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Research Article

Socio-epidemiological factors of medical termination of pregnancy: an overview in a tertiary care institute

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ABSTRACT

Background: The Medical Termination of Pregnancy (MTP) was legalized in India by an Act in 1971. The present study is a data analysis over 5 years to gauge the changing trends in the urban government establishment with respect to various socio economical parameters. The objective of the study was to find out the incidence rate of the MTP in the urban government run hospital. The auxiliary objective was to find out the reason for which the MTP is carried out; the age group availing the facility of the services and the secondary contraception the couple uses after the MTP.

Methods: A Five (5) year data of MTP was analyzed by keeping the MTP register of the hospital as a reference. The data is presented in the formal protocol of data presentation.

Results: The incidence rate of MTP is 27.93/1000 live births in the institute. The primary reason of MTP is failure of contraception. This fact highlights unmet need of contraception and counselling. The maternal age group of 21-30 yrs is availing MTP services the most. The surgical method is more prevalent than the medical method in practicing the MTP. The permanent method of contraception in the form of Tubal ligation is increasing as a choice of contraception after MTP.

Conclusions: The awareness of MTP Act and impact of legalizing the abortion is increasing the society and the increasing number of service rendered through the government establishment underlines the increasing faith in the system. The incidence rate of MTP is 27.93/1000 live births in the institute. The primary reason of MTP is failure of contraception. This fact highlights the huge unmet need of contraception and counselling. The maternal age group of 21-30 yrs is availing MTP services the most. Though there is changing trends for medical method of termination of pregnancy but the surgical method is still favoured. The permanent method of contraception in the form of Tubal ligation is increasing as a choice of contraception after MTP. Still the religious differences are evident in availing the MTP services and needs to be addressed tactfully.

Keywords: Medical termination of pregnancy, Tubal ligation, MTP ACT

INTRODUCTION

India has pioneered in legalizing induced abortion [Medical Termination of Pregnancy (MTP) Act of 1971] under which a woman can legally avail abortion if the pregnancy carries the risk of grave physical injury also

endangering her mental health. Abortion is permitted up to 20 weeks of pregnancy duration and no spousal consent is required. According to the Ministry of Health and Family Welfare, in 1996-97 about 4.6 lakh MTPs were performed in the country.¹ Against that, an estimated .6.7 million abortions per year are performed in

other than registered and government recognized institutions, often by untrained persons in unhygienic conditions.²

Despite an intensive national campaign for safe motherhood and after the initial attention on unsafe abortion in the 1960s and early 1970s that led to legalization of abortion, morbidity and mortality from unsafe abortion have remained a serious problem for Indian women 28 years after abortion was legalized in India.³ In the last decade, women's health advocates have tried to draw the attention of policy makers and administrators to a range of issues and concerns related to abortion in order to improve the availability, safety and use of services. In the post Cairo period, the comprehensive Reproductive and Child Health (RCH) program initiated in India, has included the abortion in the RCH package and work towards making it safe.⁴

The present study is a data analysis over 5 years to gauge the changing trends in the urban government establishment with respect to various socio economical parameters.⁵

Aims & objectives

1. To find out the current incidence rate of MTP in the institute.
2. To compare the reason of opting for MTP.
3. To compare rate of MTP with the various spectra of age of couples.
4. To find out the choice of contraception Couples make after the MTP.

METHODS

The data was compiled from the register of MTP in the institute and analysed. The anonymity was maintained in the register and is further carried forward as it is utmost important as is legalized as the part of MTP act.

All the cases of MTP were included who had got admitted and provided health service in the institute as "In Patients"; the service is not provided on the outpatient basis.

The candidates were excluded who after admission denied the consent and opted out from availing the service.

The statistical methodology protocol was applied to the data and comparison was evaluated.

RESULTS

1. The study analysed the data from start of the decade till today that is the period considered in the study is from January 1st, 2011 till October 15th, 2015 in the institute. In total, 281 (n) candidates availed the service for medical termination in the tenure; out of

which 13 candidates opted out. The data as per year is as follows 27 (2011), 76 (2012), 85 (2013), 48 (2014), 58 till October 15th, 2015 (Figure 1: Total Number of Deliveries).

