

Original article

A Study on socio-demographic and obstetric profile of MTP seekers at Guru Govind Singh Hospital, Jamnagar

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ABSTRACT

AIMS AND OBJECTIVES : To explore the socio-demographic and obstetric profile of women undergoing medical termination of pregnancy (MTP) at Guru Govindsingh Hospital, Jamnagar and the reasons for MTP.

METHODOLOGY: Cross sectional study of 152 women undergoing MTP at Guru Govindsingh Hospital, Jamnagar.

RESULTS AND DISCUSSION: Of the 152 women studied, more than one third females were multipara, more than or 3, indicating unmet need of contraception. 13% of the women were undergoing MTP second time or more indicating failure on the part of healthcare services to reach these women in need. 42% of the women who had MTP second time or more were doing so within one year indicating failure on the part of health providers who conducted MTP earlier. Only 5% of these women knew regarding emergency contraceptives indicating need for wider dissemination of information regarding this emergency measure. Reasons for undergoing MTP by these women were “family size completed” in 63%, “previous baby too young” in 20%, “economic reason” in 18%, and “contraceptive failure” in 9% and 29% were evasive for the reply on being asked the reason for undergoing MTP.

CONCLUSIONS: Inadequacy of family planning services reaching these women in need. Based on the observation, it is highly recommended that health workers should proactively make efforts to reach these women in need of family planning. This will avert undesired pregnancies and also help in preventing these women from exposure of dangers of undergoing MTP.

KEYWORDS: MTP, Obstetric profile, Socio-demographic profile, Knowledge of emergency contraception, Unmet need of contraception

INTRODUCTION

In India, many females die due to pregnancy and related complications despite the efforts of Government to reduce maternal

mortality through various schemes and facilities. With the legislation of the Medical Termination of Pregnancy (MTP) Act in 1971, India became one of the first countries legalizing abortion on moderately liberal grounds – particularly “failure of contraceptive use” for termination of pregnancies, yet unsafe abortion is among the leading causes of maternal mortality and morbidity in India.

Many of the females are not aware of the legal and safe abortion facilities, and many of them are forced to seek unsafe abortions for cultural reasons. Apprehension, denial and ignorance to contraceptive usage lead to unwanted pregnancies which are terminated in unhygienic and unsafe conditions by untrained personnel leading to maternal mortality and morbidity. Unsafe abortion is the termination of an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

The actual incidence of abortion estimated worldwide, ranges from 30 – 55 million a year or about 40 -70 per 1000 women of reproductive age, with an abortion ratio of 260 – 450 per 1000 live births. Of the estimated 211 million pregnancies that occur every year, about 46 million end in induced abortion, of which only approximately 60% are carried out under safe conditions. More than 18 million induced abortions each year are performed by people lacking the necessary skills or in an environment lacking the minimal medical standards or both⁽¹⁾.

In India, it has been computed that about 6 million abortions take place every year, of which 4 million are induced and 2 millions spontaneous. Since abortion has been legalized, the number of legal and registered induced abortions has been increasing steadily⁽²⁾. A conservative estimate places the number of abortion-related deaths in a year in India at 15,000 – 20,000³.

Unsafe abortions constitute about 13% of the maternal deaths⁴. Additional consequences of unsafe abortion include loss of productivity,

economic burden on public health systems, stigma and long-term health problems, such as infertility.

OBJECTIVES

To study the socio demographic and obstetric profile of women undergoing MTP in Guru Govind Singh Hospital, Jamnagar.

To assess the reasons the women had to undergo MTP

MATERIALS & METHODS

Type of study: Cross section study.

Place of study: Guru Govind Singh Hospital which is the teaching institute of M. P. Shah Medical College, Jamnagar.

Duration of study: June 2008 to August 2008.

Sample size: 152 pregnant women seeking MTP.

Sampling Technique: Purposive sampling

Every second female admitted in Post Partum Unit for MTP was included in the study.

