

INDUCED ABORTIONS IN RURAL SOCIETY & NEED FOR PEOPLE'S AWARENESS

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SUMMARY

A prospective survey carried out at BADURIA P.H.C. with 300 females revealed high incidence of complications of induced abortionists, practising uninterruptedly in the rural society. Lack of adequate publicity of MTP centres, makes people often resort to illegal terminations. Low uptake of contraceptives and sterilization along with early and repeated childbirths, inadequate spacing and high parity are still prevalent. Awareness amongst the people about the benefits of contraceptives & sterilization in the existing milieu is badly needed; the risks at the hands of illegal abortionists needs simultaneous publicity to help the ignorant rural people to realize the lethal implications.

INTRODUCTION:

Almost 18 years have passed since enforcement of the "M.T.P. Act" of India. Quacks, Paramedical staffs and even untrained M.B.B.S practitioners still perform induced abortions illegally in the rural areas, often leading to complications, sometimes of a serious nature. The present study was carried out to find out the reasons for acceptance of induced abortions in the rural areas, the reasons for approach to illegal abortionists, the magnitude and nature of complications thereof and thus to find out the necessity of the people's awareness.

MATERIALS & METHODS:

This prospective study was carried out at

Baduria Primary Health Centre; 24-Parganas(N); West Bengal

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BADURIA PRIMARY HEALTH CENTRE & two adjoining villages from January, 1989 to March, 1990 with 300 females who had one or more induced abortions. History of induced abortions alongwith sociocultural & obstetric histories were taken. Contraceptive & sterilization acceptance of the study group was noted.

RESULTS & DISCUSSIONS:

As shown in Table-I, 300 females had a total of 372 abortions. Abortions performed illegally by quacks and paramedical had 100% complications, sometimes serious (Table-II). 45.80% of the cases done by M.B.B.S. private practitioners had complications, the available reasons for the high rate of complications being (i) improper aseptic techniques; (ii) lack of training/improper training & (iii) Overconfidence, and popularity in the locality ignoring meticulous care.

TABLE : I
PROFILES OF INDUCED ABORTIONS
(372 abortions in 300 females)

POINTS	NO. OF ABORTIONS	POINTS	NO. OF ABORTIONS
I. MONTHS OF		I. PLACES OF ABORTIONS	
1½	4	Chambers (Quacks/ Paramedicals/M.B.B.S.)	76
2	156	Nursing Home	8
2½	152	P.H.C.	244
3	44	Sub.Div./Dist. Hosp.	44
> 3	16		
II. METHODS		IV. PERFORMERS :	
D & E	328	Quacks	24
Suction Evac.	40	Paramedical	4
Ethacridine Lact.	4	M.B.B.S. (Pvt. Pract.)	48
		M.B.B.S. (Hosp.)	68
		Specialist (PHC)	176
		Specialist (SDH/DIST)	52

TABLE - II
COMPLICATIONS OF INDUCED ABORTIONS

PERFORMERS COMPLICATIONS	No. (%)	TYPES OF COMPLICATIONS				
		Incomp abortion	Infection Mild+	Infection Severe	Perfor- ation	Cervical Ash. Syndr.
Quacks	24/24(100%)	4	—	20	—	—
Paramedical	4/4(100%)	4	—	—	—	—
M.B.B.S. (Pvt. Pract)	22/48 (45.8%)	10	4	+2	2	2
M.B.B.S. + Spec. (Hosp. + Nurs. Home)	36/296(12.2%)	20	8	+2	6	—

The reasons for acceptance of induced abortions are shown in Table-III. The reasons for seeking abortions from quacks and paramedicals were primarily to keep secrecy (in all the 28

cases), the secondary reasons attributed to were (i) Publicity - 16 cases, (ii) Availability nearby - 8 cases (iii) Financial - cases, (iv) Lady doctor - 4 cases and (v) Known person - 4 cases.

Of the total 300 acceptors of induced abortions 44% were Hindus, 54.6% Muslims and 1.4% Santhals. 25.4%, 61.3% & 13.3% were in the age groups of < 20 years, 21-30 years & > 30 years respectively, 62% of females & 66% of husbands were literate.

There were 32 single and 8 divorced females (10.6% & 2.6% respectively) & the rest leading conjugal life. Of the married 17.9% underwent termination of pregnancy before first term delivery. 13.4%, 31.3%, 11.9% & 13.6% of married females accepted induced abortions after 1,2,3,4 & > 5 term deliveries respectively.

TABLE - III

REASONS FOR ACCEPTANCE OF INDUCED ABORTIONS

REASONS	NO. OF CASES	TOTAL(%)
a) Financial/For wellbeing	32	148 (39.8)
Unplanned Pregnancy	96	
Forced by husband	8	
Unemployed husband	12	
b) Failed contraception	24	84 (22.6%)
(Condom-12, I.U.C.D.-8; O.C. -4)		
Alongwith Sterilization	60	
c) Single	32	140 (37.6%)
Divorced	8	
Alternative to Sterilization (St. refused for religious/social pressurization)	100	

TABLE - IV

OBSTETRIC PATTERNS OF ACCEPTORS OF INDUCED ABORTIONS

POINTS	OBSERVATIONS			
1. Age at marriage	< 18 years	-	74.6%	
2. 1st Childbirth	< 2 years	-	89.1%	
3. Spacing	< 2 years	-	70.9%	
	< 3 years	-	90.9%	
4. Term deliveries (0, 1, 2, 3, 4, > 5)	17.9%,	13.4%	31.3%	
	11.9%	11.9%	& 13.6%	

TABLE - V

CONTRACEPTIVE & STERILIZATION ACCEPTANCE

CONTRACEPTIVE ACCEPTANCE		STERILIZATION ACCEPTANCE	
METHODS	NO.	METHODS	NO.
1. Withdrawal	4	1. Minilap	24
2. Safe period	—	2. Laparoscopy	40
3. Condom	60	3. Others (C.S. Lign./H&L)*	12
4. I.U.C.D.	8		
5. O.C.	40	4. Husband's vasectomy	4
	112		80
	41.8%		80

* H&L : Hysterotomy & Ligation

112/268 i.e. 41.8% of married females had history of use of some form of contraception. Of 116 couples eligible for sterilization, only 80 (i.e. 45.5%) accepted sterilization including 18.1% accepting at > 2 parity. Only 136/268 i.e. 50.7% of married couples were covered with family welfare services, the rest neither accepting contraceptives nor sterilization.

CONCLUSIONS:

Quacks, Paramedical persons and untrained or ill-trained M.B.B.S. practitioners, widely perform abortions in the rural community. The complications at their hands are frequent and

often serious. Assurance of keeping secrecy attract the ignorant rural people to them. Contraceptive acceptance is far from the requirement & sterilization acceptance is poor and often late. Repeated and early child birth, inadequate spacing, high parity alongwith financial and other relevant problems need availability of M.T.P. side by side with contraceptives and sterilization in the years ahead. Rural people need awareness about the problems of population explosion, the needs and benefits of contraceptive and sterilization and the dangers of illegal abortions. Simultaneous publicity about MTP services needs to be promoted.