

PREVALENCE AND FACTORS CONTRIBUTING TOWARDS MEDICAL TERMINATION OF PREGNANCY

Hannah Roseline. D*

K. J. Somaiya School/College of Nursing, Everad Nagar, Chunnabattision, Mumbai, Maharashtra, India.

Corresponding Author:- **Hannah Roseline. D**
E-mail: hannahroseline2009@gmail.com

<p>Article Info Received 15/08/2015 Revised 27/08/2015 Accepted 02/09/2015</p> <p>Key words: Medical Termination of pregnancy, Induced Abortion, Contraception.</p>	<p>ABSTRACT</p> <p>Termination of pregnancy is a social, public health, and women’s health issue that generates intense moral and ethical debate. Elective termination of pregnancy is one of the most frequently performed gynaecological procedures. About 11 million abortions are carried out in a year, and nearly 20,000 young mothers go for induced abortion and face death annually. The present study was undertaken to determine the prevalence and factors contributing to Medical Termination of Pregnancy among 100 women attending the family planning centres of a metropolitan city. The study reveals that the prevalence of consulting for MTP was 20% and undergoing was 80%. According to the factors contributing to MTP, 84% women opted for MTP of their own choice, 95% of the subjects responded that pregnancy was unplanned, 36% of women admitted pregnancy distorted body image, 91% women stated that pregnancy was an additional responsibility. In Economic factors, 85% women opted for this financial problems, 93% of women struggle to take care of their children’s at home. In fact, 21% responded that pregnancy was an obstacle for their job. In Contraceptive factors, 53% subjects reason for MTP is contraceptive failure, 47% women believe that children born after a long gap make them less prone to conception or pregnancy. 69% of completed family and 23% women agree that MTP is a method of birth spacing. However 11% opted MTP due to medical problems, and 96% of subject’s husbands were aware about the procedure of MTP as well as 74% subjects family members were agreed. The level of significance was checked by using Chi-Square test. The conclusion of the study was that unwanted pregnancy, non practice of contraception method, 50% of contraception failure, major issue of financial problems and reasons of completed family were the main decision for opting the MTP. This concludes that the approach of family planning services and safe abortions service to be consumer friendly.</p>
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INTRODUCTION

Abortion is the expulsion or Extraction of an embryo or fetus from its mother weighing 500gms or less when it is incapable of independent survival (World Health Organisation [WHO]). This 500gm of fetal development is attained approximately at 22 weeks of gestation. The expelled embryo or fetus is called abortus [1]. Induced abortion is not a new phenomenon. Instruments used and descriptions of technique for uterine evacuation are found

as early as the era of ancient Rome and Greece (Dueveraux 1960). Abortion is found among all cultural groups and today is thought to be the most frequent “fertility control” method used worldwide [2]. In India, a country where religious minded and God fearing people live, about 11 million abortions are carried out in a year, and nearly 20,000 young mothers go for induced abortion and face death annually. Another statistics



estimates that in a year 210 million women conceive in a year in the whole world. Among these, 75 million conceptions are unwanted or unplanned without the use of contraception and 40 to 50 million women consent and express their willingness to undergo abortions [3]. According to Guttmacher journal, studies says that some important factors which contributes to induced abortion are unwanted or unplanned pregnancy, social and maternal factors, poverty and economic problem, not wanted to bear a child immediately, Cultural factors that do not support female female fetuses (sex preference) decide to terminate the pregnancy, financial constraints, lack of support from partner and family members and contraceptive failure, foetal defect, risks to maternal health, young and unmarried are also contributed [4]. A study was conducted on socio cultural determinants of induced abortion at Jinnah postgraduate Medical Centre, Karachi from the year between 1999 to 2001, and researcher's were emphases on socio-cultural reasons and factors contributed to abortion. The prevalence of poverty, illiteracy, grand multiparity and non practice of contraception are the strong determinants of induced abortion [5-7].

