A STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN ON MTP IN HIMACHAL PRADESH

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Introduction

Wilful abortion has been considered inhuman by most of the societies and was taken to be a sin. But considering the inherent danger in the practice of illegal abortion and faced with the problem of population explosion, the Government of India liberalised the existing Law under the title Medical Termination of Pregnancy Act and promulgated the Law from April, 1972. Implementation of the statute has been slow generally in the whole country and particularly in this state of old religious traditions, customs and social values. On a rough estimate, during the first few years of implementation of the Act, the number of pregnancy terminated have not been exceeded the limit of 3,00,000 (Jhaveri, 1975).

MTP is essentially a health measure to provide safe and legal abortions. Under the Act, the services are to be rendered by qualified doctors in well equipped and approved institutions. The conditions under which a pregnancy can be terminated are spelt out in clause 3(2) of the Act, which covers medical, eugenic, humanitarian and social grounds. But the major social hazard which has been a stumbling block to the progress of MTP programme is ignorance of the proper meaning of the MTP and the importance of its implementations. This involves not only our lay public at large but also intellectuals. Hence, it is very important that people from all the social strata should be made aware of the importance of legal abortion and the benefits thereof to them. The main objective of this study was to know about the knowledge, attitude and practice of legalised abortion under different provisions in different physical, mental, humanitarian and social situations of the women of this hilly terrain. Himachal Pradesh is a hilly state with 34,60,434 population and 55,673 sq.kms. land area. The 93.1 per cent rural population of this Pradesh with 31.32 per cent literacy rate is scattered over 16,916 villages (1971 Census).

Material and Methods

The study was conducted between September, 1979 to August, 1980 in Antenatal and Obstetric O.P.Ds. of Lady Reading Hospital. Four hundred thirty women attending these O.P.Ds. were ran-

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domly interviewed through a pre-tested, semi-structured interview schedule by one of the authors. As the Hospital does not have any particular area demarcated for catering the services, all women who attended the O.P.Ds. were included in the present study.

Observations

On analysis, it was observed that majority i.e. 65.6 per cent were rural, 83.7 per cent non-working and 96.5 per cent Hindus. As many as 33.7 per cent had only one room to live indicating the lack of space for proper family planning communication between husband and wife.

Majority of women i.e. 91.2 per cent were between 21-35 years of age, 96.5 per cent married and 96.5 belonged to the low socio-economic status. Most of the women i.e. 87.8 per cent had 1 to 3 or more living children. Out of them, 29.1 per cent had only daughters, 22.6 per cent only sons and 36.1 per cent had both. Having a son in the family was expressed to be a matter of pride to carry on the family name as well as support in old age and the importance of the daughter to give in "Kanyadan" to get to heaven. This is not the concept of not only illiterate and ignorant, but even of educated people of higher social strata. In the lower strata, the couple usually like to have atleast two sons due to higher mortality rate (Alwani, 1976). Here too, the education status was mainly limited to primary education in majority of cases. Illiteracy among the study group was also quite high (35.3%).

As many as 59.3 per cent women had knowledge about MTP, while 40.7 per cent were quite ignorant to this fact. It points to the need of health education and publicity of the MTP Act to bring the remaining to legal abortion, as also a way to plan the family.

Regarding MTP service places, 40.9 per cent have no knowledge of place where MTP services are provided. 34.9 per cent told big hospitals and the rest quoted dispensaries or all hospitals or private clinics as the places for MTP services. This observation, if borne out by large studies indicate an area towards which further attention of gearing up of health education needs to be directed (Sehgal and Malhotra, 1979).

Majority, (62.3%) women had no knowledge of any such woman who had undergone MTP, only 16 per cent knew one and 14.2 per cent 3 such women. It is expressed that MTP services if availed of by some women were kept quite secret due to the fear of social criticism. It points to the need of wide publicity of MTP services to make it an open fact to the public.

It is further observed that 90 per cent women considered husband as the right holder for deciding to undergo MTP, whereas only 7.2 per cent knew that the decision for MTP is the joint venture of husband, wife and doctor. This points to the need for more health education inputs to husbands about MTP to enable them take early decision for MTP if so, to avoid un-toward complications for late termination.

59.8 per cent women believed that pregnancy could occur only after one or more years of lactation. Only 26.7 per cent knew that pregnancy could be at any moment after the restart of menses. For others, it could be either just after the stoppage of lactation or after 3 months or 9 months. It is very interesting to note that 73.3 per cent women had no correct knowledge of human reproduction which keeps them in dark for prevention of unwanted pregnancy and timely response for termination.

