BENEFICIARIES VIEW POINT AND FACTORS INFLUENCING INDUCED ABORTIONS IN A RURAL COMMUNITY OF WEST BENGAL.

Dr. Debabrata Mallik. Dr. Ranadeb Biswas, Dr. S. Kole, Dr. Manob Dhar, Madhulina Mallik.

1. Assistant Professor, Department of Community Medicine, Bankura Sammilani Medical College.
2. Professor & Head, Department of Community Medicine, AIIH & PH, Kolkata.
3. Assistant Professor, Department of Community Medicine, Bankura Sammilani Medical College.
4. Medical Officer, Department of Community Medicine, AIIH & PH, Kolkata.

CORRESPONDING AUTHOR,
Dr. Debabrata Mallik,
1483, R N Tagore Road.
Dum Dum, Kol-77.
E-mail: debabratamallik1@gmail.com,
Ph: 09433657571.

ABSTRACT:
BACKGROUND: Study of induced abortion in India by considering the complete birth history of women is lacking. Induced abortion is associated with high mortality and morbidity in India. **OBJECTIVES:** The objectives of the study were to find out the Induced abortions ratio and to identify certain characteristics like perception, health care seeking behavior and the motivational factors for such an act. **METHODS:** An exploratory type of investigation (a retrospective case series study) was carried out among 46 acceptors of induced abortion in a rural community of west Bengal, between September, 11 to February 12. **RESULTS:** The ratio of induced abortions was 20.62 per year per 1000 women of reproductive age group. 89% belongs to Hindu and 93% of them were married. Unplanned pregnancy (43.47%) and financial problem (21.73 %) were the main reasons for acceptance of induced abortions. About 71 % of induced abortions were carried out by qualified person in hospital set up. **CONCLUSION:** Eventually induced abortions are increasing universally and several traditional methods are also found to be life threatening. So exploration of induced abortions is important aspect and explores the point for entry of further research.
KEY WORDS: Abortion, motivation, unplanned pregnancy, unqualified persons.

INTRODUCTION: Although abortion services in India were liberalized more than three decades ago, access to safe services remains limited for the vast majority of women. The results highlights that a host of factors, notably lack of awareness of the legality of abortion services; limited access to safe services; poor quality of services; and gender roles and norms, lead women to seek services from untrained providers. In the Indian context, where the preference for sons is particularly strong, the practice of second trimester sex-selective abortions is becoming widespread, and thereby also placing women at risk of undergoing unsafe abortion[1]. The introduction of new technologies and legislation is expected to make safe abortion services more accessible. However, the challenge remains in effectively implementing these measures. An overwhelming proportion of induced abortions (6.7 million annually as per indirect estimate1) take place in unauthorized centers, which provide abortion services of varying degrees of safety2. At the same time, in recent years significant changes in the abortion scenario have been taking place in the country, which have had wide ramifications. Official figures report that about 0.6 million induced abortions take place annually inIndia[2].27 Given that only

approximately 10%of abortions are conducted by qualified providers in approved institutions,28 and that abortions taking place at registered facilities are grossly under-reported,1, this represents only a fraction of the total number of induced abortions taking place in the country. Indirect estimates for the year 1991, using parameters arrived at on the basis of small-scale study conducted in 1966, project the number of induced abortions annually at 6.7 million[3].All the Countries in the World underestimate this abortion is much more than spontaneous due to medical reasons, victims of sex behaviors, rape etc[4].Despite the fact that, in India these induced abortion is legalized under certain condition & facilities but evidently the quantum of induced abortion are not matching with the such records of the Governments & private organizations because widespread of unqualified & untrained practitioners are very much prevalent in rural & urban society[5].Among all these contraceptive failure is a unique example of falsification & gateway of criminal abortion by the unqualified & untrained personnel & maiming the lives of the victims due to lack of protocol of maintenance of asepsis. . The hidden cost of contraception–such as shame, command, resistance from seniors & loss of social prestige are the prime concern in a country where the number of children count the prosperity of rural couple by acquiring human manpower[6]. Scientific advancement made these treatment behaviors as gender specific to avoid much more harassment of life events of a girl child. In view of ever increasing priority, quantity, context & coverage of RCH services across the country but this induced abortion is quite paradoxical[7]. Needless to say that the mortality declines of newborn & early child hood are spectacular & reduction of maternal death also convincingly decline. Therefore to safeguard the health of the mothers & newborn it is imperative to focus couples own perceptions & compulsions & there by appropriate modalities for reversal of the trends should also be looked into[8].

MATERIALS AND METHODS: It was an exploratory type of investigation for seeking information regarding induced abortions to acquire certain characteristics. The study was conducted at Diarrah village with a population of 2230 (2011 census), under Singur block at the district of Hooghly, West Bengal. Ethical consideration was undertaken from the All India Institute of Hygiene & public Health. The duration of the study was six months from Sep 11 – Feb 12. Last five years records of the acceptors of induced abortions were verified from the Singur BPHC after obtaining informed written consent from the BMOH. From the records a check list of Diarrah village was prepared which include address of the acceptors of induced abortions. Similar type of check list was also prepared from the Two Quack practitioners' after obtaining informed written consent assuming full confidentiality. Total 53 acceptor's addresses were framed for obtaining information. After the questionnaire was finalized, informed written consent was taken from the Formal Leaders (Gram Panchayat) of the Community. Then the entire clients were interviewed with the predesigned open ended questionnaire after obtaining the written consent with assured full confidentiality. Out of 53 acceptors of induced abortion 7 were absent so the total study subjects were 46.

