IMPACT OF FAMILY PLANNING PROGRAMME & M.T.P. COMBINED ORAL CONTRACEPTIVE

by

D. C. Dutta,* M.B.,B.S., D.G.O., M.D. (Cal)

Asoke Kumar Nandi,** M.B.,B.S., D.G.O., M.D. (Cal)

and

Asit Baran Chakraborty***

Since independence two important programmes of National interest to which the Obstetricians are directly involved, have been implemented in India. One of them was adoption of Family Planning Programme which was although taken as a National Policy in 1953, but actually gained momemtum since 1965-66 and the other one, being the implementation of M.T.P. act since 1972.

The real impact of any programme cannot be assessed fully unless provision for periodic research and evaluation, which of course are of paramount importance, be carried out at both the National and State level. None the less, equal importance is to be given to study the effectiveness of the Programmes with more accuracy as reflected on the hospital population which by and large caters for the cross section of the almost surrounding static population. With this objective in view the present study was undertaken.

Materials and Methods of Study

The materials were collected from the Record Section of N.R.S. Medical College, Calcutta. To study the impact of Family Planning Programme the demographic profile of 1975 of the hospital population was compared with that of 1965, the year in which there was insignificant reflection of the said programme. The impact of M.T.P. act on abortion profile was analysed critically in three different phases, Phase I-Pre-M.T.P. era 1970-72, Phase II-Early Post M.T.P. area 1973-75 and Phase III Late Post M.T.P. era 1976-78.

Impact on Demographic Profile

Sensitive yard stick of the impact of Family Planning Programme on population dynamics is reflected on age and parity structure. As the said hospital caters for the surrounding population mostly rural and peri urban areas which are almost static, any impact of Family Planning Programme during 10 years period in the area concerned is expected to reflect on the demographic profile of the concerned hospital population.

There was substantial increase in low birth order births in 1975 compared to that of 1965. Simultaneously, there was marked drop in grandis from about 35% in 1965 to about 17% in 1975. Similar downward trends of high birth order births was observed in another institution of the State, Eden Hospital, Medical College,

*Reader (Post Partum Unit).

**Resident Surgeon, Department of Obstetrics and Gynaecology.

***Lecturer in Statistics and Demography (Post Partum Unit).

N.R.S. Medical College, Calcutta.

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TABLE I

Parity Profile with Mean Age of 1965 and 1975 In the Hospital Population Parity

YEAR	0	1	2	3	4	5	6	7	Total
1965 No.	854	748	657	571	476	397	243	527	4473
%	19.09	16.72	14.69	12.77	10.64	8.88	5.43	11.78	100
Mean age (yrs)	20.32	23.01	25.23	27.32	28.53	30.51	31.73	34.14	26.41
1975 No.	1479	966	796	591	387	195	107	112	4633
%	31.92	20.85	17.18	12.76	8.35	4.21	2.31	2.42	100
Mean age (yrs)	21.03	23.35	25.64	27.89	29.97	30.56	32.75	35.17	24.94

Calcutta from 24.88% in early 50.5 (Gun and Mitra, 1966) to 11.2% in 1975 (Konar and Lahiri 1975).

Along with the parity restructuring, the mean age in each parity was found marginally increased in 1975 compared with that of 1965. However, the overall mean age was found lower in 1975 being 24.91 in contrast to that of 26.41 in 1965 which was found statistically significant ($P < 0.01$). The lower overall mean age in 1975 was due to substantial reduction of high birth orders in aged mothers.

analysis that the demographic characteristics of the draining population have changed in respect to age and parity substantially, due to Family Planning knowledge. Not only the small family norm has been accepted but more births are limited to favourable age groups.

Abortion Profile

A major breakthrough in post independence era was legalisation of abortion. Its primary objective was to prevent illegal termination of pregnancy by unqualified

TABLE II

Age Profile With Mean Parity of 1965 and 1975 Age Groups in Years

	< 20	20-24	25-29	30-34	35-39	40-45	45+	Total
1965 No.	618	1245	1257	879	362	97	15	4473
%	13.82	27.83	28.10	19.65	8.09	2.17	0.34	100
Mean parity	0.39	1.54	3.18	4.54	5.49	6.01	5.93	2.86
1975 No.	773	1682	1222	648	258	43	7	4633
%	16.68	36.30	26.38	19.98	5.57	0.93	0.16	100
Mean parity	0.31	1.07	2.28	3.24	4.33	4.58	5.86	1.79

The births were limited to below the age of 30 in about 80% in 1975 as against 70% in 1965. Simultaneously there was steady decline of mean parity in each group in 1975 compared to that of 1965. The overall mean parity in 1975 and 1965 was 1.79 and 2.86 respectively which was found statisfically significant ($P < .01$).

