

SOCIOPSYCHOLOGICAL STUDY OF MEDICAL TERMINATION OF PREGNANCY IN UNMARRIED WOMEN

by

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Pregnancy in unmarried women is now being revealed in hospital practice after the implementation of 'Abortion Law' in our country. It has been observed that the incidence of unmarried women seeking abortion at M.T.P. Clinic, has been gradually increasing. In fact, in almost all cases M.T.P. is being carried out on sociopsychological ground. Unmarried motherhood, illegitimacy, vagrancy have not been accepted in our society uptil now. It seems probable that the increasing trends of abortion in unmarried population may have some impact on our society so far as social, moral, psychological and cultural aspects are concerned.

In view of the facts, an attempt has been made to evaluate the sociological aspects and behavioural pattern of these unmarried women seeking termination of pregnancy in relation to self esteem, family and the community.

Material and Methods

Sixty-four out of 129 unmarried women

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attending M.T.P. Clinic at S.S.K.M. Hospital from May 1976 to August 1977 seeking abortion have been included in this study. Detailed informations were collected using a close and secret standard interview with respect to the following:

- (1) Causes and circumstances of the occurrence of pregnancy.
- (2) Socio-economic status, the family and educational background.
- (3) Sex education, knowledge of conception and contraception.
- (4) Mental reaction or psychological changes.
- (5) Attitude towards sex life, marriage, motherhood and family life at a later date, and
- (6) Information about the partner (putative father).

All cases were followed up one month after abortion mainly from medical point of view and then interviewed at an interval of every 3 months.

Results

On analysis it was observed that majority of cases i.e. 59.4% were between 16-20 years of age, the youngest was 12 and the oldest was 35 and the majority of partners belonged to the age group of 26-30 years. Most of the cases came from Hindu community. Local patients made up about two third of the total and the rest came from districts and suburbs. The

same applied for the partner.

More than half of the cases (56.2%) came from poor socioeconomic status and 31.2% from low income group while majority of the partners (62%) belonged to low income group. The educational status in both the patients and partners were mainly limited to primary education in majority of cases. Of course the percentage of high school and college education in both the groups could not be

ignored. Illiteracy amongst the patients was also quite high. It was to be noted that 25% of the partners were married (Table I).

Table II shows that about one third of the patients and one fifth of the partners were students. 39% of the women and 49.2% of the partners were engaged in some form of employment. It is important to note that about one third of the partners were doing nothing.

TABLE I
Socio-economic Status

Characteristic	Patient		Partner	
	Number	Per cent	Number	Per cent
<i>Socio-economic Status:</i>				
Rs. 100-199	36	56.2	20	31.7
Rs. 200-499	20	31.2	39	62.0
Rs. 500-999	7	10.9	5	7.9
Above 1000	1	1.6	—	—
<i>Education:</i>				
Illiterate	18	28.4	5	7.9
Primary	23	36.0	28	44.4
High school	12	18.8	18	28.5
College	7	11.0	4	6.3
Higher education	4	6.1	8	12.7
<i>Marital Status:</i>				
Married	—	—	16	25.4
Unmarried	64	100.0	47	74.6

TABLE II
Occupation

Characteristic	Patient		Partner	
	Number	Per cent	Number	Per cent
<i>Occupation:</i>				
Student	21	32.8	12	19.0
Employed	25	39.0	31	49.2
Factory, Office, Shop and Sales	20	—	29	—
Maid Servant	3	—	—	—
School Teacher	1	—	—	—
Air Hostess	1	—	2	—
Unemployed (Helping in Domestic Work)	18	28.1	20	31.7

Both the parents were alive in 81.2% cases, in case of patients and 65% in case of partners. The fathers of the patients were all employed, whereas only 18.7% of the mothers engaged in some form of work outside home. 46.8% of the fathers of the patients had only primary education, whereas high school and college education were limited to 24% and 20.3% respectively. Most of the family used to live in one or two room tenements in thickly populated area. 9.4% of the parents owned their own homes. In majority of cases, family members constituted 5 to 8 in number (Table III).

history of frequent intercourse, whereas 12.5% of cases had history of single exposure. The sexual intercourse was performed with full consent in majority of cases while 4 had history of forced intercourse. In most of the cases (68.2%) conception occurred when the partners were acquainted for about 1 to 3 years. Majority of the partners (90.6%) had no familial relation with the patients.

