

# Socio-clinical profile of married women with history of induced abortion: A community-based cross-sectional study in a rural area

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## ABSTRACT

**Background:** Induced abortion contributes significantly to maternal mortality in developing countries yet women still seek repeat induced abortion in spite of the availability of contraceptive services. **Objectives:** (1) To study the sociodemographic profile of abortion seekers. (2) To study the reasons for procuring abortions by married women of reproductive age group. **Materials and Methods:** It was a cross-sectional community-based study. All the married women of reproductive age group (15–49 years) with a history of induced abortion were selected as the subjects. **Results:** The most common reason for seeking an abortion was poverty (39.4%), followed by girl child and husband's insistence, which accounted for 17.2% each. More complications were noted in women undergoing an abortion in places other than government hospitals and also who did it in the second trimester. **Conclusions:** To reduce maternal deaths from unsafe abortion, several broad activities require strengthening such as decreasing unwanted pregnancies, increasing geographic accessibility and affordability, upgrading facilities that offers medical termination of pregnancy (MTP) services, increasing awareness among the reproductive age about the legal and safe abortion facilities, the consequences of unsafe abortion, ensuring appropriate referral facilities, increasing access to safe abortion services and increasing the quality of abortion care, including postabortion care.

**Keywords:** Abortion, gender discrimination, medical termination of pregnancy

## Introduction

Induced abortion contributes significantly to maternal mortality in developing countries yet women still seek repeat induced abortion in spite of the availability of contraceptive services.<sup>[1]</sup> According to 2008 global estimates nearly half (48%) of the unintended pregnancies will end in abortion, and most of them will be unsafe.<sup>[2]</sup> The main causes of maternal mortality are hemorrhages, 38.0%, infection/sepsis, 11%, unsafe abortions,

8.0% hypertensive diseases, 5%, and others, 33%.<sup>[3]</sup> Several factors contribute to women opting for abortion outside the accredited abortion centers.<sup>[4]</sup> They include absence of competent health professionals in rural areas, high abortion cost at hospitals in the cities, limited understanding of the legality of abortion, reluctance to obtain services from known neighbourhood clinics, lack of awareness about the need to seek abortion early in pregnancy, poor perceived quality of care in government facilities, lack of confidentiality and insistence on adopting family planning (FP) method.<sup>[5]</sup> After the medical termination of pregnancy (MTP) Act in the year 1971, India, the second most populous country in the world, became one of

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the first few countries to legalize abortion on moderately liberal grounds for termination of pregnancies. However, 30 years after this legislation, the majority of women who seek abortion still turn to uncertified providers lacking the necessary skills or an environment lacking the minimal medical standards or both.<sup>[6]</sup>

The strong desire for abortion depends on the expectations for smaller families, the need to control the time and spacing of births, poor access to FP measures, poverty and hardship, apprehension, denial and ignorance to contraceptive usage in the developing world. A cultural preference for son cuts across caste and class lines and results in the discrimination against daughters even before they are born. Abortions have been used as a sex selection process as the prenatal sex identification techniques have become widely accessible and the preconception and prenatal diagnostic techniques act has failed to curb the act of sex determination. This has led to the changes in the sex-ratio reflecting the cultural and socioeconomic pattern of the society.<sup>[7]</sup>

The cost in terms of women’s health and lives emphasizes the need of efficient and effective efforts to make abortion safer and more accessible for Indian women.

This present study was carried out to assess the sociodemographic factors which influence the induced abortions among the married ever gravid women of the reproductive age group in this area by highlighting what is known and what is the knowledge gaps.

### Materials and Methods

A cross-sectional study was conducted in rural field practice area of rural health and training center (RHTC) attached to a medical college hospital during May and June 2015. All married women in the reproductive age group (15–49 years) with a history of induced abortion were included in the study. The study subjects were selected after verifying Anganwadi registers of the villages in the rural field practice area. Clearance was taken from the Institutional Ethics Committee before conducting the study. An informed written consent was obtained from study participants before collecting data from them. From the rural field practice area under RHTC, 148 married women of reproductive age group (15–49 years) with a history of abortion were found out. From whom 99 women with a history of Induced abortion were selected. Data were collected using predesigned and pretested semi-structured questionnaire on various sociodemographic factors such as age at marriage, educational status, family income, socioeconomic status, parity and variables related to their pregnancy and abortion like age at first pregnancy, number of induced abortions and causes, sex of the aborted child, interval between pregnancies, etc., Data were analyzed with the help of SPSS version 20 (IBM Corp., Armonk, NY) licensed to the institute.

### Results

In the study population, 73.73% married women with a history of induced abortion were in the age group of 30–40 years.

