Knowledge, Attitudes and Practice of Medical Termination of Pregnancy amongst doctors in Shillong, Northeast India

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ABSTRACT

Background: The Medical Termination of Pregnancy (MTP) Act was passed in India in 1971 with a view to curbing unsafe abortion done illegally in unhygienic conditions by unskilled hands. This study was conducted to explore the current knowledge, attitudes and practice of doctors in Shillong regarding the legal and ethical aspects of pregnancy termination.

Methodology: Structured self-administered questionnaires comprising 20 items related to the topic of the study were distributed to doctors practicing in Shillong city. Data collected over a period of one year (May 2018 to April 2019) was fed into a computer and analyzed using SPSS Version 11 by descriptive analysis.

Results: A total of 52 completed questionnaires were retrieved. Among the respondents, 69% had more than 10 years of experience as practitioners. Medical abortion was preferred by 76.9% of doctors owing to its safety in the early weeks of gestation. All participants agreed that women must be counseled before going ahead with the procedure.

Conclusion: In spite of its legal status in India, doctors in Shillong are of the opinion that abortion should be an exception rather than the rule. It may be judiciously applied in emergency situations where the life of the mother or the fetus is at stake.

Key Words: abortion, legal, ethical, practitioners, Shillong.

Introduction

Abortion is defined as termination of pregnancy before the period of viability. The Medical Termination of Pregnancy (MTP) Act was passed in India in 1971 with a view to curbing unsafe abortions done illegally in unhygienic conditions by unskilled hands [1]. This legislation lays down the indications and gestational limit for MTP, the place where it can safely be done, and the experience of a qualified person who can conduct the same employing approved methods and

procedures. An amendment of the law in 2002 also seeks to address the twin problems of maternal mortality and female feticide [2]. The issue of abortion is a complex one with wide-ranging medical, legal, ethical and social implications. In some communities, there is a stigma surrounding it and it is viewed as an act of killing a life [3]. Hence, a doctor has to abide by the rules while performing medical termination of pregnancy – violation of any of the legal provisions could lead to disciplinary action or punishment. That is why it is imperative for all registered medical practitioners to be aware of the laws related to their practice and specialty. At the same time, the cultural background and choices of patients in need of abortion care must be respected. In a developing country like ours, maternal mortality attributed to abortion is 12-18% in different states [4]. It is therefore essential to ensure universal access to safe abortion by qualified professionals when medically indicated. In this regard, the Ministry of Health and Family Welfare (MoHFW) issued national training and service delivery guidelines for comprehensive abortion care in the year 2010 [4]. The Drug Controller General of India (DCGI) had earlier approved the use of Mifepristone (RU 486) with Misoprostol (PGE1) to terminate up to 7 weeks (49 days) of gestation which is reflected in the amendment of the MTP Act in 2002 [5].

The present study was proposed to find out the current knowledge, attitudes and practice among both general duty and specialist doctors working in Shillong regarding the legal and ethical aspects of medical termination of pregnancy. It is our aim to introduce remedial measures in the form of workshops and seminars on medical law and ethics to make practitioners more equipped in dealing with such issues on a day-to-day basis.

Methodology

This was a cross-sectional descriptive study conducted on general duty and specialist doctors who have done or are trained in MTP procedures and working in government and private hospitals in Shillong city. Purposive (consecutive) sampling was performed where all doctors who agreed to participate freely and willingly in the study were included. Data collection took place over a period of one year (May 2018 to April 2019) in the form of a structured self-administered questionnaire comprising 20 items related to the topic of the study. The questionnaire was divided into three parts to test knowledge (Items 1-6), practice (Items 7-11) and attitudes (Items 12-20) of medical termination of pregnancy. Responses to questions related to attitude were graded on a 1 – 5 points Likert scale, where 1 – Disagree completely, 2 – Disagree, 3 – Neutral, 4 – Agree and 5 – Agree completely.

The nature and purpose of the study was explained and written consent obtained from all participants. A sample questionnaire was pilot tested and modified accordingly. In addition, personal interviews were conducted with 7 specialists working in local private hospitals and registered with the Shillong Obstetrics & Gynecology Society (SOGS). Data collected was entered in Microsoft Excel 2007 sheet and analyzed with the help of SPSS version 11 by descriptive analysis. This project was approved by the Institutional Ethics Committee (IEC) in September 2017.

Results

A total of 52 completed questionnaires were retrieved. Among the respondents, 25% were male and 75% female doctors with 88.5% in the age group ranging from 20 – 49 years and a mean age of 35.15 years. The majority (69%) had more than 10 years of experience as practitioners and 60% of them had a postgraduate degree or diploma in Obstetrics & Gynecology. More than 80% of respondents were aware of the qualification and experience of a person who could legally perform pregnancy termination and where it could safely be conducted. However, only 61.5% knew about documentation and procedural requirements as per the MTP Rules, 2003 [6].