Data Collection: Data was collected using a pre tested and pre structured questionnaire which included questions regarding the socio-demographic & obstetric profile of these women.

Informed verbal consent was taken from all participants.

RESULTS

Most of the women were between 20 – 30 years of age (68.42%). 23.03% of the women were between 30-35 years of age. Almost half of the women (46.05%) were from urban slums, 29.61% were from urban area and 24.34% were from rural setup. More than one third (36.18%) of the women were illiterate. 34.87 % had primary education, 18.42% had secondary education and only 5.26% each had higher secondary education and were graduate and above. (Table I)

According to Modified Prasad’s classification, around three-fourth (73.68%) of the women belonged to lower social class (IV and V), 21.05% belonged to social class III, 3.95% belonged to social class II and 1.32% belonged to social class I. (Table I).

Of the 152 women studied, more than one third (36.18%) of the women who underwent MTP had 3 or more live births, around half (47.37%) had 2 live births, 15.13% had 1 live birth while only 1.32% had no live births.

Majority (84.21%) of the women were having 2 or more number of living children, 14.47% had 1 living child and 1.32% had no child. (Table II). 12.50% of the women were undergoing MTP second time or more, while majority (87.50 %) respondents were not having a history of MTP ever. Out of the 19 women having a history of previous MTP, 10.52% MTP were

done by Quack and 57.90% in private hospitals. Only 31.58% of the previous MTP were done in Government Hospital. (Table III)

TABLE I: SOCIO-DEMOGRAPHIC PROFILE OF MTP SEEKERS (BASED ON MODIFIED PRASAD’S CLASSIFICATION)

Socio-demographic characteristics	Frequency	Percentage
Age		
15-20	6	03.95
20-25	51	33.55
25-30	53	34.87
30-35	35	23.03
≥ 35	7	04.60
Place of residence		
Urban	45	29.61
Urban slum	70	46.05
Rural	37	24.34
Educational status		
Illiterate	55	36.18
Primary	53	34.87
Secondary	28	18.42
Higher - secondary	8	05.26
Graduate & above	8	5.26
Social class		
I	2	01.32
II	6	03.95
III	32	21.05
IV	92	60.52
V	s20	13.16

TABLE II: DISTRIBUTION OF WOMEN ACCORDING TO NUMBER OF LIVING CHILDREN

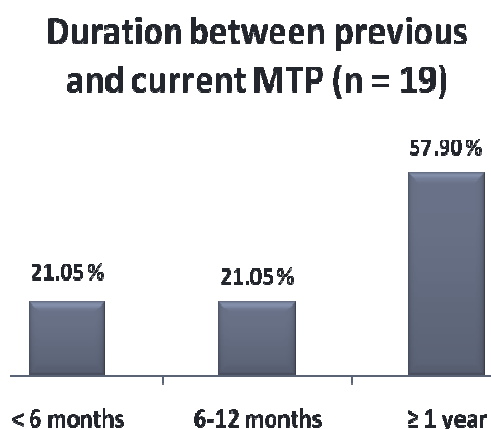
No. of living children	Frequency	Percentage
0	2	1.32
1	22	14.47
≥2	128	84.21

TABLE III: DISTRIBUTION OF WOMEN ACCORDING TO PLACE OF PREVIOUS MTP

Place of previous MTP	Frequency	Percentage
Government Hospital	6	31.58
Private Hospital	11	57.90
Quack	2	10.52

More than two third (68.42%) of the women sort MTP again within 2 years only & among these, 21.05% MTP were within 6 months only which indicates failure on the part of healthcare services to reach these women in need and MTP as a resort of family planning for these women. (Figure I)

FIGURE I: DISTRIBUTION OF WOMEN ACCORDING TO DURATION BETWEEN PREVIOUS & CURRENT MTP (N=19)