18.18% and 8.08% of women belonged to the age group of 20–30 years and above 40 years, respectively. 49.5% women were illiterate or having primary education. 46.46% women had secondary or higher secondary education. Only 4.04% women were graduates. 80.81% of the women with Induced abortion belonged to nuclear family whereas 19.19% women were from joint families. As per socioeconomic status by modified Prasad, 72.73% belonged to the middle class, 22.22% and 5.05% of the women belonged to the lower and upper class respectively. In the present study, 75.8% women had undergone one induced abortion and 24.2% women had 2 or more abortions. In our study, around 79.8% of women had undergone an abortion in the first trimester and 20.2% women in the second trimester.

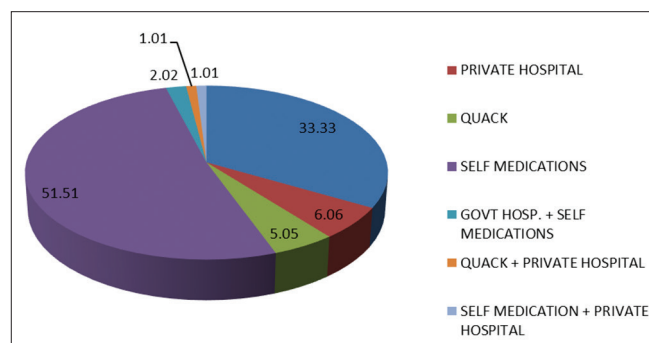
In the present study, the most common reason of seeking an abortion was poverty that accounted 39.4%. Girl child and husband’s insistence reasons were 17.2% each followed by failure of contraceptives and multiple children accounted to 7.1% and 6.1%, respectively [Table 1].

In the present study, 51.51% women had taken self-medications, and 41.41% women underwent MTP procedures. 5.05% women relied on Ayurvedic medicines for abortions, and 2.02% had taken allopathic or Ayurvedic medicines along with MTP [Figure 1].

In the present study, 51.51% women took self-medications. 33.33% and 6.06% of women had abortions in the government and private hospitals, respectively. 5.05% women took the help of the quacks.

**Table 1: Distribution of study population according to the reasons of abortion**

Reasons of abortion	Percentage
Poverty	39.4
To avoid girl child	17.2
Husband’s insistence	17.2
Failure of contraceptives	7.1
Multiple children	6.1
In-law’s pressure	5.1
When unmarried	5.1
Others	3.1



**Figure 1: Distribution according to the place of abortion**

In the present study, 92.93% of women developed complications and 7.07% women did not have any complications [Figure 2]. In the present study, 70.65% of women underwent medical treatment for the treatment of complications. 5.43% had to take blood transfusion. 20.65% women were hospitalized, and 3.26% took no treatment.

## Discussion

The mean age of respondents with induced abortion was 33 years. Maximum induced abortions (73.73%) were noted among respondents of 30–40 year age group. Similar to our findings, Bhattacharya *et al.*, 2010 also observed that majority of women (70.45%) were in their thirties<sup>[8]</sup> and Rehan *et al.*, 2001 reported that majority of women (36.6%) were aged more than 35+ years.<sup>[9]</sup> In contrast, the study conducted by Shivakumar and Vishvanath, 2011, showed that majority of the abortions was among the women of 20–29 years of age.<sup>[10]</sup> Dhillon *et al.* in their study in 13 states of India found that three-fifths of the induced abortion seekers were between 25 and 34 years.<sup>[11]</sup>

In the present study, no clear association emerged between women’s educational attainment and their main reasons for seeking an abortion. 46.46% women have attained secondary education. In contrast, Shivakumar and Vishvanath noted majority (57.3%) uneducated and (42.7%) educated women.<sup>[10]</sup> Agarwal and Salhan observed that majority of women (70.7%) were educated and (34.8%) were uneducated.<sup>[12]</sup> This difference reflects the urgent need about the awareness of the safe abortion practices. The majority 80 (80.81%) were from nuclear families and 19 (19.19%) respondents were from joint families similar to the study conducted in Maharashtra<sup>[13]</sup> that reported 41.9% respondents were from joint family while 58.1% were from nuclear one. This reflects the financial pressure, independent decision of the couple and no restriction from elderly family members. Women of middle socioeconomic status constituted maximum (72.73%) number of abortions in our present study. Bahadur *et al.*, 2008 observed higher incidence (53.4%) of women belonging to the lower middle class and lower class according to the modified Kuppuswamy socioeconomic status scale.<sup>[14]</sup>