In majority of cases interval between awareness and reporting to MTP Clinic was from 2-3 weeks. The cause of delay was mostly due to ignorance of facilities of M.T.P. and fear. The minor girls were

TABLE III
Family Background

Characteristic	Patient		Partner	
	Number	Per cent	Number	Per cent
<i>Family Background:</i>				
<i>Parents—</i>				
Both Living	52	81.2	41	65.0
Both Dead	2	3.1	5	7.9
Mother living only	7	10.9	11	17.4
Father living only	3	4.6	6	9.5
<i>Education—</i>				
Illiterate	6	9.3	2	2.1
Primary	30	46.8	33	52.3
High School	15	7.8	12	19.0
College	13	20.3	16	25.3
<i>Members: (Number)</i>				
Below 5	12	18.7		
5-8	31	48.4		Could not be obtained
Above 8	21	32.8		

Sex Education and Experience

Almost all cases had no sex education although most of the cases (89%) had some knowledge of sexual activity. Lack of knowledge of contraception limited their use in very few percentage of cases (4.6%). Most of the cases (70.3%) had

all brought to the clinic by their parents or guardians but in other age groups mostly attended with their friends, partners or neighbours. In 67.2% of cases, duration of gestation was more than 12 weeks. The younger the age group, the greater was the duration of gestation (Table IV).

TABLE IV
Interval Between Awareness and M.T.P.

	No. of patients	Per cent
<i>Interval between awareness and reporting to clinic:</i>		
1 week	14	21.9
2-3 weeks	32	50.0
4-6 weeks	18	28.1
<i>Cause of delay in reporting:</i>		
Ignorance about facilities for M.T.P.	30	46.8
Pregnancy not suspected	13	20.3
Fear	21	32.8
<i>Duration of gestation (weeks):</i>		
12 or less	21	32.8
13 or more	43*	67.2

* Mostly younger patients.

Nearly half of the cases (43.3%) coming mostly from middle class family were somehow repentant and felt guilty and ashamed of the situation but indifferent attitude or no change of mind was observed in quite a high percentage of cases (36%). Only they wanted to get rid of this pregnancy. Very few had psychological upset after M.T.P. which, however, gradually passed off (Table V).

TABLE V
Psychological Changes

	No. of patients	Per cent
Felt Guilty and Repentant	29	45.3
*Depressed and Disappointed	9	14.1
Frustrated	3	4.7
Indifferent or no change	23	36.0

* 2 developed major adverse psychological reaction which, however, gradually passed off.

It was observed from Table VI that relationship with the partners were disrupted in most of the cases (79.6%).

One, however, got married with the same partner after M.T.P. and in another marriage contemplated. 17.2% of cases maintaining relation with their same partners after M.T.P. seemed to be restrictive towards sexual inclination. Three of them, however, resorted to oral pills for contraception. In case of minor girls, parents or guardians seemed to be more alert (Table VI).

TABLE VI
Further Sex Relationship With Partners

	No. of cases	Per cent
<i>1. Relationship with Male Partner after abortion:</i>		
Better	2	3.1
No change or Deterioration	11	17.2
Relationship disrupted	51	79.6
<i>2. Attitude towards life:</i>		
(a) No definite aim or ambition	42	65.6
(b) Hopeful about Future prospect of marriage and family life	17	26.5
(c) Depressed or insecure	5	7.8

Most of the cases showed no definite future aim or ambition.

Discussion

The women under study mostly came from low socio-economic group of population with low education. Most of them belonged to younger age group. Purandare *et al* (1975) reported that 47% of girls were between age group of 14-18 years. In Western countries, a shift to illegitimacy was also noted to younger age group (Morris *et al*, 1967; Steinhoff, 1973).

Family environment seemed to be one of the most important factors. Parents

particularly the mothers failed to supervise their daughters carefully and efficiently as most of them were overburdened with poverty and intrafamilial conflict. Although in this study just over 87% of the cases belonged to lower economic level of society only 18.7% of the mothers had some form of employment outside home.

Free mixing of boys and girls, lack of sex education and knowledge of contraception probably attributed to the high incidence of pregnancy amongst the students in the series. Morris *et al* (1967), however, observed that 50% of the girls conceived in spite they considered that they had adequate sex education. In the present study it appeared that most of the girls did not have the opportunity of developing organised regular life.

No major psychological changes were observed in the study. Osofsky *et al* (1973) were also of the opinion that markedly negative psychological reactions were rare.

All cases were, however, accepted in the family subsequent to abortion.

There is no doubt that 'Abortion Law' is a boon to our unmarried pregnant women but it raises a big question whether M.T.P. Act enhances immorality in our Indian girls and women.

As the follow up period was too short and true confession on the part of these girls was somehow lacking, it is not possible to comment at the present moment about the societal thinking towards these girls and women. However, long term study is very much needed before definite conclusion can be drawn.

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