

Original Research Article

Profile and Pattern of Women Seeking Medical Termination of Pregnancy in a Tertiary care Centre in National Capital Region

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Abstract

Background: Induced abortion whether safe or unsafe, legal or illegal is a reproductive health service that is part of the lives of women, couples and communities all over the country. When faced with unintended pregnancies, especially in contexts in which women lack access to effective family planning, induced abortion is an important part of women's reproductive health care. In this backdrop the present study was undertaken with the objective to study socio-demographic profile, methods, various indications in Medical Termination of Pregnancy cases performed in our institution.

Method: This study was conducted in the Department of Forensic Medicine in collaboration with Department of Obstetrics and Gynaecology, at SMSR, GautambudhNagar, India. Information was obtained from the patient seeking abortion services, patient's case record file in the hospital, Medical Termination of Pregnancy (MTP) register and direct interview with concerned consultant in charge in the form of pre-designed questionnaire..

Conclusion: The most common reason for MTP was unwanted pregnancy due to non use of contraceptives by the women of reproductive age group. We recommend comprehensive contraceptive counseling can help prevent unintended pregnancies that lead to abortions and should include information on when fertility returns after a birth or abortion. Also dedicating a special cell to focus on a woman's unmet needs of contraception would go a long way in resolution of unintended pregnancies and abortions.

Key words: induced, unintended, legal, reproductive

Introduction

Women's reproductive' rights in general, and abortion in particular, have been the subject of intense debate globally. Even in countries where the law permits

abortions women battle stigma, bias lack of awareness and information, all of which result in restriction of access to safe abortion.

Almost fifty years after abortion was legalized in India, a majority of women continue to lack access to safe abortion care. Unsafe abortion is the third leading cause of maternal mortality in India. Every day women die in India due to unsafe abortion related causes and many more suffer from morbidities such as pelvic inflammatory disease and infertility, which are related to unsafe abortion practices – ranging from home remedies

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to inserting sharp foreign objects into the cervix.

Women’s rights often take a backseat, even when they remain at a higher risk of death and morbidities. In the context of a high burden of pregnancy related deaths, according to NFHS-4 data, 133 for every 100,000 cases in India, a progressive MTP act that support woman’s choice is the need of the hour. The current Act in existence is conditional and does not allow women to exercise their reproductive rights.

In this light this study was adopted to study in depth the detailed profile of MTP cases presenting to our Hospital

Aims & Objectives

The objective was to study current scenario of MTP services existing in the hospital and the socio-demographic profile of patients presenting in the Department to procure abortion services.

- To study the profile and pattern of Medical Termination of Pregnancy cases performed in our institution over a period of one year.
- To observe the methods used for Medical Termination of Pregnancy in the institution.
- To identify indications for Medical Termination of Pregnancy performed in 1st trimester and mid-trimester of pregnancy.

Material & Method

The present study was conducted for a period of one year from January 2019 to January 2020 in the Department of Forensic Medicine in collaboration with

Department of Obstetrics and Gynaecology in School of Medical Sciences & Research, Sharda University, a tertiary care institution of Greater Noida(U.P.).

Women who came to Department of Obstetrics and Gynecology either admitted through Family Planning Outpatient Department (OPD) or came to emergency department willing for MTP on valid grounds were included in this study after taking informed consent. Information was obtained from the patient, MTP register, patient’s case record file in the hospital and direct interview with concerned consultant in charge in the form of pre-designed pre-validated questionnaire .The questionnaire focused on seeking in-depth knowledge of MTP with respect to socio-demographic profile of women seeking abortion, indications, method, outcome on maternal mortality and morbidity, post abortion care and counseling.

Inclusion criteria: All women presenting to the Obstetrics &Gynaecology Department of SMS&R for termination of pregnancy based on valid MTP grounds would be eligible for inclusion.

Exclusion criteria:

- Period of gestation more than 20 weeks(confirmed by LMP, clinical examination or ultrasonography reports at the time of presentation)
- Not given consent

Observation & Results

About 180 women who underwent Medical Termination of Pregnancy were studied. The data collected is summarized in the tables below.

Table1: Demographic profile of women seeking MTP (n =180)

Age(years)	Number of cases (180)	% cases
Less than 15	Nil	0
15-19	5	2.7
20-24	45	25
25-29	66	36
30-34	44	24
35-39	16	9
40-44	4	2.2

Cont... Table1: Demographic profile of women seeking MTP (n =180)

45 &more	Nil	0
Area		
Rural	22	12
Urban	168	93
Religion		
Hindu	159	88
Muslim	20	11
Sikh	Nil	0
Christian	1	0.5
Marital status		
Married	176	98
Unmarried	4	2
Educational status		
Uneducated	21	12
Primary	26	14
Middle	28	16
High school	61	34
Intermediate	39	22
Graduate	5	2.7
Post graduate	Nil	0
No. of children		
0	19	11
1	76	42
2	33	18
3	35	19
4	13	7
>5	4	2
Pregnancy weeks		
Upto 12 weeks	169	94
12-20 weeks	11	6