MATERIALS AND METHODS

This study adopted Descriptive Exploratory design. Sample size of 100 women who had come for consultation and undergoing MTP procedure, consented to participate and fulfill the inclusion criteria were taken by using non probability convenience sampling. Data was collected using questionnaire through interview technique, the questions were on demographic variables, Obstetric data and Contraceptive history and the most questions were on factors (Life style factors, Economic factors, Socio cultural factors, Contraceptive factors, Health related factors and Support system factors) contributing to MTP. The Collected data were tabulated and analysed in the terms of objectives using descriptive and association of factors with selected variables done by inferential statistics (chi- square).

RESULTS

With the regard to prevalence of MTP, 80% subjects were undergoing MTP and 20% were consulting for MTP. The subject's with regards to demographic variables, were 12% from 18-22 yrs, 42% were 23-27yrs, 35% were 28-32yrs and 11% were 33-37 yrs of age

accordingly. With regard to marital status 100% subjects were married. The duration of marriage, were 20% from in 0-2 yrs of marriage, 28% from 3-5 yrs of marriage and 52% were above 5 yrs of marriage accordingly. Regarding religion 89% subjects were Hindu, 10% belong to Muslim and 1% was belonging to Christianity. As per monthly income, 10% subjects with monthly income of Rs3000-5000, 57% from Rs 5001-7000, 28% from Rs 7001-9000 and 5% subjects had Rs 9001 and above monthly income respectively. As per education, 14% Subjects were illiterate, 50% had primary education, and 32% were SSC and 4% were graduate and above. As per the occupation, 73% subjects were housewife and 27% were employed.

With regards to obstetric data of previous pregnancy 5% subjects were nulliparous, 26% were Primiparous and 69% were of Multiparous. As per the weeks of gestation, 33% subjects were less than 8 weeks of gestations, 54% were of 8-10 weeks of gestation, and 13% were of more than 10 weeks of gestation. With regard to number of children,7% subjects were having no children, 39% of subjects had one child, 41% subjects were having two children and 13% had three and above accordingly. As per the number of previous abortion, 71% subjects had never done abortion, 21% had done once, 6% had done twice and 2% subjects had done abortions more than thrice and above.

With regards to contraceptive history, 69% subjects had used contraception and 31% had not used contraception. In that 6% subjects used natural method, 13% used withdrawal method, 21% used condom, 8% subjects had oral pills,17% were using IUD, and 4% subjects had used emergency contraceptive (I pill) accordingly. The results were based on six factors (Life style pattern, Economic Pattern, Socio cultural factors, Contraceptive factors, Health factors and Support system factors) as listed in the following table (figure 1 to figure 7).

The level of significant, association of factors with selected demographic variables were analysed by using Chi Square. Economic factors with demographic variables like occupation, previous pregnancy and number of previous childbirth, and Contraceptive factors with demographic variables like age, duration of marriage and contraceptive history, as the calculated chi square value was greater than tabulated chi- square value at $p < 0.05$ which indicates statistical significance.

