RESEARCH
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A STUDY ON MEDICAL TERMINATION OF PREGNANCY (MTP) IN NORTH EAST PART OF INDIA- INCIDENCE, SOCIO DEMOGRAPHIC AND OBSTETRICS PROFILE IN TERTIARY CARE HOSPITAL

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Abstract
Background: A total of 3,90,928 MTP were documented from 2018 to 2019 in India, with prevalence of abortion including both spontaneous and induced being 2.84 per 1000 women of reproductive years.3 Over the time as the years are passing by there is increase in the number of abortions. Still 13% cause of maternal death in India is related to unsafe abortion.4 Even though government of India has relaxed the MTP act Many of them still do not have access to safe abortion facilities and choose to have unsafe abortions for social, cultural reasons. North east India by virtue of their socio-economically disadvantaged population is in the greatest need of safe abortion services.
Aims: To study the Incidence, socio demographic, obstetric profile and reasons of women undergoing medical termination of pregnancy (MTP).
Methodology: A prospective observational cohort study at Department of Obstetrics and Gynecology, Tomo Riba Institute of Health and Medical sciences (TRIHMS). All women coming to OPD in reproductive age group and willing to participate in the study with gestational age less than 24 weeks were included.
Results: The incidence of MTP is calculated to be 88·27 abortions per 1000 women reproductive age group. Majority of the ladies were between 19 – 30 years of age (67.8%) and 81.9% of them belongs to urban population. Majority of the ladies were educated and most of the ladies belongs to class III and IV as per Modified Prasad's classification. Women in our study were divided into 3 group according to number of living children as two or more, one and zero as 47.9 % ,35.6% and 23.5% respectively and also 21.9% had two or more previous abortion, 27.1% had one and 50.9 had no history of abortion. Most common reason for opting for MTP was completed family accounting for 34.7% and 59.9% women were ready to accept contraception after MTP. The most common method for contraception which women opted for after MTP was intrauterine Copper T device insertion (35.6%) followed by oral contraceptive pill.
Conclusions: Ladies of younger age, residence of urban location, and financially weaker section of the society were more prone for the unplanned pregnancy leading to MTP. Most common reason for opting for MTP was completed family in our study followed by lack of social/family support, financial issue and failure of contraception.
Keywords:MTP,OPD

INTRODUCTION

The MTP Act legitimizes termination of pregnancy in certain conditions and until certain weeks of pregnancy. [1] The Medical Termination of Pregnancy (Amendment) Bill, 2020 (MTP) seeks to expand access of women to safe and legal abortion services on therapeutic, eugenic, humanitarian or social grounds[2]. The proposed amendments to the existing Medical Termination of Pregnancy Act, 1971, aims at increasing upper gestation limit for termination of pregnancy from 20 weeks to 24 weeks under certain conditions and to strengthen access to comprehensive abortion care, under strict conditions, without compromising service and quality of safe abortion[2].

It is very debatable part of family planning, still a very crucial way to handle fertility to control unplanned pregnancy, size of family or population. It is very delicate topic as it has impact on the personal space of couple and reproductive right of a women. A total of 3,90,928 MTP were documented from 2018 to 2019 in India, with prevalence of abortion including both spontaneous and induced being 2.84 per 1000 women of reproductive years.[3] Over the time as the years are passing by there is increase in the number of abortions. Still 13% cause of maternal death in India is related to unsafe abortion.[4] Even though government of India has relaxed the MTP act Many of them still do not have access to safe abortion facilities and choose to have unsafe abortions for social and cultural reasons. North east India by virtue of their socio-economically disadvantaged population is in the greatest need of safe

abortion services and there is no similar study done in this region.

So, there is need of data to know the burden, reason and practices related to induced abortions to upgrade the accessibility and implementation of this services. This data will help the authorities in improving the facilities for safe abortion services and also need for program to increase awareness and education among public to accept contraceptive services which are available to them. Hence leading to decrease in mortality and morbidity due to MTP.

AIM AND OBJECTIVES

To study the incidence, socio demographic, obstetric profile and reasons of women undergoing medical termination of pregnancy (MTP) at Department of Obstetrics and Gynecology, Tomo Riba Institute of Health and Medical sciences (TRIHMS).

MATERIALS AND METHODS

Study Design: A prospective observational cohort study at Department of Obstetrics and Gynecology, Tomo Riba Institute of Health and Medical sciences (TRIHMS).

Study duration: 1year (November 2022 to November 2023).

Study Place: Department of Obstetrics and Gynecology, Tomo Riba Institute of Health and Medical sciences (TRIHMS), Naharlagun Arunachal Pradesh.

Ethical Clearance: Approval from institutional ethical committee TRIHMS, No.TRIHMS/ETHICS/01/2019-20/41 on 1st November, 2022

Study population- All pregnant women seeking MTP in OPD of department of Obstetrics and Gynecology, Tomo Riba Institute of Health and Medical sciences (TRIHMS).

