The Gender and Reproductive Health Research Initiative
Mapping a Decade of Reproductive Health Research in India

Abortion in India
An Annotated Bibliography of Selected Studies (1990-2000)

Deeksha Vasundhra
Rima Shah
Geetanjali Misra

Creating Resources for Empowerment in Action (CREA)

A CREA Publication

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Health Watch Trust

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CREA empowers women to articulate, demand and access their human rights by enhancing women's leadership and focusing on issues of sexuality, reproductive health, violence against women, women's rights and social justice.

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CONTENTS

BACKGROUND

This annotated bibliography lists studies carried out during 1990-2000 on Abortion in India as part of a series of annotated bibliographies on gender and women's reproductive health. These bibliographies are part of the *Gender and Reproductive Health Research Initiative* sponsored by the Ford Foundation.

In September 1998, the Ford Foundation in New Delhi hosted interested individuals involved in women's health issues as activists or researchers to discuss their concerns about the future of reproductive health research in India. The participants spent a day sharing their experiences and briefly reviewing the content, nature and geographical distribution of studies in reproductive health in India that the Ford Foundation had funded over the past few years. After discussion, the participants decided on a process for identifying gaps in research on reproductive health and for promoting future research that would address issues that had not been addressed or adequately explored.

The agreed upon process was to have the following stages:

- Prepare annotated bibliographies of social science research or clinical studies referring to social dimensions on six major areas of reproductive health, drawing mainly on published research over the period 1990-99.
- Based on the annotated bibliographies, prepare critical reviews of literature on each of the six areas of reproductive health. This review would examine, from a gender perspective, the entire body of research covered by the annotated bibliographies and identify the content gaps, methodological issues and ethical concerns.
- Disseminate the critical reviews as widely as possible to women's groups and NGOs, to those involved in women's studies, and to university departments dealing with health/population issues and reproductive health, in order to encourage the participation of a wide cross-section of actors in future research in the area.
- Invite brief research proposals to carry out studies that will address the research gaps identified by the reviews. Proposals will be short-listed by a team of experienced activists and researchers. The next step may consist of a workshop to help develop these proposals into fully fledged research plans.

The importance of involving a wide cross-section of people working for women's health and women's reproductive health from a gender perspective will govern the short-listing of proposals. Every effort will be made to encourage first-time researchers and activists to participate in the process, and to counter the notion that research is a "specialist" concern and activity.

The following subject areas were chosen for the annotated bibliography series:

1. Selected aspects of reproductive health: maternal health, reproductive tract infections and contraceptive morbidity
2. Selected aspects of general morbidity in women, especially the interface between communicable and non-communicable diseases and reproductive morbidity
3. Sexuality and sexual health
4. Abortion
5. HIV/AIDS
6. Reproductive health services

We would like to acknowledge help from Veenu Kakkar who made invaluable additions to the manuscript.

We hope readers find this document useful. We look forward to your comments.

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Scope and Format

This review covers research conducted on abortion in India. The period chosen for review of literature is 1990 onwards and the material was collected from published and unpublished sources.

Some of the sources of the studies are:

Journals

- *Reproductive Health Matters*
- *Studies in Family Planning*
- *Social Science and Medicine*
- *Radical Journal of Health*
- *The Indian Journal of Social Work*
- *The Journal of Family Welfare*
- *Demography India*
- *Journal of Obstetrics and Gynaecology of India*
- *Journal of the Indian Medical Association*
- *International Family Planning Perspectives*
- *Indian Journal of Community Medicine*
- *Journal of the American Medical Women's Association*
- *Indian Journal of Preventive and Social Medicine*
- *Economic and Political Weekly*

Books

Chhabra, R., and S. C. Nuna. Abortion in India- An Overview. Virendra Printers: New Delhi.
Swain, S. Traditional Practices of Delivery and Abortion. (ed.) Dr. R.N. Gupta. NIAHRD. Cuttack. 1998.

NGOs

- CEHAT
- TARSHI

Other Organisations

- Tata Institute of Social Sciences, Mumbai
- Indian Institute for Population Sciences, Mumbai

Number of studies included

The total number of abstracts reviewed was 68. These include both primary and secondary research as well as reports from workshops on abortion, papers on methodology and discussions of the MTP Act.

Methodologies of studies

The studies used quantitative and qualitative methods, and were based on data collected by the NFHS, the ICMR and CORT, Baroda.

The Summary Table in the following pages provides a summary overview of the

- nature of the study
- geographic region covered
- objectives and methodology
- salient results

The annotated bibliographies follow these summary tables. These are organised into the following fields:

- **Abstract number:**
- **Author(s):**
- **Title:**
- **Source:**
- **Place of study:**
- **Period of study:**
- **Aims and objectives:**
- **Nature of study:**
- **Methodology:**
- **Findings:**

The last section of this volume contains the complete bibliography of the studies included.

GLOSSARY

ANM	Auxiliary Nurse Midwife
CHC	Community Health Care Centre
FGD	Focus Group Discussions
FSA	Female Selective Abortions
GOI	Government of India
ICDS	Integrated Child Development Scheme
ICMR	Indian Council of Medical Research
IEC Materials	Information Education Communication
IUD	Intra Uterine Device
KAP	Knowledge, Attitude and Practice
MTP	Medical Termination of Pregnancy
MCH	Maternal and Child Health
NFHS	National Family Health Survey
NCERT	National Council for Educational Research and Training
NGO	Non-government Organisations
PHC	Primary Health Care Centre
SRB	Sex Ratios at Birth
WHO	World Health Organisation

SUMMARY TABLE

SR.NO.	GEOGRAPHIC REGION	NATURE OF THE STUDY	OBJECTIVES AND METHODOLOGICAL ISSUES	SALIENT FEATURES
1	All India	Secondary data-based	To examine state-wise variations in abortions and the effect of socio-economic and demographic features on acceptance of induced abortions. • Based on NFHS data on abortions.	• 14% of women had had some kind of abortion--an abortion rate of 6/1,000 pregnancies. • The likelihood of induced abortion was greater among women who were literate, urban dwellers, had a higher standard of living, had fewer children and women from the northern and southern states. • The highest level or reported spontaneous abortions was recorded in the North-eastern region and seems related to consanguineous marriages.
2	N.A.	Secondary data-based	To discuss the status of abortion in India and the trends since the adoption of the MTP Act. • Based on NHFS and ICMR data.	• A total of 8.8 million MTPs performed in approved institutions between April 1972 and March 1993. • Based on assumptions made by the Shah committee, the author projected 11.1 million abortions a year. • Official data indicate only 0.6 million abortions, indicating 10-11 illegal abortions for every legal one. • More than half the facilities are concentrated in five states and one Union Territory. • Four-fifths of terminations take place in the first trimester, but the number of second trimester abortions has been rising since the mid-1980s.
3	All India	Secondary data-based	To synthesise the findings of existing studies in order to give a comprehensive assessment of the prevailing situation and provide leads for policy changes.	• Implementation of the MTP Act is very poor, there are more illegal abortions happening today than before the Act was passed. • There is a significant regional variance in MTP performance and MTP facilities but no correlation noted between performance share and approved centres or with population needs. • Updating of earlier abortion estimates within current demographic parameters gives an estimated 11.2 million abortion--6.7 million induced and 4.5 million spontaneous.

