

*Full Length Research Paper*

# Characteristics of women presenting for induced abortion in a Medical College Hospital in North Kerala

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Unintended pregnancies lead women to obtain induced abortion which may result in maternal morbidity and mortality. An awareness of their characteristics help identify women in particular need of services and counseling to prevent unplanned pregnancy. A hospital based prospective study was carried out for a period of 9 months from January 1, 2012 to September 30, 2012 where 150 women requesting for medical termination of pregnancy were enrolled. Data was collected using a pre-structured questionnaire and examined age, marital status and number of live born children, educational status, monthly family income, religion, trimester and gestational age of pregnancy and indication and method of termination. Data was presented as frequency and percentages of pregnancies terminated. Majority occurred among women aged 21-24 years. Married women obtained 94% of abortions. Most of the patients had 3 prior live births (45.3%). 55.3% had education up to only tenth class and had low monthly family income (71.3%) and came in the first trimester (77.3%). In 48% indication for MTP was contraceptive failure, 48% could be offered medical abortion. All second trimester MTP responded to medical management. Lack of effective contraceptive measures was the major factor for unintended pregnancies. Effective counseling and availability of contraceptives would decrease induced abortions.

**Key words:** Induced abortion, effective contraception, unintended pregnancy, nullipara, trimester.

## INTRODUCTION

Reproductive preferences and behavior in the world often vary across socioeconomic and demographic subgroups. Intention to have more children and actual fertility are usually higher in uneducated rural women than their better educated urban counterparts (Bankole A, 1999). Differences in family formation behavior in socioeconomic and demographic subgroups and comparatively less reliance on contraception will lead to higher incidence of abortion. Young women who have opportunities for higher education, employment and career development may naturally opt to postpone marriage and child bearing and they would seek for induced abortion when unintended pregnancy occurs. In contrast when women marry in younger ages and expect a child soon, the abortion levels would be infrequent. In

many sub-Saharan African countries, a girl must leave school if she is pregnant and abortion tends to be most common among young unmarried women, who wish to continue their education (Sihvo A, 2003). A woman's risk of having an abortion increases with the number of previous births (Skjeldestad FE, 1994). Women who are employed tend to be more likely to obtain abortion than those who are not working. Legal, moral and religious conceptions surrounding abortion are likely to have different impacts on different groups.

The pattern of use of contraceptives in a country may have important effects on levels of abortion. In Kerala sterilization is a common method of family planning. Here also where premarital relationships are infrequent, induced abortion tend to be more in married women.

This study was initiated to examine and understand the extent to which abortion is differentially used by women of varying characteristics at the Institute of Maternal and Child Health, Kozhikode. Such a study on the relationships between the medical termination and the characteristics

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**Table 1.** Percentage distribution of abortion by women's age group.

Age group in years	Number of women	Percentage
≤ 20	4	2.67
21 -24	53	35.3
25 -29	43	28.7
30 -34	32	21.3
35 -39	13	8.6
≥ 40	5	3.3

**Table 2.** Percentage distribution of abortions, by number of prior live births.

Number of prior live births	Number of women	Percentage
0	2	1.3
1	20	13.3
2	41	27.3
3	68	45.3
4	17	11.4
5	2	1.3

of the involved women, would throw a light on the occurrence of the unintended pregnancies and the remedial measures like the use of effective contraceptives. These types of information are relevant in the planning programme of new life partners and also in the life style of the young unmarried women who knowingly or unknowingly become the victims of illegal pregnancy termination.

## MATERIALS AND METHODS

One hundred and fifty patients were enrolled for this study for a period of nine months from January 1, 2012 to September 30, 2012. These women who attended the family planning outpatient department and requested for medical termination of pregnancy, were enrolled and categorized into various groups for the easy and smooth means for studies. Data was collected based on questionnaires with the patient's consent. Statistical analysis includes simple percentage distribution and rates. The important factors which were subjected to in

depth studies were tabulated and incorporated in Tables 1 to 5.

Factors like age at the time of induced abortion, marital status, number of living children, educational status, financial status and religious background were also taken into consideration. The distribution of cases, based on trimester, gestational age of termination of pregnancy, indication and methods of termination were also studied. Supplementary data for the ongoing studies were also collected and used in appropriate areas for finalization of discussion and conclusion.

