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EVALUATION OF INDICATIONS AND ADOPTIONS OF CONTRACEPTIVE PRACTICES IN M.T.P. SEEKERS FROM SANGLI-MIRAJ-KUPWAD CORPORATION AREA, MAHARASHTRA.

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ABSTRACT

Introduction: Subject of Termination is charged with emotions, superstitions and religious beliefs. This study evaluates both medical and social characters of M.T.P acceptors. **Objective:** To study the medico-demographic characteristics of women coming for M.T.P. **Material and methods:** Pre-tested questionnaire was used with informed written consent, government recognized M.T.P centers in Sangli-Miraj-Kupwad Corporation area were selected and cross-sectional study was done. All women seeking M.T.P were included in the study. Bi-variate and multivariate analysis by using Z test and conditional logistic regression analysis for predicting risk factors. **Results:** Total of 311 cases of M.T.P acceptors were studied. Inadequate spacing and willing to complete family size were the most important indicators for M.T.P. Among parity, 38.58% had 3 or more living children while 36.1% had 2 living children and one child norm was seen in only highly educated couples. Acceptance of family planning method after M.T.P shows that 52.19% accepted permanent method. As per male to female ratio, maximum couples had 1 or more than 1 male child or more than 2 females awaiting for male issue. Majority of subjects accepting M.T.P. (28.57%) had equal no. of male and female children (1:1), while 26.27% had more no. of male children as compared to female. **Conclusion:** It can be concluded that inadequate spacing and completion of the family are the most important indicators of M.T.P. The couples seeking M.T.P. prefer male sex child irrespective of family size, educational status and rural/urban status.

INTRODUCTION

Women have struggled throughout centuries for their freedom of pro-creative chance. Advances have been made inch by inch, slowed by temporary setbacks. [1] However outstanding victories have been achieved during last 4 decades.

Medical termination of pregnancy is defined as "willful termination of pregnancy before the age of viability of the foetus [20 weeks for all practical purposes] under any grounds within the act of medical termination of pregnancy". [2]

The subject of termination of pregnancy or induced abortion is charged with emotions, superstitions and religious beliefs. It involves social, political and economical issues in every country. Because of greater safety nowadays and great impact on population control, medical termination of pregnancy has gained reason. On present knowledge no country in the world can reduce its population without recourse to pregnancy termination. That is why more and more countries are liberalizing their abortion laws. In many countries, abortion has been legalized to preserve health, as defined in WHO constitution, viz. "health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity". [3]

Several studies have been done on medical aspects of termination of pregnancy and social factors have also been analyzed. However, combinations of these factors have been touched very occasionally and specially in this area of Sangli- Miraj- Kupwad Corporation.

This study reveals both medical and social characters of acceptors of medical termination of pregnancy, with emphasis on the decision making of a women to undergo medical termination of pregnancy, which is associated with number of socio-economic and medical factors such as age, socio-economic status, parity, family size…etc. Attempt has been made to analyze the socio-demographic factors affecting decision of termination of pregnancy and to find out the factors that may help to bring down abortion rates.

METHODOLOGY

The study subjects for the study were M.T.P seekers in private clinics recognized by government for M.T.P. Cross-sectional study done over a period of One year two months (01/05/2012 to 01/07/2013) in study setting of Private hospitals in Sangli-Miraj-Kupwad Corporation recognized by government for M.T.P. Pre-tested questionnaire was used as a study tool. Ethical clearance of the institute was taken followed by Permission of government recognized M.T.P centres in Sangli-Miraj-Kupwad Corporation. Questionnaire was prepared, pretested and modified accordingly. Daily visit to respective M.T.P centers was done. Consent of M.T.P seekers was taken, with assurance of complete anonymity. In case of minors the consent was acquired from their legal guardian. The information was collected by the principle author. Follow-up visit was done to know the type of contraceptive acceptance and if not, the reasons for non-acceptance. An inclusion criterion was all consenting married and unmarried women seeking Medical Termination of Pregnancy. Failure to consent was the only exclusion criteria.

