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Original Research Article

Induced abortion practices in Bengali-speaking communities: a preliminary study

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ABSTRACT

Background: Abortion is termed as ‘medical termination of a pregnancy’ (MTP). In India, abortion can be performed until 24 weeks of pregnancy according to the MTP Amendment Act 2021 which came into effect on 24th September 2021. The topic of abortion is still hotly debated in India and considered taboo in numerous circles. There has been a recent surge in liberal outlook when it comes to perspectives on social issues. However, creases of worry appear on the forehead when a woman faces the issue of making a decision in such matter. The hindrance comes from reasons such as: abortion is illegal, religious beliefs are against abortion, social taboo against abortion, and other factors.

Methods: A mixed-method study was conducted using a systematic random sampling method at the Family Planning Hospital, Park Circus, Kolkata. Reproductive histories were collected from 120 women, belonging to reproductive age 20-50 years. Using structured schedule, individual face-to-face and in-depth interviews were conducted.

Results: We were confronted with four recurring factors that negatively impacted on their family planning processes which led to an increased rate of abortion. We also found that abortion has a significant relationship with maternal age, education of the mother, family income, and number of parity.

Conclusions: Maternal age, religious beliefs, education, family income, number of parity and also knowledge on legal abortion were the major decisive factor associated with abortion. Poorest, younger, uneducated, women who had tendency to minimize family size were more likely to undergo abortion.

Keywords: Abortion, Pregnancy, Bengali, Socio-economic, Education

INTRODUCTION

Abortion is one of the most common medical procedures performed worldwide at around 73 million induced abortions taking place each year. 61% of all unintended pregnancies and 29% of all pregnancies end in induced abortion.¹ But the rate of abortion varies in different countries. In the United States, more than 40% of all women end a pregnancy by abortion each year because of reasons such as being too young to be a mother, being unmarried, being poor, and being too old to have a child.

Alongside, around 6 million pregnancies occur each year which are considered to be ‘unplanned’. Of these, about half end in abortion.²

In developing nations such as Pakistan, Nepal, and Bangladesh, a report revealed that the ratio of abortion is 50, 42, and 39 respectively per 1,000 pregnant women of reproductive age. India has a similar ratio of abortion at 47 per 1,000 pregnant women. A total of 15.6 million abortions took place across India in 2015, against the 700 thousand figures the Centre has been putting out every year for the last 15 years.³

An estimated 6.8 million unsafe abortions occur every year in South-Central Asia, including India where the ratio of unsafe abortions is 17 per 1000 cases.⁴ Across quantitative and qualitative studies conducted in different states of India, the most common reason women report for having an abortion is to limit their family size.⁵⁻⁸ Other common reasons are to increase the spacing between births or to protect their own health in cases where underlying medical conditions would be worsened by pregnancy or childbirth. For example, women participating in large quantitative surveys in Rajasthan and Madhya Pradesh in 2001–2002 and Maharashtra in 1996–1998 reported having had an abortion because they had achieved their desired family size (41%, 59% and 45%, respectively), because their last child was too young (30%, 22% and 21%, respectively), and because they had health problems (22%, 20% and 5%, respectively).^{5,7,9} Poverty and economic constraints emerged as an important reason that leads to the people towards family planning.¹ A qualitative study reported reveals that 13% of women having an abortion in Madhya Pradesh.⁵ Married women younger than 35 years stated that an economic circumstance, including not having support during or after the pregnancy, is the most common reason for having an abortion reported by them at the rate of 9 out of 16 women.¹⁰ Among married women younger than 25 in Bihar and Jharkhand in 2007–2008, 37% of those undergoing abortions reported economic reasons for taking the step.¹¹ Unplanned pregnancy at 43.47% and financial problems at 21.73 % were found to be the main reasons for acceptance of induced abortions.¹³ Some abortions were done for sex-selective reasons. Numerous social, cultural and economic factors contribute towards the preference of a male child.^{12,14,16} Women seeking abortion in India come from all socio-economic groups, live in both rural and urban areas, and belong to all age-groups. However, when the distribution of women obtaining an abortion is compared with the distribution of all women, many studies find that women who are older, more affluent, and from urban locations are more likely to report having had an abortion. It has been found that 26% of women residing in urban areas accounted for 48% of all reported abortions, and the 20% of women in the highest wealth bracket accounted for 44% of these abortions.¹⁷ Positive associations between abortion and higher education, urban residence and maternal age at subsequent birth have been discovered.¹⁹ The socio-economic status and other cultural characteristics of women were associated with abortion in India.¹⁵ The abortion percentage among the women in Madhya Pradesh and Rajasthan in the past five years was significantly higher among women who were more educated, of higher socioeconomic status or caste, or living in urban areas, compared with those with less education, with lower socio-economic status or caste, or who lived in a rural area.^{5,8,18} From all of the above information, it might be deduced that the decision making towards termination of pregnancy is influenced by a variety of factors at different levels. At the individual level, these factors include their marital status, their economic independency, and their education level. Interpersonally, other factors include

support from one's partner and parental support. Further societal determinants include social norms, religion, etc.