## RESULTS

The data collected during these studies are incorporated and tabulated in Tables 1 to 5. Based on the percentage distribution of abortion by women's age group, the highest proportion of abortions occurred among women aged between 21-24 years and 25-29 years (Table 1). The proportion dropped notably among women aged between 35-39 years (Guo C, 2012). Lowest proportion of

**Table 3.** Percentage distribution of abortions, by gestational age.

Gestational age in weeks	Number of women	Percentage
≤7	47	31.3
>7- ≤9	48	32
>9- ≤12	21	14
>12- ≤14	13	8.7
>14-≤16	14	9.3
>16-≤18	3	2
>18-≤20	4	2.67

**Table 4.** Percentage distribution of abortions, by indication for termination.

Indication for termination	Number of women	Percentage
Contraceptive failure	72	48
Medical disorders	54	36
Illegal pregnancy	10	6.7
Fetal anomalies	5	3.3
Sterilization failure	5	3.3
HIV	2	1.3
Teratogenic drugs	1	0.7
Radiation exposure	1	0.7

of abortions was recorded among women at the either ends of the reproductive spectrum (younger than 20 years and elder to 40 years) (Bankole A, 1999). The marital status of women at the time of termination of pregnancy indicated that the married women amounted to a percentage up to 94% while the other group's utilization was 6% (Singh K, 2002).

The data on prior live births showed that majority of patients had 3 prior live births (45.3%) (Hansen MH, 2009). Only 1.3% were nullipara 27.3% had 2 prior live births (Table 2). In this study 55.3% had education up to only tenth class and 44.7% had education above tenth class. 107 cases had low monthly family income (71.3%). Regarding religion status, 63.3% of patients were Hindus, 34.7% Muslims and only 2% Christians.

Majority of patients came for abortion in the first trimester itself (77.3%) (Table 5), 31.3% of cases attended our OP at a gestational age before 7 weeks when a medical abortion was feasible. Only 7 patients

came after 16 weeks (Table 4). In 48% of cases the indication for MTP was contraceptive failure followed by medical disorders in 36% (Table 5). Illegal pregnancy resulted in 6.7% cases. Sterilization failure was the cause in 3.3% and fetal anomalies in 3.3%. 48% cases could be offered medical abortion in the first trimester. Surgical methods in first trimester were given in 29.3% (Table 5). All the second trimester MTP responded to medical management.

## DISCUSSION

Induced abortion and unintended pregnancy occur virtually in all societies. Whether women terminate unintended pregnancies is likely to be determined by their background characteristics, particularly their age and parity, as well as characteristics that reflect and influence their values, attitudes and motivation to prevent an unattend-

**Table 5.** Percentage distribution of abortions, by method of termination.

Method of termination	Number of women	Percentage
First trimester	116	77.3
Medical abortion	72	48
MVA	35	23.3
EVA	9	6
Second trimester	34	22.7
Medical	34	22.7
Surgical		

ed birth, such as marital status, number of prior live births, education, financial status, religion and the trimester and the gestational age of detection of pregnancy.

In most countries, the abortion is concentrated largely around the middle of the child bearing years. In our study also, women in their 20s are usually likely to obtain abortion (Skjeldestad FE, 1994). This is partly because they are relatively likely to be married and sexually active and have higher pregnancy rates and they seek abortion both to space births and to stop child bearing (Thapa S, 2012).

A higher proportion of abortions occur among married than among unmarried women (Sihvo A, 2003), probably due to a lower incidence of premarital relationships in our society.

In this study most women had at least one live birth, which suggest that, abortion is obtained mainly to space or limit births rather than to delay the beginning of family formation (Dhillon BS, 2004).

The proportion of abortions were found to be lower in better educated and those with better financial status, given their higher levels of knowledge and access to contraception and affordability of contraceptives of their choice. Education and social status has an important role in determining the decision for abortion. Majority of women obtained abortion in the first trimester itself probably related to the high literacy and better awareness among women in Kerala. Contraceptive failure was found to be the indication for termination, suggesting that effective contraception was not followed by these women (Shankaraiah RH, 2013). Knowing how demographic, social and economic characteristics relate to induced abortions, it can be an important means of improving and understanding the circumstances surrounding women's decision to obtain an abortion and to some extent, of the reasons leading to unintended pregnancy and abortion.

This helps to identify target populations on which to address intervention strategies for prevention (Srivastava R, 2005). Active community participation also is required for promotion of contraceptive use (Kumar R, 1999).

## AIMS AND OBJECTIVES

Unintended pregnancies occurring in large numbers lead women to obtain induced abortion which resulted in maternal morbidity and mortality. An awareness of the characteristics of these women will help identify subgroups of women in particular need of services and counseling to prevent unplanned pregnancy and bring down the incidence of induced abortions and its complications (Finicelli C, 2013).

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