into action, the sexual and reproductive health of the women will be improved which will give more access to family planning services and prevention of complications.

Even after so many action plans initiated by the Governments in the international and national levels, it is a fact that abortion cases are still getting neglected or ignored. Different studies conducted on the challenges faced by the post abortion women reveals the problem related to transportation, stigma issues, long queues, mistreatments like lack of medicines and early discharge⁶. Understanding and knowledge regarding the physiology of abortion, its effect on female body, physiological and hormonal changes in the reproductive organs after abortion, care to be taken in the post abortion period, knowledge about contraception etc are less in the females of rural area. The aim of the current study was to assess the level of knowledge regarding post abortion care and contraception among post abortion women.

OBJECTIVE:

- To assess the level of knowledge regarding post abortion care and contraception among primigravid women who had undergone abortion.
- To find out the association between level of knowledge and selected demographic variables.

RESEARCH METHODOLOGY

Research Approach- Quantitative Approach

Research Design- An exploratory study design

Research Setting- The study was conducted at the selected hospitals of Dadra & Nagar Haveli.

Sample- The samples of the study were 200 post abortion women who were admitted at selected hospitals of Dadra & Nagar Haveli.

Inclusion Criteria: -

Post abortion mothers

- who had undergone complete/incomplete abortion
- who are primi gravid mothers
- available at the time of data collection
- willing to participate in the study
- who understands Hindi language.

Exclusion Criteria:-

Post abortion mothers

- who are critically ill/ hemodynamically unstable
- who are having any known mental health disorders
- who have undergone threatened abortion
- who are coming under MLC cases.

Sampling Technique- The present study adopted Non-Probability- Purposive Sampling Technique.

Description of Tool: The tool consists of a Structured Data Sheet which includes the demographic variables and Structured Interview Schedule related to Knowledge on post abortion care and contraceptive usage.

Ethical Considerations:

Ethical approval was obtained from Institutional Ethical Committee, NAMO Medical Education and Research Institute, Dadra Nagar Haveli, India (Approval No. DMHS/IEC/2016/204/1109). All participants were briefed about the purpose of the study, the voluntary nature of participation, and their right to withdraw at any time. Written informed consent was obtained from each participant before enrolment. Confidentiality and anonymity were strictly maintained throughout the study.

Data Collection - Data collection for study was done from the post abortion women who were admitted at selected hospitals of Dadra & Nagar Haveli from the period of January 2024 to February 2025.

RESULTS

All the demographic and knowledge parameters were analysed using descriptive statistics i.e. frequencies & percentages and proportions were calculated.

PART – I: Demographic profile of post abortion women

Table – 1: Frequency and Percentage Distribution of Demographic Variables of post abortion women.
N=200

<u>SR.NO.</u>	<u>DEMOGRAPHICAL VARIABLES</u>	<u>FREQUENCY</u>	<u>PERCENTAGE</u>
1)	Age in years		
	1) 18 - 21 Years	84	42
	2) 22 -25 Years	90	45

<u>SR.NO.</u>	<u>DEMOGRAPHICAL VARIABLES</u>	<u>FREQUENCY</u>	<u>PERCENTAGE</u>
	3) 26-30years	20	10
	4) 31-35 Years	6	3
2)	Religion		
	1) Hindu	181	90.5
	2) Muslim	14	7
	3) Christian	5	2.5
	4) Others(Specify)	0	0
3)	Education of respondent		
	1)Profession Or Honours (Any Post-Graduation Or High-Grade Profession)	0	0
	2) Graduate	13	6.5
	3 Intermediate Or Post High School Diploma (12 th Pass)	57	28.5
	4) High School Certificate (10 th Pass)	102	51
	5) Middle School Certificate (8 th Pass)	15	7.5
	6)Primary School Certificate (School Dropout)	8	4
	7) No Formal Education	5	2.5
4)	Education of spouse		
	1)Profession Or Honors (Any Post-Graduation Or High-Grade Profession)	1	0.5
	2) Graduate	32	16
	3)Intermediate Or Post High School Diploma (12th Pass)	89	44.5
	4) High School Certificate (10th Pass)	42	21
	5) Middle School Certificate (8th Pass)	26	13
	6)Primary School Certificate (School Dropout)	10	5
	7) No Formal Education	0	0
5)	Occupation of respondent		
	1) Student	5	2.5
	2) Employed	14	7
	3) Self-Employed	21	10.5
	4) Home Maker	160	80
6)	Occupation of spouse		
	1) Student	0	0
	2) Employed	158	79
	3) Self-Employed	42	21
	4) Home Maker	0	0
7)	Area of residence		
	1) Urban	56	28
	2) Rural	144	72

