PROFILE OF INDUCED ABORTIONS IN WOMEN FROM AN URBAN SLUM OF DELHI

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Abstract:

Research question: What are the factors related to women undergoing an induced abortion from a slum of Delhi?
Objectives: 1. To study the socio-demographic profile.
2. To study the reasons for procuring an abortion, choice of health care provider and reasons for the same.
Study design: Cross-sectional.
Setting: Out of all the slums of Delhi one was selected randomly. From amongst all the ever married women in the age group of 15-49 years those who had undergone induced abortions ever were included.
Participants: 70 women out of the total of 440 ever married women in the reproductive age group who had ever undergone induced abortion were studied.
Study variables: Literacy, religion, gainful employment, income, family type, parity of woman, reasons for induced abortions, providers of induced abortions, reasons for choice of providers, husband’s response, contraceptive use.
Statistical analysis: Chi-square test.
Results: Out of total of 440 ever married women 70(15.9%) had undergone one or more induced abortions. 31.4% of the women had undergone two or more induced abortions. Maximum (51.4%) of the total induced abortions occurred in the age group of 25-29 years. Women who were gainfully employed were more likely to undergo an induced abortion (p<0.001). 52.08% of the husbands consented to their wives decision to abort and also husband’s literacy status was observed to be associated with abortion status of their wives (p<0.01). Unplanned pregnancy was stated as a reason for abortion by 85.7% of the women and low socio-economic status by 71.4%. In 39.58% of the abortions MTP services provided by the government hospitals were availed, whereas, 18.75% (18) of the total abortions were induced by women themselves. Use of contraception increased from 20.83% before first induced abortion to 58% after the first induced abortion.

Key Words: Induced abortions, Epidemiology, MTP services.

Introduction:

Induced abortion is the most controversial area of family planning, yet, it is often the most important method of fertility regulation by a community in the struggle to control family size. In reality contraception and induced abortions are complementary methods of fertility regulation.

A society cannot meet its fertility goals purely by the use of contraception, however, desired family size can be achieved merely by using abortions but this is not only associated with health hazards for women but also over burdens already scarce health services. Theoretically, it would be possible for every couple to accept sterilization as soon as they had the desired number of children, but this is unlikely to be accepted without coercion in a society where child survival is not ensured.

Although abortion has been greatly liberalised, the annual number of legal abortions are 0.5 million, which contribute hardly 10% of the abortions done in the country. Illegal abortions are still rife, although it is now more than 20 years since the MTP Act has been promulgated. Urban slums by virtue of their socio-economically disadvantaged population are in the greatest need of safe abortion services.

Against this background the present study was undertaken in an urban slum to study various socio-epidemiological factors which influence induced abortions.

Material and Methods:

The present study was conducted in an urban slum consisting of four clusters located at Deen Dayal Upadhyay Marg, Delhi, during the period of 1996-97. This area lies adjacent to Family Health Field Practice Area of Maulana Azad Medical College (M.A.M.C). This particular area was chosen for the purpose of the study due to its close proximity to M.A.M.C. The slum has a total population of approximately 3,500, a large proportion being migrants from other states namely UP and Bihar. All the 440 ever married women in the age group of 15-49 years were included in the study. Out of this there were 70 women with history of induced abortions and all of them were administered the prestructured and pretested proforma pertaining to abortion details.
It was a community based cross-sectional study. The data was analyzed and the test of significance for difference between two proportions (chi-square) was applied.

**Results:**

In the present study out of 440 eligible women, 70(15.90%) had undergone an induced abortion at one time or other giving a rate of induced abortion in the study area as 20/1000 population or 159/1000 married women in the reproductive age group.

25.71% (18/70) of the women with induced abortion were literate as against 16.75% (62/370) of women without an induced abortion and the difference was not statistically significant (p>0.05). Husbands of 42.85%(30/70) of the study subjects who had undergone an induced abortion were literate as compared to 25.94%(96/370) of those without an induced abortion and the difference was statistically significant (p<0.01).

Higher proportion of women who were gainfully employed (28.94%) had undergone an induced abortion compared to those not employed (13.18%). This difference was statistically significant (p<0.001).

