

## Research on Pregnancy Termination Services in Western Maharashtra

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### Abstract :

**Background:** Fetal abnormalities, failure of birth control to prevent pregnancy, and, in very rare cases, rape are the most common reasons for medical abortion.

**Objectives:** The goals of this study are (1) to determine when a medical abortion is appropriate and (2) to calculate the percentage of unwanted births attributable to failed birth control methods.

**Settings and Design:** Using past data to draw conclusions.

**Methods and Material:** A descriptive research was conducted using medical records from the past and included 747 women seeking abortion services. Participants were interviewed to collect data on demographics, contraception use, and the reasons for why they sought a medical abortion.

**Results:** The vast majority of the women in our sample were in marital relationships. More over half of all births were the result of failed contraception, and 37.8% of all MTPs were performed because of a very high risk of congenital abnormalities.

**Conclusion:** Since our research found that improper use of birth control was the leading cause of unwanted births, it stands to reason that reducing this problem would require raising awareness about the need of using birth control, providing enough follow-up with the contraceptive acceptor, and inspiring the user to stay motivated.

**Keywords:** Ineffective contraception, abnormal fetal development, illiteracy, and MTP

### INTRODUCTION:

Medical abortion has been legal in India under certain circumstances since the MTP Act was implemented in 1971. In 2003, the Act was amended to increase women's access to MTP treatments that were both safe and legal. [1] The MTP Amendment Act 2021 expanded access to safe MTP treatments for all women on the basis of contraceptive failure and increased the gestational limit to 24 weeks for certain categories of women. Consultation, treatment, hospitalization, medicine, USG, and following treatments for surgical MTP are all included in the fixed price of 15,500 (US\$190). The government's Ayushman Bharat and Employees' State Insurance programs pay the whole cost of MTP. The consultation and USG are included in the

\$1,500 (\$19) price of medical MTP packages. [2]

Women who have adverse psychological responses to MTP are more likely to have unintended pregnancies and to not utilize birth control. Women who are single, young, religiously conservative, or undergoing the procedure against their will are statistically more likely to have a negative psychological response. India has a right to MTP, but it would be wise to pay greater attention to the factors (such as poverty, illiteracy, lack of contraceptive knowledge or availability, lack of follow-up with those who take them, and lack of drive) that make it so desperately needed.[3]

### MATERIALS AND METHODS

A postgraduate institution in western Maharashtra was the site of a retrospective record-based descriptive research. Medical termination of pregnancy records were kept at institutions. inside the MTP database. From April 2017 through March 2022, data were collected from the MTP registration. Information on

demographics, contraceptive use, and causes of unplanned pregnancies was collected from 747 women who sought MTP. Data analysis

Microsoft Excel was used to do the statistical analysis. Age, religion, marital status, and other demographics of the patient population were recorded statistically.

## RESULTS

**Table 1: Distribution of women according to demographic characteristics and duration of pregnancy**

Characteristics	Subgroup	Total (n=747), n (%)
Age (yrs)	Below 15	10 (1.3)
	15-19	64 (8.6)
	20-24	320 (42.8)
	25-29	224 (30.0)
	30-34	96 (12.9)
	35-39	28 (3.7)
	40-44	05 (0.7)
Religion	Hindu	651 (87.1)
	Muslim	93 (12.5)
	Christian	02 (0.3)
	Other	01 (0.1)
Present Marital status	Married	686 (91.8)
	Unmarried	60 (8.0)
	Separated	01 (0.2)
Socio-economic class	III (Middle class)	98 (13.2)
	IV (Lower middle class)	358 (47.9)
	V (Lower class)	291 (38.9)
Education	Illiterate	43 (5.8)
	Primary	258 (34.5)
	Secondary	273 (36.6)
	Higher secondary	106 (14.2)
	Graduate & above	67 (8.9)
No. of living children	Still no any	51 (6.8)
	One child	135 (18.1)
	Two children	267 (35.7)
	More than Two children	294 (39.4)
Duration of pregnancy	Below 12 weeks	384 (51.4)
	Between 12 to 20 weeks	361 (48.3)
	Above 20 weeks	02 (0.3)