4	N.A.	Secondary data-based	To analyse MTP data by age, reason and period of gestation. • Data from the NFHS and The Family Planning Yearbook (1981, 1987 and 1993).	• One-third of MTPs are conducted on women between the ages of 25-29 and almost 80% of MTPs are conducted on women between the ages of 20-34 years. • Only 6-9 % of abortions were conducted on women below the ages of 20 years. • There is a lack of reliable data on abortion in India. • The number of live births in rural areas are more than in urban areas while the proportion of abortions in rural areas are less than that of urban areas.
5	All India	Secondary data-based	Details the MTP Act and analysing the status of legal abortions in India	• There has not been a significant increase in the number of legal abortions in India between 1981-1994. • Legalisation has not made abortion easily accessible and safe and has not decreased the incidence of illegal abortions. • There has been a significant increase in the number of second trimester abortions. • A comparison of age specific mortality in the 20-24 age group shows a rise in mortality, the highest among the different age groups. • The majority of MTP seekers were above 25 years of age and stated failure of contraception as the reason for abortion. • There has not been an increase in the number of facilities and the existing facilities are skewed across states.
6	Tamil Nadu, Kerala, Bihar, Orissa	Secondary data-based	To explore and analyse abortion practises. • Compares NFHS data from 1992-93 for four states. • Conceptualises a bio-social model to understand abortion practices.	• Tamil Nadu had the highest abortion rate for rural and urban areas, the rate was much lower in Orissa and Bihar. • A large number of induced abortions are mentioned as spontaneous abortions. • Consanguineous marriages account for a significantly higher number of induced abortions. • When age is taken as a control variable, the odds of experiencing abortions decreases with age. However, the incidence of induced abortion increases with age.

7	All India	Secondary data-based	To examine the magnitude of adolescent marriages and motherhood in India and to discuss the consequences in terms of child survival and maternal mortality. • Uses data from the Census' of 1961, 1971 and 1981.	• Analysis conducted shows that about 13 million women marry below the age of 18 and mostly in the four Indian states of Madhya Pradesh, Uttar Pradesh, Rajasthan and Bihar. • The school attendance of girls, especially in the 10-14 age group and early marriage are negatively and highly correlated. • Though there has been a decrease in child marriage, adolescents are still marrying at the same rate, resulting in a high rate of fertility in that age group and an increase in the birth rate from 11 to 13 percent.
8	Asia	Secondary data-based	To examine the growing trend of female selective abortion and their impact on population constitution. • Uses Sex Ratios at Birth in hospital deliveries as the most dependable direct evidence of female-selective abortion. • Compares data from various countries where a son preference has been documented.	• Various lobbies and factors that promote technologies, which in the guise of being benignant to women or gender neutral perpetuate violence against women. • In a study conducted in Ludhiana, the SRB has gone up from 105 to 119 over five years. • The SRB for second and third born children and for women with older daughters was higher. • Female selective abortion increased with the level of household income and with formal education.
9	Maharashtra	Community-based study	To study spontaneous abortions and MTPs carried out as part of the safe motherhood project. • Rapid survey conducted in 66 villages with an estimated population of 69,600.	• The ratio of abortions to live births was 34.4 abortions to 1,000 live births or 4.5 abortions per 1,000 women in the 15-44 age group. • Over 80% of abortions took place between the ages of 16-25. Of these 32% took place between the ages of 24-14. • Abortion at first pregnancy was 33% and at second pregnancy 38%. • Three-fourths of women had abortions with only one or no living child. • Sixty percent of pregnancies had taken place at home and had been supervised by family members.

10	Maharashtra	Community-based study	To study induced abortions over an 18 month period. • Conducted in 139 villages. • Uses a case study method using multiple sources and informants to identify women. • Explores reasons for termination, contraceptive use, decision-making, gestation, choice of service provider, morbidity, mortality and post abortion contraception.	• Married and unmarried groups differ in healthcare seeking patterns. • There is a vast unmet need for contraceptive services. • Sex selective abortions are common. • Private abortion services are preferred, the quality of services provided is an important consideration. • There is coercion in government services for acceptance of family planning after an MTP. • The rate of discontinuance was very high among women who had been forced to adopt a method of family planning against those who chose one on their own. • There is a significantly higher use of traditional providers among unmarried women.
11	Maharashtra	Community-based study	To study women's perceptions and experiences related to abortion. • Interviews with a sub-sample of women participating in the larger study. • Uses the concept of Quality of Health Care to understand women's needs. • 61 ever married women were interviewed for desired quality of health care, 49 about choice of providers and 67 about choice between private and public services.	• The quality of health care women desire was not a fixed entity but situation specific. • When seeking any kind of health care, all the women had concerns about cost, affordability, time and distance and opportunity cost. • For abortions within marriage, the highest rank was given to the fact that the husband's permission not be required. • Two-thirds of the respondents preferred public health services. • Forty-six percent of women said they would prefer to go to a private doctor in a nearby town or village for a gynaecological disorder, 37% to public health services and 16% would use traditional remedies. • For sex determination tests, four-fifths of the women said that they would go to a private hospital in a nearby town or to Mumbai or Pune.
12	Maharashtra	Community-based study	To address the issue of abortion from the women's perspective. • Based on a qualitative exploratory study conducted in six villages. • Methods used include FGDs, simulated role plays, semi-structured questionnaires and in-depth interviews with men, women and providers.	• Decision-making in abortion: - are not value free as would be imagined. - the husband's family was not necessarily a confidante. - women who had secretive abortions had to have them because of 'problematic' sexuality. • Decision-making in context: - most women had seen their spouse before marriage and consent had been taken. - the women agreed to marry for reasons other than wanting to be married to the groom. - none of the men or women actively thought or decided when to have their first child.

13	Ambala, Haryana	Community-based study	To determine the extent and nature of reproductive health problems and the action being taken. • Fifty-five cases of maternal mortality identified through a retrospective community-based survey. • Second cross-sectional survey carried out in four villages with interviews of 600 married women between the ages of 15 and 44. • Areas covered include demographic and social characteristics, history of pregnancies and history of illness.	• Maternal mortality was estimated at 230 per 100,000 live births. • The abortion rate was estimated to be 85 per thousand pregnancies of which 78.2 percent were spontaneous and 21.8 percent induced. • Around 50% of women knew that abortion had been legalised and around 93.8% knew the correct place to have abortions. • The reporting rate for gynaecological problems was low. In-depth questioning revealed that 61% were suffering an average of two symptoms. • Costs for private and public facilities amount to the same as tests and medicines are not available in public facilities. Private facilities offer an added advantage of 24 hour services.
14	Punjab & Haryana	Community-based study	To analyse the causes for the adverse and declining sex ratio in the age group 0-6 years. • Study carried out in seven districts of two states. • Fourteen FGDs were held. Interviews conducted with doctors, other health officials and *dais*.	• There exists approval for the practice of female foeticide among the general public, leaders, health workers and doctors. • Reasons cited for not wanting daughters was high dowry, lack of personal security for women, family violence and wife beating, ill treatment of mothers of girls, inability of women to look after parents. • Nearly all of the respondents were aware of sex detection by ultrasound machines. • Private clinics and government hospitals including PHCs were reported as the major agents of abortion. • Family planning targets motivated public facilities to entertain abortions, including second and third trimester abortions.
15	Delhi	Community-based study	To elicit the opinions of males and females about the moral aspects of female foeticide. • A sample of 300 respondents divided into economic groups. • Uses a questionnaire in two parts: the first part for background information and the second part of scored positive and negative opinion statements.	• Around 60% of the respondents had a highly negative opinion about female foeticide. • A greater number of females held positive opinions about female foeticide. • In the higher income groups, a greater number of female respondents than males held a highly negative opinion of female foeticide. • Suggestions made by 60% of the respondents for prevention of female foeticide included the education of girls, strict implementation of laws, public awareness, restricting sex determination tests to determining foetal abnormalities and making female foeticide a criminal offence.