There was no statistically significant (p>0.05) difference between the abortion status of Hindus (16.87%) and Muslims (14.7%). 13.86% of women from upper lower and 17.64% of women from lower income group had undergone induced abortion and the difference was not statistically significant (p>0.05). 15.49% of women from nuclear families and 16.66% from joint families had undergone an induced abortion (p>0.05).

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>1</th>
<th>2</th>
<th>≥3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>20-24</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>25-29</td>
<td>24</td>
<td>10</td>
<td>2</td>
<td>36</td>
</tr>
<tr>
<td>30-34</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>35-39</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>40-45</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>45-59</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48(68.57%)</strong></td>
<td><strong>18(25.71%)</strong></td>
<td><strong>4(5.71%)</strong></td>
<td><strong>70(100%)</strong></td>
</tr>
</tbody>
</table>

Total number of induced abortions = 96

Age group of 20-34 years accounted for 88.57%(62/70) of total women who had undergone one or more induced abortions. 31.4%(22/70) had undergone two or more induced abortions.

**Table II: Distribution of women with induced abortion according to reasons for abortion.**

<table>
<thead>
<tr>
<th>Reasons for abortion</th>
<th>No.(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned pregnancy (last child very small)</td>
<td>60(62.50)</td>
</tr>
<tr>
<td>Inadequate income</td>
<td>50(52.08)</td>
</tr>
<tr>
<td>Family complete</td>
<td>30(31.25)</td>
</tr>
<tr>
<td>Contraceptive failure</td>
<td>10(10.41)</td>
</tr>
<tr>
<td>Female foetus</td>
<td>2(2.08)</td>
</tr>
<tr>
<td>Health problems</td>
<td>2(2.08)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>154</strong></td>
</tr>
</tbody>
</table>

*Multiple responses; Total no. of induced abortions=96. Most of the women sought abortion for unplanned pregnancy followed by inadequate family income.

**Table III: Distribution of study subjects by choice of provider of induced abortion and reason(s)* for the same.**

<table>
<thead>
<tr>
<th>Reasons for choice of provider</th>
<th>Govt. hospital (n=38)</th>
<th>PP(n=28)</th>
<th>Self (n=18)</th>
<th>RMP (n=10)</th>
<th>Village quack (n=2)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality</td>
<td>-</td>
<td>20(71.42)</td>
<td>18(100)</td>
<td>-</td>
<td>1(50.0)</td>
<td>39</td>
</tr>
<tr>
<td>Safe procedure</td>
<td>26(68.42)</td>
<td>4(14.28)</td>
<td>2(11.11)</td>
<td>-</td>
<td>-</td>
<td>33</td>
</tr>
<tr>
<td>Less time taken</td>
<td>02(5.26)</td>
<td>2(7.14)</td>
<td>03(11.11)</td>
<td>02(50.0)</td>
<td>-</td>
<td>04</td>
</tr>
<tr>
<td>Cheaper</td>
<td>18(47.36)</td>
<td>-</td>
<td>10(55.55)</td>
<td>-</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Did not know of any other provider</td>
<td>-</td>
<td>4(14.28)</td>
<td>2(11.11)</td>
<td>06(60.0)</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>Near the house</td>
<td>-</td>
<td>6(21.42)</td>
<td>-</td>
<td>06(60.0)</td>
<td>-</td>
<td>12</td>
</tr>
</tbody>
</table>

*Multiple responses.
39.58% induced abortions were performed in Govt.
hospitals, whereas, 18.75%(18) of the total abortions were
induced by women themselves. 28 women tried the
hormonal pills (OCS, progesterone) from the chemist
before going to any of the mentioned providers.

*Source of information about the provider:*

34.28%(24/70) of subjects mentioned the source of
information about the provider to be their neighbours and
friends followed by 28.57%(20) who got the information
from their husbands, 22.85%(16) from relatives, 8.5%(6)
from Basti Vikas Kendra and 5.71%(4) from private
practitioners.

