LEGALIZED ABORTION AND PROFILE OF WOMEN AT NEW DELHI

By

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ABSTRACT

Sixty two nulliparous, 150 low parity (para 1 & 2) and 148 medium or high parity (3+) women reported for abortion services at All India Institute of Medical Sciences, New Delhi, during the study period between 1st January to 30th April 1975. 90.9% of all women were urban residents, 85.0% were currently married. 64.9% were educated upt to middle standard or more and 80.0% had no induced abortion in the past. 58.1% of nulliparous women, 16.0% of low parity and 10.8% of medium or high parity reported late for abortion at 13 weeks or more of gestational period. 84.0% of low parity and 77.7% of medium or high parity women had live births previous to present conception. 66.3% of low parity, 10.1% of medium or high parity and 9.6% of nulliparous women conceived in spite of using a contraceptive method. All parous women and 33.2% of nulliparous adopted a contraceptive method soon after having abortions.

INTRODUCTION

The number of absortions performed since implementation of Medical Termination of Pregnancy Act of India (1971) on 1st April 1972, were 24, 100 during 1972-73, 44, 000 during 1973-74 and 90, 700 during 1974-75; which fall short of an estimated 5 million annual abortions before legalization^{2, 3, 8, 9)}. Out of these women under going abortion all over India, 11. 1% were nulliparous, 36. 0% were of low parity and 52. 9% were of medium to high parity⁹⁾. Most of the investigators who have studied these women have analysed them as a single group for demographic and contraceptive variables^{1, 2, 4, 5}.

Present Study: has studied them a step further by segregating them into nulliparous, low parity and medium or high parity women as they are likely to differ in the demographic, reproductive and contraceptive characteristics depending on their parity.

MATERIALS AND METHODS

All consecutive women reporting at Medical Termination of Pregnancy (M.T.P) Clinic of All India Institute of Medical Sciences (A.I.I. M.S.), New Delhi were studied. Investiga-

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			parous Low Parity 2) (150)		Mediun Parit	Total (360)		
		No,	%	No.	%	No.	%	%
Α.	RESIDENCE							
	Urban Local	37	59.6	141	94.0	85	57.4	73.1
	Urban Outside	17	27.4	3	2.0	44	29.7	17.8
	Rural Local			3	2.0	1	0.7	1.1
	Rural Outside	8	12.9	3	2.0	18	12.2	8.0
3.	MARITAL STATUS							
	Currently Married	14	22.6	144	96.0	148	100.0	85.0
	Never Married	46	74.2					12.8
	Formerly Married	2	3.2	6	4.0			2.2
2.	AGE IN YEARS							
	14 or less	4	6.4	0		0	·	1.1
	15 - 19	22	35.5	7	4.7	0	0	8.0
	20 - 24	30	48.4	46	30.7	4	2.7	22.2
	26 - 29	5	8.1	76	50.7	36	24.3	32.6
	30 - 34	1	1.6	21	14.0	55	37.2	21.4
	35 - 39	0		0		37	25.0	10.3
).	40 + EDUCATION					16	10.8	4.4
<i>)</i> .	None	7	11.3	16	10.7	47	31.8	19.4
	Primary	6	9.7	10	6.0	41	27.7	15.5
	Middle Class	11	17.7	11	7.3	14	9.4	10.0
	High School	12	19.4	60	40.0	38	25.6	30.5
	College/Professional	26	41.9	54	36.0	8	5.4	24.4
E.	GESTATIONAL PERIOD	20	41.5	01	00.0	0	0.1	21.1
	12 weeks or less	26	41.9	126	84.0	132	89.2	78.9
	13 weeks or more	36	58.1	24	16.0	16	10.8	21.1
F.	INDUCED ABORTIONS	00	00.1	24	10.0	10	10.0	21.1
	IN THE PAST							
	None	62	100.0	128	85.3	98	66.2	80.0
	One	01	100.0	120	10.0	31	20.9	12.8
	Two			6	4.0	18	12.2	6.6
	Three			1	0.7	10	0.7	0.6
G.	OUTCOME OF PREVIOUS			1	0.7	1	0.1	0.0
	CONCEPTION							
	No Conception	62	100					17.2
	Live Birth			126	84.0	115	77.7	66.9
	Induced Abortion			18	12.0	20	13.5	10.6
	Spontaneous			6	4.0	9	6.1	4.2
	Still Birth			0		4	2.7	1.4
[.	CONTRACEPTIVE			0		-1	2.1	1.5
	PRACTICE							
	Past Users	15	11.2	112	74.6	106	71.6	64.7
	Current Users	6	9.6	99	66.3	100	10.1	33.3
	Future Planner	10	16.1	99 142	94.6	13	94.6	46.1
	Method Adopters	10 20	33.2	142	94.0 100.0	140	94.0 100.0	88.8
	memor moplets	20	00.4	100	100.0	140	100.0	00.0

Table 1. CHARACTERISTICS OF NULLIPAROUS, LOW ANDHIGH PARITY WOMEN

tion was carried out with the help of pretested semi-structured interview schedule over a period of 4 months between 1st January to 30th April 1975 and included 360 women. Most of them were co-operative and in few, resistant cases help of a female doctor was quite effective.