16	Uttar Pradesh	Community-based study	To examine the decision-making process in aborting an unwanted pregnancy. • Detailed qualitative study carried out in two villages of Uttar Pradesh. • Sample formed by systematic sampling. • Once an unwanted pregnancy had been determined, information about timing, number of children and attempts to abort were made.	• 60% of the total number of women interviewed reported at least one unwanted pregnancy in their lifetimes. • Less than half the pregnancies reported were unplanned and another 18% had never thought about whether the pregnancy was planned or not. • Of the unplanned pregnancies, two-thirds accepted the pregnancy, 25% attempted to abort and 8% were denied abortion by significant family members. Very few abortions were successful. • Sixty-five percent of women first discussed their desire to abort with their husbands. In 22% of the cases, neither the husband or the in-laws were the first to be informed.
17	Orissa	Book	To study traditional practices of delivery and abortion. A multi-centric study was conducted by ICMR in five states. Presents findings in Orissa. • Of the total 180 traditional practitioners interviewed, eight were selected for in-depth interviews. • Case studies record the qualitative description, services provided, training received, procedures followed and post delivery care provided, client characteristics, provider performance, knowledge and attitude.	• Study reveals a number of local customs and practices that are adverse to women's health. • These providers are very popular and easily available. • Training, when provided, has brought about some positive change though all harmful traditional practices are not abandoned.

18	Rajasthan	Community-based study	To study the experiences with health care services of Nagori Sunni Muslim women.
			• Uses statistics and case studies to study reproductive health problems faced and the health care services sought by women.
			• Analyses how an inter play of factors like financial status, household size and composition, parental links and cost of health care interplay to determine the health of women.
				• The outreach of public health services remains poor with most women opting to use private facilities.
				  • In case of bleeding during pregnancy, the outcome is having *safai* performed by women private doctors whose charges vary according to the period of gestation.
				  • Highlights the role of household, kin and community relationships in women seeking health care.
				  • MTPs are a preferred family planning option in comparison to the condom and other methods of family planning.
				  • Rural women travel great distances and incur high costs on health care.

19	Tamil Nadu	Community-based study	To examine female infanticide in parts of the state, the history and practice of female infanticide and the circumstances that forced the state to recognise its existence as well as attempts to control the practice. • Contains reflections over a decade of field work and study of the phenomenon as well as information gathered from activists.	• A rough estimate of sex-selective abortion and female infanticide together places the number of missing girls at 1.2 million. • The methods of killing are similar across the state. • Causes for female infanticide include decreasing fertility, the prosperity that has come with the green revolution and the resulting marginalisation of women from the market. • Interventions by NGOs include reporting of specific cases, counselling of expectant mothers and families, helping parents get monetary incentives as well as other interventions that aim at broader social change.
20	Mumbai	Community-based study	To study prevalent practices and opinions with regard to gender preferences among educated and uneducated couples. • Interviews with a mixed population of women. • Collects information from 2,000 parous couples on opinions and practices.	• Education remained the main deciding factor for the number of children the women wanted to have. • Only 75% of the highly educated women said that the husband was responsible for the sex of the child. • The percentage of MTPs performed were in direct proportion to the chronological number of the child and the level of education of the mother.
21	Varanasi, Uttar Pradesh	Community-based study	To pinpoint the problems attendant upon the legal regulation for the use of prenatal tests, amniocentesis in particular. • Questionnaire based opinion poll conducted with 200 respondents.	• Prenatal tests were considered desirable when medically required and to determine the health of the foetus. • Prenatal tests were considered permissible by 39.4% of the rural population and for medical and foetal health assessment by most urban respondents. • The just literate, high school passed and postgraduate respondents opted in favour of prenatal diagnostic tests for medical reasons while graduates considered it justifiable even for detecting sex. • An analysis by sex indicated both males and females supported it for medical indication and for diagnosis of foetal health respectively.

22	Aligarh, Uttar Pradesh	Hospital-based study	To study the usage of contraceptives prior to the pregnancy among a group of pregnant women. • Sample includes 725 women who had delivered at a teaching hospital. • Women interviewed using a pre-tested proforma to elicit desire for current pregnancy. • Detailed history of contraceptive usage prior to pregnancy, reasons for continuing the pregnancy and desire to practice contraception post delivery.	• Of the women admitted, 48% said the pregnancy was planned, 41% said it was unplanned and not unwanted and 11% said the pregnancy was unplanned and unwanted. • Urban women reported more planned pregnancies as compared to rural women. • Reasons for accepting an unplanned pregnancy included religion, fear of terminating the pregnancy, the first child, the woman had been convinced by medical personnel or family to continue, a gap of more than two years. • Despite women being favourable to family planning, acceptance remains low in rural areas. • Of the women interviewed, 61.5% had not used any contraception prior to the pregnancy. Of the remaining 38.5%, only a quarter were regular users and almost three-quarters used a method irregularly. • Two-thirds of the women stated a desire to use contraception after delivery.
23	New Delhi	Hospital-based study	To examine the delayed complications of MTP. Attempts to identify the possible factors associated with post-abortal bleeding and to suggest measures to prevent it. • Studies 150 consecutive women coming for first trimester MTP by vacuum aspiration. • Details about their socio-demographic features, post-MTP complications and contraceptive use were noted using a pre-tested pre-coded schedule. • The statistical technique involved the determination of the regression of bleeding on age, gravida and the gestation period.	• The majority of women were between the ages of 20-29 and 29 percent were over 35 years of age. • The incidence of post-abortal bleeding was the lowest in the age group 20-24 years. The association between the age and the occurrence of post-abortal bleeding was found to be highly significant. • Age, gestation period and gravida together played a significant role on the pattern of PAB with women below 25 years, 3 or fewer pregnancies and gestation period of 8-9 weeks being the least likely to develop complications. • Almost two-fifths of the women who have had MTPs reported post-abortal bleeding. This may be biased by the fact that women with complications are more likely to come for follow-up.
24	Sevagram, Gujarat	Hospital-based study	To study and search for a better method of mid-trimester termination of pregnancy. • The study compares the efficacy of various methods. • The sample consisted of 855 indoor cases between 14-20 weeks of pregnancy who had an induced abortion.	• The Injection Abortal Interval was the least in the case of intra-amniotic saline. • Oxytoxin was required in many cases of extra-amniotic ethacridine lactate with or without adjuvants. • The best results seemed to be with intra-amniotic ethacridine lactate.

25	Mumbai	Hospital-based retrospective study, secondary data-based	To examine trends in contraceptive usage and to evaluate the progress made at the Cama and Albess Hospital. • Reviews available hospital data from March 1965 to 1995. • Data evaluated for every five years.	• There was an increase in MTP cases until the 1980s but there has been a constant decline since then. The number of abortion and MTP cases have been reduced to one-fourth and half, respectively. • There has been a fall in the number of therapeutic abortions from 22-23 percent in the 1970s and 1980s to 10-12 percent in the 1990s. • MTP was practised as a spacing method by 12.27% of couples.
26	Chandigarh	Hospital-based study, retrospective analysis	To analyse the socio-clinical profile of unmarried and married subjects seeking medical termination of pregnancy over a period of ten years. • A retrospective analysis of unmarried women who underwent MTP to identify sample. • Two married controls chosen for each unmarried women. • Variables for comparison were age, education, uterus size and the method employed for termination of pregnancy.	• Unmarried subjects were of a significantly younger age group. • The education level of unmarried MTP seekers was significantly lower. • Ninety-two percent of married women presented in the first trimester. • Among unmarried women, 38.4% presented in the first trimester, 20% at a gestation of 20 weeks or more. • The choice of method of termination depended on the period of gestation.
27	Sixteen states and Union Teritories	Hospital-based study	Studies the abortion admissions in tertiary hospitals and gathers information on existing facilities, utilisation, demand and other abortion related problems. • Covers abortion admissions to 31 hospitals. • Monthly hospital statistics were collected for the year 1993-94. • Information was collected in three broad categories-abortion, antenatal complications and admissions for delivery and post-partum complications.	• Of a total of 260,346 obstetric admissions, 18.2% were for abortions. • The percentage of admissions for abortions was much higher in the northern region. • Larger hospitals had a higher percentage of admissions for abortions than smaller or referral hospitals. • Abortion related deaths constituted 12.6% of total maternal deaths recorded. • Those with a reported history of interference had a much higher rate of mortality than others. • Those with a history of interference by an untrained *dai* had a higher mortality rate as compared to a trained one. • The mortality rate is higher in cases referred from private nursing homes as compared to larger hospitals.
28	Calcutta	Hospital-based study	To study the changing trends in septic abortions. • Conducted at a Calcutta medical college and hospital in 1990. • A comparative analysis was made.	• When compared to hospital data from previous years, there is a decreasing trend in the rate of septic abortions as well as the mortality rate due to septic abortions. • Ninety-four percent reported to the hospital early. The initial course of antibiotics had already been started before reaching the hospital. • There has been an increasing prevalence of severe injury by ill trained doctors or midwives.

