



A COMPARATIVE STUDY TO ASSESS THE AWARENESS REGARDING ABORTION AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC IN SELECTED URBAN AND RURAL AREAS OF DISTRICT CHURU, RAJASTHAN.”

Ramnath*¹, Sunita K. S.² and Dr. Minaxi Vyas³

¹M.SC Nursing Final Year, Govt. College of Nursing, Jaipur, Rajasthan.

^{2,3}Lectruer Obstrectric and Gynecology Department Govt. College of Nursing, Jaipur.

Article Received date: 13 March 2024

Article Revised date: 03 April 2024

Article Accepted date: 23 April 2024



*Corresponding Author: Ramnath

M.SC Nursing Final Year, Govt. College of Nursing, Jaipur, Rajasthan.

ABSTRACT

Introduction: Abortion remains a significant public health concern globally, with implications for maternal and foetal health. Disparities in awareness regarding abortion exist between rural and urban populations, emphasizing the need for targeted interventions to bridge these gaps. **Methods:** This study assessed the awareness of abortion-related risk factors and preventive measures among pregnant women attending antenatal clinics in rural and urban areas of Churu District, Rajasthan. A non-experimental research design was employed, with data collected from 60 participants using a structured questionnaire. Descriptive and inferential statistics were utilized for data analysis. **Results:** Rural area women exhibited lower awareness levels regarding abortion, with 53.3% demonstrating a low level of knowledge. In contrast, urban area women displayed higher awareness levels, with 40% demonstrating a moderate to high level of knowledge. Significant differences in awareness levels were observed between urban and rural women, aligning with prior research findings. Chi-square tests revealed associations between awareness levels and demographic variables, including education level and occupation. **Conclusion:** The study underscores the importance of addressing awareness gaps regarding abortion among pregnant women, particularly in rural areas. Targeted interventions aimed at enhancing awareness and improving access to reproductive health services are essential for promoting maternal and foetal well-being. Future research should focus on larger sample sizes and longitudinal designs to provide robust evidence for informing policy and practice in reproductive healthcare.

KEYWORDS: Abortion awareness, rural-urban disparity, antenatal care, reproductive health, maternal and foetal outcomes.

INTRODUCTION

Abortion is a complex and controversial issue. Generally speaking, abortion refers to the termination of a pregnancy before the foetus is viable outside the womb, which is usually around 24 weeks of gestation.^[1] Approximately 73 million induced abortions occur worldwide annually, according to recent data. Shockingly, six out of every ten unintended pregnancies and three out of every ten pregnancies overall result in induced abortion. Particularly concerning is the fact that developing countries bear the brunt of this burden, with 97% of all unsafe abortions occurring in these regions, with Asia and Africa being the most affected.^[2] In India alone, an estimated 15.6 million abortions were carried out in 2015, illustrating the scale of the issue within the country.^[3]

Preventive measures are important for reducing the risk of abortion during pregnancy because they help to address avoidable risk factors that can contribute to complications. For example, avoiding tobacco, alcohol, and illicit drug use can help prevent damage to the developing foetus, reduce the risk of premature birth, and prevent other complications that can increase the risk of abortion.^[4] Seeking regular prenatal care is also important because it allows healthcare providers to monitor the health of the mother and foetus, identify any potential complications early, and provide appropriate interventions and treatments.^[5,6] Seeking regular prenatal care can also help ensure that the mother is receiving appropriate medical care and support throughout pregnancy and after delivery.^[7]

Preventive measures can also play a role in reducing healthcare costs associated with complications and interventions related to abortion.^[8]

In light of these considerations, this study seeks to assess the awareness of risk factors and preventive measures related to abortion among pregnant women attending antenatal clinics in both urban and rural areas of Churu District, Rajasthan. By comparing awareness levels between urban and rural settings, the study aims to elucidate potential disparities and inform targeted interventions to enhance awareness and promote maternal and foetal health in diverse contexts.

OBJECTIVES

1. To assess the level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected urban area of district Churu.
2. To assess the level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected rural area of district Churu.
3. To compare the level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected urban and rural areas of district Churu.
4. To find out association between level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected urban area with their demographic variables.
5. To find out association between level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected rural area with their demographic variables.

