

**MEDICAL TERMINATION OF PREGNANCY ACT A PRELIMINARY  
REPORT OF THE FIRST TWENTY MONTHS  
OF IMPLEMENTATION**

by

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The practice of interrupting healthy pregnancy is an ancient one throughout the world. The provisions regarding abortion in Indian Penal Code were enacted about a century ago. According to that law abortion was a crime for which the mother as well as abortionist could be punished in all cases except where it had to be induced for saving the life of the mother. This very stringent law had been observed in the breach in a large number of cases all over India. Whatever may be the moral and ethical feelings on the question of induced abortion it was an incontrovertible fact that a large number of women, most of them married, who have no necessity to conceal their pregnancy were willing to risk their lives in an illegal abortion rather than carry that particular child to term.

The Central Family Planning Board at their 16th meeting held on 25th August, 1964 expressed anxiety on the reported increase in the number of illegal abortions performed in unhygienic condition by untrained persons affecting the life and health of the women and recommended that a committee be formed to examine this question. Therefore, a committee under the Chairmanship of Shri Shanti Lal Shah, the then Minister

for Health, Law and Judiciary, Government of Maharashtra was constituted in 1964 to examine the question of legalisation of abortion. The committee recommended that the existing Indian Penal Code was too restricted and that it should be liberalised. Suggestions were also received from various authorities, Governmental as well as public, on the recommendations and the question was considered at the Central Family Planning Council at their 4th meeting.

The Medical Termination of Pregnancy bill was introduced in Rajya Sabha on 17-11-1969 and referred to the Joint Select Committee where it was considered in detail. The bill was passed by Rajya Sabha and Lok Sabha on 27-5-1971 and 2nd August, 1971 respectively and became an Act after President's assent on 10-8-1971.

The Medical Termination of Pregnancy Act has been enforced from 1st April, 1972. The Act extends to the whole of India except to the State of Jammu and Kashmir.

*Progress*

According to Shanti Lal Shah Committee report, in a population of 500 million the number of abortions per year will be 6.5 million, 2.6 million natural and 3.9 million induced. The experiences of other countries after liberalization of abortion law showed that there was a spectacular increase of legal abortions

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*Received for publication on 9.5.74.*



throughout Eastern Europe, particularly in Czechoslovakia and Hungary. In Czechoslovakia it reached a peak in 1961 where there were 29 abortions per thousand women which dropped to 22 in 1964. In Hungary liberalization of abortion was followed by continuous increase of legal abortions which reached its maximum in 1964 with 75 abortions per 1,000 women. In Japan also the number rose from 2,46,000 in 1949 to 1,170,000 in 1965 corresponding to annual rate of 11.1 abortions per 1000 population. In the first twelve months of liberalised law approximately 40,000 legal abortions were performed in England, Wales and Scotland giving a rate of 0.77 per 1000 population. In California there was an eight fold increase after the change of law and the rate increased from 1.6 abortion per 1000 live births to 500 per 1000 live births in some hospitals.

Even though motivation amongst our women to have their pregnancy terminated may be high, considering that 80% of women live in villages, it was felt that most women either through ignorance or fear may not come to the hospital to receive medical assistance. It was estimated that roughly 1 to 1½ million women may take advantage of the facilities provided during the earlier years.

The reports received from the States and Union Territories in the first twenty months show an entirely different picture. A total of 48,242 terminations have been performed from 1st April, 1972 to 30th November, 1973. In April, 1972, 761 terminations were performed and after six months the number was nearly tripled to 2031, and it increased to 3305 i.e. more than four times by 12 months. Although the trend is towards steady progress still the number of terminations performed throughout the country are

much below expectation. The reasons are not known at present, but lack of facilities, lack of preparedness, reservation in the minds of medical practitioners and underreporting may be contributing factors.

550 institutions have been approved in the country for doing terminations. The Act has so far been implemented in all the States except in the States of Bihar, Assam, Nagaland, Meghalaya and Union Territory of Mizoram. State-wise, Maharashtra and Tamil Nadu take the lead with 15325 and 8131 terminations respectively. Delhi is next with 4961 followed by West Bengal with 3977 and Kerala and Gujarat 3062 and 2238 respectively. Tables I and II give the number of terminations performed month-wise and State-wise.

