SOCIO—DEMOGRAPHIC ASPECTS OF M.T.P. CASES IN THE S.A.T. HOSPITAL, TRIVANDRUM

by

M. KANDAMUTHAN

SUMMARY

Of the total 200 M.T.P. cases studied, 83.5 per cent was married and 13.3 per cent unmarried. Majority of the unmarried women were below 24 years of age. Most of the married women did M.T.P. either for spacing or to limit the number of children. The highest proportion of unmarried women belonged to Backward classes and most of them were servants or labourers. Majority of the married women who did M.T.P. had 2 children. Most of the unmarried women had become pregnant as a result of sexual satisfaction or love affair. The favourable home circumstances have prompted majority of the unmarried women to become pregnant. Neighbour or boy friend was responsible for most of the unwanted pregnancies in the unmarried women. Majority of the married women came for M.T.P. were housewives and most of the unmarried M.T.P. cases were unemployed.

Introduction

The incidence of abortion in the world at large is not exactly known. Estimates vary from 30-35 million per year or about 40-70 per 1000 women of the reproductive age group, which gives an abortion ratio of 260-450 per 1000 live births (International Planned Parenthood Federation, 1976). In India, it has been estimated that about 6 million—abortions take place every year, of which 4 millions are induced and 2 millions spontaneous (Park, and Park, 1983).

Inspite of the availability of various contraceptives for birth control, abortions continue to occur all over the country either as legal or illegal. Therefore, it is imperative to give intelligent and objective thought to this problem. In India, the decision to

undergo abortion is made not by the couples alone due to the very nature of the social and family environment in the country. So, an attempt was made in this study to find out the factor or group of factors that affect the decision for M.T.P. An attempt was also made to find out the relationship of socio-economic factors with the incidence of M.T.P. It was expected that the analysis of these factors would be helpful in explaining the infrastructure of such decision process.

Material and Methods

All the 200 M.T.P. cases occurred in the S.A.T. Hospital, Trivandrum during the period of 3 weeks from 8th June to 28th June, 1984 were included in the study. The personal interview of cases was done confidentially by the Final year B.Sc. Nursing students before undergoing the M. T. P.

From: Medical College, Trivandrum, India. Accepted for publication on 14-11-85.

Data was recorded in a pre-tested questionaire.

Results

During the study period of 3 weeks, 200 M.T.P. cases and 65 live births occurred in the S.A.T. Hospital. Thus the abortion rate was 3.4 per 1000 live births. Of the total cases, 83.5 per cent were married and 13.5 per cent unmarried. Majority of the unmarried women (85.2 per cent were below 24 years of age as against 26.4 per cent among the married women (Table I).

cent of the cases belonged to Backward classes. The proportion of unmarried M.T.P. cases was found to be higher among Backward classes (22 per cent) than among the Forward classes (12 per cent).

It was observed that 39 per cent of the married women had the duration of marriage of more than 8 years and 20.8 per cent women had the duration of marriage of less than 2 years. Women with long duration of marriage stated that they undergo M.T.P. to limit the number of children. Among the married women, it was found

TABLE J
Age Distribution of M.T.P. Cases

Age group	Mai	Married		Unmarried		orced	Total		
in years	No.	No %		%	No.	%	No.	%	
15-19	6	3.6	11	40.7	2	33.3	19	9.5	
20-24	38	22.8	12	44.5	1 at	16.7	51	25.5	
25-29	68	40.7	3	11.1	-		71	35.5	
30-34	37	22.1	1.	3.7	2	33.3	40	20.0	
35-39	16	9.6	bronaite	-	1	16.7	17	8.5	
40-44	2	1.2	_	- intrans	m sill in	_	2	1.0	
Total	167	100	27	100	6	100	260	100	
Percentage	83.5		13.5		3.0		100		

Out of the married women, 40.7 per cent were in the 25-29 year age group. The Mean age of the married women was 28.7 years and that of the unmarried women was 23.1 years.

As regards the religious status, it was noted that 50.5 per cent was Hindus, 16.5 per cent Muslims and 12.5 per cent Christians (Table II). It was found that 20.5 per

that 74.3 per cent had one or two children at the time of M.T.P.