Thus it is quite evident from the

personnel so that maternal mortality and morbidity could be substantially lowered. Although authentic figures are lacking, a modest estimate of about 6 million illegal terminations are done annually in India. It is indeed stupendous task to cover the entire length and breadth of the country to protect all the mothers through provision of law.

TABLE III

Showing Changing Trends of AB/OB Distribution Following M.T.P. Act

Year	Deliveries	Abortion (Excluding M.T.P.)	Abortion as percentage of delivery	Abortion delivery	Ratio
1973	5133	920	17.92	1	5.58
1974	4828	987	22.80	1	4.39
1975	4633	1275	27.52	1	3.63
1976	5022	1304	25.97	1	3.85
1977	4842	1328	27.43	1	3.65
1978	5122	1413	27.59	1	3.62

It was observed that while the delivery rates in the Institution remained almost constant throughout the years, the admission of abortion cases (excluding MTP) as a percentage of delivery increased through successive post M.T.P. years, being 27.59% in 1978 as against 17.92% In 1973.

Moreover, Abortion Delivery ratio was also found increased from 1: 5.58 in 1973 to 1: 3.62 in 1978. This indeed creates an administrative problems to arrange sufficient beds to accommodate large number of abortion cases.

Calcutta, the incidence of septic abortion was 11.11% in 1978 as against 5.54 in 1973. (Konar and Lahiri 1973; Konar 1977-78).

Increasing prevalence of severe grade of septic abortion in post M.T.P. era might be due to more rampant termination of pregnancy either by quacks misinterpretating the M.T.P. Law, or else, it might be due to increase of attempted termination by Medical personnel without much technical knowledge. One should not take a complacent note for declining trend of septic abortion in Phase

TABLE IV

Showing Incidence, Severity and Fatality of Septic Abortion in Different Phases

	Abortion (Excluding M.T.P.)	Septic Abortion		Grade III		Mortality of septic abortion	
		No.	%	No.	%	No.	%
Phase-I							
1970-72	2242	202	9	25	12.4	9	4.4
Phase-II							
1973-75	3182	337	10.59	53	15.7	24	7.1
Phase-III	4045	291	7.2	62	21.3	38	1.3

Although sepsis may occur in spontaneous abortion but in majority sepsis usually results from outside interference. The overall incidence of septic abortion showed a downward trend in Phase III following a slight spurt in Phase II. In another institution of the city, Medical College,

III which might be due to under recording of minor grades because of overwhelming prevalence of Grade III cases. Moreover, it does not matter much as almost all the deaths are confined to grade III in septic abortion. The net result was increased maternal deaths from 4.4% in

Phase I to 13% in Phase III which was found to be of statistically significant ($P < .001$). Similar increasing trends of maternal deaths in septic abortion was also observed in Medical College, Calcutta being 10.08% in 1978 as against 5.21% in 1973 (Konar 1977-78, Konar and Lahiri 1973).

Summary and Conclusion

An attempt was made to evaluate the impact of Family Planning Programme and M.T.P. Act on hospital population.

1. There was favourable restructuring of age and parity profiles. The overall mean age was 24.91 in 1975 as against 26.41 in 1965 which was statistically significant ($P < .01$).

2. There was marked drop in grandis from about 35% in 1965 to 17% in 1975. The overall mean parity in 1975 and 1965 was 1.79 and 2.86 respectively which was statistically significant ($P < .01$).

Thus not only small family norm has been accepted but increasing number of births were limited to favourable age.

2. Though the delivery rate remained constant, yet an increasing trend for admission of abortion cases in post MTP era resulting increase in Abortion Delivery ratio from 1: 5.58 in 1973 to 1: 3.62 in 1978. This creates additional burden to the states hospital beds.

4. There was marked increase in Grade III septic abortion cases from 12.4% in Pre MTP era (1970-72) to 21.3% in 1976-78.

5. Mortality from septic abortion increased from 4.4% in Phase I to 13% in Phase III which was statistically significant ($P < .001$).

Implementation of M.T.P. act affects adversely on the hospital abortion profile. The study reflects an urgent need for its critical evaluation to find out the underlying lacunas and to throw light for taking appropriate, urgent and effective measures for its furtherance.

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