RESULTS

In this study, majority [75.24 %] belonged to the age group 20-30 years, which was followed by that between 30-35 [13.18 %]. The mean age was 25.54 years and the median age 25.54 years. Similar results were also reported by previous studies. So from present study it can be said that the maximum number of M.T.P were in peak period of women's active reproductive life [20-30 years]. This shows that they still have 10-15 reproductive years which were covered by various family planning methods accepted by some of them, while those not covered by family planning methods may continue fertile reproductive life.

More women from urban had undergone M.T.P at an earlier age than their rural counterparts. Among the urban acceptors the median age was slightly lower as compared to the rural group. This study does not show significant association of the age and M.T.P acceptors by their rural/urban status.

Table 1 Acceptance of M.T.P By Occupation

Occupation	M.T.P acceptors
Housewife	238 [76.53 %]
Working	61 [19.61 %]
Student	12 [03.86 %]
Total	311

Acceptors of M.T.P by educational status in this study shows Literacy is a major ruling factor of M.T.P acceptors which would prevent the present situation of M.T.P in a woman or future safety of preventing pregnancy by accepting appropriate family planning method. Analysis of M.T.P acceptors by educational status shows maximum acceptors in those of primary school. The majority of rural acceptors had received primary school education. Among the urban acceptors almost equal distribution was seen in those receiving middle school, primary school and matric or XIIth std. education.

In present study unmarried, widowed and separated or divorced were accepted for M.T.P under the social clause of the M.T.P Act.

In this study, socio-economic status of M.T.P acceptors has shown very high significant association with residential status. Majority of the rural group belonged to the upper lower class while in urban counterpart showed domination of lower middle class.

Table 2 Acceptance of M.T.P According To Socio-Demographic Parameters

Socio-demographic parameters		Rural	Urban	Total M.T.P acceptors
Age	15 - 20	9 [09.68 %]	13 [05.96 %]	22 [7.07 %]
	20 - 25	28 [30.10 %]	90 [41.28 %]	118 [37.94 %]
	25 - 30	32 [34.42 %]	84 [38.53 %]	116 [37.30 %]
	30 - 35	19 [20.43 %]	22 [10.10 %]	41 [13.18 %]
	35 - 40	04 [04.30 %]	08 [03.67 %]	12 [3.86 %]
	40 - 45	01 [01.07 %]	01 [00.46 %]	02 [00.65 %]
Education	Illiterate	5 [05.38 %]	19 [08.71 %]	24 [07.72 %]
	Literate without schooling	01 [01.07 %]	----	01 [00.32 %]
	Primary School	44 [47.32 %]	72 [33.03 %]	116 [37.31 %]
	Middle School	08 [08.60 %]	46 [21.10 %]	54 [17.36 %]
	Matric/XIIth std	20 [21.50 %]	47 [21.46 %]	67 [21.54 %]
	Graduate/P. Graduate	15 [16.13 %]	34 [15.60 %]	49 [15.75 %]
Socio-economic status	Upper	---	3 [01.38 %]	3 [0.96%]
	Upper middle	13 [13.98 %]	34 [15.60 %]	47 [15.11%]
	Lower middle	32 [34.41 %]	120[55.04 %]	152 [48.87%]
	Upper lower	45 [48.39 %]	54 [24.77 %]	99 [31.83%]
	Lower	03 [03.22 %]	07 [03.21 %]	10 [3.22%]
Total		93 [29.90%]	218 [70.10%]	311 [100%]