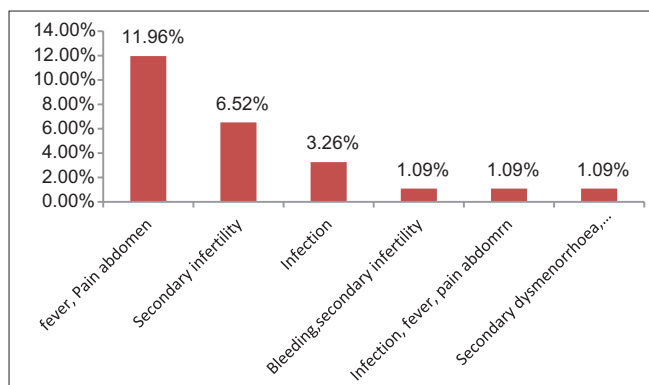


Figure 2: Distribution according to complications

In the present study, around 75.8% women had undergone one abortion and 24.2% women had 2 or more abortions. In contrast to our findings, Akinola *et al.*, 2010 observed that only 6.3% of the patients had not experienced prior abortion and 75.5% patients reported only 1 abortion.<sup>[15]</sup>

The majority of abortions around 79.8% were performed in the first trimester and 20.2% in the second trimester. None of the cases were reported during the third trimester in our study. Agarwal and Salhan, 2008 also noted that majority of abortion cases (89.4%) were within 12 weeks of gestation and beyond 12 weeks only (10.6%) cases. In the study by Shivakumar and Vishvanath, 2011 had the majority of abortions (84.7%) during 5–12 weeks of pregnancy followed by 13–20 weeks (15.3%).<sup>[12]</sup> A larger percentage of women presenting during 5–12 weeks suggests a better awareness towards the FP program. The delay beyond 12 weeks was mainly because of administration of abortifacients leading to failure/incomplete abortions, and this may probably be due to desire to know the sex of the fetus.

Among various reasons given by patients for undergoing an abortion, the most common problem was found to be poverty that accounted about 39.4%. 17.2% of cases were due to husband’s insistence and son preference each. Contraceptive failure was in 7.1% cases. Family pressure and more number of children accounted to about 5.1% and 6.1%, respectively. In Shivakumar and Vishvanath study, 2011, the most common reason behind abortion was unplanned pregnancy (30.7%) followed by contraceptive failure (29.3%).<sup>[12]</sup> Bahadur *et al.*, 2008 cited termination of unplanned pregnancy (32.8%) as the most common reason, inadequate income in 24.6%, contraceptive failure in 22.3% and family complete in 20.3% women.<sup>[14]</sup> Bhattacharya *et al.*, 2010 observed birth spacing as the main reason (59.8%) and female fetus was also reason for termination in 6.8% cases.<sup>[8]</sup> Dowry, carrying family name and inheriting property followed by lack of social security as most common reasons for not preferring girl child.<sup>[16]</sup> There is a need to make more women aware of this method so that unwanted pregnancy can be avoided safely and conveniently, particularly for those who are inconsistent contraceptive users as well as those who have never used a contraceptive method. However, the role of counseling cannot be undermined here to prevent repeated abortions.

Out of the women having a history of previous induced abortions, 51.51% MTP were done taking self-medications and 57.90% in private hospitals. Only 33.33% of the previous MTP were done in government hospital. Dhillon *et al.*<sup>[11]</sup> in their study in 13 states of India found that the most common place for abortion was “private clinic” (45.6%). Other places included “hospital” in 37.1%, “Primary Health Centre/Community Health Centre” in 14.0%, and “other” in 3.3%. Limited access, poor quality and cost of services for medical termination of pregnancy may encourage the women to go for self-induction. Access to safe abortion services are limited, in fact, some of the clauses in the MTP Act have contributed to restricting the

availability and access to abortion services for example, only gynecologists or physician who have received training in MTP are allowed to perform an abortion and so even after training many providers do not feel competent and MTP is done only in government hospitals.

Women of all reproductive age groups seek abortion in India. For many women, more than one factor undoubtedly contributed to their decision. In such situations, it may be difficult to identify a single factor as the most important one. Even if a woman identifies one overriding reason, pertinent information would still be lost, because the whole range of reasons guiding the decision would not be measured. Thus, using questions that allow women to give multiple reasons adds another dimension to understanding the factors that underlie the abortion decision.

## Conclusions

Reasons women gave for why they seek abortion are often more complex than simply not intending to become pregnant. The women of this area in the reproductive age group face a set of problems not only because of low literacy, low socio-economic status but also due to lack of control over reproductive intentions and ignorance. Increasing awareness about the contraceptives and increasing confidence of women for taking reproductive decisions are the important steps to reduce unintended pregnancies and abortions. As we have conducted the study in limited area, it is required to undertake the study in different states of India on a wider scale to understand the reasons for induced abortions among married women and to plan intervention strategies.

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## Conflicts of interest

There are no conflicts of interest.

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