HYPOTHESIS

All hypothesis will be tested at 0.05 level of significance.

- H_1 : There will be a significant difference between awareness regarding abortion among Pregnant women of the rural and urban women.
- H_{01} : There will be no significant difference between awareness regarding abortion in Pregnant women of the rural and urban women.
- H_2 : There will be a significant association between awareness regarding abortion among pregnant women of rural area with their selected demographic variables.
- H_{02} : There will be no significant association between awareness regarding abortion among pregnant women of rural area with their selected demographic variables.
- H_3 : There will be a significant association between awareness regarding abortion among pregnant women of urban area with their selected demographic variables.
- H_{03} : There will be no significant association between awareness regarding abortion among pregnant women of urban area with their selected demographic variables.

Conceptual frame work;- General system theory model

Methodology

Research Design: A non-experimental research design was chosen to describe and compare the awareness levels without manipulating any independent variables. This design allowed for an ethical and practical examination of the research questions.

Research Setting: Data were collected from antenatal clinics in two distinct settings: the rural area comprised the Primary Health Centre (PHC) Buchawa in Tatanagar, while the urban area included the government District Hospital in Churu. These settings were selected based on geographical proximity, feasibility, and accessibility of the sample population.

Population and Sample: The population of interest comprised pregnant women attending antenatal clinics in the selected rural and urban areas of Churu District, Rajasthan. A sample size of 60 pregnant women (30 from each setting) was selected using a convenient sampling technique, considering factors such as primigravida status, trimester, and willingness to participate.

Data Collection Tools: The data collection tool consisted of two sections: a demographic performa and a structured questionnaire. The performa gathered information on demographic variables, while the questionnaire assessed awareness of abortion-related factors using a scoring system.

Validation and Reliability: Content validity of the tools was ensured through expert review, and reliability was assessed using the KR-20 method for the structured questionnaire, yielding a coefficient value of 0.85.

Data Collection Procedure: Data collection took place over a specified period, during which participants were approached at the antenatal clinics. Informed consent was obtained, and participants were administered the questionnaire. Confidentiality of participant responses was ensured throughout the data collection process.

Data Analysis: Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize demographic characteristics and awareness levels. Inferential statistics, such as chi-square tests and independent t-tests, were employed to compare awareness levels between rural and urban participants.

RESULT

Table 1: Distribution of Demographic Variables among Rural and Urban Pregnant Women.

Demographic Variable	Rural Frequency (%)	Urban Frequency (%)
<i>Age of Samples (In years)</i>		
A) 21-30	16 (53.3)	16 (53.3)
B) 31-40	14 (46.7)	14 (46.7)
C) 41 and above	0 (0.0)	0 (0.0)
<i>Education Level</i>		
A) No formal education	11 (36.7)	2 (6.7)
B) Primary education	12 (40.0)	7 (23.3)
C) Secondary education	4 (13.3)	15 (50.0)
D) Graduate and above	3 (10.0)	6 (20.0)
<i>Occupation</i>		
A) Self-Employed	6 (20.0)	2 (6.7)
B) Homemaker	21 (70.0)	20 (66.7)
C) Govt job	3 (10.0)	2 (6.7)
D) Private job	0 (0.0)	6 (20.0)
<i>Husband's Education Level</i>		
A) No formal education	5 (16.7)	2 (6.7)
B) Primary education	5 (16.7)	2 (6.7)
C) Secondary education	14 (46.7)	19 (63.3)
D) Graduate and above	6 (20.0)	7 (23.3)
<i>Type of Family</i>		
A) Nuclear	10 (33.3)	14 (46.7)
B) Joint	20 (66.7)	16 (53.3)
<i>Any Information about Abortion</i>		
a) Yes	4 (13.3)	11 (36.7)
b) No	26 (86.7)	19 (63.3)

Table 1: presents demographic characteristics of pregnant women in rural and urban areas. In the rural setting, the majority of women (53.3%) were aged between 21-30 years, with a significant proportion (70.0%) being homemakers. Conversely, in the urban setting, an equal distribution of women was observed

across the age groups, with 20.0% engaged in private jobs. Regarding education, a higher percentage of urban women (50.0%) had secondary education compared to rural women (13.3%). Notably, a larger proportion of urban women (63.3%) reported having some information about abortion compared to rural women (13.3%).