Table 3 M.T.P Cases By Indication And Rural/Urban Status

Indication	Rural	Urban	Total M.T.P acceptors
MEDICAL	11 [08.53 %]	30 [09.01 %]	41 [13.18%]
SOCIAL			
Economical	22 [17.05 %]	48 [14.41 %]	70 [22.51%]
Inadequate spacing	22 [17.05 %]	79 [28.72 %]	101 [32.48%]
Failure of contraception	33 [25.58 %]	66 [19.82 %]	99 [31.83%]
Completion of family	36 [27.91 %]	98 [29.43 %]	134 [43.09%]
HUMANITARIAN	02 [01.55 %]	04 [01.21 %]	6 [1.93%]
EUGENIC	03 [02.33 %]	08 [02.40 %]	11 [3.54%]

The reasons and indications given for undergoing M.T.P as shown in table 1.9 indicates that majority of cases were terminated on account of completion of family size in both rural and urban groups. Almost equal number of terminations were done under medical, humanitarian and eugenic grounds in urban and rural groups. The next major ground for termination was under economical, inadequate spacing and failure of contraception in rural group while inadequate spacing and failure of contraception in urban groups. Social grounds were the maximum for the termination of pregnancy in present study. This study also shows that religious customs and beliefs strongly govern the decision of women for M.T.P.

Table no. 4 Relation of urban/rural status to gestational weeks

Gestational weeks	Rural	Urban	Total M.T.P acceptors
6 - 8	19 [20.43%]	62 [28.45%]	81 [26.04%]
9 - 12	23 [24.73%]	68 [31.19%]	91 [29.26%]
13 - 15	9 [9.68%]	4[1.83%]	13 [4.18%]
16 - 20	42 [45.16%]	84 [38.53%]	126 [40.52%]
Total	93 [29.90%]	218 [70.10%]	311 [100%]
Chi-square =12.86, d.f.=3, p < 0.01			

M.T.P acceptors according to gestational weeks in this study majority were done in 16-20 weeks while equal incidence was seen in 6-8 weeks and 9-12 weeks.This study

shows highly significant association of distribution of M.T.P acceptors by gestational weeks and their residential status. Majority of early gestational weeks 6-8 weeks were of urban counterparts while after first trimester rural counterpart were the majority.

The contraceptive methods adopted before M.T.P in this study shows majority were using barrier contraceptives which has high failure rate and needs sustained motivation. Almost equal number were taking oral pills or had removed IUCD before M.T.P.

Concurrent permanent or temporary methods of contraception in this study was dependent on both the method adopted and the desire of the couple. Minilap tubal ligation was adopted in cases of suction and evacuation followed by extra amniotic instillation. IUCD was adopted in very few of the acceptors.

Table no. 5Type of contraception accepted before MTP

Methods of contraception	Rural	Urban	Total M.T.P acceptors
Natural Method	12 [12.90%]	2 [00.92%]	14 [4.51%]
Condom	22 [23.65%]	35 [29.66%]	57 [18.33%]
I.U.D.	16 [17.22%]	6 [5.08%]	22[7.07%]
Oral Pills	4 [4.30%]	12 [10.17%]	16 [5.14%]
No	39 [41.93%]	163 [74.77%]	202 [64.95%]
Total	93 [29.90%]	218 [70.10%]	311 [100%]
Chi-square = 53.07, d.f.=4, p < 0.001			

Table no. 6 Type of contraception accepted after MTP

Methods of contraception	Rural	Urban	Total M.T.P acceptors
Minilaprotomy	20 (27.40%)	123 (61.19%)	143 (52.19%)
Lproscopy	3 (4.10%)	122 (6.96%)	17 (6.20%)
Condom	2 (2.74%)	9 (4.48%)	11 (4.02%)
I.U.C.D.	27 (36.99%)	23 (11.44%)	50 (18.25%)
Oral Pills	21(28.77%)	32 (15.93%)	53 (19.34%)
Total	93 [29.90%]	218 [70.10%]	311 [100%]
Chi-square = 45.85, d.f.=5, p < 0.001			

Obstetric history in this study revealed an alarming distribution showing that decision of M.T.P is dominated by the sex of the living child than the parity only. This study shows proportion of 1 or 2 male living children is high as with only female child.

