

MTP CLIENTS AT A VOLUNTARY FAMILY WELFARE ORGANISATION

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SUMMARY

Extra mural abortions, that is abortions performed outside hospitals are a corollary to the increasing demand for MTP. A study was made of 1198 women, opting for MTP at three Marie Stopes clinics in Calcutta, to highlight their socio economical clinical profiles. There was a preponderance of urban, literate, married clients from higher income groups presenting with early pregnancies. The incidence of clients who had no living children was 24.3%, and 18.6% were primigravidae. Of the women studied 29.8% had one child and 25.9% had two children. There was a significantly high (38.6%) incidence of clients who had one or more MTP earlier. A complication rate of 4.84% was noted. The data also included a study of contraceptive practices of clients before termination, and those accepted after the procedure.

INTRODUCTION

With the liberalisation of medical termination of pregnancy policy, it is recognized that a large number of terminations are carried out at clinics other than those attached to government hospitals and teaching institutions. The abortion rate in India has been estimated at 40 per 1000 women aged between 15 and 44 years (Henshaw, 1987) and

Marie Stopes Society clinic, Calcutta,

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about 4 million abortions are performed in a year (Park and Park, 1989). The number of MTP performed during the year 1989-90 at government and government aided institutions in Calcutta was 18,284 (Biswas, 1990).

This study was undertaken to present the clinical profile of women seeking MTP at the Marie Stopes Clinics of Parivar Seva Sanstha (PSS) at Calcutta.

MATERIALS AND METHODS

The data included the analysis of 1198 cases who sought MTP at 3 Marie Stopes

Clinics in Calcutta between January and December 1989. Data analysis was from retrospective chart review. A number of variables were studied including socioeconomic, demographic and medical profiles. Preoperative history taking and clinical assessment, pre and post abortion counselling, advocacy and supervision of contraceptive measures were mandatory. The methods used for MTP were terminations with gynaecologic aspiration syringes (with Karman cannulae), suction evacuation, D and E and Emcredil. The single valve MR syringe is from Jan Mangal Sanstha and the double valve syringe is from the International Projects Assistance Services (IPAS) CARRBORO, North Carolina, U.S.A. A photograph of the double valve syringe is given in fig 1.

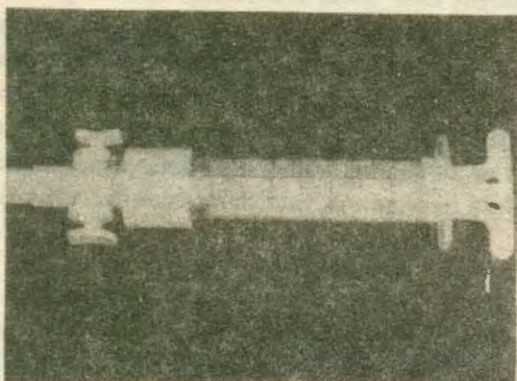


FIGURE 1
DOUBLE VALVE GYNAECOLOGIC
ASPIRATION SYRINGE

We find this an extremely useful instrument as it is simple, purely mechanical, and electricity is not necessary as is the case with the suction machine.

Haemoglobin, Rh typing for primigravidae, bleeding and clotting time estimation, routine urine testing and urine for BETA HCG detection were also carried out. Gross examination of products obtained on termination

was carried out in every case in order to identify placental tissue and the sac.

RESULTS AND DISCUSSION

TABLE 1
Client Profile : Age

Age in years	No. of cases	Percentage
Less than 15	3	0.25
15 - 19	48	4.01
20 - 24	358	29.88
25 - 29	391	32.64
30 - 34	250	20.87
35 - 39	105	8.76
40 and Above	43	3.59

Looking at the age distribution of clients, the highest incidence was in the 20 to 24 years, 358 cases (29.8%), and 25 to 30 years 391 cases (32.60%), age groups. The number of teenagers undergoing MTP was 51 (4.25%) and women over 40 was 43 (3.59%). The youngest client was 14 and the oldest 45 years of age. These findings tally with those of Sanyal et al 1989 and Henshaw 1987, who also found the highest incidence of MTP in the 25-30 age group.

