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Research Article

Medical termination of pregnancy and subsequent adoption of contraception

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ABSTRACT

Background: The reasons for seeking MTP ranged from proximate causes such as desire to limit family size or space pregnancies, seeking abortion for medical reasons or availing it on medical advice to distal determinants such as poverty, violence and belief system. Therefore, the present study was undertaken to study the factors influencing MTPs & the subsequent adoption of contraceptive methods following MTP.

Methods: The study subjects included 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: 103 women who sought MTP during the study period were included in the study. Among the MTP seekers 22 (21.4%) women had history of one or more abortions in the recent past. Most of the study subjects i.e., 41 (39.8%) sought MTP for socio-economic reasons. The other conditions were eugenic reasons among 40 (38.9%) and medical reasons 10 (9.1%), only 12 (11.6%) women sought MTP for contraceptive failure. Adoption of contraception following MTP was seen only among 52 (50.5%).

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. Similarly, all MTP seekers should be provided information and counseling for post-abortal contraceptive use and enable these women and their spouse to make an informed and voluntary choice and thus avoid the need of a repeat abortion.

Keywords: Medical termination of pregnancy, Reasons for MTP, Post abortal contraceptive usage

INTRODUCTION

Medical Termination of Pregnancy (MTP) represents an important aspect of women's reproductive health and right. Women's access to safe abortion services is essential to safeguard their health and is one of the important components of Reproductive and Child Health Programme. Even in countries where contraceptives are easily available and commonly used, the number of unintended pregnancies remains high. A large proportion of these unintended pregnancies end up in abortions.

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. Though awareness of contraception is high, lack of availability of spacing methods, misinformation and apprehension about the different contraceptive options prevents widespread contraceptive use and abortion is used as an alternative to contraception.

The MTP Act of India, 1971 has been a symbol of hope and a landmark in social and medical legislation, with far reaching positive benefits for the reproductive health of women. It is a protective foil for the healthcare system and its beneficiaries. The MTP act allows abortion for the conditions such as medical reasons which endangers the life of mother, birth of a child with abnormalities, socio-economic, humanitarian & contraceptive failure. Since the enactment of the MTP act in India, there is a marked increase in the number of acceptors for abortions. The increase in abortion acceptors may be due to awareness about MTP act, changing attitude of women towards abortion, improvement in the availability of hospital facilities and declining social stigma attached to abortion.

The liberalization of MTP laws has resulted in a dramatic increase in the number of abortions over the years, but the data on attitude, behavior and practices related to abortion are not very conclusive and vary from place to place. This information is necessary for improving the abortion services and increasing the subsequent adoption of contraception. Despite the sizable literature on abortions, understanding of the nature and interaction of the different factors influencing the decision to terminate pregnancy remains limited. The reasons for seeking abortion reported in the various studies ranged from proximate causes such as a desire to limit family size or space pregnancies, seeking abortion for medical reasons or availing it on medical advice to distal determinants such as poverty, violence and belief system. Therefore, the present study was undertaken in a hospital, to study the factors influencing MTPs & the subsequent adoption of contraceptive methods following MTP/ reasons for not adopting contraceptive methods.

METHODS

The study was conducted at the Department of Obstetrics & Gynaecology, Kempegowda Institute of Medical Sciences Hospital & Research Centre, Bangalore, India. The study subjects included women who underwent MTP at the hospital during the study period of one year (Jan. 2012 – Dec. 2012).

The details regarding the reason for seeking abortion and acceptance of post abortal contraception was taken among all the MTP seekers. A detailed information regarding socio demographic profile, parity, number of living children, age of previous child, duration of pregnancy, factors influencing MTP were collected through a pre designed and pre tested case record form and information regarding subsequent use of contraceptive methods used/ reasons for not adopting contraception were collected through house visits or by telephonic interview.

The data obtained was analyzed statistically including mean, percentage distribution and chi square test.