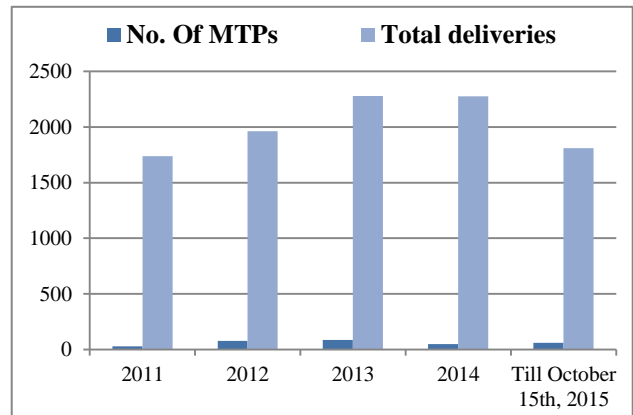


Figure 1: Total Number of Deliveries.

2. Total number of deliveries in the same time period was 10,064.
3. Total number of first trimester MTPs were 247 as against 34 candidates availed service in the second trimester.
4. The reason for MTP was failure of contraception in 257, obstetrical complications in 01, medical conditions of mother affecting the fetal outcome in 02, evidence of fetal anomalies in 20, social reason in 01, 02 candidates experienced spontaneous abortion after being admitted in the institute (Figure 2: Cause of MTP).

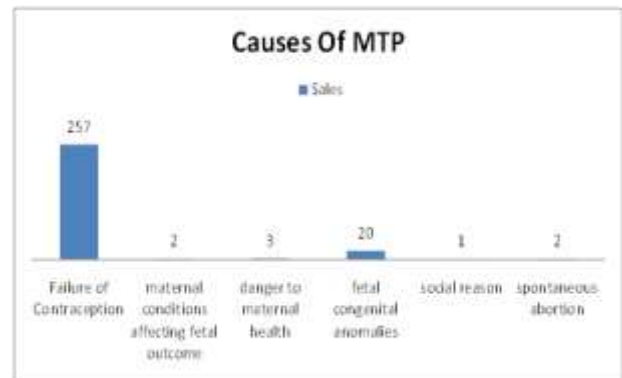


Figure 2: Cause of MTP.

5. 221 candidates were treated by surgical method (suction evacuation), 59 by medical method of MTP, 01 by (syringing and menstrual regulation) (Figure 3: Method of MTP).
6. We analysed the age of mother at the time of availing the service of MTP. We divided the age group over the span of 10 years. The candidates were 3 (16-20), 156 (21-30), 119 (31-40), 3 (41-50), 0 (51-60) (Bracket depicting the age group in years for

corresponding number of candidates) (Figure 4: Age group).

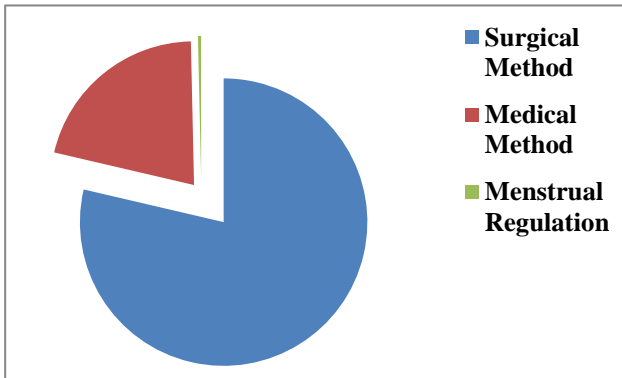


Figure 3: Method of MTP.

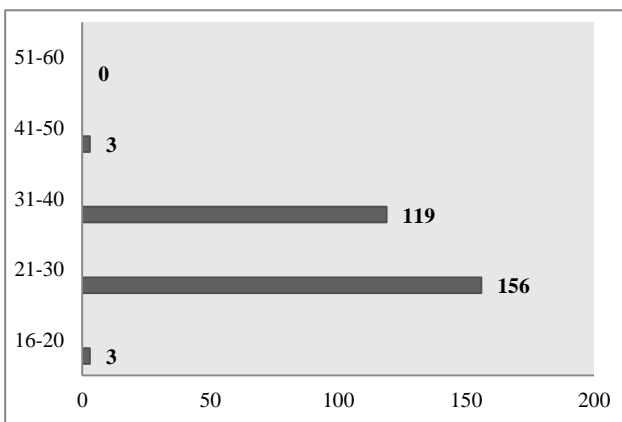


Figure 4: Age group.

- The candidates were counselled in the institute by the treating health staff and dedicated social health activists for choosing the method of contraception to avoid future MTPs. 128 No of candidates chose permanent method of contraception, 98 chose IUDs and 54 opted out for only plain MTP (Figure 5: Secondary Contraception After MTP).