TABLE 2
Client Profile : Parity

No. of living children	No. of cases	Percentage
Nil	292	24.37
One	357	29.80
Two	311	25.96
Three	135	11.27
Four and above	103	8.60

The number of women to opt for termination of pregnancy was greatest after one child 357 (29.8%), and after two children 311 (25.96%). A significant trend noted was the comparatively higher number 292 (24.37%) of MTP in women who had no children. This is much higher than the figure of 13.4% cited by Sanyal et al (1989) in similar cases. Of these 292 cases in the present series, 224 (18.6%) were primigravidae and 68 clients had had MTP earlier. However, of the total 1198 cases in this series, the number who had had MTP before was 463 (38.65%), and of these clients 169 (14.11%) had had MTP at a Marie Stopes Clinic earlier. These facts are clearly seen in Table 3.

TABLE 3
Present and Previous MTP in Relation to Parity

PARITY	FIRST NO. OF CASES	MTP %	HISTORY OF PREVIOUS MTP NO. OF CASES	%
NULLIPARA				
292	224	76.71	68	23.28
PAROUS CLIENTS				
906	511	56.40	395	43.59
TOTAL				
1198	735	61.35	463	38.65

Jeffcoate (1987) quotes a higher figure of 50% of women who having had one abortion return for another within 2 years. This calls for instilling a greater sense of responsibility in contraceptive use and fertility restriction amongst clients for MTP. Abortion counselling and contraceptive help are a routine part of the work at the Marie Stopes Clinics. A greater effort is required to educate patients about contraception, and dangers of repeat MTP.

TABLE 4

Client Profile : Geographical Distribution		
Area	No. of cases	Percentage
Urban	1011	84.39
Rural	187	15.61

Of the MTP acceptors 1010 (84.39%) were urban and 188 (15.61%) were from rural background.

TABLE 5
Educational Status

Level	No. of cases	Percentage
Illiterate	187	15.61
School	879	73.37
College	132	11.02

As regards the educational status of the clients, 187 (15.61%) were illiterate, 879 (73.37%) had received school (primary and or

secondary) education. Eleven percent i.e. 132 cases of the MTP acceptors had college (graduate and or post graduate) education.

This bears out Requena's (Potts and Diggory, 1983) findings that it is not those totally lacking education but those with an elementary school background who have most abortions.

TABLE 6
Client Profile : Marital Status

Status	No. of cases	Percentage
Married	997	83.22
Single	201	16.78

In the present series 997 (83.22%) women were married and 201 (16.7%) were not. There was one widow in the latter group. This corroborates the demographic characteristic of the older married women who more commonly obtain abortion in developing countries (Henshaw 1987).

was four or more years ago. The number of MTP performed within one year of the last delivery was not insignificant - 128 (10.68%). In the present series 100 cases (8.35%) had one or more caesarean sections in the past, emphasizing the need for more post natal

TABLE 7
Distribution of Cases according to Income

INCOME LEVEL	NO. OF CASES	PERCENTAGE
Less than Rs. 500 pm	112	9.35
Between Rs. 500 - 1000	223	18.61
Between Rs. 1000 - 1500	231	19.28
Between Rs. 1500 - 2000	167	13.94
Above Rs. 2000	465	38.81

The client profile as regards income showed a predominance of the higher income groups - 38.81% of cases came from the Rs. 2000 per month and above bracket. There were 112 (9.35%) cases from the low income group. These finding contrast with those of Sanyal et al 1989 (in which series, the majority of cases 87.10% were in the monthly income group of up to Rs.500), and are in consonance with those of Bhojwani and Arora 198

contraceptive counselling.

With a predominantly urban educated clientele from a higher socioeconomic and interesting picture.

The most popular method practiced by the largest number 416 (34.72%) was coitus interruptus. More effective methods like OC and IUCD had been used by only 48 (4%) and 21 (1.75%) of the MTP acceptors. This finding is similar to that cited by Potts and Diggory

TABLE 8
Distribution of Cases according to last Child birth

PERIOD	NO. OF CASES	PERCENTAGE
Less than one year	128	10.68
Between 1 and 2 years	188	15.69
Between 2 and 3 years	153	12.77
Between 3 and 4 years	96	8.01
Four and Above	283	23.62

Table 8 shows the distribution of cases since last child birth. The highest number 283 (23.62%) is of women whose last child birth

1983. Six clients had used more than one method and 4 MTPs had to be carried out as they were due to sterilisation failure.