29	Gujarat	Hospital-based study	To find out who the women who end up at clinical facilities are, their treatment seeking behaviour, the providers of unsafe abortions and the conditions under which these are performed. • In-depth interviews with 32 women who had undergone unsafe abortions. • Study also included a KAP assessment conducted with the help of a questionnaire circulated among 580 paramedical staff.	• Even though MTP services are under-utilised, there is a great unmet need for MTP services. • Issues like secrecy and costs as well as distance are factors causing the low usage of government MTP facilities. • Homeopaths, dais and ANMs are popular providers of abortions. • After the development of complications, 40% of women reached the hospital within 9 days and 36 took more than 10 days. • The KAP study with female paramedics revealed very poor knowledge regarding safe abortion practices, providers, authorised places and also a poor attitude towards seeking abortion.
30	Rohtak	Hospital based study	To study cases of septic abortion so that appropriate action can be taken for the prevention of high morbidity and mortality. • Prospective study of septic abortion at a teaching hospital.	• In most of the cases of septic abortion, injury had been inflicted by untrained doctors or midwives. • Surgical experience of the doctor is an important factor in decreasing mortality. • Advancement of gestational age and increasing parity also increases the risk of perforation. • Early surgical intervention gave better results as compared to protracted conservative treatment. • Injury to the gut was reported in over one-fourth of the cases.
31	Kerala	Hospital based retrospective study	To analyse and revise the reported levels of abortions in the state of Kerala, as reported by the NFHS. To understand the dynamics of abortion users over a period of 20 years and to examine the role abortions play in reduction of the fertility rate. • Data collected from the Calicut Medical College from 1976-1995. • Analyses age, level of education and number of living children.	• A clear trend of abortion acceptors shifting towards younger ages was seen. • Abortion is emerging as a popular choice among highly educated women as compared to illiterates and those with lower levels of education. • In 1993-94, 10% of women terminated their pregnancies without any living children. This increased to 44% for women with two children.
32	N.A.	Hospital based study, retrospective analysis	To study maternal mortality due to septic induced abortion. • Retrospective analysis of case records of patients admitted to the hospital with septic induced abortion over a period of 8 years.	• Of a total of 385 women admitted for septic abortions, 34 women died. • Of these women, six were below the age of 19 years, abortion was induced in 25 cases by a *dai*, surgical intervention could not be carried out in 6 cases because of their poor health. • Septicaemia was the most common cause of death.

33	Bengal	Hospital based study	To examine the causes or septic abortion in a rural medical college which has a high death rate of around 20%. • Analyses 50 cases of septic abortion over a nine-month period. • Analysed for age, parity, marital status, residence, education, income, grades of infection, causative organisms, duration of pregnancy, abortifacient status.	• Most of the patients were in their thirties. Twenty percent were teenagers all of whom were unmarried. • An equal number of abortions were conducted in the first and mid-trimester. • Eighty percent of the women reported using a stick. • Sixty percent of the women expressed ignorance about the MTP Act. • Forty percent of the women had avoided the hospital because of the surgical procedure or the fact that they did not want to accept concurrent sterilisation.
34	Delhi	Hospital based study	To determine the incidence of septic abortion, the socio-demographic features of the cases, associated morbidity, treatment, history of contraceptive use and mortality associated. • Admission ledgers at two hospitals in Delhi reviewed and characteristics of cases of septic abortion evaluated. • Compared to those seeking MTP at the hospital in the same period.	• Only 5.6% of the cases were reported unmarried and 56.6% had two or less than two children. • Over 81% of the cases gave unwanted pregnancy as a reason for abortion but there was no history of contraceptive use in any of the cases. • In 62% of the cases, untrained midwives had terminated the pregnancy, the woman herself or a dilation and curettage had been performed by an untrained person. • All cases were admitted with various grades of sepsis, all cases had pelvic inflammatory disease and 94.35 percent had varying degrees of anaemia. • Operatic intervention was required in 64.15% of the cases. • The main cause for death in septic induced abortion included septic shock, hepatorenal shut down and DIC.
35	Calcutta	Hospital/ Clinic based study	To present the clinical profile of women seeking MTP at the Marie Stopes Clinics of the Parivar Seva Sanstha. • A retrospective analysis of 1,198 cases who sought MTPs. • Variables studied include socio-economic, demographic and medical profiles.	• The incidence of abortion in the different age groups was 29.8% in the age group 20-24 years, 32.60% in the age group 25-30 years, 3.59% percent for women over 40 and 4.25% for teenagers. • The largest number of women opted for a termination of pregnancy after one child, followed by those who had two. A significant number had no children. • 38% had had an abortion before, of which 11.8% had had it at the same clinic. • Of the women, 83% were married while the rest were not. • The largest number of acceptors presented for MTP at six or less weeks of gestation.

36	N.A.	Hospital/ Clinic based study	To study health professionals to indicate what/who they feel are the commonly used abortion methods and providers. • Interviews 232 health professionals. • Studies their perceptions of what the usual medical complications, their incidence, the frequency of hospitalisation, and use of public health services. • Causes for abortions and the availability of post abortion counselling in Southeast and South-central Asia.	• The study places India along with Bangladesh in the category where abortions are legal but unsafe abortion services force women to seek clandestine abortions.
37	Mumbai	Hospital/ Clinic based study	To analyse MTP acceptors at the Pearl Centre during 1992. • A two percent random sample of 548 cases from among 27,400 MTP acceptors was studied.	• The majority of acceptors were Hindu followed by Muslims and Christians. • A majority of acceptors were in the age group of 25-29 and the mean age was 27 years. • Twenty-nine women in the sample were unmarried. • Forty-seven married women did not have a single living child at the time of the abortion. The majority had two living children. • The mean gestation period was 8 weeks and about 6% were in the second trimester.
38	N.A.	Papers/ reports/ Articles	Report of a workshop on service delivery system for induced abortions. • Issues addressed include loopholes in the MTP Act, lack of adequate infrastructural support, inadequate training facilities, poor quality of services, the lack of funding and lack of research on MTP.	Issues highlighted at the workshop were: • The MTP legislation has many loopholes. • There is a lack of infrastructural support. • Training facilities for MTP are grossly inadequate. • The quality of services in public sector MTP is very poor. • Inadequate attention is being given to the proper construction and dissemination of publicity and educational material on MTP. • A severe lack of funding affects the maintenance and expansion of MTP centres. • Research on abortion that examines the current situation and can aid policy is virtually non-existent.