**Table IV: Methods used by woman for successfully
inducing an abortion herself.**

<table>
<thead>
<tr>
<th>Methods</th>
<th>No.(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifting heavy weight</td>
<td>6(33.33)</td>
</tr>
<tr>
<td>Abdominal massage</td>
<td>4(22.22)</td>
</tr>
<tr>
<td>Consumption of mutton marrow soup</td>
<td>3(16.66)</td>
</tr>
<tr>
<td>Consumption of dry henna powder</td>
<td>3(16.66)</td>
</tr>
<tr>
<td>Consumption of carrot seeds soup</td>
<td>2(11.11)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Eighteen women who successfully induced abortion
themselves, by adopting various methods are indicated in
Table IV.

**Table V: Response of husband to induced abortion.**

<table>
<thead>
<tr>
<th>Response</th>
<th>No.(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent</td>
<td>50(52.08)</td>
</tr>
<tr>
<td>Don't know about it</td>
<td>30(31.25)</td>
</tr>
<tr>
<td>Spontaneous</td>
<td>16(16.16)</td>
</tr>
<tr>
<td>Opposed</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96(100)</strong></td>
</tr>
</tbody>
</table>

Most of the abortion seekers had the consent of their
husband.

**Contraceptive use before and after an induced abortion:**

Use of contraception had increased after the induced
abortions. Before the first induced abortion only 20.83% of
women had used a contraceptive and after the induced
abortion this increased to 58%.

**Discussion:**

The present study was conducted in the community in
a slum population, whereas, most of the reported figures for
induced abortions are from MTP clinics and, therefore, not
comparable.

Study subjects in the age group of 25-29 years
accounted for a maximum of 51.4% of all induced
abortions. This shows that a large number of women resort
to an induced abortion once their desired family size is
reached as compared to Rochet et al's (1970) finding of
13.6% of the women in the age group of 20-24 years who
gave the reasons as "I think I am too young to have a child'.
In Indian culture women are required to prove their
fecundability early as they are never considered too young
to conceive'. This is also supported by the fact that none of
the induced abortions occurred in women with no living
children and also that maximum number of induced
abortions occurred after the third child birth (37.5%) followed
by 35.4% after the fourth child birth.

31% of the women with the induced abortions had
undergone two or more induced abortions. Christopher
(1989) observed that a fifth of the women seeking abortion
had a previous termination'. 25% of the women in a study
in Mauritius had already had a previous abortion'.

Also studies by Feierman7 (1981) Lasker7 (1981),
Bamisaiye9 (1984), Thaddeus and Maine10 (1994) have
documented that women are unwilling to seek care from
facilities that make them feel uncomfortable.

In the present study, induced abortions were
associated with increased use of contraception as 39.58% of
the women availed of MTP services provided by the Govt.
hospitals and it is a policy to promote CuT insertion or
sterilization after an MTP. This should be further
encouraged in the private sector also. Main reason given for
preference of govt. facilities was its low cost and confidence
in the safety of the procedure and this finding is supported
by another study done in Turkey'.

Abdominal massage accounted for 4(22.22%) of the
18 self induced abortions. Its use has been documented by
Hogue (1978) and Tongplaeaw (1979) in 80% of the
induced abortions occurring in Thailand13. Over 40% of the
women with self induced abortion resorted to consumption
of products they thought to be abortifacient but the
emenagogue action of these products have not been
documented, studies may be undertaken in future to
document their effect.
Women whose spouses were literate were more likely to undergo induced abortions (p<0.01). More of men folk who were literate were likely to accept a smaller family norm and also to impart the information to their wives (28.57%). 52.08% of the spouses had consented to their wives' decision to terminate a pregnancy reflects that menfolk prefer that women undergo an induced abortion to limit their family size rather than to carry an unwanted pregnancy to term. Also gainfully employed women felt a greater need to control their family size so as to feel free from burden of looking after too many children as that might hamper productivity. 71.4% of the women felt that economically they could not afford to have another child.

Looking at results obtained from this study it can be concluded that women of this area in the reproductive age group face a set of problems not only because of low literacy, low socio-economic status and dependent status but also because of lack of control over their reproductive intentions and ignorance as to how to fulfill them. There is a need to provide fertility regulation services keeping the user's perspective in mind.

References:

ELECTIONS ANNOUNCEMENT

Besides the election of President/Vice-President and 12 Executive Members, the election for the post of Secretary General of IAPSM and Head Office of IJCM are due to be held at the annual meeting, at Jammu in Feb 2001.

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Induced abortions in urban slum

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