ANALYTICAL STUDY OF ABORTIONS IN RURAL COMMUNITY

by

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"The sense of insecurity after abortion goes up when subsequent pregnancies are wasted in the same manner. Indeed some of them become permanently infertile" (Chakravarty and Gun 1974). Abortion and stillbirth is a great mental trauma to the mother and specially if it occurs with the first pregnancy.

Various studies done at various times in different parts of the country (Shah, 1957; Belvalgidal, 1963; Anand, 1965; Eastmann and Helman, 1966; Mudaliar and Menon, 1968) have revealed that abortion is the outcome of 10-25% of all pregnancies.

It is estimated that in India about 4-6 million abortions take place annually. 72-78% of all abortions occur in mothers in the age group of 20-24 years which incidentally is the peak period of fertility. Abortion rate in India is estimated to be 13/1000 population (5 spontaneous and 8 induced).

Rajashekaran and Vijaya (1973) found 5.8% of all abortions were associated with sepsis. This figure was found to be 11.3% by Bhaskar Rao (1971). He also found that septic abortion was more common in women beyond 35 years of age.

Asherman (1960) established relation between abortion and uterine synechia which ultimately turn out to be the cause of infertility.

The present study is aimed at finding out the extent of foetal loss in form of abortions in a rural community and the various socio-cultural and medical factors responsible for it.

Material and Methods

200 women were selected randomly from village Vallabhnagar, the Headquarter town of R.H.T.C. attached to R.N.T. Medical College, Udaipur. There was representation of all communities and all social classes in the selected sample. They were interviewed in isolation on a pretested qestionnaire for abortions experienced by them in their so far completed reproductive span. The eldest women still in the reproductive phase from each of the randomly selected house was considered.

Observations

71% of the interrogated women were in the age group of 21-30 years; 19% were

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31 years and above and only 10% were upto 20 years of age.

88% of the women were Hindu by religion of which 36% belonged to backward classes; 7% were either scheduled castes or tribes. Mohmedans constituted 12%.

39% of the women belonged to S.C. III, 29% to S.C. IV, 18% to S.C. V, 10% to S.C. II and 4% to S.C. I.

In all, these 200 women throughout their so far completed reproductive span have experienced 726 pregnancies out of which 622 (85.67%) resulted in live births, 88 (12.12%) in abortion and 16 (2.21%) in stillbirths. Thus in all out of 726 pregnancies 104 i.e. 14.33% resulted in foetal loss.

Sixty-four (32.0%) of the 200 women interrogated had abortion sometimes or the other in their so far completed life time. Forty-six (23.0%) of them had it only once, 12 (6.0%) twice and 6 (3.0%) thrice. The average number of abortion per aborting women is 1.37.

Most of the abortions occurred in mothers while they were young. Sixty-eight, 77.26% of the total abortions occurred up to the age of 25 years, while only 8 i.e., 9.08% occurred after 31 years of age.

In most instances the pregnancy order of the aborted child was higher. Twenty-two out of 88 abortions were in primigravidae, 36 in second gravidae and 14 in third gravidae. Only 8 abortions took place in 6th or higher gravidae.

Majority of abortions occurred in 9-16 weeks period. Only 8 occurred before 6 weeks and 2 abortions occurred after 20 weeks.

It was only on 2 occasions that abortion was induced. In remaining 86 it was spontaneous.

In 27 instances (30.68%) the women experienced fever following abortion ranging from 5 days to 15 days and in 25 cases the fever ranged from 15 days to 30 days. In 28 cases the bleeding after abortion continued for more than 7 days. Only 36 cases (40.90%) had no complication.

In most instances the 'dai' is the first and mostly the only assistance availed of. It is generally on her advice that the professional assistance is sought for. It appears that she has more faith in the local male nurse than the ANM/LHV.

Out of 200 women, 48 women were having dysmenorrhoea, 38 spasmodic type and 10 congestive type. Out of 152 women who had painless periods only 40 women experienced abortion (26.31%), on the other hand, out of 38 women with spasmodic dysmenorrhoea 20 i.e. 52.63% had abortion. This figure for congestive dysmenorrhoic women was 40.0%. The difference is significant statistically.

Discussion

The foetal loss from abortion revealed by our study has been found to be 12.12% of total pregnancies which is quite high. Similar findings have been observed by Shah (1957), Belralgidal (1963), Anand (1965), Eastmann and Helman (1966), Mudaliar and Menon (1968).

The fact that 32% of the interrogated women had abortion again warrants that there is urgent need to find out the causes of these abortions and put forth the preventive measures. Majority (77.27%) of abortions occurred while the mother was pretty young. The facts that abortions were less in lower down pregnancies reflect to the fact that by then the women become more exerienced physically, materially and mentally.

Seventy-eight (86.36%) of the abortions occurred in 9 to 16 weeks period point at need of proper antenatal care and advice in this period.

Only on 2 instances (2.27%) abortions were induced. This finding is not very reliable since women do not easily disclose this fact. However, as the message of liberalisation of abortion would reach periphery, probably more and more women would seek it and also would not hesitate in disclosing it.

On 52 (59.0%) of the 88 occasions the women experienced fever ranging from 5-30 days indicate that probably they had sepsis. Our figure is higher than that reported by Bhaskar Rao (1971). However, it appears quite true for the reason that generally they do not seek any medical advice and depend mainly on their own methods with minimum aseptic precautions. Twenty-eight (31.81%) had continuous bleeding for over 7 days point to retention of some portion of product of conception which is a positive contributory factor for sepsis.