Most common reason given for terminating the pregnancy was “completed family size” (63.16%). Other reasons given were, “previous baby too young” (20.4%), “economic” (17.76%), “medical” (4.61%) & 0.66% each was “humanitarian” & “eugenic”. 9 % of the total MTP were due to contraceptive failure, of which 64% were due to failure of condoms & 36% were due to failure of Copper T. 29% of the women were evasive for the reply on being asked the reason for undergoing MTP. (Table IV)

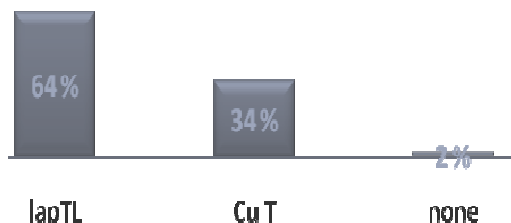
TABLE IV: DISTRIBUTION OF WOMEN ACCORDING TO REASONS FOR MTP

Reason for MTP	Frequency	Percentage
Family completed	96	63.16
Previous Baby too young	31	20.40
Economic	27	17.76
Contraceptive failure	14	9.21
Medical	7	4.61
Eugenic	1	0.66
Humanitarian	1	0.66
Did not reply	45	29.61

Majority of the women (98%) accepted post abortion contraception. Of these, 34 % women accepted Copper T and 64 % accepted permanent sterilization method. (Figure II)

FIGURE II: DISTRIBUTION OF WOMEN ACCORDING TO ACCEPTANCE OF CONTRACEPTION AFTER MTP

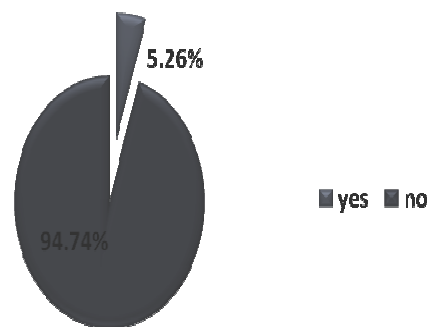
Acceptance of contraception after MTP



Only 5.26% of the females were having knowledge of emergency contraceptives. This indicates the lack of awareness for contraceptives. (Figure III)

FIGURE III: DISTRIBUTION OF WOMEN ACCORDING TO KNOWLEDGE OF EMERGENCY CONTRACEPTIONS

Knowledge of emergency contraceptives



DISCUSSION

In the present study, around two-third of the women (68.42%) were between 20 – 30 years of age. While women of all age groups seek abortion in India, a recent review suggests that the majority of those seeking abortion are in the age group: 20-29 years.⁵ A substantial number of adolescents, both married and unmarried, also seek abortion services. Between 1-10% of abortion-seekers are adolescents⁵. Khokhar and Gulati⁶ in their study at urban slums of Delhi had similar observations where 68.57% of the total women who had undergone one or more induced abortions were 20 – 29 years of age. Dhillon et al⁷

in their study in 13 states of India found that three-fifths of the induced abortion seekers were between 25-34 years.

71.05% of the women were either illiterate or had primary education indicating that the lower educational status makes the women more vulnerable to unwanted pregnancies. Similarly Ganguli G et al⁸ in their study on "Profile of women undergoing medical termination of pregnancy in hospital" found that 44.4% MTP seekers were illiterate, 48.2% cases were educated up to primary school and only 7.3% cases up to high school and above.

Three-fourth (73.68%) of the women seeking MTP was of the lower socio economic class (IV and V). Lower educational and lower social status of the women are the reasons for their repeated and unwanted conceptions making them vulnerable to all the possible risks of morbidity and mortality due to abortions.

Majority of the women (70.39%) undergoing MTP were from urban slums and rural areas signifying that these women have more unmet need for contraception. Mehra et al⁹ in their similar study at Chandigarh found that 70% of the women seeking abortion were of urban background and 30% were from rural set up.

