Original Research Article

Abortion seeking behaviour: a study from tertiary care hospital

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ABSTRACT

Background: 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 for women to access safe abortion services. But MTP is often used as the most important method of fertility regulation by the community in the struggle to control family size. Though MTP is a safe procedure and legalised, it is not free from complications and it is dangerous to use it for spacing. Therefore, the present study was undertaken to study the factors influencing MTPs & the subsequent adoption of contraceptive methods following MTP. The objectives of the study were to study the socio-demographic and obstetric profile of women undergoing termination of pregnancy and to study the reasons for termination of pregnancy and the concurrent contraceptive methods adopted by these women

Methods: A cross-sectional study was conducted among women who underwent MTP at the hospital during the study period. The details regarding their socio demographic profile, previous obstetric history, reason for seeking abortion and acceptance of post abortal contraception were taken.

Results: Among the 184, MTP seekers 72.3% of women were below the age of 30, 75% of women resided in urban area and 72.3% of the women were either illiterate or had primary education. 95.1% of seeking termination of pregnancy was with gestational age of ≤12 weeks and 94.6% with parity ≤2. Family completed (85.9%) was the main reason for current termination of pregnancy. The concurrent contraceptive adopted were Cu-T and permanent sterilization by 6% and 87.5% women respectively.

Conclusions: Eligible couples have to be educated regarding the availability of different methods of contraceptives and their proper use to avoid pregnancy as long as they want.

Keywords: Medical termination of pregnancy, Post abortal contraception

INTRODUCTION

Pregnancy is one of the most important events in the life of a woman. Unfortunately, all pregnancies are not welcomed. Among the 208 million women estimated to become pregnant each year worldwide, 123 million experience a planned (or intended) pregnancy leading to a birth or miscarriage or a stillbirth. The remaining 85 million (41%) of pregnancies are unintended (World Health Organization (2012).1 A large proportion of these unintended pregnancies ends up in induced abortions.

Though Women’s access to safe abortion services is one of the important components of Reproductive and Child Health Programme in India, MTP is the most controversial area of family planning, yet, it is often the most important method of fertility regulation by the community in the struggle to control family size. In reality contraception and induced abortions are
complementary methods of fertility regulation. Many women consider abortion as a method of contraception.

In India, women choose to terminate their pregnancies for a variety of reasons that often reflect their social and economic circumstances. Unintended pregnancies and subsequent abortions may also be indicative of women’s inadequate access to and ineffective use of modern contraceptives, as well as gender inequities that often compromise women’s ability to negotiate contraceptive use when they do not desire a pregnancy. Though MTP is a safe procedure and legalized, it is not free from complications and it is dangerous to use it for spacing.

Despite the sizable literature on abortions, understanding of the nature and interaction of the different factors influencing the decision to terminate pregnancy remains limited. Therefore, the present study was planned to study the factors influencing termination of pregnancy & the subsequent adoption of contraceptive methods following termination.

**Objective**

1. To study the socio-demographic and obstetric profile of women undergoing termination of pregnancy.
2. To study the reasons for termination of pregnancy and the concurrent contraceptive methods adopted by these women.

**METHODS**

A cross-sectional study was conducted on the women seeking abortion services at RSRM hospital, Stanley Medical College, Chennai from April 2016 to March 2017. After obtaining permission from necessary authorities, all women admitted for termination of pregnancy during the study period were included. After obtaining informed consent, data was collected using a pre tested and pre structured questionnaire which include questions regarding the socio-demographic profile, parity, gestational age, history of previous MTP and reasons for current termination of pregnancy. The pregnancies were confirmed by urine pregnancy test and the gestation age was confirmed by doing per vaginal examination and Ultrasonography. Data collected was analysed statistically as proportions.

**Definition**

Termination of pregnancy (induced abortion) means a procedure to terminate pregnancy before 20 weeks either surgically or medically.

