

Research Article

A study of sociodemographic determinants, reasons and decision maker of medical termination of pregnancy in urban slums of Jamnagar, India

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ABSTRACT

Background: Medical termination of pregnancy is defined as “willful termination of pregnancy before the age of viability of the foetus. The objective was to study the socio-demographic & obstetric profile and the reasons for procuring an abortion & choice of health care provider.

Methods: A Cross-sectional study was done in urban slum in Jamnagar municipal corporation area by using 30 clusters sampling technique. Every women in the reproductive age group (15-49 years) was included in the study till the sample size of 15 was completed in each cluster and thus total 450 women were interviewed. 48 women out of the total of 450 ever married women in the reproductive age group who had ever undergone induced abortion were studied in detail

Results: In the present study out of 450 eligible women, 48 (10.67%) had undergone an induced abortion and once only. 72.91% (35/48) of the women belonged to the age group 25-34 years and 89.59% (43/48) of the women were Hindus. Almost half of the total women (45.83%) had primary education, higher proportion of women were housewife 77.09% (37/48). According to Modified Prasad’s classification, 54.17 % of women belonged to lower social class (IV and V). One third (33.33%) of the women who underwent MTP had 1 living child. Majority 79.16% of the women preferred government hospital and in 45.83% cases both husband and wife acted as decision maker for MTP. Most common reason given for terminating the pregnancy was “birth spacing”. (52.09%) Other reasons given were, “family completed” (22.91%), “medical” (14.58%) & social (4.17%). Majority of the women (70.83%) accepted post abortion contraception.

Conclusion: There is need to counsel women of reproductive age group that MTP is not a way to control unwanted birth and it is not free from risk. They should be motivated for various methods of contraception.

Keywords: MTP, Sociodemographic profile, Urban slum

INTRODUCTION

Medical termination of pregnancy is defined as “willful termination of pregnancy before the age of viability of the foetus (20 weeks for all practical purposes) under any grounds within the act of medical termination of pregnancy”.¹

Medical termination of pregnancy (MTP) is the most controversial area of family planning, but, it is often the most important method of fertility regulation by the community in the struggle to control family size.²

Medical termination of pregnancy (MTP) is a sensitive issue because it directly enters into the private arena of

pregnancy and reproductive rights. Worldwide, induced abortion represents an important aspect of women's reproductive health and rights.³

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 urban slums to study various socio-demographic & obstetric factors which influence induced abortions.

Objectives

1. To study the socio-demographic & obstetric profile.
2. To study the reasons for procuring an abortion & choice of health care provider
3. To know the decision maker for MTP.

METHODS

Study design: Cross-sectional.

Setting: Out of 19 wards and 64 slum pockets in the Municipal Corporation area of Jamnagar, urban slum areas were selected by using 30 clusters sampling technique.

Participants: Every women in the reproductive age group (15-49 years) was included in the study till the sample size of 15 was completed in each cluster and thus total 450 women were interviewed. 48 women out of the total of 450 ever married women in the reproductive age group who had ever undergone induced abortion were studied in detail.

Data Collection: A pilot study was done in urban slums first. Sample size of the study was 50. After analyzing the result, modified proforma was prepared. Data was collected by using a pretested and semi structured questionnaire which included questions regarding the socio demographic & obstetric profile of these women. Informed verbal consent was taken from all participants. The community was very cooperative, actively participated in the study and provided full support throughout the study.

Study variables: Age, Literacy of women and husband, religion, gainful employment, socioeconomic status, family type, parity of woman, reasons for induced abortions, providers of induced abortions, decision maker for MTP, contraceptive use.

Limitations of the study

Reporting bias and limited sampling area are the major limitations of the study.

RESULT

In the present study out of 450 eligible women, 48 (10.67%) had undergone an induced abortion and once only. 72.91% (35/48) of the women belonged to the age

group 25-34 years and 89.59% (43/48) of the women were Hindus. Almost half of the total women (45.83%) had primary education, 10.41% had secondary education while 18.76% of the women were illiterate. Almost half of the women had undergone MTP, their husbands education was up to primary level. Higher proportion of women who were housewife 77.09% (37/48) had undergone an induced abortion. According to Modified Prasad's classification, 54.17 % of women belonged to lower social class (IV and V), 29.16 % belonged to social class III & 16.67 % belonged to upper social class (I & II). Of the 48 women studied, one third (33.33%) of the women who underwent MTP had 1 living child, around half (54.17%) had 2 live births, 12.50% had 3 or more living children (Table 1).

Table 1: Sociodemographic and obstetrics characteristics of women (N=48).

Socio-Demographic Characteristics	No.	Percentage
Age (in years)		
15-24	5	10.41
25-34	35	72.91
35-44	8	16.68
>=45	0	0
Religion		
Hindu	43	89.59
Muslim	5	10.41
Education of women		
Illiterate	9	18.76
Primary	22	45.83
Secondary	5	10.41
Higher secondary and above	12	25
Education of husband		
Illiterate	6	12.50
Primary	18	37.50
Secondary	11	22.91
Higher secondary and above	13	27.09
Occupation		
Housewife	37	77.09
Labourer	6	12.50
Service	5	10.41
Type of family		
Nuclear	25	52.09
Joint	23	47.91
No of living children		
1	16	33.33
2	26	54.17
>=3	6	12.50
Socioeconomic status		
Upper (i & ii)	8	16.67
Middle (iii)	14	29.16
Lower (iv & v)	26	54.17

Out of the 48 women having a history of previous MTP, majority 38/48 (79.16%) of the women preferred government hospital & only 20.83% of the previous MTP were done in private hospital (Table 2).

Table 2: Distribution of women according to place for termination of pregnancy (N=48).