Several demographic characteristics of women who have undergone MTP are shown in Table 1. The women's ages ranged from 13 to 44, with the average being 24.9 ( 5.0) years. Among those 747 ladies, Hindus made up the vast majority (87.1%), followed by Muslims (12.4%), Christians (0.3%), and other religions. The largest percentage of women were between the ages of 20 and 24 (42.8%), followed by 9.9% of women between the ages of 15 and 19, and 1.3% of women younger than 15; just 5% (0.7%) of women were

between the ages of 40 and 44. The majority of women (91.9%) were wed. The majority of MTPs (51.4% of all cases) occurred in the first 12 weeks of pregnancy, followed by 48.3% of cases occurring between weeks 12 and 20, and 0.3% of cases occurring beyond week 20. According to the modified B. G. Prasad categorization system, 47.9% of the women in this research were from lower-middle-class families, 38.9% were from the lower class, and 13.2% were from the middle class.

**Table 2: Distribution of abortions as per indication of MTP**

Indication of termination	N (%)
Danger to life of pregnant women	10 (1.3)
Grave injury to physical health of pregnant women	05 (0.7)
Grave injury to mental health of pregnant women	07 (0.9)
Pregnancy caused by rape	51 (6.8)
Substantial risk that if the baby born it would suffer from physical, mental, seriously handicapped	282 (37.8)
Failure to contraceptive devices	392 (52.5)
Total	747 (100)

Table 2 depicts various indications of MTP, in which 392 (52.4%) MTP were only due to failure of the use of contraceptive devices and 282 (37.7%) MTP were due to substantial risk to foetus. Rape was one of the critical issues in society which leads to MTP, in our study such MTP led to 6.8% of the total MTP. Most of the women (71.1%) were educated up to primary or secondary school, while 14.2% were studied up to higher secondary & 8.9% were graduates & above; 5.8% women were illiterate.

## DISCUSSION

Women in this research ranged in age from 13 to 44, which is quite comparable to the age ranges covered in a study by Susheela Singh et al. [4], which went from 15 to 45. This research finds that women's average ages are somewhat lower than those found in the work of Anupama Bahadur and colleagues (25.0 5.0 years). [5] The vast majority of MTP patients were married (91.8%), a result consistent with V M Lema's research (91.3%). [6] According to the modified B. G. Prasad categorization, more than four-fifths (86.8%) of the

population consists of women from Class IV and Class V. This finding is similar to that of a study by Bhawna Sharma et al., in which 74.5 percent of the population consisted of women from classes IV and V, who were found to be more likely to experience unintended pregnancies due to their lack of education and social standing and their lack of knowledge about safe MTP methods.

The majority of the women were Hindu (87.1%), which may be attributable to a lack of knowledge or less acceptance of MTP among other religions; such a finding matched with a study by Bhawna Sharma et al. and should be investigated further for better health program implementation in the society. Most of the women in the current research had completed elementary or secondary school, similar to the findings of the studies by Bhawna Sharma et al [7] and Ganguly et al. The current research found that 6.8% of all MTPs occurred in the first 12 weeks of pregnancy, with the majority of these pregnancies being the result of teenage rape. While P Bhat-Deosthali and colleagues [9] found that the

majority of rape survivors who sought MTP did so before 20 weeks, those results contradict the current research.

Women who chose MTP in this research were more likely to have two or more live children (75.1%) than to have one surviving kid (18.1%) or no living children (6.8%). Ram et al. found that among married women in Calcutta, 69% had more than two children and 31% had two children or less, highlighting an unmet demand for family planning services. [10]

Similar to the research by Katke RD et al [11], in which failure of contraceptive was the predominant rationale (257 instances), this study found that 52.5% of MTPs were justified on this basis. This highlights the need for more accessible means of contraception, the value of thorough counseling, and the need of regular contraceptive usage.[12]

## CONCLUSION

An important indicator of the need for effective contraception and the tools and knowledge to support it is the occurrence of an unintended pregnancy, which may lead to miscarriage, unwanted birth, and MTP. Women who have these kinds of pregnancies may not be taking any kind of contraception, may be using it incorrectly or inconsistently, or may be using an antiquated method (usually periodic abstinence or withdrawal) to avoid pregnancy. "Unintended pregnancy" may also refer to pregnancies that are considered harmful to the mother's health for reasons unrelated to the use of contraception, such as sexual assault, a change in the woman's or family's social or economic position, or the onset of a medical condition. Broad social and economic changes related to the desire for smaller families, such as urbanization, improvements in women's educational attainment, and shifting gender roles, may have an impact on the intention status of pregnancies and the need for contraceptive services at the macro level.[13]

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