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CRIMINAL ABORTION IN WESTERN INDIA

by

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The problem of criminal abortion is as old as mankind. No one shall ever know where it started and when. Its origin shall always be shrouded in mystery. Criminal abortion does not interest only the obstetrician, but is of equal concern to lawyers, sociologists, jurists, priests and philosophers, etc. Criminal abortion is the important cause of maternal mortality and morbidity all over the world. It is believed that about 50,000 women die every year in U.S.A. due to criminal abortion. It is difficult to get the exact figures for illegal abortion because very often the cause of death is labelled as due to some medical disease in order to safeguard from legal complications. If the abortion is successful, it may not be reported. In India, we do not have reliable figures for the incidence of illegal abortions. It is believed that the incidence of

illegal abortion would go down after the introduction of the abortion bill. The present study attempts to analyse the trends in induced abortion in India in the light of the Family Planning movements and the Abortion Law.

Material and Methods

The study consists of 75 induced abortions admitted in S.S.G. Hospital, Baroda, India from February, 1970 to 1972. There were 6716 confinements and 655 spontaneous abortion cases in S.S.G. Hospital during the same period. It is true that only serious and complicated cases of illegal abortion would be admitted in the general hospital, whereas the successful cases and cases with minimal complications may not find a place in the general hospital. Every case of illegal abortion had a detailed history including the social background, for induced abortion were also studied.

Analysis

It is generally believed that unmarried

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women or widows resort to illegal abortion more often than married women. Our study shows that 77.4 per cent of the illegal abortions were in married women and only 22.6 per cent were in unmarried girls or widows (Table I). Higher inci-

TABLE I
Marital Status

Unmarried	11	14.6%
Married	58	77.4%
Widow	6	8.0%

dence of illegal abortion in married women is confirmed from different studies (Table II). We found that 48

TABLE II
Marital Status in Different Studies

Author	Per cent married
Hellman (65 cases)	46.0
Bates (111 cases)	67.6
Tietze (363 cases)	49.6
Simons (1000 cases)	75.0
Timanus (5210 cases)	53.2
Fox (223 deaths)	63.7
Bhatt (75 cases)	71.5

cases had no education, 20 women had education upto school leaving examination (S.S.C.) and only 7 cases had education in the college.

The age group is analysed in Table III.

TABLE III
Age Group

Age	No.
Upto 20 years	12
21-25	19
26-30	17
31-35	19
36 +	8

There were 12 girls below the age of 20 years, out of whom 7 girls were unmarried. The duration of gestation was upto

12 weeks in 55 cases and from 13 to 24 weeks in 17 cases. Stick appears to be the commonest method used for procuring abortion (Table IV). It was the

TABLE IV
Methods of Interference

Stick	31 cases
Dilatation and Curettage	6 cases
Chemicals	7 cases
Not known	31 cases

method used in 31 cases (41.3%). Majority of the patients had their haemoglobin values between 5.1 to 10 G. per cent. Three patients had haemoglobin less than 5 G. per cent. The presenting symptoms are analysed in Table V. Ten patients had

TABLE V
Presenting Features

Pyrexia	55 cases
Bleeding p.v.	35 cases
Peritonitis	25 cases
Unconsciousness	14 cases
Tetanus	10 cases
Gas gangrene	1 case

tetanus on admission. This reflects on the poor sterilization technique and the lack of aseptic precautions because of the clandestine approach. Forty-five patients were treated conservatively (Table VI).

TABLE VI
Management

Conservative	45 cases
Laparotomy	5 cases
Colpotomy	7 cases
Digital evacuation	6 cases
Dilatation and curettage	12 cases

Abdomen had to be opened in five cases and colpotomy was needed in seven cases. Twenty-three patients died. The mortality works out as 30.6 per cent. The causes of death are analysed in Table VII.

TABLE VII
Causes of Death

Tetanus	10 cases
Peritonitis	6 cases
Shock	3 cases
Renal failure	1 case
Gas gangrene	1 case
Pulmonary embolism	2 cases
Total:	23 cases (30.6%)

Tetanus ranks highest among the causes of death to be followed by peritonitis and bacterial shock. Postmortem was done in 10 cases and confirmed the clinical diagnosis in most cases. The time of death after admission in the hospital is analysed in Table VIII. The follow-up of the pati-

TABLE VIII
Time of Death

Within 24 hours	8
1- 5 days	6
6-10 days	4
more than 10 days	5

ents who survived is in progress. At present we do not have any figures about the delayed outcome and morbidity in these cases.