As regards the educational status of the M.T.P. cases, it was noted that 59.3 per cent of the married women had secondary or college education (Table III). In the case of unmarried women, the percentage of M.T.P. cases was found to be almost same in all levels of education. In general,

TABLE II
Religious Distribution of M.T.P. Cases

Religion	Married		Unmarried		Divo	rced	Total		
	No.	%	No.	%	No.	%	No.	%	
Hindu	88	87.13	12	11.88	1	0.99	101	50.5	
Muslim	28	84.85	3	9.09	2	6.06	33	16.5	
Christian	22	88.00	3	12.00	-	1	25	12.5	
Backward Classes	29	70.73	9	21.95	3	7.32	41	20.5	
Total	167	83.5	27	13.50	6	3.00	200	100	

TABLE III

Educational Status of M.T.P. Cases

Educational status Illiterate	Married		Unmarried		Divo	rceed	Total		
	No.	- %	No.	%	No.	%	No.	%	
	15	9.0	2	7.4	2	33.3	19	9.5	
Primary	25	15.0	8	29.6	1	16.7	34	17.0	
Upper Primary	28	16.7	6	22.2	2	33.3	36	18.0	
Secondary	65	39.0	6	22.2	1	16.7	72	36.0	
College	32	19.1	5	18.6	10-	-	37	18.5	
Technical	2	1.2	-		-		2	1.0	
Total	167	100	27	100	6	100	200	100	

it was observed that 55.5 per cent of the total cases was with secondary education and above.

Family monthly income of 45 per cent of the cases was found to be below 250 rupees. Moreover, it was noted that 40 per cent of the married women and 70.4 per cent of the unmarried women belonged to the income group of less than 250 rupees. This indicates that the economic status of unmarried women who have undergone M.T.P. was low when compared to that of the married women.

Regarding the occupational status of the M.T.P. cases (Table IV), it was observed that 78.4 per cent of the married women were housewives. Among the unmarried women, 40.7 per cent was unemployed, 29.6 per cent was servants and 11.2 per cent was students. Labourers accounted for 18.5

per cent among the unmarried and 10.2 per cent among the married women.

The Mean period of gestation of the married women was found to be 7.72 weeks as against 11.63 weeks in the case of unmarried women (Table V). Divorced women did M.T.P. at an early gestational period of 7.33 weeks. Of the total cases, 86 per cent had the gestational period of less than 12 weeks and the Mean gestational period was found to be 8.26 weeks.

In the case of married women, 83.8 per cent cases wanted to do M.T.P. either for spacing or the number of children was sufficient (Table VI). Unmarried women wanted to do M.T.P. since pregnancy has occurred as the result of sexual satisfaction (66.6 per cent) or love affair (22.2 per cent). During the study period no recurrent termi-

TABLE IV
Occupational Status of the M.T.P. Cases

Occupation	Mai	Married			Unmarried Divorced					
	No.	%	No.	%	No.	%	No.	%		
House wife	131	78.4	_	_	2	33.3	133	66.5		
Labourer	18	10.2	5	18.5	2	33.3	25	12.5		
Clerk	7	4.2		_	_	_	7	3.5		
Professionals	9	5.4			_	-	9	4.5		
Unemployed	2	1.8	11	40.7	1	16.7	- 14	7.0		
Servants	_	-	8	29.6	1	16.7	9	4.5		
Student	mage		3	11.2	-	_	3	1.5		
Total	167	100	27	100	6	100	200	100		

TABLE V
Period of Gestation at the time of M.T.P.

Period of gestation	Married		Unmarried		Dive	orced	Total		
in weeks	No.	%	No.	%	No.	%	No.	%	
0 - 4	3	1.7	1	3.8	1	16.6	5	2.5	
4 - 8 -	105	61.7	5	18.5	3	50.0	111	55.5	
8 - 12	48	28.8	8	29.6	1	16.7	56	28.0	
12 - 16	12	7.2	. 8	29.6	1	16.7	22	11.0	
16 - 20	_ 1	0.6	5	18.5	_	-	6	3:0	
Total	167	100	27	100	6	100	200	100	
Mean	7.72		11.63	44	7.33		8.26		

TABLE VI
Reason for undergoing M.T.P.