Table 2: Comparison of Awareness Levels Regarding Abortion among Rural and Urban Pregnant Women.

Level of Awareness	Scoring Criteria	Rural Area Frequency (%)	Urban Area Frequency (%)
Low level of awareness	0-8	16 (53.3)	6 (20.0)
Moderate level of awareness	9-17	9 (30.0)	12 (40.0)
High level of awareness	18-26	5 (16.7)	12 (40.0)

Table 2: compares awareness levels of abortion among pregnant women in rural and urban areas. It shows that 53.3% of rural women exhibited a low level of awareness, while only 20.0% of urban women fell into this category. Conversely, 40.0% of urban women

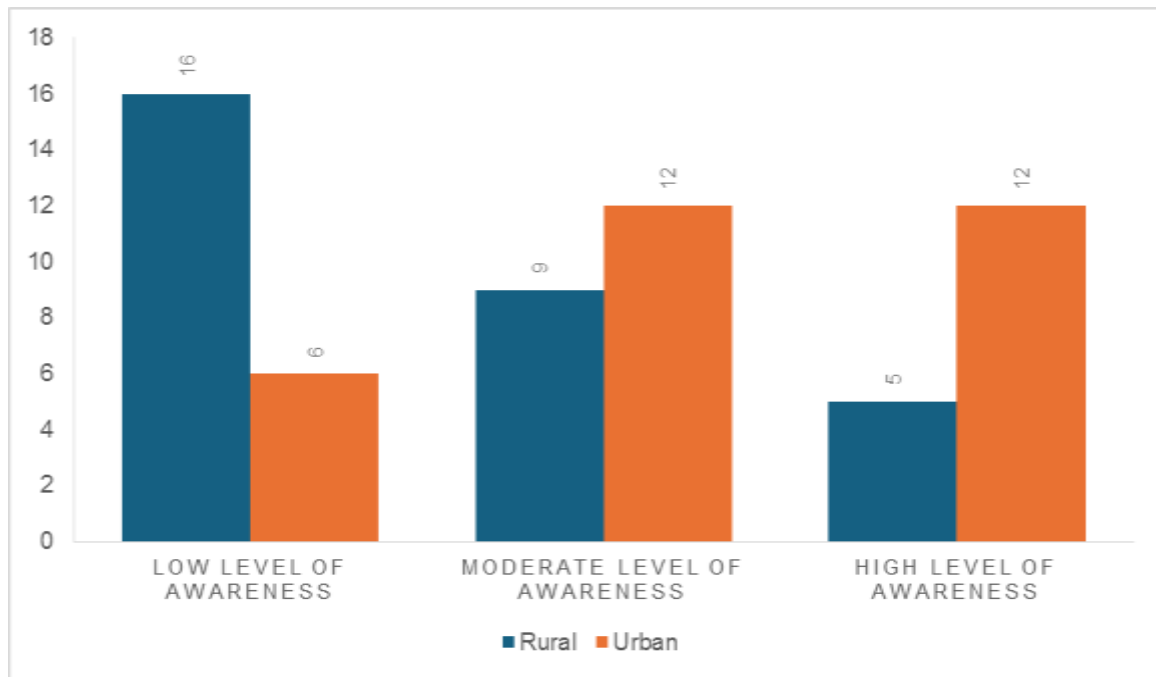


Figure 2: Presenting comparison of level of awareness among antenatal mothers of Rural and Urban Pregnant Women.

Table 3: Independent t-test value of level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected urban and rural areas. (N=60).

Area of living	Mean awareness score	S.D. of awareness score	Mean difference	t-value	df	Tabulated "t" value	Result
Rural	10.70	6.148	4.600	2.972	58	2.013	S
Urban	15.30	5.838					

Table 3 displays the results of independent t-tests conducted to compare awareness levels between rural and urban pregnant women. The mean awareness score was 10.70 (SD = 6.148) for rural women and 15.30 (SD

= 5.838) for urban women. The calculated t-value was 2.972, indicating a significant difference in awareness levels between the two groups ($p < 0.05$).

