MTPs IN INDIAN ADOLESCENTS

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ABSTRACT

A study of Medical Termination of Pregnancies (MTP) amongst Indian adolescents is presented. A total of 6534 MTPs were performed over a 5 year period. Nine hundred thirty-two (14.3%) were in the adolescent age group. 48.8% of the adolescent patients were unmarried and 34.9% presented in the second trimester. 42.9% were multigravidae and 38.9% accepted an intra-uterine device (IUCD) as a mode of contraception. In fact, 2.5% of the adolescent patients had completed child-bearing and accepted sterilisation.

INTRODUCTION

Unwanted pregnancies have been one of the greatest problems an adolescent can face. Pregnancy may adversely affect her health and her prospects for education, career and personal fulfilment. Such a pregnant woman is often too young, too poor and too inexperienced to care for a child. Consequently, these women resort to a termination of their pregnancy. The current study analyses MTPs in Indian adolescents.

MATERIAL AND METHODS

This study analyses the MTPs done at the Nowrosjee Wadia Maternity Hospital, Bombay over a 5 year period from 1st January 1982 to 31st December 1986.

A total of 6534 MTPs were performed of which 932 (14.3%) were in the adolescent age group (15-20 years).

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The date was analysed as to age group, marital status, gestational age, the method of termination and the contraception accepted by the patient. This data on adolescent patients was compared with the data available for the entire attendance at the MTP clinic.

RESULTS

As seen in Table 1, 932 (i.e. 14.3%) of all the MTPs performed were on patients in the adolescent age group. Of these 154 (16.6%) were below the age of 18 years. Five hundred thirty-two (57.1%) were primigravidae while 400 (42.9%) were multigravidae.

Table 2 demonstrates, that at the age of 15 years, all the patients were unmarried. The situation improves with increasing age till at 20 years, 74.5% of the patients were married. These figures contrast sharply with those at the entire clinic

population, where only 5.5% of the attending patients were unmarried.

TABLE 1

Age distribution
Total MTPs 6534
MTPs in adolescents 932 (14.3%)

Age	No. of patients	Per cent
15	36	3.9
16	62	6.7
17	56	6.0
18	171	18.3
19	165	17.7
20	442	47.4

The younger the patient, the later she presented to the clinic (Table 3). Of the total patients attending the clinic only 21.2% presented in the 2nd trimester, as compared to 34.9% in the adolescent age group, with the situation being worst in the youngest patients, 75% of the 15 year old girls presenting in the 2nd trimester.

Accordingly, as seen in Table 4, the younger patients had a higher incidence of the potentially more complicated procedure of a 2nd trimester method of termination (only 44.4% suction evacuations) as compared to the older girls (85.5% suction evacuation in the girls aged 20 years).

Table 5 demonstrates the contraceptive method accepted by the patients. 38.9% of the adolescents accepted an IUCD as compared to 48.4% of the total clinic population. In fact 2.5% of the adolescent patients and even completed their child-bearing and accepted sterilisation.

DISCUSSION

The issue of pregnancies in young adolescent patients and their associated hazards is particularly significant in the Indian context since a large number of Indian girls marry and reproduce at a very young age. In a study by Bhalerao et al (1988) 30% of pregnant patients attending for antenatal care, were below the age of 18 at the time of marriage and the percentage of pregnant adolescent girls was 12%. Pawar and Shrotri (1987) have identified teenage as a high risk factor in primigravidae.