**RESULTS**

One hundred and eighty four women who sought termination of pregnancy in the hospital during the study period were included in the study. Out of 184, 72.3% of women were below the age of 30. 75% of women resided in urban area. 95.1% of women were Hindu by religion and 91.8% women belonged to nuclear family. The socio-demographic profile of these women were shown in table no 1.

| Variables             | Number | Percentages (%) |
|-----------------------|--------|-----------------|
| **Age**               |        |                 |
| ≤30yrs                | 133    | 72.3            |
| >30yrs                | 51     | 27.7            |
| **Residence**         |        |                 |
| Urban                 | 138    | 75              |
| Rural                 | 46     | 25              |
| **Religion**          |        |                 |
| Hindu                 | 175    | 95.1            |
| Muslim                | 5      | 2.7             |
| Christian             | 4      | 2.2             |
| **Education of women**|        |                 |
| Illiterate            | 51     | 27.7            |
| Primary               | 82     | 44.6            |
| Middle                | 30     | 16.3            |
| High school           | 14     | 7.6             |
| Higher                | 4      | 2.2             |
| Secondary             | 3      | 1.6             |
| Graduate              | 4      | 2.2             |
| **Socio economic class** |  |   |
| I                     | 2      | 1.1             |
| II                    | 7      | 3.8             |
| III                   | 132    | 71.7            |
| IV                    | 43     | 23.4            |
| **Family type**       |        |                 |
| Nuclear               | 169    | 91.8            |
| Joint                 | 4      | 22.2            |
| Three generation      | 11     | 6               |
| **Marital status**    |        |                 |
| Married               | 176    | 95.7            |
| Unmarried             | 8      | 4.3             |

* B. G. Prasad classification

As shown in table no.2, majority of women coming for termination of pregnancy were having gravid status more than two (84.2%). About 175 (95.1%) termination of pregnancy were done before 12 weeks of gestation and only 9 (4.9%) were done above 12 weeks of gestation. The women with two living children availed services in higher proportion (84.8%) than those with single child or nullipara. It was also revealed that out of 184 women, 183 (99.5%) of them approached termination of pregnancy for the first time.

As shown in Table 3, most common reason given for terminating the current pregnancy was completed family size (85.9%) followed by medical (4.9%) and not wanting...
child at present (4.3%) and their relationship with parity was shown in Table 4.

Table 2: Obstetric history of women seeking termination of pregnancy.

| Variables                        | Number | Percentages (%) |
|----------------------------------|--------|-----------------|
| Parity                           |        |                 |
| <2                               | 18     | 9.8             |
| ≥2                               | 156    | 84.7            |
| >2                               | 10     | 5.4             |
| Gestational age                  |        |                 |
| ≤12 weeks                        | 175    | 95.1            |
| >12 weeks                        | 9      | 4.9             |
| History of previous MTP          |        |                 |
| None                             | 183    | 99.5            |
| once                             | 1      | 0.5             |
| No of living children            |        |                 |
| None                             | 11     | 6               |
| 1                                | 7      | 3.8             |
| 2                                | 156    | 84.8            |
| 3                                | 8      | 4.3             |
| 4                                | 2      | 1.1             |
| Last child birth (n =173)        |        |                 |
| ≤2 years                         | 104    | 60.1            |
| >2 years                         | 69     | 39.9            |

As shown in Table 5, the most common reason for not adopting permanent family planning method in last child birth in women with parity 2and above to prevent present conception was lack of family support (51.8%) followed by anaemic status which made the women unfit for sterilisation (15.7%) and their relation to parity are shown in Table 6.

Table 5: Reasons for not adopting contraception in last child birth to prevent present conception (n =166).

| Reasons                        | Number | Percentages (%) |
|--------------------------------|--------|-----------------|
| Lack of family support         | 90     | 54.2            |
| Anaemic                        | 26     | 15.7            |
| Female child wanted            | 8      | 4.8             |
| Baby asphyxiated               | 9      | 5.4             |
| Family function                | 6      | 3.6             |
| Contraceptive also fails       | 2      | 1.2             |
| PIH                            | 1      | 0.6             |
| LBW                            | 6      | 3.6             |
| Male child wanted              | 20     | 12              |
| Wanted to conceive             | 2      | 1.2             |

Table 6: Relation between reasons for not adopting contraception in last child birth to prevent present conception and parity (n =166).

| Reasons                        | Parity | Total |
|--------------------------------|--------|-------|
| Lack of family support         | 86     | 4     | 4     | 90    |
| Anaemic                        | 21     | 3     | 2     | 26    |
| Female child wanted            | 6      | -     | -     | 6     |
| Baby asphyxiated               | 9      | -     | -     | 9     |
| Family function                | 6      | -     | -     | 6     |
| Contraceptive also fails       | -      | -     | -     | -     |
| PIH                            | -      | 1     | -     | 1     |
| LBW                            | 6      | -     | -     | 6     |
| Male child wanted              | 20     | -     | -     | 20    |
| Wanted to conceive             | 2      | -     | -     | 2     |

Majority of the women (93.5%) accepted post abortion contraception. Of these, 6% women accepted copper T and 87.5% accepted permanent sterilization method. Among 12 women not adopting post abortal contraception, 8 were unmarried, 2 wanted to conceive and 2 had an opinion that contraceptive method also fails (Table 7).