TABLE I

*Month-wise Number of MTP Done For the Months from April, 1972 to November, 1973 (20 Months)*

Month	No.
1. April, 1972	761
2. May, 1972	1143
3. June, 1972	1278
4. July, 1972	1636
5. August, 1972	1657
6. September, 1972	2031
7. October, 1972	1877
8. November, 1972	2101
9. December, 1972	2483
10. January, 1973	2579
11. February, 1973	2707
12. March, 1973	3305
13. April, 1973	3295
14. May, 1973	3279
15. June, 1973	3050
16. July, 1973	3112
17. August, 1973	3007
18. September, 1973	2801
19. October, 1973	2865
20. November, 1973	3675
Total	48,242



TABLE II

Number of Medical Termination of Pregnancy Done in the State/Union Territories During the Period April 1972 to November 1973

State/Union Territories	No.
1. Andhra Pradesh	1767
*2. Assam	
*3. Bihar	
4. Gujarat	2238
5. Haryana	233
6. Himachal Pradesh	89
**7. Jammu & Kashmir	
8. Kerala	3062
9. Madhya Pradesh	2026
10. Maharashtra	15325
11. Manipur	—
*12. Meghalaya	
13. Mysore	1568
*14. Nagaland	
15. Orissa	126
16. Punjab	385
17. Rajasthan	186@
18. Tamil Nadu	8131
19. Tripura	168
20. Uttar Pradesh	751
21. West Bengal	3977
22. A & N Islands	30
23. Arunachal Pradesh	—
24. Chandigarh	1188
25. D & N Haveli	2
26. Delhi	4961
27. Goa, Daman & Diu	114
28. L.M.A. Islands	—
*29. Mizoram	
30. Pondicherry	223
31. Min. of Defence	423
32. Min. of Railways	1269
Total	48242

\* MTP Act has not been implemented.

\*\* MTP Act does not extend to the State.

@ Incomplete information.

— Information not received.

#### Characteristics of women who undergo termination

Out of a total of 48,242 terminations, 18,806 cases for six quarters have been analyzed—266 in the first quarter, 2565

in the 2nd quarter, 3339 in the 3rd quarter, 3846 in the 4th quarter, 4798 in the fifth quarter, and 3992 in the sixth quarter. The following observations have been made:

#### Institutions

Initially 92.5% of the cases were performed in Government institutions. As more non-Govt. Institutions were approved the trend is now changing and more terminations are being performed by non-Government institutions. In the last quarter, 56.3% cases were done in non-Government Institutions as against 43.7% in Government Institutions. This may show that either the doctors in these institutions are taking more interest in the work or the cases prefer to go to these institutions.

#### Marital Status

84.3% of women were married. Except for the fourth quarter where there were 39.7% of unmarried women by and large their percentage remains constant between 8.6 and 10.0%.

This figure tallies with reports from Eastern European countries. In Rumania, 94% and in Hungary 90% of women who seek legal abortions were married. In New York City, half the women taking advantage of new abortion law were unmarried.

#### Religion

81.5% of women whose pregnancies were terminated were Hindus, 7.3% Muslims, 7.5% Christians and 3.7% others which roughly corresponds with the distribution of the religious communities in India. According to the latest Census 82.72% of the total population are Hindus, 11.21% Muslims, 2.60 Christians and the rest others.



### *Number of children*

27.1% of women sought termination after 2 living children and on an average there is not significant difference in the number of living children when women came for termination. However, in the first quarter no nulli parous women requested for termination; but in the subsequent quarters more and more women without children demanded termination. The maximum number of terminations 30.7% and 25.9% were performed after one and two male living children respectively.

In Yugoslavia childless women made up about 11% of those having abortion, women with one or two children 55%, with three or four children 27% and with five or more children 7%. In Czechoslovakia 44% women who accepted termination had more than three children. In Hungary average number of children was two. In Japan termination of first pregnancy is mounting. Out of seven first pregnancies four end in abortion.