Discussion

It is difficult to arrive at the correct incidence of illegal abortions in any country because fatal cases only may be reported. Even in fatal cases the doctor may give some medical condition as the cause of death to avoid social and legal complications for the patient and the physician. Bates and Zawadzki describe five categories of practitioners of criminal abortions.

1. The Physician abortionist.
2. The abortionist with some medical training, including nurses, midwives, etc.

3. The 'Quack doctor' an unlicensed practitioner with no training.

4. The amateur with no background or training.

5. The self abortionist.

The frequency with which the various agencies mentioned above are involved is variable with the country and the type of the institution. Kinsey reports that 87 per cent of the abortions were physician induced and only 8 per cent were self induced. Hellman reports 75 per cent self induced abortions in his series. It is painful to find a high incidence of illegal abortions and equally high mortality. It is argued that in future, with more widespread availability of contraceptives, such as effective oral contraceptive drugs, intrauterine device and many yet to be developed methods, there will be significant decrease in the frequency of illegal abortions. The more widespread use of surgical sterilization procedures, such as tubal and vas ligations may also help prevent unwanted conception and illegal abortions. It is believed that the New Abortion Bill passed by the Parliament is also a step in that direction. It is unfortunate that motivation not to be pregnant is in many cases not aroused until after conception has taken place. If this be so, it is doubtful if the illegal abortions would ever become less. Study from East European countries, where abortion laws have been liberalised suggest the trend of illegal abortions. In Hungary, Bulgaria, Poland, Czechoslovakia and Yugoslavia where abortion laws have been extended to include social indications, there has been a striking increase in the number of legal abortions performed. However, the expected corresponding decrease in the number of illegal abortions has not occurred. In Denmark, in spite of extensive liberal abor-

tion laws there were 4000 legal abortions and 12,000 to 15,000 illegal abortions in 1964. It may be that the red tape necessary for approval, drives many patients to resort to illegal approach.

If the above results from other countries are a pointer, we feel that one should not expect a dramatic fall in the illegal abortions and its complications. The number of legal termination of pregnancy may increase but it would not significantly reduce the incidence of illegal abortions. The women are likely to resort to termination of pregnancy till such time as conception control become a way of life for the woman. The contraceptive methods even now are not hundred per cent effective and has a failure rate. If every conception is by choice and not by chance then the need for termination would also become less and fewer women would resort to illegal methods. So long as the society does not accept the unmarried motherhood, illegal abortions shall continue. What is needed is a change in the attitude of the people and the social taboo associated with unmarried motherhood should soften out. In a permissive society, where conditions are created for frequent meetings between a boy and a girl, the consequences should also be accepted by the society. If an unmarried mother is treated with respect, we feel she would be less inclined to resort to illegal abortion.

Follow-up is now available in 32 patients. Backache and pain in the abdomen is complained by 12 patients. Nine patients have menorrhagia and one is complaining of scanty periods. Seven patients complained of sterility. These women were unmarried when they resorted to criminal abortion but are married now.

Evidence of chronic pelvic inflammation is present in 8 cases. Two patients have conceived and delivered a full term baby normally. Five patients have undergone tube ligation. We are not sure if the incidence of sterility is higher after criminal abortion than after spontaneous abortion or normal delivery.

Summary and Conclusions

1. It is a study of 75 illegal abortions admitted in S.S.G. Hospital, Baroda, India, in about two years.
2. The incidence of married women resorting to illegal abortion was 77.4%.
3. A vegetable stick is the commonest foreign body introduced with the object of performing illegal abortion.
4. Tetanus developed in 13.3 per cent of the cases and mortality for illegal abortion was 30.6 per cent. The common causes of death are tetanus, peritonitis and bacterial shock.
5. Control of illegal abortion is a multi-disciplinary approach.
6. Impact of the contraceptives and the new abortion bill on the incidence of illegal abortion is discussed.

References

1. Bates, J. E. and Zawadzki, E. S.: Criminal Abortion, Charles C. Thomas, Springfield, III, 1964.
2. Fox, L. P.: Abortion Deaths in California. *Am. J. Obst. & Gynec.* 98: 645, 1967.
3. Hellman, L. M.: Cited by Swartz (6).
4. Kinsey, S A.: Cited by Swartz (6).
5. Purandare, B. N.: Medical Complication of septic abortion in India. Proceedings of the Vth World Congress of Obst. & Gynec. Butterworth Publishers, 1967, page 741.
6. Swartz, Richard, H.: Septic Abortion, J. B. Lippincott Company, 1968.

See Figs. on Art Paper I