

# CONTRACEPTIVE COVERAGE AFTER MEDICAL TERMINATION

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## Introduction

The M.T.P. Act was liberalised in India since 1st April, 1972, which has eased some of the problems of our country. This study has been undertaken with the following aims.

1. To review the cases undergoing M.T.P.
2. To evaluate incidence of various contraceptive methods following M.T.P.

The long term effect of M.T.P. still remains to be evaluated.

## Material and Methods

The present study is a retrospective analysis of 693 patients who came for termination of pregnancy at Queen Mary Hospital, Lucknow from 1st April, 1978 to 31st March, 1979 in which socio-economical and obstetrical factors were analysed along with contraceptive coverage given to them after M.T.P.

A careful selection of cases was made in O.P.D. The criteria for selection were pregnancy with 12 weeks and/or upto 20 weeks of gestation and absence of local infection. The termination of pregnancy was done of those patients who volunteered and came under liberalisation act of M.T.P.

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The patients were admitted in the morning. Local and systemic examination was done. The methods were undertaken according to their period of gestation. (Table I).

TABLE I  
Methods

Upto 6 weeks	— M.R.
6-12 weeks	— Suction Evacuation
12-20 weeks	— Intra, amniotic instillation of 40% urea or hypertonic saline
	— Hysterotomy

The contraceptive coverage was given in each case immediately after the M.T.P. in the first trimester and the patients were discharged in the evening with a remark to come for follow-up within 10 days.

In second trimester intra-amniotic instillation of 40% urea or hypertonic saline was done by vaginal route. The abdominal route was adopted only when there was bloody vaginal tap.

## Observations

Table II shows the incidence of M.T.P. 37.9% were medical termination of pregnancy. 13.86% were drawn from rural areas and 86.14% from urban areas.

There were 89.75% Hindus, 7.36% Muslims, 1.3% Sikh, 1.15% Christians and .44% Schedule. This shows that M.T.P. is more common in Hindus as compared to Muslims and Christians

According to the recent census 87.72% of the total population is of Hindus, 11.21% are Muslims and 2.06% are Christians and others.

Six hundred and thirty cases (90.9%) were married, 59 cases (8.52%) were unmarried, 3 cases (.44%) separated and 1 (.14%) widow.

Most of the patients 415 (59.89%) had their income above Rs. 400 p.m., 54 cases (7.79%) belonged to the low socio-economic status i.e. income below Rs. 100 p.m. and 24.52% had income between Rs. 100-400 p.m.

The maximum patients were para 1-3 (514 cases), 59 patients were unmarried, 22 married patients sought termination of even first pregnancy. These patients insisted for M.T.P. either for the continuation of their studies or they were in job where pregnancy was contradicted. Most of the unmarried mothers came in the second trimester because of fear and ignorance.

Table II shows the distribution of cases according to the indication for which termination was done. The maximum number of patients sought termination of pregnancy because of danger to their health by the continuation of pregnancy. These included a large number of pati-

TABLE II  
Indication of M.T.P.

Indication	No. of cases	Percentage
Grave injury to physical health	410	59.16
Casual Pregnancy	107	15.44
Preg. caused by environmental reasons	76	10.97
Failure of contraceptive method	64	9.24
Grave injury to mental health	3	.43
Risk to the Child Born	33	4.76

ents whose last child was very young and were strongly desirous of spacing but had conceived inadvertently.

In 33 cases (4.76%) the termination was done because there was substantial risk that the child born would be physically or mentally handicapped. 79% terminations were done before 12 weeks and only 21% were done between 12-20 weeks.

One hundred and nineteen cases (17.17%) had tubal ligation. Out of 119, 86 had tubal ligation by vaginal route in knee chest position and 33 had hysterotomy with ligation. These were mostly the educated middle class. The number of patients eligible for ligation or having 3 or more children were 233. Out of 233, 120 were sterilised. The reasons for refusal of sterilisation were fear of operation, all 3 female children, last child only son, religious beliefs and family circumstances not permitting the women to stay in the hospital. The husband of one patient undergoing M.T.P. underwent vasectomy. 62.19% accepted intra-uterine contraceptive device, 14.43% accepted Lippes loop and 47.76% Cu T. Cu T was given mainly to those who were willing to come for regular follow up. Seven cases (1.01%) were given oral pills. 10.38% were hesitant to use IUCD or oral pills, therefore they were asked to use other methods of contraception.

#### Discussion

90.9% were married, 8.51% were single, .44% separated and .14% widowed. The results are similar to those of Jainawalla (1975) where 84.3% of women were married and 8.6% to 10% were unmarried.

Seventy nine per cent termination were done before 12 weeks and only 21% were done between 12-20 weeks. Most of the un-

married mothers came in second trimester because of fear and ignorance. These figures are in accordance with Jalnawalla's (1975) report in which 78.4% were before 12 weeks.

Majority of the cases, 59.16% were done for injury to the physical health of pregnant women, these included a large number of patients whose last child was very young and were strongly desirous of spacing but had conceived inadvertently. This does not agree with the findings of Thakkar *et al* (1977), Kamat (1978) where majority of the terminations 85.96%, 73.66% respectively were done for failure of contraceptive methods.

The figure for failure of contraceptive was (9.23%) in the study because it was either failure of intra-uterine contraceptive device, tubectomy or conventional contraceptives. On close scrutiny it was found that those patients who were put in the category of conventional contraceptive users were actually irregular in using the condom. The environmental risk to the health of women, constituted 10.9% indication for M.T.P. which is comparable to 13.5% figure of Thakkar *et al* (1977).

17.17% had sterilization after termination. The figures of Agarwal (1978) 48.6% is much higher for tubal ligation. This figure is low as the number of para 3 or above undergoing MTP was less in relation to the total number of patients undergoing M.T.P. 62.19% accepted IUCD. This figure is higher as compared to 25.03% of Agarwal (1976) for IUD.

### Conclusion

The following conclusions have been drawn from the present study.

1. M.T.P. is more popular among Hindus (89.75%) followed by Muslims (7.36%).

2. The choice of M.T.P. was more among literate (80.67%) as compared to illiterate (19.33%). Among literate group the maximum cases were of University level.

3. The maximum patients were para 2 who wanted to do spacing and accepted temporary methods of contraception.

4. Medical termination of pregnancy is an indirect approach to contraception of family welfare programme. As it seems that those patients who refused to take contraceptive methods in the postnatal period or as such, accepted contraceptive measures readily after M.T.P. Though M.T.P. cannot replace contraception as it has its own problems, but it could be used when contraceptives have failed or when pregnancy occurs due to ignorance of contraceptives.

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