The present study attempts to understand the effect of socio-demographic factors on induced abortion practices of women belonging to two communities (Hindus and Muslims) among the Bengalis of West Bengal, India.

METHODS

A mixed-method study was conducted using a systematic random sampling method at the Family Planning Hospital, Park Circus Branch, Kolkata, on 120 individuals from the Hindu and Muslim who hailed from both urban and rural areas. Quantitative survey was conducted among these women $n=110$ using structured face-to-face interviews. Additionally, in-depth interviews were also conducted, involving 10 respondents. The data was collected during the months of March and April, 2021. The age-group of women considered in this study was of 20 to 50 years, i.e. women of reproductive age who were married. Reproductive histories were collected from all the 120 women using a structured schedule along with their socio-demographic characteristics, their reproductive histories of the past five years, and their current behaviour towards and usage of contraception. Along with this, level of education has been collected to trace out motif towards family planning. Among them, 60 women had undergone at least one induced abortion during last five years. The women who have a history of induced abortion in the past five years were asked further questions related to the cause of their abortions and their personal experience. Descriptive statistics was carried out in order to understand the pattern of data as per the requirements of the objectives.

RESULTS

The abortion rate is higher among the Hindu women (58.33%) when compared to Muslim women (41.67%). No significant difference has been found between the two communities. ($p<0.1439$) (Table 1).

After comparing the age group with abortion rate, it has been found that the rate of abortion is higher among the group of women older than 30 years at 56.67%, whereas the rate of abortion is moderately low among women of the age group of 25 to 30 years at 33.33%, and for women below the age of 25 years, the rate of abortion is 10% lower compared to the other age groups. The result is statistically significant. ($p<0.000017^*$) (Table 1).

Upon comparing educational status of the mother with the rate of abortion it shows the significant result. ($p<0.000023^*$). Consequently, rate of abortion is higher among the non-literate group of individuals at 60%, followed by the group of women who have had primary education at 28.34%. Among women with secondary education the rate was 5%, and a lower 3.33% rate of abortion was found among women with high school education and/or if they were graduates (Table 1).

Table 1: Distribution of the studied participants according to community, age group, education, income, number of living children and living area.

Characteristic		All respondent % (n=120)	Women with history of abortion % (n=60)	p value
Religion	Hindu	51.67	58.33	0.1439
	Muslim	48.33	41.67	
Age (years)	<25	23.33	10	0.000017*
	25-30	39.17	33.33	
	>30	37.50	56.67	
Education	Non-literate	40	60	0.000023*
	Primary	29.17	28.34	
	Secondary	15	5	
	Higher Secondary	10	3.33	
	Graduate	5.83	3.33	
Income	1000-4999	44.17	73.33	0.00001*
	5000-9999	20	13.34	
	10000-14999	25.83	5	
	15000-20000	10	8.33	
Number of living children	1	29.17	6.67	0.00001*
	2	12.50	5	
	3	21.67	30	
	4	10	13.33	
	>4	26.67	45	
Area	Urban	53.33	65	0.01041*
	Rural	46.67	35	

Table 2: Distribution of the studied participants according to causes of abortion.

Characteristic	Women with history of abortion	
Causes of abortion	Frequency	%
Unready for child during conception	19	31.67
To limit family size	41	68.33

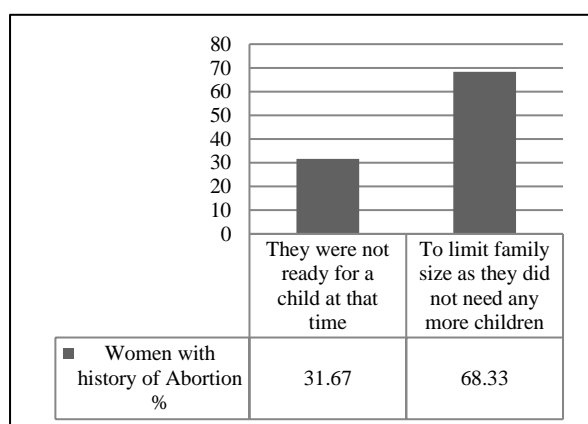


Figure 1: Distribution of the studied participants according to causes of abortion.

The relationship between monthly family income and rate of abortion is indirect. Abortion rate is high among the lower income group when compared to the higher one.

The sequence of the rates of abortion from lower to higher income groups were found to be as follows: Rs 1000 to Rs 4999 - 73.33%, Rs 5000 to Rs 9999 - 13.34%, Rs 10000 to Rs 14999 - 5%, Rs 15000 to Rs 20000 - 8.33%. With the support of the above data, it can be said that the result is statistically significant ($p < 0.00001$) (Table 1).