Reason	Married		Unm	Unmarried		Divorced		Total	
hand A short from our more be	No.	%	No.	%	No.	%	No.	%	
Maternal medical cause	10	6.0	-	-		-	10	5.0	
Foetal causes	2	1.2	-	-	_		2	1.0	
Spacing	76	45.5	_	-			76	38.0	
No. of children is sufficient	64	38.3	_	-	11-11	-	64	32.0	
Unfavourable marital status	9	5.4	1247	-	3	50.0	12	6.0	
Difficulty caused by a child in the work	4	2.4	-	-	_	124-710	4	2.0	
Pregnancy occurred as a result of rape	_	THE W	3	11.1	1	16.6	4	2.0	
Pregnancy occurred as a result of love									
affair	-	_	6	22.2	1	16.7	7	3.5	
Pregnancy occurred as a result of									
sexual satisfaction	1	0.6	18	66.7	1	16.7	20	10.0	
Low income	1	0.6		1	-	1 20	1	0.5	
Total	167	100	27	100	6	100	200	100	

nation of pregnancy was noted among the unmarried or the divorced women.

The present study revealed that the neighbour was responsible for the pregnancy in 37.1 per cent of the cases. In 22.2 per cent of the cases, pregnancies occurred from the boy friend. Sister's husband was responsible in 16.5 per cent of the cases and 14.8 per cent cases became pregnant from their masters under whom they were working as servants.

It was revealed by the unmarried women that 55.6 per cent of the pregnancies occurred from their own house and 14.8 p r cent from the house of the relatives. The per-

centage of the unmarried women became pregnant either from the house they were working as servants or from other places accounted for 25.9 per cent.

It was found that the particular home circumstances have prompted majority of the unmarried women to become pregnant as 51.85 per cent of these women were unemployed and were found alone in their houses when their parents go out for work during the day time. It was also noted that fathers of 48.1 per cent of the unmarried women were dead.

Among the married women, 73 per cent of the cases came for M.T.P. by the joint

decision made by both husband and wife. Self decision was made by 16.8 per cent of the cases and husbands motivated their wives to undergo M.T.P. in 8.4 per cent cases. In the case of unmarried women, 29.6 per cent cases came for M.T.P. with the self decision and another 29.6 per cent cases were motivated by mothers.

Discussion

The highest predominance of M.T.P. cases in the less than 29 year age group is in conformity with the reports of Chaurasia et al (1982). The relatively high proportion (85.2 per cent) of cases in the age group 18-24 year among unmarried women is unusual. This is due to the fact that the illegitimate child bearing among unmarried women is high in this age group.

The relative proportion of Hindus among the M.T.P. cases is very low when compared to the general population of Kerala, whereas in the case of Christians and Muslims, the proportions of M.T.P. cases are higher than that of the corresponding proportions in the general population of Kerala (Census of India, 1971). Comparatively high proportion of M.T.P. cases is noted among the Backward classes, as most of them are servants or labourers. Their working environment is responsible for the occurrence of pregnancies among them.

The highest proportion of M.T.P. cases occurred among the married women with parity two in this study, which agrees with the reports of Klinger (1965). This study also indicates that high parity is not a factor for the women to undergo M.T.P. This observation agrees with the reports of Chaurasia and Pattankar (1982).

Chaurasia and Pattankar (loc, cit.) have reported that M.T.P. cases occur more among the women with less formal education. The present study do not agree with the above report as 90.5 per cent of the

M.T.P. cases here have at least primary education. This shows that there is no significant relationship between educational level and the acceptance of M.T.P.

The present study reveals that the economic status has no significant relation with the acceptance of M.T.P., which is in conformity with the reports of Rachootin and Olsen (1982). This study indicates that the proportion of women undergoing M.T.P. with gestational period of above 12 weeks is low when compared to other countries (Klinger, 1965). This may be due to the high literacy status of the women of Kerala. Most of the married women in the present study have came for M.T.P. either for spacing or to limit the number of children. This observation is the conformity with the reports of Klinger (loc. cit.)