Table no. 7 Male : Female ratio in MTP acceptors

Male : Female ratio	MTP Acceptors
1:0	57(18.63 %)
1:1	78(28.57%)
1:2	30(10.99%)
1:3	15(5.49%)
1:4	04(1.46%)
2:1	18(6.54%)
2:2	03(1.09%)
2:3	03(1.09%)
2:4	05(1.83%)
2:0	31(11.35%)
3:1	02(0.73%)
0:1	43(14.05%)
0:2	14(5.13%)
0:4	02(0.73%)
3:2	01(0.37%)

DISCUSSION

Age distribution shows that they still have 10-15 reproductive years which were covered by various family planning methods accepted by some of them, while those not covered by family planning methods may continue fertile reproductive life. More serious attention needs to be given to this problem, especially insisting on methods like I.U.C.D which does not require sustained motivation.

Acceptance was lowest in illiterate group. However a community based study can best answer whether acceptance of M.T.P is indeed in illiterate women and if so the reasons behind the low acceptance.

Marital status is an independent factor which determines the outcome of a pregnancy, as a social constraint. Marriage is a fundamental institution in all societies surrounded by strong sanction. In present study unmarried, widowed and separated or divorced were accepted for M.T.P under the social clause of the M.T.P Act. In developing societies with intact social control on marital and reproductive activity of the young, demand for abortion is most likely to derive from married women with large families.

Mehra et al in their similar study at Chandigarh found that 70% of the women seeking abortion were of urban background and 30% were from rural set up.[5] However in this study it is significant to note that acceptors of M.T.P done came maximum from urban area according to their residential status. This highlights the awareness, availability of these services by the urban residences.

In this study, socio-economic status of M.T.P acceptors has shown very high significant association with residential status. Income being confidential variable in calculating socio-economic status, analysis based only on income may not give reliable and accurate result. Majority of the rural group belonged to the upper lower class while in urban counterpart showed domination of lower middle class.

Khokhar and Gulati in their study at urban slums of Delhi noted that the most common reasons for the abortion stated by the women undergoing MTP were Unplanned pregnancy (last child very small) (62.50%), Inadequate income -(52.08%), Family complete (31.25%), Contraceptive failure-(10.41%), Female foetus-(2.08%), Health problems-(2.08%).[6]

Considering the domination of social indications in this study it can be said that these M.T.P's could have been avoided if the social sanctions in a society are uplifted. Major group belongs to reason of completion of family size, these are the target couples which are missed by family planning services or the counseling and motivation was inadequate in post-partum period. This could have been avoided if a family planning method was adopted by these couples in maximum acceptability of post-partum period. Dhillon et al in their study found that the most common reason given for terminating the pregnancy was "did not want any more children" (42%). Other reasons included "child too young" (23.4%), "exposure to X-ray/illness" (13.4%), "pregnancy due to contraceptive failure" (7.8%), and "others" (4.6%). [7]

The maximum number of M.T.P seekers were between 16-20 weeks is either due to unawareness of pregnancy by 12 weeks or delay to take decision or determination of sex also cannot be ruled out as majority had undergone ultrasound screening before M.T.P.

The association of gestational weeks with rural/urban status is due to factors like availability of services, promptness and motivation of family planning services in rural and urban areas.

Mukhopadhyay et al in their study on fertility regulation at Kolkata found that 35.8% accepted Copper T and 30% accepted permanent sterilization after MTP as a mode of contraception. [8]

In this study Concurrent permanent or temporary methods of contraception in this study was dependent on both the method adopted and the desire of the couple. Minilap tubal ligation was adopted in cases of suction and evacuation

followed by extra amniotic instillation. IUCD was adopted in very few of the acceptors.

By male : female ratio shows gender preferability of male child as may be due to ease of detection by ultrasound and shows strong beliefs of costumes and traditions as for gender preference.

LIMITATIONS OF THE STUDY

Reporting bias and limited sampling area are the major limitations of the study.

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