The tendency of abortion is higher among the women who have more than four living children (45%), compared to the other groups who have four children (13.33%), three children (30%), two children (5%) and one child (6.67%). The statistically significant results support this conclusion. ($p < 0.00001$) (Table 1).

On the other hand, with the ($p < 0.01041$) significant level, the frequency of abortion is higher among women from urban areas (65%) than it is among women from rural areas (35%) (Table 1).

Table 2 shows that the rate of abortion is higher (68.33%) for the reason of limiting family size, whereas 31.67% women have opted for abortion because they were unready to have a child at that point of time. (Table 2, Figure 1)

DISCUSSION

The objective of this study was to describe the rates of abortion and to explore the factors influencing the practice of abortion among Bengali women of Kolkata, West Bengal belonging to rural and urban region. The age group considered was from 20 to 50 years, i.e. married and of reproductive age. The study pointed out determinants at the personal, interpersonal, and environmental level. Analysing the results, we were confronted with four recurring factors that negatively impacted on their family planning processes which lead to increase the rate of abortion: women's lack of autonomy in making their own decisions regarding the termination of the pregnancy is related to the economic condition of their family, their general lack of knowledge closely associated with their formal education, lack of contraceptive use because it goes against their religious belief, number of live births and maternal age.

The first factor is women's lack of autonomy. The study showed that the abortion rate is high among the economically weaker families whose monthly income is below Rs. 5000. So, in that case it was observed that the family members, directly or indirectly, influence their women to induce an abortion, for instance by threatening them about their future planning due to the low economic status. Women's economic dependency makes them more vulnerable, dependent, and subordinate. For economic reasons, women have no other choice but to obey and follow the family or partner's decisions.

The study revealed that the rate of abortion was more or less fifteen times higher among the non-literate group of individuals compare to the other educated group of individuals. Lower a woman's level of education, less likely she was to have had an abortion. Other national level data confirms a strong link between education and experience of abortion—women with no education are moderately less likely to have abortions in Kolkata.^{5,8} On the other hand, the rate of abortion is higher for the people who belong from the rural areas (60%) compared to the urban areas (57%) among the total respondents. Widespread illiteracy and poor awareness further contributed to low contraception usage, lack of preventive, and precautionary measures and strong religious misbeliefs. All these factors lead to a number of unintended pregnancies and abortion needs for these slum dwelling women.

Various studies have reported differently on the relationship between age and induced abortion. Some studies have found that women over the age of 30 years were significantly less likely to have an abortion when compared to younger women. Other studies in Ghana, Kenya, Nigeria, and Ethiopia found that the inverse was true; that older the age of a woman is, the more likely she was to have an abortion. In fact, women aged between 30 to 49 years of age, were over 5.67 times more likely to have an abortion than women aged between 20 to 24 years

of age.²⁰⁻²² Moreover, we found that the rate of abortion is dependent on the number of living children (live birth) both compare with the two communities with the reason. Abortion rate was approximately 2 times higher for the reason of limiting family size compared to the aborted number who is not ready to have a child at that time. Also, the rate of abortion was found to be high among the women who have more than four children compared to the mother who has single child.

High occurrence and repeated abortion practice was found to be an important health concern in this low-income community of Kolkata. The ratio of induced abortion was 115.6 per 1000 cases in the study area, as compared to 45.4 per 1000 cases in Maharashtra during 1996 to 2000.²³ A study said that India's abortion rate is 47 per 1,000 women of reproductive age in 2017.³ While the recent study said that abortion ratio is found to be 116.5 per 1000 live births at the study region in Kolkata during 2014-2020. This difference in incidence of induced abortion might be due to the vast difference in the socio-economic status of the study area from entire India as well as the time-gap between the two studies.

Limitations of the study

The study has several limitations. As it is a mixed-method study was conducted using a systematic random sampling method, the data are based on a single time period. Due to sample sizes limitations, the analysis was unable to determine achievement by particular theme of the goal. The findings of this study were based on the self-reported data of the respondents and therefore the estimates of abortion incidence in the area may vary from the exact values.

CONCLUSION

To conclude, we found that abortion was significantly associated with maternal age, religious beliefs, education, family income, number of parity and also knowledge on legal abortion. This study shows that the rate of abortion is highest among Hindu women compared to Muslim, among women older than 30 years, whereas the rate of abortion is moderately low among the age group between 25-30 years. Studies have also confirmed that the abortion rate is higher among the non-literate groups, and higher among the lower income classes compared to the higher income classes. Moreover, the propensity for abortion is highest among women who have given birth to more than four living children. While the abortion rate is higher in urban areas, another reason for abortion is limiting family size.

These findings suggest that majority women can have a wanted abortion enables them to maintain a positive future outlook and leads to aspirational life plans as well as family plans. Therefore, intervention studies among these target groups are worthy.

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