Majority of the M.T.P. cases in the present study are with the gestational period of less than 12 weeks. This is due to the high literacy status of the M.T.P. cases and the better awareness about this method of termination of pregnancy. This finding agrees with the reports of Wadhera and Nair (1980) and Klinger (1965). The percentage of women with history of abortion is significantly low in this study when compared to the reports of Klinger (loc. cit.) in Hungary, where 14.4 per cent had previous legal abortions and 36.5 per cent had two or more induced abortions.

Self decision and mother's decision were significant for undergoing M.T.P. in the case of unmarried women of the present study. This observation differs from the reports of Chaurasia and Pattankar (loc-cit.) that the mother's decision has less significance to undergo M.T.P.

Acknowledgement

I acknowledge with gratitude to the Social Scientist, Family Planning Clinic, S.A.T. Hospital, Trivandrum for the help

rendered in the conduct of this study. Thanks are also due to the following Final Year B.Sc. Nursing students who helped in the collection of data and analysis. Raziath. A., Rosamma Joseph. Solly Joseph, Salma. S., Shirly Abraham.

References

- Census of India 1971: Series 9, Kerala, Part II-C(i), Social and Cultural Tables, Trivandrum, 1971, Director of Census operations, Trivandrum, P. 5.
- 2. Chaurasia, A. R. and Pattankar, J .:

- Indian J. Pub. Hlth. 26: 4-9, 1982.
- 3. International Planned Parenthood Federation: People 3: 30, 1976.
- Klinger, A.: Family Planning and Population Programmes, Chicago, 1965, University of Chicago Press, P. 465-475.
- Park, J. E. and Park, K.: Text Book of Preventive and Social Medicine, Ed.
 Jabalpur, 1983, Banarsidas Bhanot Publishers, p. 440.
- Rachootin, P. and Olsen, J.: Int. J. Epid. 11: 245-249, 1982.
- Wathers, A. and Nair, C.: Canadiau Med. Assoc. Jl. 122: 1386-1390, 1980.



Fig. 1

Villi showing marked hydropic degeneration and slight hyaline degeneration, avascularity is seen in villi with thickening of trophoblastic layer...

(12 weeks, PG-15(S) 15-methyl PGE α -extra amniotic)

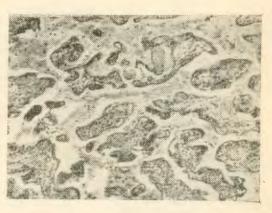


Fig. 2

Tiny small villi with thickening of basement membrane (10 weeks, PG-15(S) 15-methyl PGF2 α -extra amniotic).



Fig. 3

Thickening of intervillous fibrous tissues. (20) weeks, PG-15(S) 15-methyl PGF2 alpha-Intra-amniotic).



Fig. 4 Normal Villi.



Fig. 1

Profile of the patient showing hydronephrotic kidney and pregnant uterus.

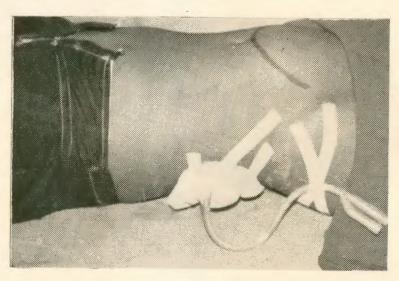


Fig. 2

Profile of the patient with the nephrostomy tube in situ.

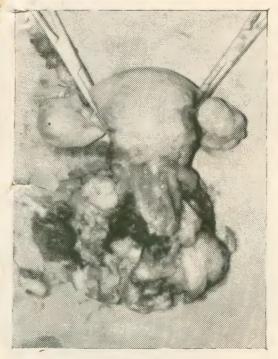


Fig. 1

-Gross appearance of sarcoma botryoid.



Fig. 3
Photomicrograph of sarcoma botryoid.