39	N.A.	Papers/ Reports/ Articles	To report the major methodological dilemmas and problems in abortions related research, focusing on researches exploring incidence and complications of abortions. • Discusses sources of information for both legal and illegal abortion including measuring the complications of induced abortion.	• In countries where abortion is legal, health services records are likely to be the main source of information on induced abortion. • When measuring the complication rates in countries where abortions are illegal, health services will not necessarily represent all cases. • While reporting cases of induced abortion, their exists a risk of both misreporting an abortion when the woman was not pregnant at all as well as the fact that the woman may not be willing to accept that she was pregnant at all. • Studies of induced abortion complications are more elaborate to conduct than those reporting levels of induced abortions. • The use of probabilistic criteria to categorise abortion cases as induced or spontaneous may prove useful in the context of community-based surveys.
40	N.A.	Papers/ Reports/ Articles	To examine the abortion law using secondary research.	• For a liberalised law to be effective, it has to be backed by good infrastructure support. • It needs to be accompanied with other social inputs like greater empowerment of women. • A really safe abortion is possible only when a full range of other functional social services including health, pre-natal care, sex education and protection from abuse are available.
41	N.A.	Papers/ Reports/ Articles	To place the issue of availability of abortion in a rights perspective saying that women have always demanded abortions but their access has been restricted by a number of social and legal hurdles. • Paper traces the evolution of present abortion laws in various countries.	• Abortion norms, whether restrictive or permissive have been guided by extrinsic social needs instead of factors like the women's right to determine sexuality. • In India, laws were passed based on the recommendations of the medical profession without the involvement of feminists. As a result the rights perspective is missing. • Private health care facilities are restricted by their high costs. There are also no restrictions guiding the use of these facilities. • The public health care system is understaffed in rural areas.

42	N.A.	Papers/ Reports/ Articles	To examine the current reproductive health scenario and makes suggestions for the development of a comprehensive reproductive health package using the reproductive health approach. • Discusses the problems with MTP services in the current scenario and suggests the steps to be taken to improve the situation.	• Recommended services for prevention, treatment and management of reproductive health problems include the prevention and management of unwanted pregnancy, the essential elements of which are a method mix and informed choice. • Services for safe abortion should be provided, including availability of equitable need-based services countrywide. • Other services that need to form part of a package include the prevention and treatment of reproductive tract infections and sexually transmitted infections. • Health, sexuality and gender information, education and counselling are critical factors for the effective implementation of reproductive health services.
43	N.A.	Secondary data based	To trace the historical evolution of the practice of abortion in India and its effect on Indian society in the long run.	• Outlines how a continuing decline in the sex ratio in India, a large proportion of which is due to female foeticide, has potentially serious complications in the future like underage marriage of girls, increased sexual violence and effects on the economy. • The effectiveness of the legislation banning female foeticide is questionable. • Other measures that may help curb female foeticide and the declining sex ratio include effective education focusing on women's rights and issues at the school level. More opportunities for higher education for women, increased and effective programs for literacy and job training as well as public education campaigns on women issues.
44	N.A.	Secondary data based	To present the international consensus on reproductive and other human rights issues. • Identifies key aspects of abortion care in India that can be viewed as a rights issue and justifies them in a rights-based framework.	• Gaps in the MTP Act lead to inconsistent application, illegal abortions and an insignificant reduction in abortion related deaths. • Inadequate training facilities lead to gaps in practical training and providers who are hesitant to provide MTP. • Inadequate supervision leads to difficulty in implementing a target free approach. • Poor quality public sector provision leads to the use of unregistered facilities and unsafe providers. • Linking of MTP with overzealous promotion of family planning deters women from using the public sector.

45	Rohtak	Cross- sectional study	To explore the socio-behavioural context of abortion in adolescent girls. • Cross-sectional study of nine recognised and five unrecognised MTP centres in Rohtak. • Sample consisted of 83 adolescent girls between the ages of 10-19 years seeking abortion services. • Variables used were age, literacy, rural, urban, marital status, awareness level, safe sex and the facility used.	• Ninety percent of the girls in the study were unmarried. • More than half had a friend or fiancé as a sex partner. • Incest was responsible for the pregnancy in 16% of the cases. • Eleven percent of the abortions were repeat abortions. • More than half of the abortions were carried out at unapproved centres by untrained personnel. • Confidentiality and costs were given more importance than safety by 89% of the abortion seekers.
46	China, Cuba, India	Comparative study	To study the acceptability of medical abortion and surgical abortion among women in developing countries. • Patients at clinics in the three countries were allowed to choose between a surgical procedure and a medical regimen of mifepristone and misoprostol.	• The most common reason women cited for choosing a medical abortion were a desire to avoid surgery and general anaesthesia. • The reasons for choosing surgical abortion were speed, simplicity and effectiveness. • The failure rate for medical abortion varied from 5% to 14% and that for surgical abortion ranged from 0% to 4%. • Side-effects were more frequently reported by women who choose medical abortion. • Women who had a medical abortion were significantly more likely than those who had a surgical abortion to say they would choose the same procedure again.
47	China, Cuba, India	Comparative study, hospital based	To examine the feasibility of introducing medical abortion and to assess its potential as an alternative to surgical abortion. • Three separate studies conducted on the use of mifepristone and oral misoprostol for medical abortion.	• Mifepristone-misoprostol proved to be feasible as well as safe and acceptable in all three settings in India. • With some changes to present protocols, medical abortion could now be safely phased into the existing health care infrastructure in India.
48	N.A.	Papers/ Reports/ Articles	To analyse why despite the presence of the MTP Act, the access of women to safe and legal abortion remains a concern. To address the legal inadequacies and the poor quality of abortion care and to suggest strategies. • Secondary research.	• The MTP Act is restrictive by nature. It does not allow all women to have access to abortion services. • At present it is the preoccupation with population control and the commercial motivations of the medical profession that has lent a liberal interpretation to the law. • Loose monitoring by the government and the lethargy of providers in getting registration done has worsened women's access to safe and legal abortion. • Socio-cultural factors along with economic dependence compel women to trade quality of care for confidentiality and to be able to come home quickly.

49	Varanasi, Uttar Pradesh	Community based study	To obtain a holistic understanding of the issue of abortion from the seekers, the providers and the community's perspectives. • Primary respondents for the research included people from the community, women who have undergone an abortion and both legal and illegal providers. • Intensely qualitative and interactive techniques used.	• It is quite common for a woman to have more than one abortion. • With the mushrooming of abortion clinics--both legal and illegal--abortions have become an alternative to contraception. • Restricting family size and spacing children has become a major reason for having an abortion. • Illegal providers thrive because they are cheap and conveniently located in/near the village. • Even among legal providers, there does not seem to be a clear understanding of the rules and methods of abortion.
50	N.A.	Papers/ reports/ Articles	To understand and study the issues and concerns related to access to safe and legal abortion. • Summary report of a state level consultation.	• The three areas identified for further pursuance were the content and nature of the MTP Act, the problems at the implementation level and the impractical prerequisites to acquire MTP registration status, and the feasibility of menstrual registration as an abortion method.
51	N.A.	Primary and Secondary data	To examine the practice of sex-selective abortion within the cultural and material context of India. • Primary and secondary research. • Examines the legal activism against amniocentesis by placing the issue of sex-selective abortion against the larger backdrop of socio-economic, cultural and ideological factors.	• Several drawbacks to the legislative strategy are evident. • The strategy of seeking legislative restriction of sex-selective abortions has not been effective in combating sex preference and has decreased women's access to safe medical care. • There is a need to focus on broad reaching strategies. • One possible strategy is to advocate for female inheritance of parental property as an alternative to dowry. • Reforms need more than legislative advocacy, they require changing cultural norms that effect women's position in society.
52	23 Districts in 14 states	Papers/ reports/ Articles	To summarise the major observations from two studies carried out by the ICMR. • Paper based on two studies carried out by the ICMR's nation-wide network of 33 Human Reproduction Centres located at Medical colleges.	• Infrastructural facilities were found to be inadequate. • The availability of vaccines, contraceptives and general medicines were found to be satisfactory while the availability of emergency drugs were not. • The quality of MCH services was found to be substantially weak. • A majority of women did not possess a concept of spacing between children. Family planning was adopted only once a desired family size was reached. • Of the women who had accepted abortions, 40% did not want more children, 25% had MTPs because their last child was too young and 12% aborted because they wanted no more daughters.