Table 7: Acceptance of contraception after current MTP.

| Contraception after current MTP | No | %  |
|---------------------------------|----|----|
| No Contraception                | 12 | 6.5|
| MTP with TAT                    | 70 | 38 |
| MTP with laparoscopic sterilisation | 91 | 49.5|
| MTP with Cu T                   | 11 | 6  |
None of the study participants were aware of emergency contraceptives.

DISCUSSION

In the present study, 72.3% MTP seekers were below 30 years. Similarly, study done in Jamnagar showed 68.4% of women who obtain termination of pregnancy were in the age group of 20-29 years. This shows that younger women seeks termination of pregnancy more frequently rather than the older women, which may be attributed to lack of motivation and decision making among these younger women for accepting contraceptive measures either to postpone pregnancy or to complete the family.

In our study, 75% women were from urban area which is similar to a study done in Chandigarh finding that 70% of the women seeking abortion were of urban background and 30% were from rural set up. This is because our hospital is located within the city and primary health centers in rural areas also offering MTP services.

72.3% 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 et al in their study found that 44.4% MTP seekers were illiterate and 48.2% cases were educated up to primary school. 94% of the women seeking termination of pregnancy were of the lower socio economic class (IV and V). Lower educational and lower social status of the women are the reasons for unwanted conceptions making them vulnerable to all the possible risks of morbidity and mortality due to abortions.

The present study showed 88.6% of women seeking termination of pregnancy had one or two living children. Similarly, study done in Jamnagar showed 84.21% of the women were having 2 or more living children revealing the fact that inspite of the completing family size, these women got unwanted pregnancy and sought termination of pregnancy. There is a need to make the women aware of the various contraceptive measures available.

The reason for not adopting permanent sterilization in the last child birth was “lack of family support” (51.8%) followed by anaemia status of mother (15.7%) but 60.1% of current MTP seekers had ≤ 2 years of age of children. This reveals the failure on the part of healthcare providers to counsel these women on need for temporary or permanent methods of contraception. So these women should be motivated repeatedly after puerperal period to adopt any contraceptive methods to avoid unwanted pregnancies.

Many women consider termination of pregnancy as a method of contraception. This is supported by the fact that, in our study the most common reason for seeking abortion was completed family (85.9%) and that they did not want children at present (4.3%) and medical conditions (4.9%). This finding was consistent with the studies done in Jamnagar and Rajasthān.

Adoption of contraception following termination of pregnancy was seen among 172 (93.5%) study participants which is not consistent with studies done by Dhillon et al and Shankaraiah et al showed that the acceptance of post abortal contraception was only 50.4% and 48.9% of the MTP seekers. This could be due to the repeated counselling in the hospital and also to perceived feeling of the study participants that termination of pregnancy may not be done alone for those who completed family size by our institute.

None of the study participants were aware of emergency contraceptive pills. A study done by Mehra et al at Chandigarh observed that only one woman was aware of emergency contraceptive pills while in a study by Tripathi et al in New Delhi found one of their patients were aware of emergency contraception and a study done in Bangalore reported only 7.8% of married women had heard of emergency contraception. This certainly reflects that emergency contraception is an area which needs to be publicized 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.

CONCLUSION

Our study shows that women in the age group of 20-30 years, from lower socio-economic class were more vulnerable to unwanted pregnancies. The major reasons under which women sought termination of pregnancy were completed family size, not wanting child at present and medical and higher proportion of study participants seeking termination of pregnancy were due to non use of contraceptives. This shows that health care personnel should counsel women of reproductive age group that termination of pregnancy is not a way to control unwanted birth and it is not free from risk. They should be motivated for various methods of contraception repeatedly in the field by our health workers.

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