TABLE 9
Client Profile : Contraceptive Used

CONTRACEPTIVE USED	NO. OF CASES	PERCENTAGE
Nil	309	25.79
Coitus Interruptus	416	34.72
Condoms	258	21.54
Rhythm	130	10.85
Oral Contraceptive	48	4.00
IUCD	21	1.75
Today (Vaginal Tablet)	6	0.50
Sterilization Failure	4	0.33

TABLE 10
Distribution of Cases According to period of Gestation

PREGNANCY IN WEEKS	NO. OF CASES	PERCENTAGE
Upto 6	598	49.92
Between 7 and 9	390	32.55
Between 10 and 12	134	11.19
Between 13 and 16	50	4.17
Between 17 and 20	26	2.17

Ninety three percent i.e. 1122 cases presented in the first trimester, and 76 (6.34%) clients in the second trimester.

Where first trimester procedures are readily available and an open service is unequivocally advertised, it is more likely to result in an earlier operation than would a clandestine service. (Potts and Diggiry 1983). A survey carried out by PSS revealed that about 38 percent of the clients learn about the clinics through mass media (Anubhav 1988). Referrals from doctors and chemists account for 26 percent and from friends and others for 24 percent, while the balance 12 percent are revisits.

Table 10 highlights the large number of cases 598 (49.92%) presenting for MTP at 6

weeks or less of pregnancy, similar to the findings of Yadava et al 1979, where 84% of the MTP cases were of less than 8 weeks of pregnancy with an average of 5-6 weeks in the urban

Table 11 presents the methods used for termination. With a higher number of cases presenting at less than 10 weeks of pregnancy, the ASPIRATION Syringe was used in 1028 (85.81%) cases using larger bore cannulae with a double valve syringe whenever necessary, in cases where pregnancy was of a longer duration.

As cited by Daftary et al (1988) majority of cases in the present series required no anaesthesia. Paracervical block was given in 83 (6.93%) cases and general anaesthesia in 113

TABLE 11
Methods used for MTP

METHOD	NO. OF CASES	PERCENTAGE
ASPIRATION SYRINGE	1028	85.81
SUCTION EVACUATION	118	9.85
D and E	40	3.34
EMCREDIL	12	1.00

TABLE 12
Complication and Follow up

COMPLICATION	NO. OF CASES	PERCENTAGE OF TOTAL CASES STUDIED
-Follow up clinic	580	48.40
-No Complications	522	43.50
-Retained products of Conception	34	2.80
-Pyrexia (above 101 F)	3	0.20
-Pelvic Infection	13	1.01
-Continuation of Pregnancy	4	0.33
-Cervical Injury	3	0.20
-Uterine Injury	1	0.08

(9.43%) cases preliminary dilatation was necessary in 50 cases (4.17%). These included cases where laminaria tents were used. Sedation was employed in 41 cases (3.42%). The PSS Clinics are mainly day care units and 12 cases in the present series were admitted for overnight stay for terminations with extra ovular emcredil. Antibiotics were routinely prescribed in all cases of MTP.

Of the 1198 cases-580 reported for follow up (48.3%). Of these there were 522 (43.5%) who had no complaints at routine follow up after 15 days. There were 58 cases with complications, an incidence of 4.84%.

Table 12 shows an incidence of 34 (2.8%) clients with retained products of

conception who needed reaspiration. There were 4 cases (0.3%) where continuation of pregnancy was detected and of these one opted to continue, and 3 were subjected to a repeat procedure.

The number of MTP done at our clinics on cases of 6 weeks or less were 598 (49.92%) and the incidence of reaspiration being greater in the case of very early pregnancy is recognised (Potts and Diggory 1983 and Nemeč et al 1978).