RESULTS

One hundred and three women who sought MTP in the hospital during the study period were included in the study. The socio - demographic profile of these women were as follows:

Majority of the MTP seekers were in the age group of 18-25 years (49.5%), followed by 25 – 35 years (39.8%) and 35 – 45 years (8.8%). 2 (1.9%) of the study subjects were below 18 years of age. The mean age of women who underwent abortion was 25.2 ± 4.7 years. In the study population, most of them were studied up to intermediate 34 (33.0%). According to socio economic status, majority of the MTP seekers 41(39.8%) belonged to class II, followed by class III 33 (32.0%) and most of the MTP seekers were house makers 84 (83.4%) (Table 1).

Table 1: Socio-demographic profile of MTP seekers (n=103).

Characteristics	Number	Percentage	
Age (in years)	<18	2	1.9
	18-25	51	49.5
	25-35	41	39.8
	35-45	9	8.8
Level of education	Graduate/ Post graduate	22	21.4
	Intermediate	34	33
	High school	24	23.4
	Middle school	14	13.5
	Primary school	3	2.9
	Illiterate	6	5.8
Socio – economic status*	1	11	10.7
	2	41	39.8
	3	33	32
	4	18	17.5
Occupation	House wife	84	83.4
	Working	19	16.6
Marital status	Married	98	95.1
	Unmarried	5	4.9

*Modified Kuppaswamy classification

Among the MTP seekers 22 (21.4%) women had history of one or more abortions in the recent past (Table 2). Similarly, 57 (55.34%) women had one or more living children i.e., 34.9% of the women had one living child,

12.6 % had 2 children and 8.7% of them had more than 2 children (Table 3). The age of previous child was found to be less than 1 year in 2.9% and less than 3 years among 29.1% of the women who sought MTP (Table 4).

Table 2: History of previous abortion/s (n=103).

Previous abortion	Number	Percentage
Yes	22	21.4
No	81	78.6
Total	103	100.00

Table 3: Distribution of women according to number of living children (n=57).

Children	Number	Percentage
1	36	34.9
2	12	12.6
>2	9	8.7

Table 4: Distribution of women according to age of the previous child (n=57).

Age	Number	Percentage
<1 year	3	2.9
1-3 years	30	29.1
3-5 years	8	7.8
>5 years	16	15.6

Most of the study subjects i.e., 41 (39.8%) sought MTP for socio-economic reasons. The other conditions were eugenic reasons among 40 (38.9%) and medical reasons 10 (9.1%), whereas only 12 (11.6%) women sought MTP for contraceptive failure (Table 5). Among them 6 women had failure of barrier methods i.e., 3 failures due to oral contraceptive pills, 2 failures of intrauterine devices and 1 failure of tubectomy.

Table 5: Distribution of women according to the conditions for MTP (n=103).

Conditions	Number	Percentage
Socio-economic	41	39.8
Eugenic	40	38.9
Contraceptive failure	12	11.6
Medical	10	9.7
Total	103	100.00

Adoption of contraception following MTP was seen only among 52 (50.5%) subjects. Of these, 21 women adopted tubectomy who had 2 or more children, 12 women who had one child accepted Intra Uterine Device, 7 women adopted oral contraceptives and 1 woman with one child adopted injectable hormone. In addition, 11 husbands of women with one child adopted barrier method (Table 6).

Table 6: Contraceptive methods used following MTP (n=52).

Method	Number	Percentage
Barrier method	11	21.2
OCP	7	13.5
Cu T	12	23.1
Injectables	1	1.9
Tubectomy	21	40.3
Total	52	100.00

The acceptance of concurrent contraception showed significant positive association with increasing age (P = 0.0006) and parity (P < 0.0001) (Table 7 & 8).

Table 7: Association between acceptance of concurrent contraception and age.

Age	Contraception		Chi square value	P value
	Adopted	Not adopted		
<30	27	43	12.41	0.00043
>30	25	8		

Table 8: Association between acceptance of concurrent contraception and parity.

Parity	Contraception		Chi square value	P value
	Adopted	Not adopted		
<2	32	50	21.13	0.0000042
>2	20	1		

The main reason given for not accepting any post-abortion contraception was "husband objected" among 16 (32%). Other reasons included "do not want" in 9 (18%), "Family Planning method fails" among 8 (16 %), while 17 (34%) did not respond (Table 9).

Table 9: Reasons for not accepting contraceptive methods (n=51).

