

MTP The Present Scenario in a C-Type P. P. Program

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Objective - To analyse the trends in MTP over 4 year period and the impact of family welfare programmes. **Methods** - Seven hundred and fortysix women who underwent MTP were studied for epidemiological features, contraceptive acceptance and operative complications. **Results** - Number of women seeking MTP rose by 130 percent. Acceptance of a contraceptive method increased from 10.7 percent to 66.1 percent, complication rate was 3 percent. **Conclusion** - Impact of Family Welfare programmes is evident from increase in MTP seekers and in contraceptive acceptance. MTP is safe and greater emphasis is needed on spacing methods.

Key words : MTP, post partum program

Introduction

In India, the Medical Termination of Pregnancy (MTP) Act was passed by the Parliament in 1971, came into force on April 1, 1972 and was modified in 1975. It liberalized the abortion laws as a family welfare measure to ensure better health and avoid risks to the lives of women from criminal abortion¹. Because of its greater safety nowadays and great impacts on population control, abortion has gained tremendous popularity in the last few years. A cautious effort is being made to utilize MTP as a backup method of fertility control. In Child Survival and Safe Motherhood Program (CSSM). Special Information, Education and Communication² (IEC) activities have been initiated by the government. In October 1997, the Reproductive and Child Health Program (RCH) was launched broadening the existing package of services and improving the quality of services with top priority³.

The present study is an overview of MTP services in C-type postpartum program undertaken to analyze the trend in MTP seekers over a period of 4 years and to assess the impact of IEC activities and RCH program.

Material and Method

A prospective study was conducted on women seeking MTP at our C-Type P.P. Programme Centre, from April 1996 to March 2000. All of them were studied for epidemiological features, contraceptive acceptance and operative complications. They were counseled to adopt some form of contraceptive method.

Results

Of 746 women who underwent MTP during the study period, 396 (53.18 percent) accepted a contraceptive method as shown in Table I. Age group distribution is

Table I : Year Wise MTP and Contraceptive Acceptance

	Total MTP	Contraceptive Acceptance		Terminal Method		Spacing Method	
		No.	%	No.	%	No.	%
1996-97	121	13	10.74	6	4.95	7	5.78
1997 - 98	166	81	48.79	74	44.57	7	4.21
1998-99	178	116	65.16	82	46.06	34	19.10
1999-2000	281	186	66.19	128	45.55	58	20.64
Total	746	396	53.18	290	38.87	106	14.20

Paper received on 3/9/01 ; accepted on 13/4/02

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Table II : Age Group Distribution

Year	15-19 yr No. (%)	20-24 yr No. (%)	25-29 yr No. (%)	30-34 yr No. (%)	35-39yr No. (%)	40-44yr No.(%)	>45yr No. (%)
1996-97 (n=121)	1(0.82)	13(10.74)	52(42.9)	33(27.27)	20(16.52)	2(1.65)	-
1997-98 (n=166)	3(1.8)	24(14.45)	64(38.5)	48(28.9)	22(13.25)	5(3.01)	-
1998-99 (n=178)	3(1.68)	29(16.29)	84(47.19)	41(23.03)	15(8.42)	5(2.8)	1(0.56)
1999-2000 (n=281)	5(1.77)	46(16.37)	124(44.12)	73(25.9)	26(9.25)	7(2.49)	-
Total N=746	12(1.6)	112(15.01)	324(43.43)	195(26.13)	83(11.12)	19(2.54)	1(0.13)

Table III : No. of Living Children

Year	0 No.(%)	1 No.(%)	2 No.(%)	3 No.(%)	4+ No.(%)
1996-97 (n=121)	3(2.47)	4(3.30)	59(48.76)	29(23.96)	26(21.48)
1997-98 (n=166)	4(2.4)	14(8.43)	64(38.5)	52(31.3)	32(19.27)
1998-99 (n=178)	3(1.68)	16(8.98)	78(43.8)	46(25.84)	35(19.66)
1999-2000 (n=281)	4(1.42)	21(7.47)	122(43.4)	72(25.6)	62(22.66)
Total (N=746)	14(1.87)	55(7.37)	323(43.29)	199(26.67)	155(20.77)

Table IV : Different Variables of MTP Seekers

Variables	1996-97 N=121 No.(%)	97-98 n=166 No.(%)	98-99 n=178 No.(%)	99-2000 n=281 No.(%)
Hindu	117(96.6)	158(95.18)	169(94.94)	267(95.01)
Muslim	4(3.3)	7(4.21)	7(3.93)	13(4.62)
Sikh	-	-	2(1.12)	1 (0.35)
Christian	-	1(0.6)	-	-
Rural	100(82.6)	140(84.3)	140(78.65)	250(88.96)
Urban	21(17.35)	16(9.63)	38(21.34)	31(11.03)
Joint family	109(90.08)	146(87.9)	158(88.76)	251(89.32)
Nuclear family	12(9.91)	20(12.04)	20(11.23)	30(10.67)
High income	12(9.91)	20(12.04)	24(13.48)	30(10.67)
Middle Income	50(41.3)	76(45.78)	75(42.13)	125 (44.48)
Low income	59(48.76)	120(72.28)	79(44.38)	126(44.83)

Table V. MTP Seekers and Pregnancy duration

Year	12 Wks.		12-20 Wks	
	No.	%	No.	%
1996-97 (n=121)	96	79.33	25	20.66
1997-98 (n=166)	132	79.51	34	20.48
1998-99 (n=178)	154	86.51	24	13.48
1999-2000 (n=281)	237	84.56	49	17.43
Total (n=746)	616	82.57	132	17.69

shown in Table II and number of living children in Table III. Different variables of MTP seekers and duration of pregnancy is shown in Tables IV and V respectively.

The operative complications were observed in three percent of women and were in the form of retained products and fundal perforation. There were no major complications none of the patients required laparotomy, and there was no mortality.

Discussion

The number of women seeking MTP showed an increase of 130 percent in 4 years and the contraceptive acceptance increased from 10.7 percent in 1996-97 to 66.19 percent in 1999-2000. 38.87 percent of women opted for limitation of family and 14.20 percent adopted spacing method. Voluntary female sterilization continues to be the world's most widely used method¹. Acceptance of spacing methods in our study is low. Teenagers seeking MTP were only 1.6 percent and most of them were unmarried. 43.4 percent of women were in 25-29 yr. age group.

Tripathy and Pattnaik⁵ observed 53 percent women seeking MTP in this age group.

90.7 percent women in the present study had 2 or more living children. Tripathy and Pattnaik⁵ observed that 76.5 percent women were para 2 and above. High parity of women is due to past follies of our family welfare campaigns where emphasis was on number rather than need.

As the Centre is catering to a vast rural area in a remote district of Himachal Pradesh, most women were from rural areas, belonged to low income group, came from joint family and were illiterate.

Duration of pregnancy in 82.57 percent women was below 12 weeks, 17.69 percent of women reported between 12 to 20 weeks. The complication rate was 3 percent. Complication rate is lowest between 7 and 8 weeks of pregnancy after which the risk of complication rises by 15 to 30 percent for each week of delay. Tripathy and Pattnaik⁵ observed a complication rate of 2.8 percent when 95.8 percent were first trimester MTPs.

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