RESULTS: It was noted that total number of population of the study village was 2230 (2011 census) of which total number of women of reproductive age groups (15-45) were 446 (20% of total population). The study revealed that total number of induced abortion during last 5 years was 46.And the average induced abortion per year was 46/5=9.2. So the inducedabortion rate per year per 1000 of women of Reproductive age group was 9.2 #1000/446 =20.62.From the study it was noted that majority of study subjects 54.3 %(25) belongs to younger age groups i.e.

15-24 yrs. About 89.1% (41) belongs to Hindu community. 97.4% (43) acceptors of induced abortion were married. About 67%respondent's percapita incomes were bellow or equal to Rs.350. Regarding literacy status only 15 % were illiterate rest of the accepters were literate. Out of 43 married clients about 88% (38) were getting married before the age of 18 years & majority (95.34%) gave birth within 2 years of marriage. About 80% acceptors birth spacing was less than 2 years. It was noted from the study that about83% (36) have 2-3 children but a considerable 16% have 4-5 children. Majority of the abortion was done 73% (34) within 2-3 month of age of the foetus. Regarding their contraceptive practice 44% (19) did not practice any methods of contraception while rest of the acceptors practices other methods of contraception. On enquired about the reason of such an act it was noted that 43% (20) induced abortion was unwanted pregnancy followed by financial ground 20% & contraceptive failure 19% respectively. Most the abortion were conducted 71% by the qualified doctors at health center. But only 28% were conducted by the unqualified personals at their chambers. On enquired about the reasons of their preference of act for the unqualified persons about 43% (20) replied that maintained confidentiality was their prime concern. Other important reasons were less harassment which constitutes about 21%. Besides those monitory problems, less time required resistance from seniors were others reasons of less priority.

DISCUSSION: The retrospective qualitative survey was include both married and unmarried women and the data was collected both the Govt. Hospital and untrained practitioners so the induced abortion ratio was to some extent high.Similar findings were found in NFHS survey for induced abortion (1998-99)[9]&DLHS survey (iii) GOI. (2007-08).[10]The study explore that women's age, unplanned and unwanted pregnancy, less acceptance of contraceptive methods, financial reasons number of living children'swere the major determinants of induced abortion. Similar findings was also found in a rural community of Maharastra (A cohort study).[11]&Tamilnadu (Rabindran &Balasubramanian,2004)[12]The study explore that maintained confidentiality, less harassment and less time requirement were another determinants for accepting abortion of untrained personnel.

CONCLUSION: Traditional practitioners & untrained or ill-trained M.B.B.S practitioners, widely perform abortion in the rural community. The complications at their hands are frequent & often serious. Assurances of keeping secrecy attract the ignorant rural people to them. Contraceptive acceptance is far from the requirement & sterilization acceptance is far from the requirement acceptance is poor & often late. Repeated & early child birth, inadequate spacing, high parity along with financial & other relevant problems need availability of M.T.P side by side with contraceptives & sterilization in the years ahead. Rural people need awareness about the problem of population expansion, the needs & benefits of contraceptive & sterilization & the dangers of illegal abortions. Simultaneous publicity about M.T.P services needs to be promoted. A comprehensive guideline thus evolved from this abortion may be replicated in several socio economic classes & regions. Instead of indiscriminant intervention, a logical solution locally derived agreed upon & sharing that benefit will definitely be rewarding. Last of course not the least, that the exploration of induced abortion is important as it opens some important aspect & explore the point of entry for further research.

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Table-1: Socio demographic characteristics of the Acceptors of Induced abortion (n=46)

Socio demographic character	Number	Percentage
Age in years		
15-24	25	54.3
25-34	18	39.1
35-44	3	6.5
Religion		
Hindu	41	89.1
Muslim	5	10.9
Marital status		
Married	43	97.4
unmarried	3	6.6
Per capita income		
<350	31	67.4
=		
>350	15	32.6
=		
Literacy status		
Primary	19	41.4
Secondary	10	21.7
Higher Secondary	8	17.4
Graduation	2	4.3
Illiterates	7	15.2

Table: 2 Obstetric pattern of the Study subjects.

Variables	numbers	percentages
Age at marriage(n=43)		
<18 yrs.	38	88.37
First child birth <2 yrs.	41	95.34
Spacing <2yrs	34	79.06
<3yrs	9	20.94
No of living children 2-3	36	83.72
4-5	7	16.28
Month of abortion		
1-1/2	8	17.4
2	11	23.9
2-1/2	14	30.4
3	9	19.6
>3	4	8.7
Contraceptive acceptance. (n=43)		
Safe periods	5	11.6
Condom	6	13.9
Cup-T	7	16.3
OC	4	9.3
Nil	19	44.2
Sterilization	2	4.6

Table: 3 Reasons for acceptance of induced abortions.

Variables	Numbers	percentages #
Reasons		
Financial/for well being	10	21.7
Unplanned pregnancy	20	43.4
Forced by husband	4	8.7
Contraceptive failure	9	19.5

Unmarried	3	6.5
Performers		
Qualified personals	33	71.7
Unqualified personals	13	28.3
Place of abortion.		
Hospitals	33	71.7
Chambers of unqualified personnel's	13	28.3
Reasons for acceptance By Unqualified personals		
Maintained confidentiality	20	43.4
Less harassment	10	21.7
Monitory problems	4	8.7
Less time required	5	10.9
To avoid so many test & Conditions by the Govt. setup.	3	6.5
Resistance from seniors To take Govt. facilities	4	8.7

--- Multiple responses possible

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