53	Gujarat, Maharashtra, Uttar Pradesh and Tamil Nadu.	Secondary data based	To examine the demand for abortion services, the extent to which this demand is being met and the obstacles. • Analysis based on data compiled from government statistics, published articles and a database on abortion services maintained in the states of Gujarat, Maharashtra, Uttar Pradesh and Tamil Nadu.	• The number of abortions conducted in India is about ten times higher than government statistics. • There is an unequal distribution of abortion centres in the country. • Reasons for not providing abortions in recognised centres include not having a trained physician, not having equipment or both. • Of the doctors conducting MTPs, 15% did not have any training and 15% did not provide MTPs despite being trained. • The majority of doctors agreed to MTP only conditionally. Between 4-24% of doctors and 23-52% of the workers were totally opposed to abortion. • There is substantial scope for improvement of counselling services. • Eighty percent of the women reported that they were happy with the humane aspect of the services such as protection of modesty and efforts to make the women comfortable. • Available facilities are not fully utilised.
54	Manipal	Hospital based study	To analyse the possible link between active cervical Chlamydia trachomatis infection and its relationship to recurrent abortions. • A total of 90 women, 60 with a history of abortion and 30 matched controls without any history were followed up for two years and when they conceived were followed up to delivery.	• Normal delivery occurred in 41.66% of the women in the study group and 99.66% of the control group. • Repeat abortion occurred in 12 women, premature delivery in seven and small for gestational period in 10 women. • The cause for early pregnancy loss may be a result of chronic silent infection rather than active cervical infections. • Five patients with active cervical infections had adverse pregnancy outcomes in the study group and none in the control group.
55	24 Parganas, West Bengal	Hospital and Community based study	To find out the reasons for acceptance of induced abortions in rural areas, the reasons for approaching illegal abortionists, the magnitude and nature of complications and therefore to find out the nature of complications. • Study carried out in a rural PHC and two adjoining villages with 300 women who had one or more abortions.	• Abortions performed by quacks and paramedicals had 100% complications and by MBBS practitioners it was 45.8%. • The reasons for acceptance of induced abortions from quacks and paramedicals was primarily to maintain secrecy. • Twenty-five percent of the women were below 20 years of age, 61.3% were between 20-30 and 11.3% were greater than 30 years of age. • Ten percent of the women were single, 2.6% were divorced and the rest were married.

56	Chandigarh	Hospital based study	To examine the perinatal outcome in patients with histories of recurrent abortions. • Study group comprised of women who had a history of two or more spontaneous abortions of unknown aetiology. • Control group of 40 matched for age and parity with women who had no known history of abortion. • Data analysed using the chi-square test.	• Ten pregnancies in the study group ended in abortions. • In patients with a previous history of abortions, recurrence of abortion was as high as 33% after three abortions and 75% after four abortions. • Pre-term labour was observed in higher numbers in patients with three or more abortions as compared to women with two abortions. • The reproductive success rate was 80% after two previous abortions, 60% after three and 46% after four or more abortions.
57	Bihar, Orissa and Gujarat	Hospital based study	To provide precise information on the profile of MTP acceptors, the circumstances under which abortion is generally sought and the subsequent reproductive behaviour of women who accept MTP. • Data collected by the Operations Research Group, Baroda. • At each centre, four public hospitals offering MTP and family planning services were included.	• 79% of the MTP acceptors had received formal schooling. About 45% of then had received over 9 years of formal schooling. • About 18% of MTP acceptors were below the poverty line. • The women seeking MTP were young, 65% were below 30 and the mean age was 27.9 years. • Of the total women seeking MTPs, only 18% had no sons. Analysis shows that 68% had decided to undergo an abortion only after having more sons than daughters. • Only 27-28% of the women sought an MTP for spacing children. The rest of them did not want any more children. • Reasons for having an MTP included having achieved the desired family size, the last child being too young, for spacing purposes and the mother's health being poor.
58	Gujarat	Hospital based study, Retrospective analysis	To find out how far MTP facilities are available in rural and semi-urban areas of Gujarat, to what extent the facilities are actually being provided and the reasons that they are not, if not. • Eleven of the 19 districts of Gujarat have been covered. Fifty percent of all the CHCs and PHCs registered for providing MTPs are covered as well as 55 private clinics. • A total of 25 acceptors were also interviewed.	• Over the last decade the number of MTP cases has been showing a decreasing trend. • The number of illegal abortions carried out by untrained persons is unknown but has been estimated at 0.3 million. • Thirty percent of the doctors reported at least one death due to abortions or pregnancy related complications. Twenty percent of the doctors reported at least one death in the last six months. • Of the 150 doctors interviewed in both private and public health care facilities, all of them were not conducting MTPs and all the doctors who were providing MTPs were not necessarily trained. • Over 37% of the facilities were not adequately equipped. • The lack of privacy at public facilities could hinder people from using public facilities. • Training institutions lack enough cases to train doctors at a time.

59	Mumbai	Primary data	To determine the complications of induced abortions, especially second trimester abortions. It also attempts to examine the attitudes of providers and of the beneficiaries. • Five providers and three cases identified for in-depth interviews through individual contacts.	• According to providers, cases included adolescents and very young people, women with obvious signs of distress, women who have undergone repeated abortions, women aborting a pregnancy due to rape or incest, women with extra-marital relations, marital problems, family problems or socio-economic problems, cases of contraceptive failure or girls or women with no moral values or emotions. • Providers also discuss, in confidentiality, with either the woman or the person accompanying, health, consent and provide counselling and family planning counselling. • Complications include haemorrhage, infection and injury to the genital tract and internal organs, systemic or localised reactions, failed abortions. • Attitudes that affect a woman's attitude to abortion include her ability and willingness to seek care, the attitude toward family planning care in the family, religious and cultural factors, importance of fertility and providers attitudes.
60	Chandigarh	Hospital based study	To examine the psycho-social aspects of abortion involving the decision-making process for seeking abortion. • Sample consisted of all married women who were admitted to the hospital over a period of five months. • Data were collected with the help of a pre-tested interview schedule. • Data analysed and tabulated using simple percentages.	• 53% of the husbands were either illiterate or just literate, 30% had education up to the matriculation level and 31.75% above that. • Only 20.25% belonged to the higher socio-economic group. • Seventy-five of the respondents lived in nuclear families. • Sixty percent were in the age group of 20-29 years, 25% in the 30-34 range. • Fifty-four percent of the rural respondents had used some form of contraception. • Nearly 59% of the women reported failure of contraception as a reason for conception. • Approximately 88% said that the abortion was a joint decision, 8% said that it was their husband's decision and the rest had come on their own. • Apart from the number of living children, the sex of the living children is also a motivating factor for abortion. • 50% of the women considered abortion a regular method of family planning while 27% said that it should be used only in the case of failure of contraception or to save the mother's life.

61	Assam	Hospital/ Clinic and Community based	To assess the facilities and the incidence of abortion in Assam since the implementation of the MTP Act. • Data on facilities and extent were collected from the State Health and Family Welfare department. • A total of 1,000 women covered by the study, 500 from each district. • 250 MTP acceptors were randomly selected from the list of MTP acceptors. • The remaining 250 were interviewed for their assessment of the current situation of abortion.	• There are only about 100 people who are trained to conduct abortions in the state. • According to state records all necessary equipment had been provided to the clinics. • The state government has recognised 87 institutions, both government and non-government for providing MTPs in the state. • Discussion with health personnel revealed that they had full knowledge and skills for conducting abortions. They also said that more trained doctors, better health care facilities and adequate equipment was still required. • Ninety-seven percent of women said that they were prepared for abortions in the future. 76% had no desire for more children in the future and 24% for their reproductive health problems. • Of the women who had not undergone abortions, 99% had heard of it, 45% of them were willing to undergo it, 20 percent had no children and so did not agree to it, 345 thought it was not good for the child and 46% were afraid of the side-effects. • Thirty-two percent of the women thought that abortion was sinful, 72% opined that it was against religion. • Thirty-seven percent of the women who had not had abortions were using some form of contraception.
62	Allahabad	Hospital based study	To find an ideal method of contraception coverage following MTP. • Sample consisted of 96 patients from two hospitals. • Clinical history was taken and follow-up done every six months.	• The success rate of Centchroman was 96.87%. • Liver and renal function tests showed no alteration after one year while the size and volume of the ovaries remained the same. • The contraceptive effect was reversible within six months of stopping therapy.
63	Varanasi, Uttar Pradesh	Hospital based study	To find out and compare the obstetric behaviour and perinatal outcome of teenage pregnancy and to compare it with a series of older mothers.	• The overall incidence of complications was significantly higher in teenage mothers. • The incidence of spontaneous vaginal delivery and caesarean section was lower among teen mothers. • The incidence of low birth rate and foetal distress was higher among teen mothers.