RESULTS

Findings are presented in tabulation form (Table 1).

DISCUSSION

A. Residence:

82.6% nulliparous, 96.0% low parity (Para 1-2) and 87.1% medium or high parity (Para 3 or more) women were currently urban residents. As stated earlier during 1972 to 1975 for whole of India; 11.1%, 36.0% and 52.9% women were nulliparous, low parity and medium or high parity respectively⁹⁾. Most women (82.6% to 96.0%) in the present study were urban residents. Urbanization was apparently low fertility determinant in all the groups. This however, might be due to urban bais as the present clinic was situated inside an urban area.

B. Marital Status:

22.6% nulliparous, 96.0% low parity and 100.0% medium or high parity women were currenthy married. 74.2% nulliparous women were never married, whereas, 3.2% nulliparous and 4.0% low parity women were formerly married. Thus most nulliparous women were never married (74.2%) and most parous women were currently married (96.0% to 100.0%). In Mt. Sinai Hospital, Elmhurst never married, nulliparous formed one-third of the total group⁷⁾. In Japan, 61.2% abortion patients were nulliparous, most of which were unmarried women⁶⁾, whereas in the present study, 12.6% of all abortion seekers were unmarried and only 17.2% were nulliparous.

C. Age of the Women:

Most nulliparous women were aged between 14 to 24 years including 6.4% less than 15 years, all low parity were aged 15 to 34 years and medium or high parity were aged 20 to 40 + years. The most nulliparous were young women aged 24 years or less and most medium or high parity women were aged 30 years or more and age was found to be increasing with parity.

D. Education:

88.7% nulliparous, 89.3% low parity and 68.2% medium or high parity women had formal education. 79.0% nulliparous, 83.3% low parity and 40.4% medium or high parity women were educated up to middle class or more, 61.3% nulliparous, 76.0% low parity and 31.0% medium or high parity women were educated up to high school or above. Thus most nulliparous and low parity women were highly educated; whereas, most medium or high parity women were poorly educated or illiterates. Educational status was inversely proportional to the parity due to the fact that older cohort of women had lower opportunities for education during their childhood.

E. Period of Gestation:

41.9% nulliparous, 84.0% low parity and 89.2% medium or high parity women sought abortion at 12 weeks of gestational period or less; whereas, 58.1%, 16.0% and 10.8% respectively sought abortion at 13 weeks or more. Thus most nulliparous women reported late (at 13 weeks or more) for abortion and most parous women reported early (at 12 weeks or less). The possible reasons among nulliparous women reporting late were that they were unlikely to anticipate, suspect and acknowledge pregnancy or locate abortion clinic rapidly. In some cases the nulliparous women, who were mostly unmarried, were negotiating for marriage with their respective sex partners. F. Induced Abortions in the Past:

85.3% low parity and 66.2% medium or high parity women had no induced abortion in the past. 14.0% low parity and 33.1% medium or high parity women had 1 to 2 abortions in the past and 1 woman in each group had more than 3 abortions. Pro-

portion of induced abortions increased as women moved from low to medium or high parity. Nulliparous women were without any abortion or pregnancy in the past.

G. Outcome of Last Conception:

Eighty four percent of low parity and 77.7% medium or high parity women had live births; 12.0% nulliparous and 13.5% medium or high parity women had induced abortions; and 4.0% low parity and 8.8% medium or

high parity women had spotaneous abortions or still births as the outcome of their last conceptions. On the whole low parity women had higher proportion of live births of last conception as compared to medium or high parity women. The proportion of abortions (induced or spontaneous) increased as the women moved from low to medium or high parity. H. *Contraceptive Practices*:

According to contraceptive practices 11.2%and 9.6% nulliparous, 74.6% and 66.3% low parity and 71.6% and 10.1% medium or high parity women were past and current contraceptive users respectivepy. 16.1% nulliparous, 94.6% low parity and 46.1% medium or high parity women planned a contraceptive method at the time of reporting for abortion; whereas, 33.2% nulliparous and 100.0% of low, medium or high parity women adopted a method immediately after undergoing abortion.

Thus nulliparous women were poor current contracepteve users as well as poor adopters after abortion; low parity women were high contraceptive users and adopters; and medium or high parity women were poor contraceptive users but high contraceptive adopters postabortively.

CONCLUSION

Most women in the present study were urban residents. Parous women were mostly currently married, whereas, only one-fourth of nulliparous women were currently married. Most nulliparous were aged 14 to 24 years and most low, medium and high parity women were aged 25 to 39 years. On the whole nulliparous and low parity women were higher educated than medium or high parity women. Most nulliparous women were late reporters; whereas most parous women were early reporters for abortion. Abortion experience in the past was higher among medium or high parity women than low parity ones. Onethird of medium or high parity and one-sixth of low parity women had terminated their last conceptions as abortions and still births. Nulliparous were poor contraceptive users during current pregnancy as well as poor contraceptive adopters after abortion; low parity women were high contraceptive users as well as adopters and medium or high parity women were poor contraceptive users but high contraceptive adopters immediately after abortion. Long term programmes offering initial and continuing family planning care would have the best prospects of achieving long term results among nulliparous women.

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