There were 13 cases (1%) who developed mild pelvic inflammation and were treated conservatively. These were detected at first follow up before sexual activity was resumed. Patients reported with lower

abdominal pain and temperature, and pelvic tenderness was elicited during vaginal examination. Of these 13 cases, 4 reported for another termination within 1 year.

There were 4 cases of genital tract injury during MTP-3 of cervical injury (0.2%) which required a few sutures, and one case of uterine injury, (0.08%) where there was an extension of cervical tear upto the isthmic part of uterus, necessitating a subtotal hysterectomy in the clinic. She presented for MTP with her twelfth pregnancy (9 deliveries and 2 abortions) and was also a case of laparoscopic ligation failure. These findings are comparable to those of Beric et al 1973.

Of the MTP acceptors in our clinics, 13.7% underwent laparoscopic sterilization, 9.8% accepted copper T200 and Cu250 multiloop devices and 5.6% accepted O.C. and 8.7% wished to use condoms. On the whole 37.8% of MTP clientele adopted some family planning measure approximating the finding of 40% cited by Potts and Diggory 1983.

CONCLUSION

A study of MTP clients at the Marie Stopes Clinics in Calcutta was presented with the following observations.

1. The largest group of MTP acceptors was between 20 & 30 years of age.
2. There was a higher incidence of MTP among women who had either no living child or one or two children.
3. 84.3% of the cases were from the urban area.
4. 84.3% had been to school and or college.
5. There were more clients from middle and higher income brackets.
6. Of the women opting for termination of pregnancy 83.2% were married.
7. Although comparatively the largest number of MTP were performed 4 years after the last child birth, there were 10.6% of cases where MTP was carried out less than a year after last delivery. 8.35% of cases had had one or more caesarean sections in the past.
8. Coitus interruptus was the most popular contraceptive method practised by 34.73% of the MTP clients. However, a greater proportion (38.65%) of cases resorted to repeat MTP to restrict fertility.
9. The largest number (49.9%) of clients presented for MTP at 6 weeks or less of gestation, followed by those between 7 and 9 weeks of gestation. The least number of MTPs were carried out between 17 and 20 weeks of pregnancy.
10. The MR and bivalve aspiration syringe were used in 85.81% of cases, vacuum aspiration in 9.8%, D and E in 3.3% and extra ovular emcredil in only 1% of cases.
11. An incidence of 4.84% complication rate was noted. The most frequently encountered complications were retained products of conception (2.8%) and pelvic infection (1%). There was 1 case where subtotal hysterectomy had to be carried out in the clinic on account of uterine injury.
12. 37.8% of the MTP clientele adopted some family planning measure following termination.

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REFERENCES

1 Anubhav, The Ford Foundation, New Delhi, Page 10, 1988

2 Beric B, Kupresanin, & Stanulovic, N, Am. J. of Obstet. & Gynec., 116 : 813, 1973

3 Bhojwani MN, Arora A, J. of Obstet. & Gynec., India, 31 : 898, 1981

4 Biswas NK, District Family Welfare Officer, Calcutta, 1990

5 Daftary SN, Asolkar P, Nanavati PC, Parikh V, Dave DT, Desai SV, Nanavati MS, Venkatraman V, J. of Obstet. & Gynec., India, 38 : 66, 1988

6 Henshaw SK, Int. Family Planning Perspective, 13 : 12, 1987

7 Jeffcoate N, Principles of Gynaecology, 5th Edition, Butterworths, London, page 625, 1987

8 Nemeck DK, Prendergast TJ, Trumbower WD, Obstet. Gynec., 51 : 433, 1978

9 Park JE & Park K, Textbook of Preventive & Social Medicine, 12th Edition, 1989, pp 283, Banarasi-das Bhanot Publishers, Jabalpur

10 Potts M & Diggory P, Textbook of Contraceptive Practice, 2nd Edition, Cambridge University Press, Cambridge, PP 77, 288, 297, 314, 317, 1983

11 Sanyal MK, Mukherjee TN, Chatterjee AK, J. of Obstet. & Gynec., India, 39 : 18, 1989

12 Yadav KNS, Dube S and Marwah SM, J. of Obstet. & Gynec., India, 29 : 1114, 1979