64	24 Parganas, West Bengal	Hospital/ Clinic based study	To study the reasons for the demand for illegal abortions, the influence of socio-cultural and obstetric background and the scope for increasing contraceptive coverage. • Prospective random survey carried out at the PHCs of two adjoining villages.	• Acceptance was higher among women whose husbands were health workers, service holders, technical personnel and unemployed as compared to manual labourers. • Females belonging to higher economic status resorted to abortions more often. • The higher rate of complications represented in this study have been attributed to the high rate of complications for private practitioners due to negligence. • Illegal practitioners were visited to maintain secrecy and also because of the publicity. • Early age at marriage, higher parity and more preventable foetal deaths were encountered more often in women who had never had induced abortions.
65	-	Papers/ reports/ Articles	To summarise the latest information on abortion laws and policies as well as the incidence and health implications of abortion.	• Laws around the world range from those prohibiting abortion to those establishing it as a right of pregnant women. • Countries allowing abortion can be divided into three categories: those allowing it on broader medical grounds, social or socio-medical reasons and those that allow it up to a specific period of gestation. • In some countries, physicians may be performing abortions that do not fit within the purview of laws and are therefore not reported as legal abortions. • Most legal abortions are reported fairly early in pregnancy.

66	All India	Papers/ Articles/ Reports	To review MCH, ICDS and family planning services and consider the ways in which they affect reproductive health at various stages in the life cycle.	• Articles discusses:
				  • Maternal, perinatal and neonatal mortality and their causes.
				  • Childhood, adolescence and the effects of early marriage and childbearing.
				  • Factors affecting reproductive health.

67	Maharashtra	Community-based control study	To compare deaths to survivors of similar pregnancy complications.	• There is a negative effect from excess referrals. • There is a positive outcome from having a trained attendant, residence in the central village, an educated husband and being at the natal home at the time of illness. • No associations were found with women's education. • Deaths due to domestic violence were the second leading cause of death during pregnancy.

68	Maharashtra	Community-based study	To explore women's perspectives of their rights and needs in relation to abortions. • Uses data from a larger qualitative study. • Semi-structured interview schedules based on data generated in FGDs conducted earlier were used for in-depth interviews.	• Seventy percent of women supported abortion as a right over their own bodies and their right to control their fertility. • A majority of women felt that abortions were especially needed by women who became pregnant outside of marriage. • Of the 67 women participating, only 4 were aware that pre-natal tests were for detecting foetal anomalies. • Opinions were divided as to whether a husband's permission was required or not. • Constraints identified in obtaining an abortion from a public health facility included illegality where a sex determination test had been performed and confidentiality.

ABSTRACT NO. 1

Author(s) : Babu, N. Phanindra, Nidhi and Ravi Verma

Title : Abortion in India: What Does the National Family Health Survey Tell Us?

Source : The Journal of Family Welfare, 1998, (44)4: 45 - 53

Place of study : All India

Period of study : Based on National Family Health Survey (NFHS) data collected in 1992-93

Nature of study : Secondary data-based

Aims and objectives : To examine the state-wise variations in abortions and the effect of socio-economic and demographic factors on acceptance of induced abortions. The article also examines state-wise variations in repeat abortions along with the socio economic characteristics of women seeking repeat abortions.

Methodology : The study is based on the NFHS data on abortions.

Findings:

Data reveal that of the sample of ever-married women:

- 14.5 percent had some type of abortion (NFHS 92-93), an abortion rate of 6/1000 pregnancies.
- About 30 percent of women reported having experienced abortion more than once.
- The highest level of reported spontaneous abortions was recorded in the north-eastern region of the country and seems to be related to consanguineous marriages.
- Repeat abortions were found to be more common in all states in the northern region as well as Nagaland and Arunachal Pradesh.
- The likelihood of induced abortion was greater among urban women, literate women, women of "other" castes, women with a higher standard of living, women who began cohabiting at higher ages, who had fewer living children and women from the southern and the northern regions.
- Women who had consanguineous marriages had reportedly experienced more abortions than those who had not married a blood relative.

Conclusion:

- Urban women had a higher rate of abortion due to the greater availability of medical services.
- Caste is closely related to socio-economic status, therefore the rate of abortion will follow the same pattern as that expected for higher standard of living and education, (i.e., women from "other" castes will have a higher rate of abortion than women from the Scheduled Castes and Tribes).
- Religious affiliation of an individual also has a bearing on the incidence of abortion.

ABSTRACT NO. 2

Author(s) : Chhabra, Rami

Title : Abortion in India: An Overview

Source : Demography India, 1996, (25)1: 83-92

Place of study : N.A.

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : To examine the status of abortions in India and the trends of change since the adoption of the Medical Termination of Pregnancy Act.

Methodology : Based on and a critique of data collected by the National Family Health Survey (NFHS) and the Indian Council of Medical Research (ICMR)

Findings:

- A cumulative total of 8.8 million Medical Termination of Pregnancies (MTPs) were performed in approved institutions by approved medical practitioners from the inception of the MTP programme in April 1972 to March 1993, a period of 21 years.
- Experts estimated 3.9 million abortions a year at the time the MTP bill was passed.
- Based on the assumptions made by the Shah Committee in arriving at their estimates, corrected for population size, the authors arrived at an overall projection of 11.1 million abortions a year.
- Official data indicate only 0.6 million abortions, indicating 10-11 illegal abortions for every legal one.
- More than half the facilities for safe abortions are concentrated in five states and one Union Territory, which hold only one-third of the nation's population.
- Poor awareness, coupled with poor accessibility and further compounded by the lack of privacy cause people to access the private sector instead of the public sector.
- The private sector consists of an amalgam of safe, unsafe, illegal and legal services.
- Four-fifths of terminations take place in the first trimester, but since the mid-1980s the number of second trimester pregnancies has been rising.

Conclusion:

- Official data are an inaccurate representation of the number of abortions.
- The mortality and morbidity due to unsafe abortions are high, especially in second trimester abortions.
- The increase in the number of second trimester abortions indicates a greater incidence of sex-selective abortions and teenage abortions.
- Inadequacy and the poor quality of public health services are forcing people to access illegal and unsafe private facilities.

ABSTRACT NO. 3

Author(s) : Chhabra, R., and S. C. Nuna

Title : Abortion in India: An Overview

Source : Virendra Printers, New Delhi

Place of study : All India

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : To present a synthesis of the findings of existing studies, the Medical Termination of Pregnancy data present at the centre and selected states as well as personal discussions of the authors, in order to give a comprehensive assessment of the prevailing situation to provide information for policy changes and for in-depth research of particular aspects.