Place for termination of pregnancy	Distribution of women	
	No.	%
Government hospital	38	79.16
Private hospital	10	20.83
Total	48	100.00

Most common reason given for terminating the pregnancy was “birth spacing”. (52.09%) Other reasons given were, “family completed” (22.91%), “medical” (14.58%) & social (4.17%). 6.25% of the total MTP were due to contraceptive failure, of which 64% were due to failure of condoms & 36% were due to failure of Copper T (Table 3).

Table 3: Distribution of women according to reason for MTP(N=48).

Reason for MTP	Distribution of women	
	No.	%
Family completed	11	22.91
Contraceptive failure	3	6.25
Medical cause	7	14.58
Birth spacing	25	52.09
Social causes	2	4.17
Total	48	100.00

In 45.83% cases both husband and wife acted as decision maker for MTP. In 14.58 % cases husband only and in 20.84 % cases doctor/health worker acted as decision maker. Only 12.5% cases women herself while in 6.25% cases mother-in-law acted as decision maker (Table 4).

Table 4: Distribution of women according to the person who acted as decision maker for MTP. (N=48).

Decision maker	Distribution of women	
	No.	%
Both husband and wife	22	45.83
Husband only	7	14.58
Doctor/ health worker	10	20.84
Own	6	12.5
Mother-in-law	3	6.25
Total	48	100.00

Majority of the women (70.83%) accepted post abortion contraception. (Table 5)

Table 5: Acceptance of contraceptives after MTP. (N=48).

Acceptance of contraceptives	No	Percentage
Yes	34	70.83
No	14	29.17
Total	48	100.00

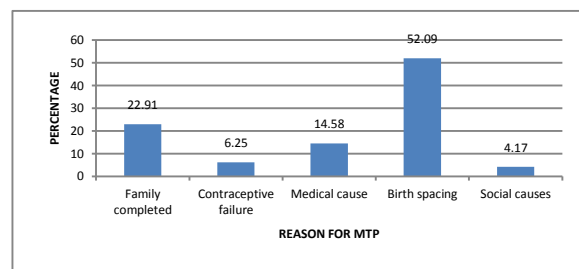


Figure 1: Distribution of women according to reason for MTP.

DISCUSSION

The MTP rate was higher in the age group 25-34 years as found in a study by Dhumle et al.⁴ There was not even a single case of unmarried women in our study who availed abortion service.

Hindu women sought MTP services in higher proportion as compared to Muslim women. The similar observations were noted in other studies done by nirmalajagat⁵ and sutapaagarwal.³ However in this area majority were Hindu population. Hence, very few of them seek abortion service due to their religious value and custom.

The women from lower socioeconomic class approached for MTP in higher proportion as compared to upper class. Bahadur⁶ and Shivkumar⁷ in their studies also observed higher incidence (53.4%) of women belonging to the lower class.

The proportion of MTP was less among the women having education above high school as compared to those having education below high school. The highly educated women might be using appropriate contraceptive methods to space or avoid their pregnancies.

Majority (84.21%) of the women were having 2 or more living children revealing the fact that in spite of the completed family size, these women got unwanted pregnancy and sought MTP. There is a need to make the women aware of the various contraceptive measures available. In the study on fertility indicators in Ahmedabad done by Puwar et al.⁸ 21.35% of women had two children, while 43.67% had more than two children. Shipra et al.⁹ found in their study that only 31.58% of the previous MTP were done in Government Hospital, 10.52% of the previous MTP were done by Quack and

57.90% in private hospitals while in our study 79.16% women preferred government hospital for MTP.

Our study found that the major reasons for MTP were: birth spacing (52.09), family completed (22.91%) and medical causes (14.58%). Similar findings were found by Santhya & Verma¹¹ and Dhillon et al.¹²

A study done by Santhya and Verma¹¹ in Madhya Pradesh, women reported the achievement of desired family size as the reason in 41% of attempted abortions, and the need for spacing in 30% of abortion attempts, risk to women's health, reported health reasons in 22% of attempted abortions.

Dhillon et al.¹² in their study found that the most common reason given for terminating the pregnancy was "did not want any more children" (42%). Other reasons included "child too young" (23.4%), "exposure to X-ray/illness" (13.4%), "pregnancy due to contraceptive failure" (7.8%) and "others" (4.6%). In 12.4 per cent women the reason for abortion was specifically mentioned "do not want any more daughters".

Unlike our study Shankaraiah et al.¹⁰ in their study mentioned that most of the study subjects i.e., 41 (39.8%) sought MTP for socio-economic reasons.

A study conducted at Delhi, reported the reasons were unplanned pregnancy, inadequate income and completed family (Khokhar et al.¹³).

In 45.83% cases both husband and wife acted as decision maker for MTP; it shows good spousal communication but only in 12.5% cases women herself acted as decision maker. It seeks empowerment of women.

Majority of the women (70.83%) accepted post abortion contraception & Mukhopadhyay et al.¹⁴ in their study on fertility regulation at Kolkata found that 35.8% accepted Copper T while 30% accepted permanent sterilization after MTP as a mode of contraception.

CONCLUSION

Abortion despite legalisation is a great neglected health care problem of women in their reproductive age-group who faces a complex set of problems like low literacy, low socio-economic status, early marriage and pregnancy, lesser use of contraception, sex-selective abortions, limited access for majority of women in slum areas to abortion services. Females in the young age group, residing in the urban slums, illiterate and of lower socioeconomic class are more vulnerable to the unwanted pregnancies. Major reasons for termination of pregnancy were: Completed family size, Previous baby too young and Economic. These unwanted pregnancies which were getting terminated reveal the unmet need of contraception. There is need to counsel women of reproductive age group that MTP is not a way to control

unwanted birth and it is not free from risk. They should be motivated for various methods of contraception.

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