

PSYCHOLOGICAL OUTCOME OF M.T.P.

By

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SUMMARY

Five hundred women undergoing medical termination of pregnancy at Smt. Sucheta Kriplani Hospital, New Delhi, when compared with 100 D & D cases on the neuroticism scale showed statistically insignificant difference in scoring at various points of time ($p > .05$). The improvement (in both groups) was insignificant immediately after the procedure ($p > .05$) but it became significant after 2 and 8 weeks of procedure ($p < .001$). The neuroticism in MTP cases was hardly attributable to termination of pregnancy. The feeling of guilt, which was significantly high in MTP group, showed improvement with the passage of time.

Introduction

It is presumed that in the World today, around 40 million abortions take place every year. The corresponding figure in India is around 4-6 million per year (two-thirds being induced). The legal abortion under modern conditions is not without psychological morbidity. Like spontaneous abortion, the induced abortion may also precipitate serious psychological reactions in certain susceptible women. The various types of psychological reactions encountered in many studies conducted in West ranged from guilt feeling, emotional instability, a changed attitude towards sex to depression, suicidal and homicidal tendencies. Though the studies conducted in the west are not without controversy, their inferences can not be applied to present Indian milieu due to a totally different socio-economic and

ethical norms. In India, till now, only few systematic and prospective studies have been conducted to find out the psychological outcome of medical termination of pregnancy. The present study was conducted with the aim to find out the psychological sequelae of MTP and their progress with the passage of time.

Material and Methods

Five hundred cases undergoing MTP (for grounds other than medical ones) at Smt. Sucheta Kriplani Hospital, New Delhi were taken up as study group. This was matched age-wise with the control group (100 women undergoing Dilatation and Curettage (D & C) for reasons other than the indications for MTP) to rule out the influence of operative procedure. Only those women having no past history of psychiatric illness or MTP were included in the study. The patients were interviewed four times (once before and after undergoing the procedure, then after 2

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and 8 weeks). The interview included recording the identification data, degree of neuroticism on Neuroticism-2 scale (Verma, 1975) and the presence or absence of guilt.

Results

The degree of neuroticism (in both study and control groups) and its progress with the passage of time is shown in Table I. The presence of feeling of guilt and its association with time is shown in Table II.

ly after the procedure, and 2 and 8 weeks after it.

The improvement was however, not statistically significant immediately after the procedure ($p > .05$) but it became highly significant after 2 and 8 weeks ($p < .001$).

Immediately after the procedure, the feeling of guilt was noticed in 38% of patients in MTP group as compared to 5% in D & C group ($p < .001$). The MTP group showed a statistically significant ($p < .001$) improvement as compared to

TABLE I
Showing Degree of Neuroticism at Various Points of Time

Interview Scores	MTP Group (N = 500)		D & C Group (N = 100)	
	<9	> 9	<9	> 9
Before procedure	255 (51)*	245 (49)	49 (49)*	51 (51)
After procedure	275 (55)	225 (45)	54 (54)	46 (46)
After 2 weeks	375 (75)	125 (25)	74 (74)	26 (26)
After 8 weeks	450 (90)	50 (10)	91 (91)	9 (9)

* Figures in Brackets indicate percentage.

TABLE II
Showing Feeling of Guilt at Various Points of Time

Guilt Feeling	MTP Group (N = 500)		D & C Group (N = 100)	
	Present	Absent	Present	Absent
Before procedure	200 (40)*	300 (60)	6 (6)*	94 (94)
After procedure	190 (38)	310 (62)	5 (5)	95 (95)
After 2 weeks	125 (25)	375 (75)	2 (2)	98 (98)
After 8 weeks	50 (10)	450 (90)	2 (2)	98 (98)

* Figures in Brackets indicate percentage.

The patients having high neuroticism (more than 9 on N-2 scale) before undergoing the operative procedure in MTP group were 49% as compared to 51% in D & C group. (The difference was not statistically significant; $p > 0.05$). The fall in number of patients (having high neuroticism) in both MTP and D & C groups was quite comparable immediate-

D & C group eight weeks after the procedure.

Discussion

In both (MTP and D & C) groups, the neuroticism was higher before the procedure, which decreased gradually with the passage of time. The difference in

both the groups was not statistically significant. So the high scoring on N-2 scale might be attributed to other factors like the effect of hospitalization, the fear of procedure etc. and not because, the pregnancy was terminated. The trend in improvement of neuroticism was also the same in both MTP and control groups. Lask (1975), Wig (1978) and Freeman (1980) also reported similar findings while Kummer (1963) considered the induced abortion, like pregnancy and parturition, only as a precipitating stress rather than the basic cause of psychiatric sequelae. This is in contrast to Bolter (1962), Pare (1967), Paykel (1980) and Stack (1984) who have reported definite mild to severe psychiatric sequelae (like occupational and social maladjustment, anxiety disorder, hysteria, depression and even psychosis).

Several authors believed that mild guilt could occur after abortion (Kumer, 1963; Rovinsky and Gusberg, 1967; Clark *et al*, 1968; Pasnau, 1972; Smith, 1973) but this was not crippling and it decreased with time. Similar finding was noticed in the present study but unlike the neuroticism,

the feeling of guilt was definitely more in MTP group as compared to D & C group suggesting that the operative procedure played little role in producing this feeling.

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