In relation to practice, 50% of participants responded that they performed pregnancy termination mostly for social reasons, i.e. failure of contraception in a married woman. Most practitioners (61.5%) stated that they had conducted medical abortion with Mifepristone and Misoprostol in the first trimester of pregnancy while 80.8% of them replied that it was preferred by the majority of treated patients. As regards the number of cases taken up for medical termination of pregnancy, 44.2% of doctors responded that based on personal experience it was less than 5 in a month, 23.1%

had done 5 – 10 cases and 19.2% more than 10 cases per month. In our sample, 44.2% of respondents claimed that they had not encountered any complication during the procedure while 44.2% said that they had. However, one specialist doctor mentioned that there was a case of perforation of the uterus following the procedure.

Table 1 – Knowledge of legal aspects of MTP (n=52)

No	Item	No. of correct responses	% of correct responses
1.	Who can legally perform MTP?	42	80%
2.	Who can give consent for MTP?	47	90%
3.	Scenario where MTP is legally indicated	45	86%
4.	Place where MTP can be conducted	46	88%
5.	No. of doctors required to opine in 2 nd trimester MTP	49	94%
6.	Documentation as per MTP Regulations, 2003	32	61.5%

Out of the 7 Ob-Gyns that were interviewed, 6 of them admitted that they did not practice MTP for varying reasons as cited:

“I do not practice MTP because it conflicts with my practice of treating infertility. My colleague also does not do it for the same reason” (Lady Doctor, age 35 years, Private Practice)

“Our hospital is run by a Catholic administration which does not allow it” (Lady Doctors, ages 43 & 45 years, Private Hospital)

“I do not carry out abortions even though permitted under the MTP Act, 1971 as it is against my personal beliefs” (Lady Doctor, age 38 years, Private Practice)

“I only practice medical abortion with Mifepristone and Misoprostol upto 7 weeks of gestation. I don’t do surgical MTP” (Lady Doctor, 35 years, Private Hospital)

In the study population, 82.7% agreed that unsafe abortion is related to maternal mortality while 76.9% concurred that medical methods of abortion are safer if done early in pregnancy. Again, 88.5% stated that the treating doctor should recommend MTP if the fetus is not yet viable and continuation of the pregnancy is life threatening to the mother. More than half (53.8%) of participants opined that pregnancy termination be permitted only in exceptional circumstances. Moreover, 63.5% agreed that doctors should be able to refuse on moral grounds even if permissible by law. Opinion was divided on whether to extend the legal limit for MTP beyond 20 weeks of gestation, with 38.5% of doctors supporting it and 44.2% against it. The majority of participants (75%) were not in favor of trained Auxiliary Nurse Midwives (ANM) and Ayurveda practitioners conducting abortion in remote areas where registered medical practitioners are not always available. However, all respondents unanimously agreed that women must undergo mandatory counseling and a waiting period before deciding to go ahead with the procedure except in an emergency. On the other hand, 98% opined that counseling of women after MTP is important to reduce stress and to prevent further unwanted pregnancies.

Discussion

As the practice of abortion in India is strictly regulated by law, it is imperative for practitioners to be familiar with the various legal provisions and rules governing medical termination of pregnancy. In addition, it has several ethical and social implications which can affect decision making by doctors. Attitudes to abortion are innate and shaped by culture and religious beliefs, among other influences. In the present study, we have made an attempt to elicit how much qualified doctors in Shillong know about the legal and ethical aspects of abortion. Secondly, we have tried to find out the current trends in practice such as the number of terminations on a monthly basis and associated complications, if any. Thirdly, we assessed the attitudes of practitioners to abortion to find out if they are comfortable doing it as a routine or only as a lifesaving measure.

Table 2 – Practice of MTP (n=52)

No	Item	No. of responses	% of responses
1.	Most common indication for MTP in practice* Medical (Therapeutic) Eugenic (Genetic) Humanitarian Social	22 1 4 26	42.3% 1.9% 7.6% 50%
2.	Most commonly employed method for 1st trimester MTP Medical (Mifepristone+Misoprostol) Surgical (D & C) Manual Vacuum Aspiration (MVA) Other	32 14 5 1	61.5% 26.9% 9.6% 1.9%
3.	No. of cases of MTP conducted per month <5 5-10 >10 No answer	23 12 10 7	44.2% 23.1% 19.2% 13.5%
4.	Complications encountered during the procedure Yes No No answer	23 23 6	44.2% 44.2% 11.5%

*The total does not add to 100 due to multiple responses

Table 3 – Attitudes of doctors to MTP (n=52)

No	Statement	Agree*	Disagree**	Neutral	No response
1.	Unsafe abortion is related to maternal mortality	82.7%	11.5%	5.8%	-
2.	Medical methods are safer if done early in pregnancy	76.9%	13.5%	7.7%	1.9%
3.	Recommendation by doctor in life threatening situation	88.5%	3.8%	5.8%	1.9%
4.	Legal limit for MTP should be extended beyond 20 weeks	38.5%	44.2%	15.4%	1.9%
5.	Other health practitioners should be allowed to conduct MTP	21.2%	75%	3.8%	-
6.	Pre-abortion counseling for women	100%	-	-	-