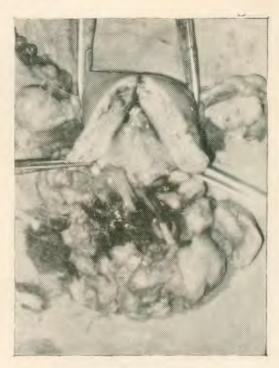
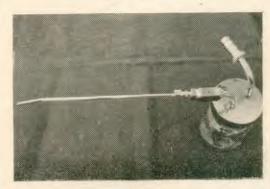


Fig. 2
Cut-section of sarcoma botryoid.

First Trimester Chorion Biopsy—Purandare, et al. pp. 391-393



Instrument used for aspiration.

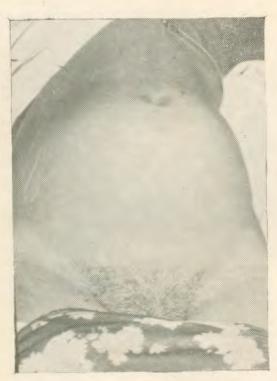


Fig. 1
Distended abdomen with tumour.

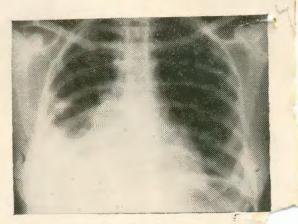


Fig. 2
Right sided hydrothorax.



Fig. 3

Microphotograph of tumour (low power).



 $\label{eq:Fig. 4} Fig. \ 4$ Microphotograph of tumour (high power).

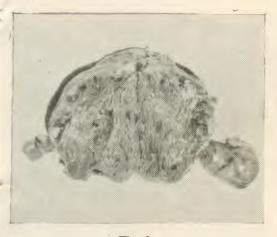


Fig. 1
Showing gross appearance of the tumour.



Fig. 2

Microphotograph showing endometrial sarcoma.

Recurrent C.U.T. Failure (Thrice)-Sanyal & Nulka, p. 561



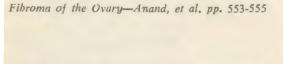
Fig. 1
Picture shows full bladder with left horn of uterus showing CuT in situ and right horn showing pregnancy of 10 weeks gestation.



Fig. 2

H.S.G. of the same patient showing bicornuate uterus.

Secondary Abdominal Pregnancy— Sandhu & Singla, pp. 547-548



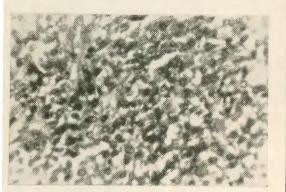


Fig. 1

Microphotograph shows spindle-shaped cells arranged in interlacing bundles with round to oval vesicular nuclei with pale eosinophilic, at places vacuolated cytoplasm. H&E stain (45 x 8)

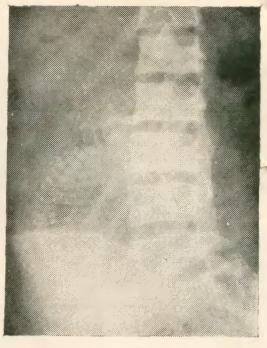


Fig. 1
Showing false uterine shadow around the foetus.

MEIG's Syndrome-K. Radha Bai et al. p. 556

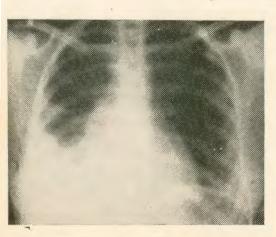


Fig. 1
Shows right sided pleural effusion.



Fig. 2

- 1. Fibroma ovary-left side
- 2. Small broad ligament myoma (left side)

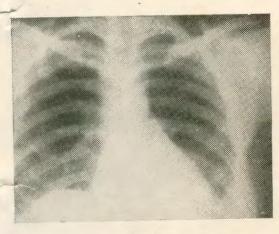


Fig. 3

Taken after surgery shows cleared pleural effusion on the right side-costophrenic and cardiophrenic angles.



Fig. 4

Von Gieson's Haematoxylin stain, showing orange staining.



Fig. 5
Fat stain showing negative reaction.



Fig. 1

Intrapartum X-ray showing vesical calculi.



Fig. 2

Intrapartum X-ray showing vesical calculus.