Inclusion Criteria –

All the pregnant women of reproductive age group 15-49 years

1. Period of gestation less than 24 weeks.
2. Giving consent to participate in the study.

Exclusion Criteria –

1. Age less than 15 years or more than 50 years
2. Refusal to participate in study.

Sample Size – A total of 7465 women of reproductive age group (15-49years) patients came to OPD out of which 659 came for MTP in the department of Obstetrics and Gynecology in Tomo Riba Institute of Health and Medical sciences (TRIHMS).

METHODOLOGY DETAILS:

All the patients who came for MTP to OPD in the department of Obstetrics and Gynecology in Tomo Riba Institute of Health and Medical sciences (TRIHMS) and given their consent to participate in the study were enrolled. Informed consent was obtained from the patient. Data was collected about their demographic details like age, education, parity, marital status, obstetric history and also were asked about the reason for their MTP and also asses their knowledge about contraception. Data were entered in excel sheet and analysis was done from the obtained data.

Statistical Analysis

Incidence of MTP was calculated as abortions per 1000 women of reproductive age (15–49 years) visiting Obstetrics and gynecology OPD in TRIHMS[5].

RESULTS

Women of reproductive age group who came to OPD was7465 out of which 659 came for MTP hence the incidence of MTP is calculated to be 88·27 abortions per 1000 women reproductive age group. Majority of the ladies were between 19 – 30 years of age (67.8%) and 81.9% of them belongs to urban population. Majority of the ladies were educated accounting secondary (32.78%), higher secondary or more (31.56%), primary (5.31%) and illiterate (2.27). In our study most of the ladies belongs to class III as per Modified Prasad's classification accounting for 38.39% (Table 1). Women in our study 47.9 % of them had 2 or more living child, 35.6% had one living issue and 23.5% had no living children (Table 2). A total of 323 women out of 659 had a history of previous abortion of which 21.9% had two or more abortion, 27.1% had one abortion and 50.9 had no history of abortion (Table.3). Among them 44.9% of them had abortion in Government institute, 30% in private set up and 25 % by quack (Table.4). Most common reason for opting for MTP was completed family in our study

accounting for 34.7% and other common cause are charted in (Table.5). In our study 59.9% women were ready to accept contraception after MTP (Figure 1). The most common method for contraception which women opted for after MTP was intrauterine Copper T device insertion (35.6%). Type of contraception accepted by women after MTP are shown. (Figure 2)

Table1.Socio-demographic profile of women wanting MTP (by modified prasad's classification)

Socio demographic characteristics	N (total number of women)	Percentage (%)
Age		
<19 years	31	4.7
19-25	217	32.9
25-30	230	34.9
30-35	152	23.06
≥ 35	27	04.09
Place of residence		
Urban	540	81.9
Rural	119	18.1
Educational status		
Illiterate	15	2.27
Primary	35	5.31
Secondary	216	32.78
Higher – secondary	208	31.56
Graduate & above	185	28.07
Social class		
I	108	16.38
II	216	32.7
III	253	38.39
IV	76	11.53
V	6	0.91
Marital Status		
Married	546	82.8
Unmarried	113	17.2

Table 2. Distribution of women according to number of living children.

No. of living children	N (total number of women)	Percentage
0	115	23.5
1	228	35.6
2 or more	316	47.9

Table 3. Distribution of women according total number of previous MTP.

No. Of abortion	N (total number of women)	Percentage
0	336	50.9
1	179	27.1
2 or more	144	21.9

Table 4. Distribution of women according places of previous MTP.

No. Of abortion	N (total number of women)	Percentage
Government hospital	145	44.9
Private Hospital	97	30
Quack	81	25

TABLE 5. Distribution of women according to reasons for MTP.

Reason for MTP	N (total number of women)	Percentage
Family completed	229	34.7
Lack of social/family support	105	16.4
Financial Issues	132	20
Contraceptive failure	99	15
Short interconnectional period	65	9.9
Maternal Health	6	0.9
Eugenic	15	2.28
Humanitarian	8	1.21

Figure 1. Distribution of women willing to accept contraception after this MTP.

