



Short Communication

Appraisal of a Training Program on ‘Comprehensive Abortion Care’ in a Tertiary Health Care Institute of Central India

Dawale A¹, Choudhari S², Khapre M², Mudey A³

¹Associate Professor & Training Program Coordinator, ²Assistant Professor, ³Professor & Head; Department of Community Medicine, Jawaharlal Nehru Medical College, Wardha (MS), India

Corresponding Author: Choudhari S

Received: 01/03/2014

Revised: 27/03/2014

Accepted: 28/03/2014

ABSTRACT

Background- Providing safe abortion services is one of the key elements of our reproductive health strategy under NRHM. An important ingredient for increasing access to safe abortion services is to increase the number of skilled and approved abortion providers. Directorate of Medical Education and Research in association with Ipas, an international NGO developed the content of a workshop on ‘Comprehensive Abortion Care (CAC)’ for interns. **Objective-** To carry out assessment of CAC training program for interns of 2012 batch. **Methods-** A one day training program on the topic of ‘Comprehensive abortion care’ was organized by department of Community Medicine for interns of the present batch as a part of their internship orientation program in January 2012, as per the instructions and guidelines laid by DMER and Ipas. Total 164 interns participated in it. Assessment of the program was done using pre & post-test assessment forms and a workshop evaluation form. Thus the study design was quasi-experimental one-group pre-test/post-test study. **Results-** The mean pre-test score and post test score was 3.7 ± 1.27 and 8.02 ± 1.78 respectively and the difference between the two was statistically significant ($p < 0.05$). Mean score of ‘Gain in learning’ was 4.31. Absolute learning gain calculated as 43% while learning effectiveness score came out to be 116. **Conclusion-** Assessment of this CAC training program revealed that it was successful in achieving its objectives, as depicted from the feedback and improved learning score of the participants.

Key words- Comprehensive abortion care, assessment

INTRODUCTION

‘Unsafe abortion’ is defined by the World Health Organization as a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. Each year, 22 million unsafe abortions are estimated to take place.

Nearly all unsafe abortions (98%) occur in developing countries. ^[1]

Eight percent of maternal mortality in India occurs due to unsafe abortion which is one of the most easily preventable among all the causes of maternal mortality. Hence providing safe abortion services is one of the key elements of our reproductive health strategy under NRHM. ^[2] Over the past two decades, the health evidence, technologies

and human rights rationale for providing safe, comprehensive abortion care have evolved greatly. [1]

Maternal Mortality Rate (MMR) in the state of Maharashtra of India is still high in spite of a steep decline from around 345 per 100,000 live births in 1993, to 104 in 2009. [3]

An important ingredient for increasing access to safe abortion services is to increase the number of skilled and approved abortion providers. It is with this aim that the Directorate of Medical Education and Research (DMER) in association with Ipas, an international NGO which works globally to enable women to exercise their sexual and reproductive rights and reduce unsafe abortion related maternal mortality and morbidity, developed the content of a workshop on 'Comprehensive Abortion Care (CAC)' for interns. [4]

The objective of CAC orientation is to impart correct knowledge on various aspects of abortion care, covering issues like magnitude of unsafe abortions, legal aspects of abortion care (MTP Act), abortion technologies and post abortion contraception and counseling.

The said training program was conducted in most of the medical colleges of Maharashtra including J N Medical College, Wardha. With this context, in the present study an assessment of CAC training program for interns of 2012 batch was done.

MATERIALS & METHODS

A one day training program on the topic of 'Comprehensive abortion care' was organized by department of Community Medicine for interns of the present batch as a part of their internship orientation program in January 2012, as per the instructions and guidelines laid by DMER and Ipas. Total 164 students who recently cleared their Final MBBS examination and whose internship was about to start were present for the

workshop and participated in it. The program was well structured with interactive sessions, role plays, quiz (quiz on the topic- Contraception) and group discussion.

The faculty/speakers for the workshop were from specialty like Community Medicine & Obstetrics & Gynecology. One of the faculties/speakers from Department of Community Medicine had undergone the prior training organized by Ipas with regard to CAC. The sessions conducted on the topics- Overview of MMR abortions, Women centered abortion care, MTP & law, Counseling, First & second trimester abortion technologies and contraception.

Assessment of the program was done using pre & post-test assessment forms and a workshop evaluation form, as provided in the reference handbook. There were 10 questions in the pretest assessment form. Same set of questions was there for post test. The questions incorporated were of 'True or False' type and those were based on content covered during the training program.

The feedback of the whole training program was taken with the help of workshop evaluation form. This form consisted of five parameters and the interns had to indicate the degree of agreement for these which ranged from strongly agree to strongly disagree.

The pretest form was administered to interns, 15 minutes before the start of first session and it was collected back. Similarly post test assessment and workshop evaluation forms were given at the end of last i.e. 6th session of training.

The data was analyzed using SPSS software, version 11 of the SPSS Inc. Individual pre- and post-test question responses were compared using the paired t-test for single sample group. The difference between scores was considered significant if the p value was <0.05. Thus it was a quasi-

experimental one-group pre-test/post-test study.

RESULTS

Total 164 interns of the present batch, participated in the CAC training program.