Reasons	Number	Percentage
Husband objected	16	32
Do not want	9	18
Family Planning method also fails	8	16
Did not respond	17	34
Total	51	100.00

CONCLUSION

Safe and legal abortion i.e., MTP is considered a key intervention for improving women's health and quality of life. There is a gradual increase in MTP acceptance over the years due to liberalization & awareness about MTP act, changing attitude of women towards abortion, improvement in the availability of hospital facilities and declining social stigma attached to abortion. Reproductive preferences & behavior among women vary widely with demographic, socio economic and other factors. The present study focused mainly on the reasons for MTP and adoption of contraception following MTP.

Majority of the MTP seekers were in the age group of 18-34 years. Similarly, Chhabra et al in their study showed that more than 80 percent of women who obtain MTP were in the age group of 20-34.¹ This shows that younger women seeks MTPs 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.

The present study showed that 57 (56.2%) MTP seekers had one or more living children, among them 9 (8.7%) had 2 or more living children and completed their family. Similarly 33 (32%) of them had child less than 3 years of age which is the ideal spacing period. Dhillon BS et al, in their study also showed that 47.3 per cent of the women seeking MTP had parity of three or more.² This reveals that there is lack of proper knowledge and motivation among these women for accepting contraception, which has to be done by the health care personnel.

The present showed that 22 (21.4%) women who sought MTP had history of one or more abortions in the recent past. Similarly, a study done by Shipra Guptha et al, showed that 12.5 % of women had previous history of abortion/s.³ Another study done by Ganguly et.al., also showed that 5.7% of women had previous history of abortion/s.⁴ This shows that many women consider abortion as a method of contraception. The health care provider should insist for post abortion contraception and provide information and counseling to enable the women

and spouse to make an informed and voluntary choice and thus avoid the need of a repeat abortion. Contraceptive services should also include emergency contraceptives to prevent unwanted pregnancy.

Many women consider medical termination of pregnancy as a method of contraception. This is supported by the fact that, in our study the most common factor responsible for seeking abortion was unwanted pregnancy and that they did not want children due to socio economic reasons in 39.8% percent. Only 11.6% percent women sought MTP due to failure of contraception. Similarly, Khokhar et al, in their study at urban slums of Delhi noted that the most common reasons for the abortion stated by the women undergoing MTP were unplanned pregnancy, inadequate income & completed family.⁵ Similarly, Dhillon et. al., in their study found that the most common reason given for terminating the pregnancy was "did not want any more children" in 42%.² This shows that, the eligible couples has to be educated regarding the availability of different methods of contraceptives and their proper use will definitely avoids pregnancy as long as they want.

The present study showed that the adoption of Post-abortion contraception was only among 52 (50.4%). Similarly, a study done by Dhillon BS et al showed that the acceptance of post abortal contraception was only among 48.9% of the women. Of these, 37.2% accepted an Intra Uterine Device/oral contraceptive (IUD/OC) and 49.1% a permanent method.² This shows that, unmet needs of contraception is still existing as more than half of MTP seekers in our study adopted contraceptive measures after MTP. Though awareness of contraception is high, lack of availability of spacing methods, misinformation and apprehension about the different contraceptive options prevents widespread contraceptive use and abortion is used as an alternative to contraception. It was observed that, although post abortion clients clearly wanted to avoid another unwanted pregnancy, they generally failed to receive family planning information and services. Abortion providers did not view contraceptive provision as their subsequent responsibility & services for MTP and family planning often will not be available on the same day or in the same location.⁶ This indicate the failure on the part of health care providers to counsel these women on need for temporary or permanent methods of contraception.

In conclusion, women access MTP for various reasons throughout their reproductive years. The present study showed that the important factor responsible for seeking MTP was unwanted pregnancy due to socio economic reasons in 39.8%. This can be avoided by educating eligible couples regarding the availability of different methods of contraceptives and their proper use to avoid pregnancy as long as they want. Adoption of post abortion contraception is important for avoiding unwanted pregnancies, still the acceptance of post abortal contraception is found to be only by 50.5% of the

women. Therefore, the health care providers should provide information and counseling for post-abortal contraceptive use and enable these women and their spouse to make an informed and voluntary choice and thus avoid the need of a repeat abortion.

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