Table 4: Chi square test showing association between level of awareness regarding abortion among Pregnant women attending antenatal clinic in selected rural area with their demographic variables.

S.N.	Demographical variable	Rural Df	Tab. Chi square	Rural Cal. Chi square	Urban Tab. Chi square
1	Age of samples (In years)	2	5.99	3.683 ^{NS}	1.540 ^{NS}
2	Education level	6	12.59	35.476*	29.143*
3	Occupation	4	12.59	17.000*	12.958*
4	Husband's education level	6	12.59	7.609 ^{NS}	19.060*
5	Type of family	2	5.99	0.931 ^{NS}	1.540 ^{NS}
6	Any information about abortion	2	5.99	23.077*	26.053*

Table 4: presents the results of chi-square tests examining associations between awareness levels regarding abortion and demographic variables among pregnant women. It reveals significant associations between awareness levels and education level as well as occupation in both rural and urban settings. Additionally, a significant association was found between awareness levels and husband's education level in the urban area.

DISCUSSION

Our study is among the first to comprehensively compare the knowledge levels regarding abortion between

pregnant women residing in rural and urban areas. This comparison sheds light on the disparities in awareness and underscores the importance of targeted interventions to bridge these gaps. Our study identified a concerning trend in knowledge among pregnant women regarding abortion awareness, suggesting that women may be unable to make informed decisions about their reproductive health, potentially leading to adverse outcomes for both themselves and their unborn children.

In our study, rural area women demonstrated a lower level of awareness regarding abortion. This finding is

consistent with the results of a study conducted by Pravin Net al., where rural women also showed a similar pattern of low awareness levels regarding antenatal care. Additionally, another study conducted by navaid et al. reported comparable results.^[9,10]

Conversely, in our study, urban area women displayed higher awareness levels, with 40% demonstrating a moderate to high level of knowledge. This aligns with the findings of previous research conducted by various authors, including Priyanka et al. who observed higher awareness levels among urban women regarding abortion-related factors.^[11]

Our study's results show a significant difference in awareness levels between urban and rural women, consistent with similar research. A study conducted to assess the difference in antenatal care between urban and rural pregnant women revealed significant disparities, with urban women having better knowledge of antenatal care compared to rural women. This finding is consistent with our study, where urban women exhibited higher levels of awareness compared to their rural counterparts.^[12]

A study by assifi et al. comparing urban and rural pregnant women's awareness levels regarding abortion also found significant disparities, with urban women exhibiting higher levels of knowledge. This aligns with our study findings, suggesting a consistent pattern across different urban settings.^[13]

In our study, we conducted a chi-square test to examine the association between the level of awareness regarding abortion among pregnant women attending antenatal clinics and their demographic variables. The results revealed significant associations between awareness levels and education level as well as occupation in both groups. Specifically, pregnant women with higher levels of education tended to have higher awareness levels, consistent with findings from previous studies such as those conducted by Lee Khuanet al.^[14]

In the urban area, our chi-square test also revealed significant associations between awareness levels and husband's education level. These findings are consistent with those of previous studies such as those conducted by Tujuba TDet al. which also identified husband's education and occupation as influential factors in determining awareness levels among urban pregnant women.^[15]

It is important to acknowledge the limitations of this study, including its small sample size and reliance on self-reported data, which may be subject to recall bias. Future research could utilize larger sample sizes and longitudinal designs to provide more robust evidence on awareness levels and their determinants among pregnant women. Additionally, qualitative studies may offer

insights into the contextual factors influencing awareness and decision-making regarding abortion.

In conclusion, this study highlights the importance of addressing awareness gaps regarding abortion among pregnant women in both rural and urban settings. By enhancing awareness levels and addressing socio-economic disparities, healthcare systems can empower women to make informed choices about their reproductive health, ultimately improving maternal and foetal outcomes.

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