The mean pre-test score and post test score was 3.7 ± 1.27 and 8.02 ± 1.78 respectively. (Graph 1) The t score came out to be -26.49 with 163 degrees of freedom. Thus the difference between the two scores was statistically significant ($p < 0.05$). Mean

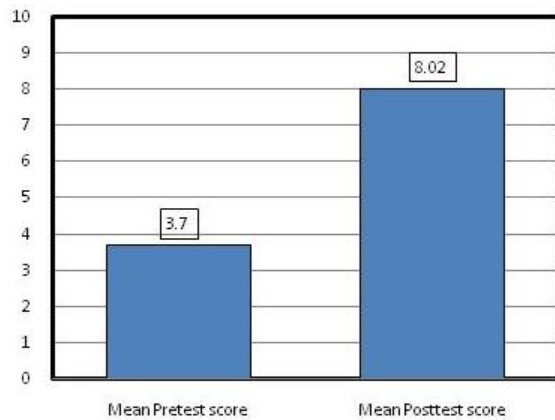
score of 'Gain in learning' was 4.31. Absolute learning gain calculated as 43% while learning effectiveness score came out as 116.

Feedback analysis

The responses from the feedback proforma of the interns suggested that the training program was successful in achieving its objectives. The degree of agreement (agrees and strongly agrees) is represented with frequency percentage. (Table 1)

Table No.1 – Distribution of interns who agreed (agree & strongly agree) for the various parameters in feedback proforma.

| Sr No | Parameter in feedback proforma | n=164 | |
|-------|--|-------|----|
| | | No | % |
| 1 | Orientation program was useful and informative | 128 | 78 |
| 2 | Information was presented very clearly | 101 | 62 |
| 3 | The sessions helped me to increase my knowledge on abortions | 137 | 83 |
| 4 | I will recommend this orientation program to my classmates | 113 | 68 |



Graph 1- Bar diagram showing mean pre and post test score.

DISCUSSION

Ipas' woman-centered comprehensive abortion care approach takes into account the various factors that influence a woman's individual health needs - both physical and mental - as well as her personal circumstances and her ability to access services. [5]

In the present study, a significant change was observed in the mean score of

the respondents before and after the training program. The mean pretest score of 3.7 improved significantly to 8.02 in the post-test evaluation ($p < 0.05$).

In a study titled "Knowledge and Attitudes Regarding Abortion Care Among Indian Medical Students" by Filip Syden [6] (2011) which was a questionnaire study among medical students in 27 different colleges in Maharashtra, India, the results showed that almost all (1,874 out of 1,958) respondents (interns) thought that unsafe abortions are a serious problem in India. However, there was still lack of knowledge and insufficient attitudes regarding abortion, irrespective of socio-demographic background factors such as age, sex and religion of interns. The students understood that abortions outside the registered clinics are more harmful than at certified centers. Nevertheless, one fifth did not agree that abortion among unmarried is acceptable in case of an unplanned pregnancy and one

quarter thought that abortion is morally wrong.

Similar to this, another NGO named *Pathfinder International* was associated with a project named 'Improved access to safe abortion care' (IASAC) [7] that aimed to improve the quality of abortion training for present and future medical students, while, at the same time, extending that training down to a significant number of current abortion providers at the community level. The project was based in northern Karnataka, one of the poorest regions in India. Over the course of the project, 21 faculty/master trainers were trained. They, in turn, trained a total of 318 providers in 7 districts. The master trainers also trained fellow faculty and students in their respective colleges and by including CAC in routine teaching ensured the continuation of this training in the future.

CONCLUSION

Assessment of this CAC training program revealed that it was successful in achieving its objectives, as depicted from the feedback and improved learning score of the participants. We can surely hope that such training in CAC, to these budding doctors will definitely help to build efficient health workforce for providing safe abortion services and thereby reducing maternal mortality.

ACKNOWLEDGEMENT

Authors are thankful to all the intern participants of this training program for

making it successful. We are also grateful to DMER and Ipas for incorporating J N Medical College & AVB Rural hospital, Wardha for such type of training activity and thereby benefitting our interns. Special thanks to Ipas coordinator to monitor and supervise this training activity.

REFERENCES

1. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008, 3rd ed. Geneva, World Health Organization, 2011.
2. Comprehensive abortion care. Training & service delivery guidelines. Ministry of Health & Family Welfare, Government of India. 2010
3. State wise information, National Health Mission, Ministry of Health & Family welfare, Government of India.
4. Comprehensive abortion care-Reference handbook by DMER & Ipas. Maharashtra
5. Ipas-Health, Access, Rights. Comprehensive abortion care. <http://www.ipas.org/>
6. Filip Syden. Knowledge and Attitudes Regarding Abortion Care Among Indian Medical Student. Department of Women's and Children's Health International Maternal and Child Health, Uppsala University, Uppsala, Sweden, 2011.
7. Vijaya Srinivasan, Rekha Masilamani and Jennifer R. Wilder. Improved access to safe abortion care (ISAC), Karnataka, India. April 2007.

How to cite this article: Dawale A, Choudhari S, Khapre M et. al. Appraisal of a training program on 'Comprehensive Abortion Care' in a tertiary health care institute of Central India. Int J Health Sci Res. 2014;4(4):153-156.