Fig 1. Shows the distribution of life style pattern

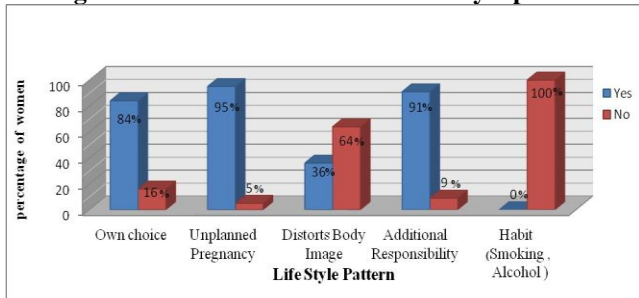
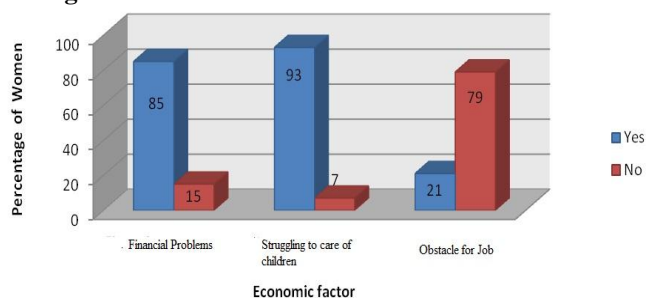
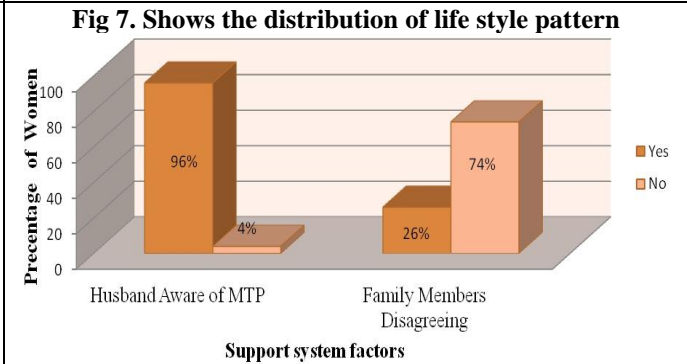
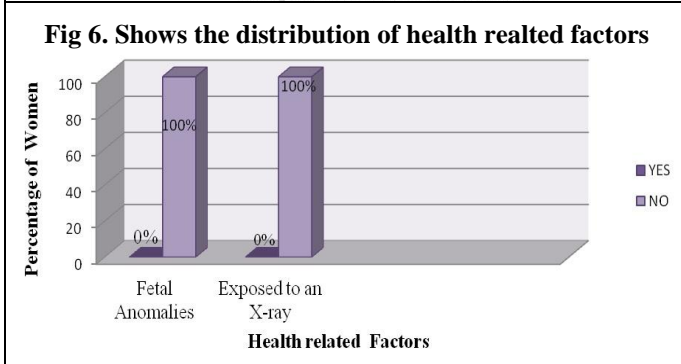
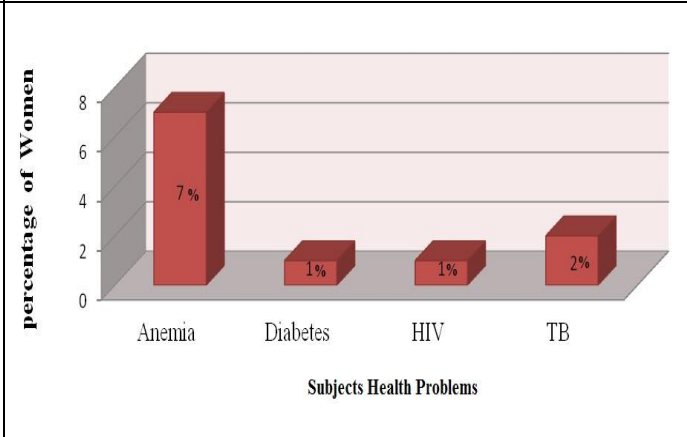
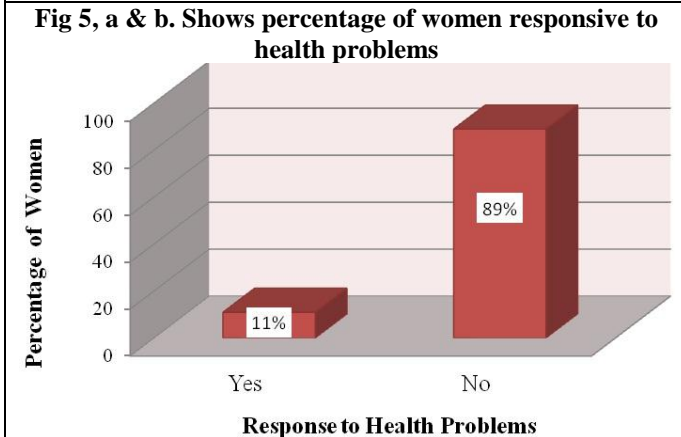
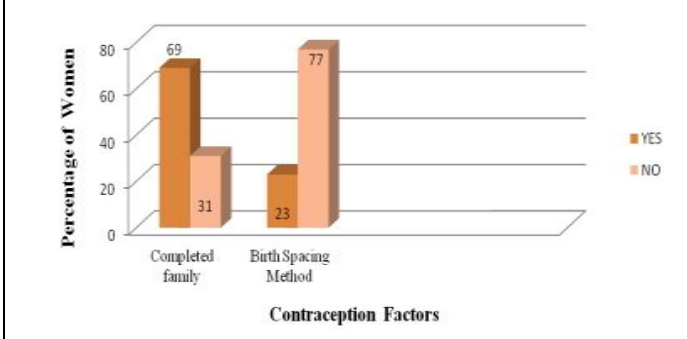
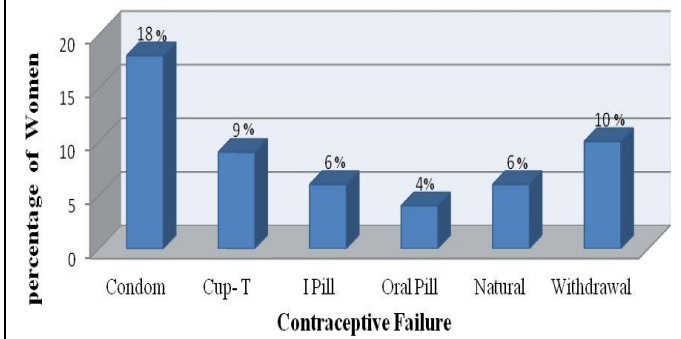
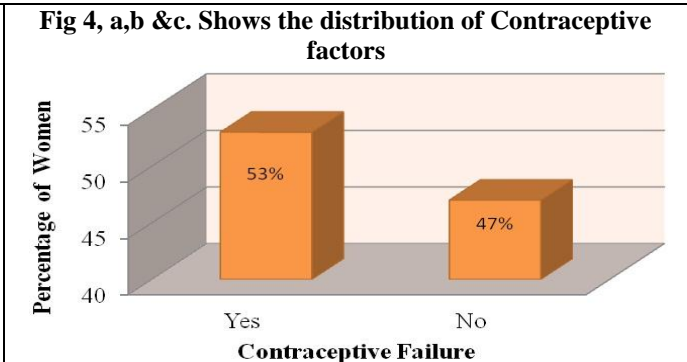
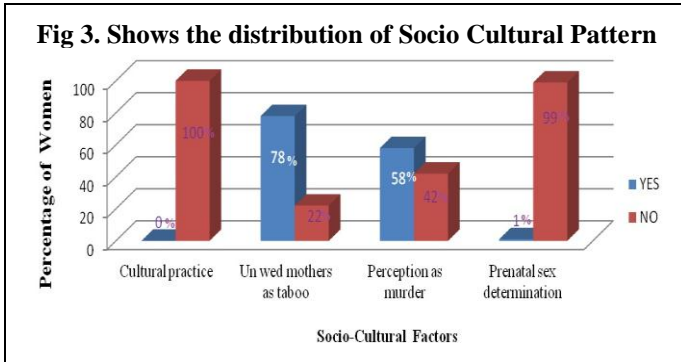