PART –II: Reproductive & Clinical History of post abortion women**Table – 2: Frequency and percentage distribution related to reproductive and clinical history of post abortion women. N=200**

SR.NO.	REPRODUCTIVE AND CLINICAL HISTORY	FREQUENCY	PERCENTAGE
1	Condition of present pregnancy		
	Planned/Wanted	147	73.5
	Unplanned/ Wanted	38	19
	Unplanned / Unwanted	15	7.5
2	Type of abortion procedure		
	Spontaneous Abortion	192	96
	Induced Abortion	8	4

PART – III: Knowledge related to post abortion care and family planning**Table – 3: Mean and Standard Deviation of the knowledge related to post abortion care and family planning in pretest. N=200**

S. No	Knowledge Variables	Mean	Mean percentage	Standard Deviation
1	General aspects related to abortion	4.59	38.29	1.88
2	Post abortion complications	1.95	32.58	1.62
3	Post abortion family planning	1.74	57.83	0.68
4	Overall knowledge	1.19	39.67	0.54

Table – 4: Frequency and Percentage distribution of level of Knowledge related to post abortion care and family planning. N=200

S. No	Knowledge Variables	< 50		50 – 74		> 75	
		F	%	F	%	F	%
1	General Aspects Related To Abortion	118	59	56	28	26	13
2	Post Abortion Complications	79	39.5	95	47.5	26	13
3	Post Abortion Family Planning	147	73.5	53	26.5	0	0
4	Overall Knowledge	133	66.5	67	33.5	0	0

Statistical Associations

Chi-square tests revealed significant associations between the level of knowledge and selected socio-demographic variables:

- Age ($p < 0.16$)
- Religion ($p < 0.09$)
- Education of respondent ($p < 0.01$)
- Education of spouse ($p < 0.7$)
- Occupation of respondent ($p < 0.28$)
- Occupation of spouse ($p < 0.38$)
- Area of residence ($p < 0.01$)

These findings suggest that educational status of the participants and their area of residence have significant association with their knowledge regarding post abortion care and contraceptive use.

DISCUSSION

The demographic data analysis concludes that majority of the samples (45%) are from the age group of 22-25 years and 90.5% are of Hindu religion. Majority (51%) of the samples were having high school education and 44.5% of their spouses were having higher secondary education. 80% of the samples were home makers and 79% of their spouses were employed. Majority of the samples (72%) were from the rural areas.

The reproductive and clinical data reveals that from the samples of primi mothers, 73.5% samples had planned and wanted pregnancy, 19% mothers had unplanned, but wanted pregnancies and 7.5% mothers had unplanned and unwanted pregnancies.

96% samples were having spontaneous onset of abortion and only 4% samples had induced abortion.

The analysis of the knowledge score of the women reveals that 59% of the samples have poor knowledge regarding the general aspects of abortion, 39.5% samples have poor knowledge regarding the post abortion complications and 73.5% samples have poor knowledge regarding the post abortion family planning services. The overall knowledge analysis reveals that 66.5% samples (133) have poor knowledge, i.e. (below 50%), 33.5% samples (67) have average knowledge i.e. (between 51 to 74%), and no sample is having good knowledge level (above 75%).

The results of a similar study conducted by Dr. Bharti Maheshwari, et al reveals that 95% of their study samples were unaware about the post abortal contraceptive measures and 70% of their samples were not given any contraceptive counselling during their post abortion care period.⁷

CONCLUSION

The finding of the study reveals that there is lack of knowledge among post abortion women with regard to the general health care and contraceptive aspects. Expanding post abortion care in physiological, psychological and social aspects with the view of comprehensive care, education and counselling will help the post abortion woman to lead a healthy post abortion period and will reduce the mortality and morbidity rate.⁸

RECOMMENDATIONS

The post abortion care facilities should be easily accessible to each and every needy person and there should be adequate skilled health care workers available in each facilities. Respectful post care, education and counselling is the right of every post abortion women and stigmas and bias related the post abortion care should be eliminated from the health care settings. Sympathetic and non- judgemental counselling after an abortion is more acceptable to women as per the clinical studies.⁹ Imparting of knowledge on individual basis after an abortion can improve their willingness to talk about, start or continue the contraception use.¹⁰

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Conflicts of interest

There are no conflicts of interest.

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