39.8 per cent disfavoured MTP, while 46.9 per cent favoured it and for the rest, MTP was either neutral or very good. It is concluded that around 50 per cent women had favourable attitude towards MTP.

Out of 430 women in each series, 65.3 per cent favoured MTP if life of the mother endangered, 65 per cent if health is in danger, 64.4 per cent if mental health is impaired, 65 per cent if the would be baby is likely to be seriously impaired and 67.2 per cent if the would be baby is likely to be abnormal. It is observed that 65.3 per cent women favoured MTP in grave situation of pregnancy. These results are different as found by Roy *et al*, viz. 78.7 per cent women had unfavourable attitude towards MTP. The main contention was that recourse to MTP is sinful as it entails killing of life.

Out of 430 women, 59.3 per cent favoured that the law should permit MTP in unmarried girls of 15 years or younger becoming pregnant by rape, 60.2 per cent in women of any age in pregnancy by rape, 41.4 per cent in working women whose children were of school going age, 63.5 per cent in women becoming pregnant from incest, 59.3 per cent to pregnant women who were severally mentally retarted and 59.3 per cent to women who had 5 school going children with low income. Only 12.8 per cent of women favoured law's permission of MTP for unmarried girls who needed it, believing thereby that it would lead for social immorality.

Ninety per cent women had no planned child in the family, though majority of them were observed to have the knowledge of family welfare planning. It shows a wide gap between the knowledge of family planning and practice of planned children for which intensive health education seemed to be the only solution.

As many as 90.7 per cent women had never practised MTP, while 59.3 per cent knew about MTP and 50 per cent had favourable attitude to it. This shows a wide gap between knowledge and practice. In such circumstances, an unsurmountable amount of need based and community oriented health education to bridge the gap is required.

TABLE I

Attitude about Law Permitting MTP in Some Scandalous Social Situations

Should law permit MTP in.	Total No.	Favoured	Not favoured
1. Pregnancy in unmarried girl by rape	430	255 (59.3%)	175 (40.7%)
2. Pregnancy in married by rape	430	259 (60.2%)	171 (39.8%)
3. Pregnancy in working women by rape	430	178 (41.4%)	252 (58.6%)
4. Pregnancy from incest	430	273 (63.5%)	157 (36.5%
5. Pregnancy in severely mentally retarded	430	255 (59.3%)	175 (40.7%)
6. Pregnancy after five school going children with low income	430	255 (59.3%)	175 (40.7%)
7. Permission to unmarried girl needs MTP to experiment	430	55 (12.8%)	375 (87.2%)
Grand Total	3010	1530 (50.8%)	1480 (49.2%)

Discussion

The above represent the different views of specific groups of women's acceptance of the legalisation of abortion as a social necessity. The illiterate and literate, the young and the old, all of them have given almost identical opinions regarding the efficacy of abortion as a means to improve the physical and psychosocial existence of women of our country. The study also reveals the fact that the women of this Pradesh have developed a mature and progressive social outlook in keeping with the changing socio-economic situation. It also reveals our profound religious moorings in as much as legalisation has posed certain problems involving religious values and social morality. According to a section of the respondents, the two possible side effects of the MTP are (I) its conflict with social—religious values and (II) its potentiality of increasing social immorality.

It can however, be assumed that with intensive health education and with changing concept of morality these problems will ultimately cease to exist. Actually, the decision to seek MTP is a very individual one and depended on the relationships of the woman with her partner and family, the possible alternatives and prevailing social pressures. Thus, ignorance of the chances of obtaining MTP and whom to approach, unwillingness to consult the local medical services, a desire for privacy and anonymity are common factors affecting such women and leading to delay and to the seeking of an abortion illegally. Provision of services for MTP therefore, should be planned and executed in such a way that these problems should be dealt with.

MTP cases need special care in handling communication and feed-back. These cases are quite different from ordinary contraceptive users. Therefore, education, information and communication approach is very essential for such a programme for all medical, communication and administrative workers. Since the aim of MTP services is to facilitate safe performance by skilled staff with the minimum of delay, failure to take advantage of the available services may be due to lack of information. There should be a proper dissemination of information to the public at large and to potential abortion seekers about the availability of services and the nature of the procedures employed.

Last, but not the least, prospective and meticulous long term follow up of MTP acceptors is required to establish an orbit of health education leadership to guide and send others for MTP and also to know the exact risk, physical, social, psychological and early as well as late sequalae of induced abortion.

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