Table 2: Grounds for MTP (n =180)

Indications of MTP	Number of cases	% cases
Therapeutic	2	1
Humanitarian	Nil	0
Social (Failure of contraceptive device or other methods)	171	95
Eugenic	7	4

Table 3: Duration from the last termination of Pregnancy (n= 7)

Duration (in months)	Therapeutic No.	Eugenic No.	Social (Contraceptive Failure) No.	Humanitarian No.
<6 (n= 2)	-	-	2	-
6-12 (n=3)	1	-	2	-
>12 (n=2)	-	1	1	-

Table 4: Method used for MTP (n =180)

Methods used for Termination	Number of cases	% cases
Medical abortion (by prostaglandins)	114	63
Surgical abortion (Suction& Evacuation)	66	37

Table 5: Accepted Family Planning method after MTP (n =180)

Accepted Family planning method after MTP	Number of cases	% cases
Sterilization	7	4
Copper-t	25	14
OCP	Nil	0
Condom	121	67
Not any method	20	11
Unclassified	7	4

Discussion

A total of 180 women admitted for termination of pregnancy were studied. Findings revealed highest rate of abortion 36% in the age group of 25-29 years age groups and were mostly married (98%) followed by unmarried (2%). Abortion seeking women were mostly from Hindu religion and urban background. 94% of the patients presented within 12 weeks of gestation for termination followed by 6% between 13 to 20 weeks of gestation. Majority (46%) were multipara having 2-4 offspring with mean followed by primipara 11%. Unplanned pregnancy due to contraceptive failure along with social and financial constraints was the main reason for termination. In 63% the pregnancy was terminated by medical method (by prostaglandins).

Dhillon *et al.* in their study in 13 states of India found that three-fifths of the induced abortion seekers were between 25 and 34 years.^[2] In contrast, the study conducted by Shivakumar and Vishvanath, 2011, showed that majority of the abortions was among the women of 20-29 years of age.^[1]

In this study 34 % woman have attained secondary education. In contrast, Shivakumar and Vishvanath noted majority (57.3%) uneducated and (42.7%) educated women.^[1] Agarwal and Salhan observed that majority of women (70.7%) were educated and (34.8%) were uneducated.^[3] This difference reflects the urgent need about the awareness of the safe abortion practices.

In the present study, around 71% women had undergone one abortion and 22% women had 2 or more abortions. In contrast to our findings, Akinola *et al.*, 2010 observed that only 6.3% of the patients had not experienced prior abortion and 75.5% patients reported only 1 abortion.^[5]

The majority of abortions around 94% were performed in the first trimester and 6% in the second trimester. None of the cases were reported during the third trimester in our study. Agarwal and Salhan, 2008 also noted that majority of abortion cases (89.4%) were within 12 weeks of gestation and beyond 12 weeks only (10.6%) cases. In the study by Shivakumar and Vishvanath, 2011 had the majority of abortions (84.7%) during 5-12 weeks of pregnancy followed by 13-20 weeks (15.3%).^[3]

Among various reasons given by patients for undergoing an abortion, the most common problem was found to be contraceptive failure that accounted about 94%. In Shivakumar and Vishvanath study, 2011, the most common reason behind abortion was unplanned pregnancy (30.7%) followed by contraceptive failure (29.3%).^[3] Bahadur *et al.*, 2008 cited termination of unplanned pregnancy (32.8%) as the most common reason, inadequate income in 24.6%, contraceptive failure in 22.3% and family complete in 20.3% women.^[4] Bhattacharya *et al.*, 2010 observed birth spacing as the main reason (59.8%) and female fetus was also reason for termination in 6.8% cases.^[6]

Conclusion

The Medical Termination of Pregnancy Act, 1971 recognized the importance of safe, affordable, accessible abortion services to women who need to terminate pregnancy under certain specified conditions. However, women's right and access to abortion which the MTP Act enabled somehow became entangled in the fight against gender based sex-selection.

The widespread lack of awareness of the legal status of abortion services and women's rights under the existing law as well as of the facilities that offer abortion services calls for socially and culturally appropriate information, education and communication (IEC) campaigns.

In past many years several Writ Petitions have been filed before the Supreme Court and various High Courts seeking permission for aborting pregnancies at gestational age beyond the present permissible limit on the grounds of foetal abnormalities or pregnancies due to sexual violence faced by women. To keep up with the imperative need in recent times in wake of changing discourse on sexual and reproductive rights paired with the advancement of medical technology for safe abortion, there is a scope for increasing upper gestational limit for terminating pregnancies especially for vulnerable women and for pregnancies with substantial foetal anomalies detected late in pregnancy. Considering the need and demand for increased gestational limit under certain specified conditions and to ensure safety and well-being of women, Government of India has proposed to amend the said Act in early 2020, however it still continues to be long awaited for it to see the light of the day.

It is important that abortion services be seen not in isolation, but as part of a constellation of care tailored to the sexual and reproductive health needs of the modern day women.

Conflict of Interest: None to declare

Ethical Clearance: Taken from the Ethical Committee of the Institute

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