Fig 2. Shows the distribution of Economic factors





DISCUSSIONS

This study shows that the highest number of abortion is due to unwanted pregnancy and less use of contraceptive method. So there is a need of midwives and nurse to be equipped with update knowledge and skills on subjects of abortion and MTP, so as to provide reproductive health services including family planning

education and services to all people in reproductive age groups. There should be some strategies formulated to attract youth to family planning services. The midwives and nurses can equip themselves to conduct counseling and safe abortion services, which will help in reducing maternal mortality. There should be more nurses in family planning clinic because family planning is the best method



of reducing unwanted pregnancies and nurses will attend the clients efficiently. This need is to target young couples who wish to postpone the child bearing. Also, there is a need for sensitization on the the life of fetus through media (TV, radio) and to “STOP ABORTION”.

CONCLUSION

The study concludes that the prevalence of MTP is 80% of the study setting. The study findings highlighted that unwanted pregnancy, non practice of contraceptive, 50% of contraceptive failure, major issue is of financial

problems, most of the women struggling to take care of their children at home with low income and majority of subjects responded that this pregnancy was an additional responsibility for them and also high prevalence rate was seen in Multiparous women. The above mentioned facts are the main decision for opting MTP. This concludes that there should be an approach for family planning services and safe abortions services which should be consumer friendly. Also midwives and individuals (men and women) of different community need to be educated on the purpose and the methods of contraception.

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