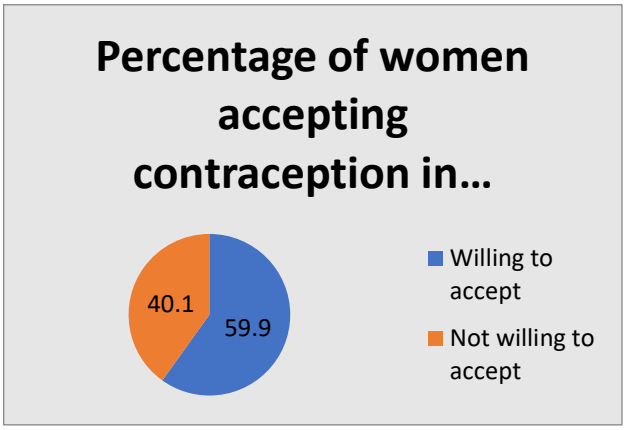
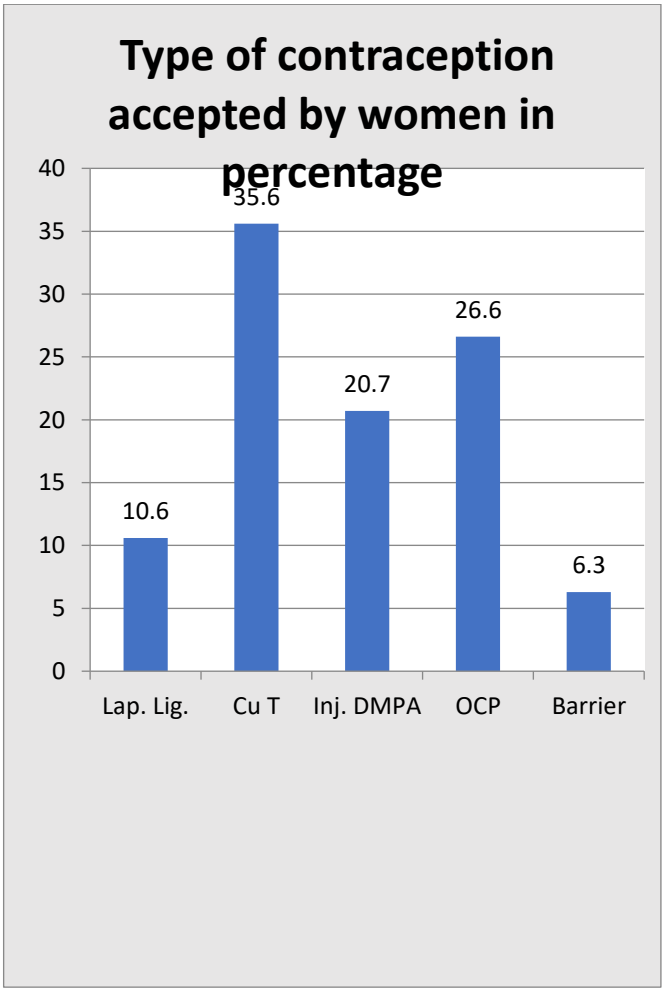


Figure 2. Distribution of women willing to accept types of contraception after this MTP.



*Lap. Lig. - laparoscopic ligation, CuT- Intrauterine copper T device, Inj. DMPA-Depot medroxyprogesterone acetate, OCP – Oral contraceptive pills

DISCUSSION

The incidence of MTP is calculated to be 88·27 abortions per 1000 women reproductive age group which is double the value of study seen by singh et al[5] which was 47·0 abortions) per 1000 women of reproductive, this may be due to unmet need of contraception and also attitude of the public for not willing to accept contraception. In our study (67.8%) belongs to age group of 19-30 years of age Ramasubban et al[6] had similar finding as our study. Around 17.2 % women in the study were unmarried, most common reason being fear of social stigma. Most of the ladies came from urban population (81.9%) which is similar Mehra et al[7] which had a urban population (70%). Majority of the ladies were educated but only up to secondary or higher secondary which is similar to study done by Ganguli G et al[8]. In our study most of the ladies belongs to class III and IV as per Modified Prasad's classification accounting for 49.92% which shows financial issues can be the possible risks for wanting for MTP and hence increasing morbidity and mortality due to abortions. Women in our study 47.9 % of them had 2 or more living child which is convincing to say that inspite of the completed family size, these women had unwanted pregnancy and hence need to make the women aware of the various contraceptive services similarly Ram et al[9] 69% women had 2 or more children which shows the unmet need of contraception. A total of 323 women out of 659 had a history of previous abortion of which 21.9% had two or more abortion, 27.1% had one abortion and 50.9 had no history of abortion which shows that there was no proper counselling from health provider regarding use of contraception, Patnaik et al[10] in his observed that history of previous abortion for one and two time or more were 19% and 4.7% of cases respectively. Among them 44.9% of them had abortion in Government institute, 30% in private set up and 25 % by quack. Most common reason for opting for MTP was completed family in our study accounting for 34.7% which is comparable to Dhillon et al[11] as in his study also most common reason for MTP was not wanting any more children. Most of the patient that is 59.9% women were ready to accept contraception after MTP. The most common method for contraception which women opted for after MTP was intrauterine Copper T device insertion (35.6%). Mukhopadhyay et al[12], observe that most common method for contraception accepted was IUCD accounting for 35.8% and 30% accepted Tubal ligation.

LIMITATION

Our study is hospital based and TRIHMS, Naharlagun is only referral centre for the state of Arunachal Pradesh so may result in over-estimation of incidence of MTP,

CONCLUSIONS

Ladies of younger age, residence of urban location, and financially weaker section of the society were more prone for the unplanned pregnancy leading to MTP. Most common reason for opting for MTP was completed family in our study followed by lack of social and family support, financial issue and failure of contraception. This shows that there is inadequacy of family planning services available to these women in need is the unmet need of contraception.

CONFLICT OF INTEREST:

Author has no conflict of Interest

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