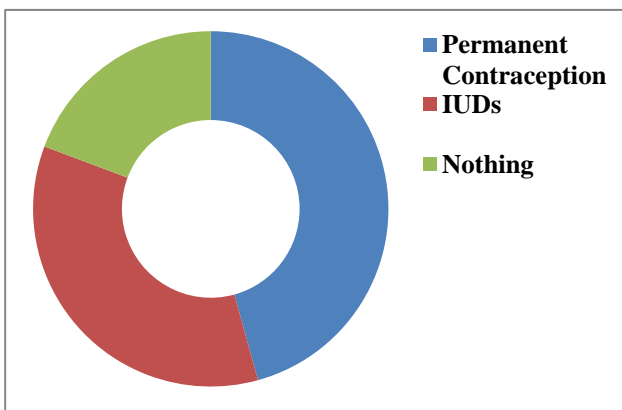


Figure 5: Secondary contraception after MTP.

- A social observation was made as; 217 candidates were Hindu, 59 were Islamic, 3 were Christian and 2 were others in the data.
- No candidate had an extended stay in the hospital because of any kind of complication due to the method used for MTP or any other iatrogenic reason.
- The candidates were divided as per the maternal level of formal education. 62 Women were literate but never attended formal school or educational institute, 15 studied till standard 4 (primary schooling), 131 up to matriculate or equivalent, 42 up to higher secondary, 17 were graduates and 04 were post graduates. Out of the total 06 were professionals in availing the service.
- If compared, in 118 cases husbands were more educated than wives, in 92 cases level of education was same for both spouses, while in 84 cases wives attended schooling more than the husbands.

DISCUSSION

The rate of incidence of MTP is 27.93 per 1000 deliveries. The number of MTPs is increasing in government set up year by year. The prime reason to undergo a MTP is unwanted pregnancy due to failure of contraception which highlights unmet need of contraception in the society also the need of counselling about proper and uninterrupted use of the method of contraception.⁶ The reason of medical complication of mother depicts prevalence of ignorance towards maternal health, while increasing number of detection of fetal anomalies are evidence for betterment of availing sonological modalities and diagnostic services for inborn errors in the child. Though there is changing trends for medical method of termination of pregnancy but the surgical method is still favoured.⁷ The surgical method was used in 221 candidates in comparison to medical method used in 59 cases. The professional decision made favour surgical method over the medical method in the institute. Also, the stay of candidate was not increased in the institute for iatrogenic reason or due to complication of the method of MTP suggesting the service provider is precise in selection of candidates and is successful for implementing scientific and sterile procedures.

The major age group is 21 to 30 followed by 31 to 40 opting for MTP. The Age groups are suggestive of candidates of unmet need of contraception. The couples are opting for permanent method of contraception following MTP and the trend is increasing with time, the awareness needs to be spread with increased rigor to achieve the desired goal for NRR and for decelerating the rate of growth of population in the near future.⁸ Also, overall impact of health program is evident with the increasing proportion of couples opting for the method of contraception rather than no use.

The incidence in the Hindu population seems more than other all religions together; the reason for unawareness or reasons for not availing service of MTP in other religions

need to be investigated for better implementation of health programs in the society.

The number of candidates was more in the educational group of up to matriculate level.⁹ This depicts the awareness and willingness of use of contraception is directly proportional to the level education.⁹ The number of candidates increasing in population who have not attended the formal education can be the success of awareness of the MTP; this socio educational group is slowly accepting the MTP.

The Level of education of husband seems a deciding factor in the choice of MTP as 40.13% of cases the husband was more educated formally than the wife. Though 28.57% of cases the wife is more educated and in remaining 31.29% both the spouse shares same level.

CONCLUSIONS

The awareness of MTP Act and impact of legalizing the abortion is increasing the society and the increasing number of service rendered through the government establishment underlines the increasing faith in the system. The incidence rate of MTP is 27.93/1000 live births in the institute. The primary reason of MTP is failure of contraception. This fact highlights the huge unmet need of contraception and counselling. The maternal age group of 21-30 yrs is availing MTP services the most. Though there is changing trends for medical method of termination of pregnancy but the surgical method is still favoured. The permanent method of contraception in the form of Tubal ligation is increasing as a choice of contraception after MTP. Still the religious differences are evident in availing the MTP services and needs to be addressed tactfully.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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