A pregnancy in an adolescent patient is not only associated with a higher incidence of complications, but is also often unplanned and unwanted. Srinivasan et al (1985) identified 1.4%

Table 2

Marital status

Age	Married		Single		Separated/ Divorced		Widow	
	No.	%	No.	%	No.	%	No.	%
15	–	36	100		–		–	
16	9	12.9	52	83.9	2	3.2	–	
17	6	10.7	50	89.3	–		–	
18	51	29.8	119	69.6	1	0.6	–	
19	71	43	92	55.8	1	0.6	1	0.6
20	329	74.5	106	23.9	3	0.7	4	0.9
Adolescents	465	49.9	455	48.8	7	0.8	5	0.5
Total patients (3 years 3994)	3764	94.2	219	5.5	8	0.2	3	0.1

TABLE 3
Age trimester correlation

Trimester patients scents	Total	Adole- Age 15	16	17	18	19	20
First No.	5151	607	9	24	18	92	108	356
%	78.8	65.1	25	38.7	32.1	53.8	65.5	80.5
Second No.	1383	325	27	33	38	79	57	86
%	21.2	34.9	75	61.3	67.9	46.2	34.5	19.5

TABLE 4
Method of termination

Age		S.E.	I.A.S.	E.O.	P.G.	A.H.
15	No.	16	13	4	2	1
	%	44.4	36.1	11.1	5.6	2.8
16	No.	28	28	3	3	–
	%	45.2	45.2	4.8	4.8	–
17	No.	22	29	3	2	–
	%	39.3	51.8	5.4	3.5	–
18	No.	102	58	5	6	–
	%	59.6	33.9	2.9	3.5	–
19	No.	118	39	3	5	–
	%	71.5	23.6	1.8	3.1	–
20	No.	378	48	10	6	–
	%	85.5	10.9	2.3	1.3	

S.E. : Suction evacuation
I.A.S. : Intra-amniotic saline
E.O. : Extra-ovular ethacridine lactate
P.G. : Prostaglandin
A.H. : Abdominal hysterotomy

TABLE 5
Contraception accepted

Age	No.	O.C.	IUCD	TL
15	36	–	–	–
16	62	–	4(6.5)	–
17	56	–	5(8.9)	
18	171	2(1.1)	37(21.6)	1(0.6)
19	165	1(0.6)	59(35.8)	2(1.2)
20	442	6(1.4)	258(58.4)	20(4.5)
Adolescents	932	9(0.9)	363(38.9)	23(31.2)
Total patients	6534		3164(48.4)	2039(31.2)

unmarried patients in a clinical study of 1883 teenage pregnancies.

Women who are determined to end their pregnancies often resort to an illegal abortion which can be extremely hazardous. Septic abortions and subsequent complications cause 15% of maternal deaths in Indian hospitals. Of these 80% were due to illegal abortions. (Rao, 1989)

The Medical Termination of Pregnancy Act in India provides a safe alternative to the young Indian girl who is confronted by an unwanted pregnancy, often out of wedlock.

Abortions in young women account for more than 25% of all abortions in Canada, Great Britain, Norway and the U.S. (Liskin, 1985) In the current study, 14.3% of MTPs were performed in adolescent patients (Table 1).

In much of the developing world, the percentage of married women 15-19 years of age using contraception is about half of them for all married women of reproductive age. (Liskin 1985) Lack of awareness about contraceptive methods and unplanned pregnancies lead to a greater number of adolescent multigravidae seeking a termination rather than a continuation of their pregnancy. 42.9% (400 patients) in the group seeking termination were multigravidae as against only 12.5% multigravidae in the hospital confinements in the adolescent patients.

The great majority of legal abortions are performed in the first trimester. However, the pregnant woman most often in need of a late abortion is the younger patient. (Stubblefield, 1986) In the current study 34.9% of adolescent patients underwent a second trimester procedure as compared to 21.2% amongst all the patients attending the MTP Clinic (Table 3).

The situation is worst in the youngest patients, with 75% of the 15 year old girls presenting in the 2nd trimester. Younger teenagers present late for abortion due to failure to realise they are pregnant, concealment of pregnancy and conflicts with patents. They thus have a higher rate of late, more dangerous abortions (Birch, 1989).

Razenbaum (1983) states that for the adolescent woman who already has a child and has had a termination, an IUCD certainly has less risks than another abortion. In the current study, 42.9% of the adolescent patients were multigravidae and 38.9% accepted an IUCD.

In fact, 2.5% of the adolescent patients had even completed child-bearing and accepted sterilisation.

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