

LEGAL ABORTION — A CURE? OBSERVATIONS IN A RURAL TEACHING HOSPITAL, THANJAVUR, SOUTH INDIA†

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Though the abortion law was introduced in 1972 in our country, the incidence of illegally induced abortions was on the increase in Government Raja Mirasdar Hospital attached to Thanjavur Medical College and many cases were admitted with complication. This prompted us to undertake this study.

Materials and Method

The incidence of septic induced abortions for the years 1964 to 1978 was found out from the records and the average incidence prior to 1972 was compared with the average incidence after 1972 in which year the abortion law was enforced in India. The incidence of Medical Termination of pregnancy after the law, was also seen, to find out how far people utilized this service. Three hundred and twenty

cases of illegally induced abortions which occurred during 1976, 1977 and upto October 1978 were studied in greater details to find out the methods used, persons responsible, areas contributing more cases, complications, mortality and other data and results arrived at.

Results

Table I shows the incidence of illegally induced abortions during the eight year period prior to the introduction of abortion law which varies from 3.7 to 6% with an average of 4.5%.

Table II shows the corresponding figures for the 6 year period after the law and the average incidence is 10% that is two and half times more than the pre liberalization years. This is statistically significant increase. Also the incidence in 1976, 1977 and 1978 has shown a sudden increase as compared to the previous 3 years 1973, 1974 and 1975. (Table I).

Table II also shows the number of Medical Terminations done during the years, following the introduction of abortion law.

Analysis of the 320 cases of illegal abortions during the 2 year 10 months period revealed the distressing fact that a third of the cases were admitted in a moribund state with one or more complications.

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TABLE I
Abortion Incidence Prior to Abortion Law

Year	Total deliveries	Total abortions	Septic	Per cent
1964	4303	632	33	5.2
1965	4282	676	26	4.0
1966	3964	494	21	4.2
1967	4363	560	34	6.0
1968	4394	538	20	3.7
1969	3745	599	30	5.0
1970	4659	611	25	4.1
1971	4630	588	25	4.2

Average septic abortion — 4.5%

TABLE II
Abortion and MTP Incidence After the Abortion Law

Year	Deliveries	Total abortions	MTP	Septic	Per cent
1972	5080	790	98	45	5.7
1973	4842	790	182	54	7.7
1974	4882	572	395	59	7.8
1975	5143	664	600	55	8.3
1976	4639	1063	887	131	12.3
1977	4826	870	925	120	13.8
1978	4784	606	797	69	11.5

Average septic abortion — 10% (Two and half times increased).

Persons Responsible for Induction

Probing into the persons responsible for this illegal abortions, it was found that in 1978, 40% were doctors, 12% paramedical people, 26% non medical and 22% denied any history of interference though frank evidence of sepsis and complications were present. The corresponding figures for the years 1976 and 1977 30%, 20%, 30% and 20% respectively. This shows that more and more untrained doctors and non-medical people are indulging in doing abortions. It is possible that those who denied history of interference would have been most probably tackled by the paramedical people who could have warned

the patients not to tell the truth. It is also obvious that cases contributed by doctors should have been done by raw hands not trained in MTP, in a set up not sufficiently equipped to tackle the problems and also possibly lack of knowledge about the complications. In rural areas, many still do abortion in their own houses. It appears as though, prior to the law, there were few illegal abortionists somewhere, but now there are ? Legal abortionist everywhere, because they seem to presume that law permits everybody to do abortions.

Mode of Interference

Regarding the mode of interference, introduction into the cervix of a small stick

with a medicated cotton swab at the tip, popularly known as 'Kutchie' (a coconut splinter or a calotropis stick are commonly used) was used in 32.6% of cases, paste was used in 23% and D and C in 18%, 6.2% used oral medications, 6.6% had combined methods like paste and D and C, or Kutchie and paste, oral tablets and paste and so on. 13.2% denied any interference.

Yearwise data showed that Kutchie incidence was decreasing in 1978 while paste and D and C was on the increase. Kutchie introduction was used by the non-medical quacks and, D and C by doctors, while paste being an easy method, though disastrous to the patient, was used by both doctors and quacks. Irritant paste was found to produce severe peritonitis, bowel problems like subacute obstruction due to irritation of the bowel wall and renal failure.

Regarding the area distribution, pockets containing more of these abortionists naturally contributed more to this problem.

Duration of Pregnancy

29% were second trimester and 6% were third trimester cases and 65% were in the first trimester. This shows nearly a third of patients seek abortion very late and improper and unsuitable methods are used for these cases with very high complication rates.

Age and Marital Status

As would be expected, maximum incidence of 54% occurred in the age group of 21-30 years and the incidence of teenagers was 7.5%; 4.4% were unmarried.

Culture of the cervical discharge showed that rare organisms like Klebsiella and proteus were on the increase which were sensitive only to costly antibiotics like

gentamycin, Kanamycin, cephaloridine, ampicillin and so on. The hospital stay was more than two weeks in 55% of cases. Thus they form a major drain over the government resources.

Complications occurred in 72% of cases and majority of them had more than one complication.

The complications were as follows:

Peritonitis 30% (general 10% and pelvic 20%) septic shock—15%. T.O. mass 12%; pelvic and intraperitoneal abscess—8%, renal failure and uraemia—10%. Perforation 2.5%. Tetanus occurred in 4 cases and there was 1 case each of Jaundice, coagulation failure, thrombophlebitis and spondylitis due to septic cellulitis.

Mortality

The mortality from septic induced abortion in the years 1968 to 1978 ranged from 11 to 28% and the figure for 1976 to 1978 being 10.7%, 21% and 16% respectively thereby showing that the mortality from septic induced abortion has not shown a significant reduction.

The major cause for the mortality were renal failure and uraemia, while the other causes were peritonitis, pelvic abscess, septic shock and metabolic alterations. Regarding the mortality in each complication, 71% of renal failure, 43% of general peritonitis, 38% of pelvic abscess and 6% of septic shock cases died.

The final outcome in these cases was that as a result of illegally induced abortions, 40% of women either lost their lives or became crippled for the rest of their lives.

Suggestions that may be useful in reducing the incidence of septic induced abortions are:

1. Mass publicity regarding the safety

of early abortion by scientific methods and dangers of illegal abortion by unqualified persons.

2. Providing availability of outpatient abortion services even at the Primary Health Centre level by qualified persons with adequate privacy.

3. Manufacturing of pastes to be banned.

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