*Includes points 4 and 5 on the Likert scale. **Includes points 1 and 2 on the Likert scale

The World Medical Association adopted a resolution that therapeutic abortion can be justifiable only if done in good faith to save the life of the pregnant woman when it is materially endangered by continuation of pregnancy (Declaration of Oslo, 1970) [7]. In India, apart from legislation, Section 7.15 of the MCI Code of Ethics Regulations 2002, states:

‘A Registered Medical Practitioner shall not refuse on religious grounds alone to give assistance in or conduct of sterility, birth control, circumcision and MTP when there is a medical indication, unless the medical practitioner feels himself/herself incompetent to do so’ [8].

Table 4 – Attitude score of study participants

No	Item	Mean $\pm$ SD
1.	Unsafe abortion is related to maternal mortality	4 $\pm$ 0.9
2.	Medical methods are safer if done early in pregnancy	4 $\pm$ 0.9
3.	Recommendation by doctor in life threatening situation	4 $\pm$ 0.7
4.	Legal limit for MTP should be extended beyond 20 weeks	3 $\pm$ 1
5.	Other health practitioners should be allowed to conduct MTP	2 $\pm$ 1
6.	Pre-abortion counseling for women	4 $\pm$ 0.5

In our study, we found out that more than 80% of practitioners knew about the legal provisions of the MTP Act, 1971. This is in contrast to a study conducted in Mexico in 2009 (n=418) where only 8.4% of participants had accurate notions of current laws within the state where they practice [9]. An assessment of medico-legal awareness of practicing obstetricians and gynecologists in Maharashtra, India (n=79) revealed that 32.9% of practitioners were not aware of laws governing their practice [10]. Research done by Puri and others (Nepal) demonstrated that auxiliary nurse-midwives can independently and successfully provide medical abortion at even lower levels of care and where there is no physician on site [11]. The same is not acceptable in India as the MTP Act specifically mentions that only registered medical practitioners with requisite qualifications and experience can legally perform an abortion under certain circumstances. In our study, we found that 75% of doctors were not in favor of other health practitioners performing pregnancy termination procedures. According to Ganatra and others, this resistance may in part be related to protecting professional turf [12].

As regards practice, 44.2% of participants in the present study stated that they performed less than 5 pregnancy terminations in a month. On the other hand, the findings of Acharya and Kalyanwala in 2010 show that 90% of respondents conducted an average of 7 MTPs on a monthly basis [13]. Research conducted in Calabar, Nigeria showed that 56.3% of private medical practitioners managed 2-3 cases of pregnancy termination in a week while 83.3% treated patients with post-abortion complications such as incomplete abortion, hemorrhage and uterine perforation [14]. In the present study, 44.2% of respondents had encountered complications during conduct of MTP. Our findings reveal that the method most commonly employed for pregnancy termination in the first trimester was medical (61.5%), dilatation & curettage (26.9%) and manual vacuum aspiration (9.6%). This differs from the Nigerian study (n=48) where 36.4% of doctors performed dilatation & curettage (D & C), 18.2% did manual vacuum aspiration (MVA) and 18.2% a combination of the two in the first trimester of pregnancy. None of the doctors reported using medical methods [14].

In the present study, 82.7% of practicing physicians agreed that unsafe abortions are related to maternal mortality which is consistent with a Mexican study where 85.5% of respondents opined that unsafe abortions are a health issue in the community [9]. Most of the doctors who practiced MTP worked in government hospitals and those from the private sector expressed a reluctance and personal conflict in carrying out the procedures. It is important to have accurate information to convey to the patient and to counsel her properly so that she can take an autonomous and informed decision regarding her treatment. An ethical concern for the health and wellbeing of vulnerable women in society should be a priority. The role of counseling both before and after any procedure is emphasized to allay anxiety, to discuss pros and cons of proposed interventions, to provide possible alternatives to abortion and assurance of socio-economic support on the merits of each case. According to Moss, counseling is also an opportunity to discuss prevention of unintended pregnancy and sexually transmitted infections in the future [15]. Medical professionals should strive towards the goal of respecting the rights, dignity and integrity of women and sustain the doctor-patient relationship by winning the trust of the people they serve.

Conclusion

In a nutshell, this study demonstrates that medical practitioners in Shillong have adequate knowledge of the legal provisions governing pregnancy termination except for documentation and

procedural requirements described in the MTP Rules, 2003. While government doctors are compelled to perform MTP as per law, private practitioners expressed a reluctance to do so except in circumstances where the life of the fetus or the mother is at stake. On the whole, there is a need for our doctors to be updated on current laws, rules and guidelines on abortion and to keep abreast of proposed changes to legislation in recent years.

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