### *Education standard*

This was analysed for only 14,542 cases. 33% were illiterate and 67% literate. In the first quarter 85.4% were illiterate; but from the 2nd quarter onwards more i.e. about 3/4th of the women who underwent termination were literate. This is perhaps due to dissemination of knowledge regarding the Act.

In Hungary the greatest abortion rate is found among women intellectuals.

### *Family's estimated monthly income*

45.7% had income below Rs. 200/-, 32.9% had income between Rs. 200 and 400/- and 21.4% had income Rs. 400 and above. About 4/5th of the acceptors had income less than Rs. 400/-.

### *Duration of pregnancy*

In the first quarter, 65.8% terminations were done before twelve weeks and in the last quarter this rose to 78.4% which shows a favourable trend.

In New York more than seven out of ten abortions were performed on women twelve weeks or less pregnant.

### *Indication for termination*

56.9% of women obtained terminations for contraceptive failure, 17.9% for environmental reasons and 8.4% for grave injury to mental health. Only 7% had termination for grave injury to physical health, 2.0% for danger to life, 3% for rape and 5.6% on eugenic grounds. This shows that 4/5th of women had terminations for social indications.

In Hungary more than 92% of interruptions have social indications and in Japan 95% of the cases were done for social indications.

### *Termination with sterilisation*

On an average 37.7% women accepted sterilisation with termination. In the first three quarters roughly 1/2 the number of terminations were associated with sterilisation; but in subsequent quarter this number was reduced to 1/3rd showing that initially the insistence on sterilisation was greater.

In Singapore at Kandang Kerbau Hospital about half of abortions performed are followed by tubectomy.

### *Mortality*

In 18,806 cases, 6 deaths were reported giving an incidence of 31.9 per 100,000.

Very low mortality has been reported in the countries where abortion is performed strictly before the 12th week of pregnancy. In Hungary in 1963-64 there



ortion in 7 per 100,000. In Slovakia mortality due to abortion fell to 1/3rd soon after liberalisation in 1958-59 and showed further drop to 4 per 100,000 in 1959-60 and nil in 1961. In Japan also maternal mortality due to induced abortions is 7 per 100,000. In Sweden, however, where abortion is permitted upto 20 weeks there were 14 deaths in 21,803 abortions giving a maternal mortality of 64 per 100,000. In Britain mortality is 30 per 100,000 in the hands of N. H. S. Surgeons and 14 per 100,000 in the private clinics.

#### *The effect of liberalised law on illegal abortions*

The number of cases of septic abortions admitted to 47 institutions were compared for similar periods before and after liberalization of the Law i.e. from 1st April to 30th September in 1971 and 1972. There were 839 cases in 1971 and 981 in 1972 which shows there has been an increase in the number of septic abortions performed after the liberalization of abortion law. Although this figure is not statistically significant and the institutions reporting are very few it does show that illegal abortions are performed and perhaps with the liberalization of the Act are performed more freely.

In other countries where abortion is liberalised and is offered almost on demand, the illegal abortions have not been eliminated completely as complicated cases are still admitted to the hospital for treatment. In 1956 Mehlan was able to show that in G.D.R. an increase in legal abortion was connected with simultaneous increase in criminal abortions.

#### *Summary*

In the first twenty months of enforce-

ment of the Medical Termination of Pregnancy Act 48,242 terminations were performed. Analysis made on 18,806 cases showed that 91.1% of terminations were in urban women. 84.3% of women were married. Religion-wise 81.5% were Hindus, 7.3% Muslims, 7.5% Christians and 3.7% others. 75.6% pregnancies were terminated before 12 weeks of gestation. The most common reasons for termination were failure of contraceptive device in 56% and environmental reasons in 17.9%. 37.7% of women who had termination accepted sterilization. There were 6 deaths giving a mortality of 31.9 per 100,000.

#### *Acknowledgement*

I am highly obliged to Dr. J. B. Srivastava, Director General of Health Services and Dr. Sharad Kumar, Deputy Director General of Health Services for allowing me to publish this report and giving me access to the office records.

I am grateful to Mr. N. K. Jain Technical Assistant in the Department of Family Planning for laboriously analysing the data.

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