Majority (84.21%) of the women were having 2 or more living children revealing the fact that inspite of the completed family size, these women got unwanted pregnancy and sought MTP. There is a need to make the women aware of the various contraceptive measures available. Ram et al (2000)¹⁰ in their study on unmet need for family planning among married women in Calcutta reported that 31% women had 2 or less children while 69% had more than 2 children. Padhy (1996)¹¹ reported that 30% had two or less children in their study on attitude of women towards family planning in an urban area of Orissa.

In the study on fertility indicators in Ahmedabad done by Puwar et al (2009)¹², 21.35% of women had two children, while 43.67% had more than two children.

12.50% of the women were undergoing MTP second time or more which is a failure on the part of health care providers to counsel these women in need of contraception. Patnaik et al (2007)¹³ in their study on socio clinical profile of abortion cases in Brahmapur observed history of previous abortion for one time in 19% of cases and for twice or more in 4.7% of cases.

Only 31.58% of the previous MTP were done in Government Hospital. 10.52% of the

previous MTP were done by Quack and 57.90% in private hospitals (qualification of the doctor performing MTP unknown). Probably, as many as 69% of the previous MTPs were unsafe. Dhillon et al⁷ in their study in 13 states of India found that the most common place for abortion was "private clinic" (45.6%). Other places included "hospital" in 37.1%, "Primary Health Centre/Community Health Centre" (PHC/CHC) in 14.0%, and "other" in 3.3%.

Khokhar and Gulati⁶ in their study at urban slums of Delhi noted that the most common reasons for the abortion stated by the women undergoing MTP were Unplanned pregnancy (last child very small) (62.50%), Inadequate income - (52.08%), Family complete (31.25%), Contraceptive failure-(10.41%), Female foetus-(2.08%), Health problems-(2.08%). Dhillon et al⁷ in their study found that the most common reason given for terminating the pregnancy was "did not want any more children" (42%). Other reasons included "child too young" (23.4%), "exposure to X-ray/illness" (13.4%), "pregnancy due to contraceptive failure" (7.8%), and "others" (4.6%). In 12.4 per cent women the reason for abortion was specifically mentioned "do not want any more daughters". Several other studies indicate that most abortions are sought to limit family size or space the next pregnancy.^{5, 14, 15} In a study in Madhya Pradesh, women reported the achievement of desired family size as the reason in 41% of attempted abortions, and the need for spacing in 30% of abortion attempts.¹⁵ Mukhopadhyay et al¹⁶ in their study on fertility regulation at Kolkata found that 35.8% accepted Copper T and 30% accepted permanent sterilization after MTP as a mode of contraception.

Mehra et al⁹ in their study at Chandigarh observed that only one woman was aware of Emergency Contraceptive pills while in a study by Tripathi et al¹⁷ in New Delhi, it was found that none of their patients were aware of emergency contraception. This certainly reflects that emergency contraception is an area which needs to be publicized. A definite place of emergency contraception in the family planning programme cannot be denied. There is a need to make more women aware of this method so that unwanted pregnancy can be avoided safely and conveniently, particularly for those who are inconsistent contraceptive users as well as those who have never used a contraceptive method. However, the role of counseling cannot be undermined here to prevent repeated abortions

and to encourage women to adopt suitable method of contraception, encouraging compliance of use.

CONCLUSIONS

Females in the young age group, residing in the urban slums, illiterate and of lower socio economic class are more vulnerable to the unwanted pregnancies.

More than 3/4th (84%) of the females had completed family size.

Major reasons for termination of pregnancy were: Completed family size, Previous baby too young and Economic.

These unwanted pregnancies which were getting terminated reveal the unmet need of contraception.

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There is a great deal of difference between the eager man who wants to read a book and the tired man who wants a book to read.

~ G. K. Chesterton ~

**I would rather lose in a cause that will some day win,
than win in a cause that will some day lose!**

~ Woodrow Wilson ~