Rural people have great faith in local 'dai' and in most instances she is the first person to be called upon. Her advice is given due weight and technical assistance is called for as per her advice, hence training and winning the faith of local 'dai' is of paramount importance for improving M.C.H. Services which would have direct repercussions on foetal loss.

We observed that abortion rate was more in women who have dysmenorrhoea and hence more care as regards prevention of abortion and continuation of pregancy should be taken in such cases.

Conclusion

Most of the causes of abortion are preventable. Good antenatal services need to be provided at centres and in field to reduce the extent of abortions. Similarly training of 'dai' and winning her confidence is another important factor to reduce abortion rates.

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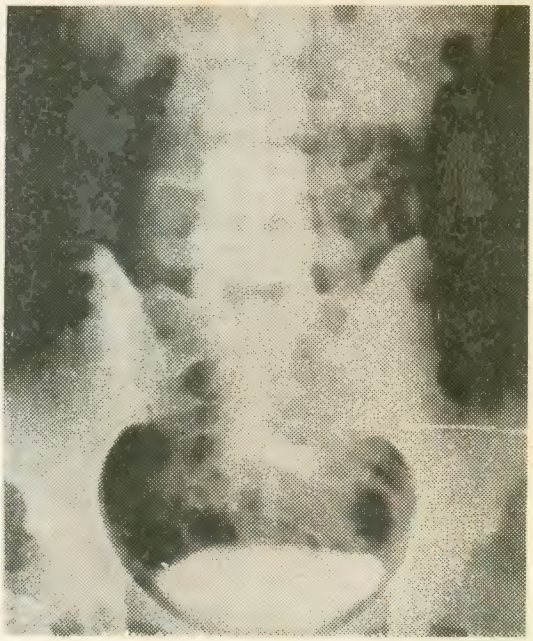

Fig. 1
Solitary pelvic kidney with short ureter. (complete absence of the vagina and a functioning uterus).

Fig. 2
Absent kidney on the left side, double kidney and single ureter on the right (complete absence of the vagina and functioning uterus.

Fig. 3
Absent kidney on the left side: one normal and one horse-shoe shaped kidney with interned calyces on the right side with a single ureter (Complete absence of the vagina and functioning uterus).

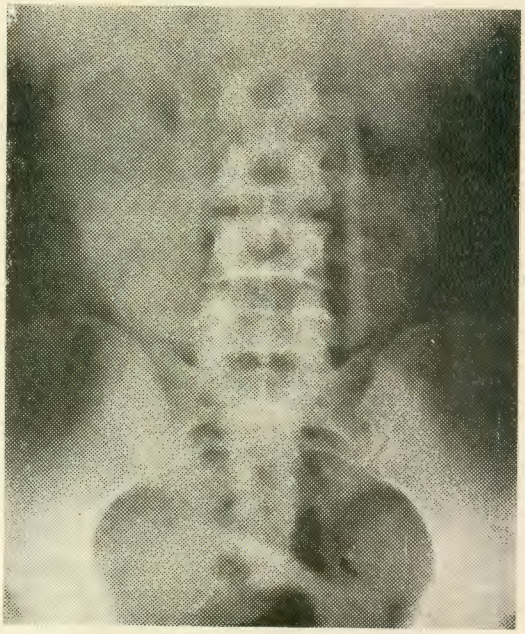

Fig. 4
Bilateral hydroureter and moderate degree of hydronephrosis associated with bladder neck obstruction (complete absence of the vagina and functioning uterus).

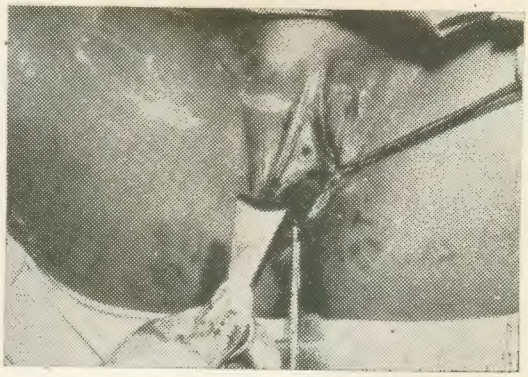

Fig. 5
Abnormal size of external urethral meatus in congenital absence of the vagina which has been dissected.

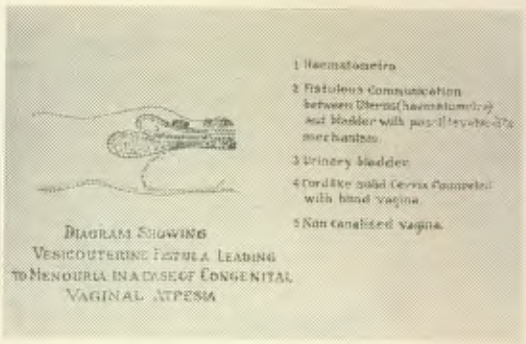

Fig. 6
Diagram showing congenital vesico-uterine fistula leading to menouria in a case of congenital vaginal atresia.

Fig. 7
Fibrous band at the pelvi-ureteral junction leading to hydronephrosis on the right side and non-excretion of dye on the left indicating either non-functioning or absent kidney on this side (Bicornuate uterus with normal vaginal).

Fig. 8
Laparotomy view of pelvic kidney associated with congenital absence of the vagina. Arrow indicates Mullerian duct with Mullerian knob (rudimentary uterus) stretched over the pelvic kidney. Moderately enlarged ovary with evidences of corpus luteum can also be seen lying over the pelvic kidney.