Methodology : Based on secondary data

Findings:

- The implementation of the MTP act is very poor; there are more illegal abortions happening today than before the Act was passed.
- Official data indicated a total of 0.6 million MTPs being performed illegally in 1991-92, but the likely number of abortions is estimated to be over 11 million of which nearly 7 million are induced.
- The likely figure of abortion-related deaths are 15,000-20,000 a year with significant morbidity, but it does not show up in official data.
- A colossal gap between field reality and MTP delivery makes abortion a key, neglected public health issue.
- Abortion is a crucial proxy indicator of a vast unmet need for contraception, and women's conjugal inequality. It remains, in India, mainly a married multiparity mother phenomenon.
- Abortion is, in India, a universal need cutting across communities, socio-economic, cultural and religious groups.
- A majority of pregnancy terminations occur in the first trimester, but second trimester abortion is high and increasing.
- The high volume of multiparity-linked, plus spontaneous abortions, illuminates the fragile condition of women's reproductive health status.
- The rising number of abortions is indicative of social patterns permitting males unbridled sexual gratification without due consideration to spousal well-being and social responsibility.
- Abortion, as an issue, has been by-passed by women's organisations and administrative structures committed to the improvement of women's condition.
- The abortion law was actually quite liberal when it was reformed, but its twin thrusts of liberalisation and medicalisation have proved dichotomous. The medical bias of the MTP Act supersedes women's interests.
- The updating of earlier abortion estimates within current demographic parameters gives an estimated 11.2 million abortions annually: 6.7 million induced and 4.5 million spontaneous, and an abortion rate of 452:100 live births.
- A review of MTP performance and the number of approved institutions shows no corresponding increase. Performance has stagnated around half a million since the 1980s, while approved institutions have increased substantially. Average efficiency, always low, has further diminished over the years.
- There is a significant regional variance in MTP performance and MTP facilities but no correlation noted between performance share and approved centres or with population needs.
- Clients prefer qualified physicians and approved institutions, but poor awareness, poor accessibility and poor treatment by public health staff are strong push factors towards the private sector.
- Unauthorised providers predominate, among them *dais* followed by female paramedics.

Conclusion:

- The GOI schemes for expansion of MTP services using a three-pronged strategy has failed to be implemented because of a lack of funds and leadership as well as inflexibility of approach and vertical thrust.
- There is an enormous gap in the availability and requirement of MTP providers. The potential of alternative delivery channels for MTP services has not been examined, even though they have been demonstrated successfully in neighbouring countries.
- Sex-selective abortion agitations and RU 486 introduction issues are likely to have negative impacts on the MTP programme, unless carefully addressed.
- The MTP programme is in a dismal state and needs critical attention for streamlining of service delivery, but even more critical is the need for it to acquire a vision beyond that of "supplies and techniques."
- Recommendations for future action include looking and dealing with medical termination of pregnancy with a women's perspective, amending the Medical Termination of Pregnancy Act, and creating awareness in and educating the community.

ABSTRACT NO. 4

Author(s) : Hallur, G. M.

Title : Abortion and Reproductive Health

Source : Workshop on Reproductive Health at the Indian Institute of Health and Family Welfare, February 23-25, 1998

Place of study : N.A.

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : To analyse medical termination of pregnancy data by age groups, by reasons for termination and by period of gestation.

Methodology:

The study uses the National Family Health Survey (NFHS) and the Family Planning Yearbook for 1981, 1987 and 1993.

Findings:

- Data show that one-third of MTPs are conducted on women between the ages of 25 to 29 and almost 80 percent of abortions were conducted on women in the age group of 20-34 years.
- Only 6-9 percent of abortions were conducted on women below the age of 20 years.
- There is a lack of reliable data on abortion in India.
- The number of live births in rural areas is more than the live births in urban areas, and the proportion of abortions in rural areas is less than that of urban areas.

Conclusion:

- Married women with two or more children constitute the largest group of abortion seekers.
- A majority of abortions are conducted due to failure of contraceptives.
- Though the number of second trimester pregnancies is low, it cannot be neglected.
- The author summarises that considering the ill effects of abortions, younger women should avoid abortions as far as possible. Abortion can be used as a measure of fertility control by older women who already have children but not by younger women.

ABSTRACT NO. 5

Author(s) : Mathai, Saaramma T.

Title : Making Abortion Safer

Source : The Journal of Family Welfare, June 1997, (2): 71-80

Place of study : All India

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : The paper details the MTP Act and analyses the status of legal abortions in India.

Methodology : N.A.

Findings:

- There has not been a significant increase in the number of legal abortions in India between 1981 and 1994.
- There has been an increase in the number of second trimester abortions.
- The percentage of maternal deaths due to abortions has decreased.
- Legalisation of abortion has not made services easily accessible and safe and has not decreased the incidence of illegal abortions and the consequential mortality and morbidity.
- Studies by both the ICMR and the Federation of Obstetrical and Gynaecological Societies of India (FOGSI) show that the total number of deaths due to abortion had not decreased.
- A comparison of age specific mortality in the 20-24 age group shows a rise in mortality, the highest among the different age groups.
- The majority of MTP seekers were above 25 years of age and stated failure of contraception as the reason for abortion.
- There has not been an increase in the number of recognised facilities providing abortions and the existing services are skewed across states.

Conclusion:

- The increase in second trimester abortions has been attributed to the increase in teenage pregnancies and the increase in sex-determination tests.
- Legislation is only the first step in making abortion safe.
- Strategies for making abortion safe and accessible include community education, improving access and monitoring the quality of abortions.

ABSTRACT NO. 6

Author(s) : Mishra, U. S., A. Pandey, and S. I. Rajan

Title : Bio-social Determinants of Abortion among Indian Women

Source : Radical Journal of Health (New Series), 1996, Vol. II: 4

Place of study : Tamil Nadu, Kerala, Bihar and Orissa

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : To explore and analyse the practice of abortions (induced and spontaneous).

Methodology:

The study compares NFHS data from 1992-93 for four states. Tamil Nadu and Kerala have been chosen because of their low fertility rates and Bihar and Orissa because of their high fertility rates. The study conceptualises a bio-socio model to understand abortion practices.

Findings:

- Tamil Nadu had the highest abortion rate for both rural and urban areas.
- The abortion rate was much lower in Bihar and Orissa.
- The study observes that there are a large number of induced abortions, which are reported as spontaneous abortions.
- Consanguineous marriages account for a significantly higher proportion of abortion than those who do not have such marriages, both in rural and urban areas across all four states.
- Women who bear three or more children have more abortions than those who bear, at most, two children.
- Abortion, especially induced abortion seems to be more frequent amongst educated women.
- When age is taken as a control variable in a multi-variate model, the relative odds of experiencing abortion decreases with the age of the women. However, the incidence of induced abortion rises with an increase in age.
- The relative odds of experiencing an abortion increase with increasing level of education in the state of Bihar, whereas in the case of Kerala, Orissa and Tamil Nadu, the relative odds of experiencing abortion decreases with education.

Conclusion:

- Tamil Nadu, which has witnessed a recent dramatic transition in fertility levels, reported a high level of abortion as compared to other Indian states.
- Kerala, which has lower levels of fertility and mortality compared to Tamil Nadu, also has lower levels of abortion as well.
- Oriya women do not vary by residence in terms of the extent of abortion.
- Urban Bihari women have more abortions than rural women do.
- Abortion has a strong bearing with consanguineous marriages.
- A number of induced abortions are reported as spontaneous abortions. This is a result of the unmet need for contraception among Indian women.

ABSTRACT NO. 7

Author(s) : Pathak, K. B., and F. Ram

Title : Adolescent Motherhood: Problems and Consequences

Source : The Journal of Family Welfare, 1993, (39)1: 17-23

Place of study : All India

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : To highlight the magnitude of adolescent marriages and motherhood in India and to discuss the consequences in terms of child survival and maternal mortality.

Methodology:

This study uses data from the Census of 1961, 1971 and 1981 to highlight the magnitude of adolescent marriages and motherhood in India and to discuss the consequences in terms of child survival and maternal mortality.

Findings:

- Analyses conducted show that about 13 million women marry below age 18 and mostly in four large north Indian states: Madhya Pradesh, Rajasthan, Uttar Pradesh and Bihar.
- The school attendance of girls, especially in the 10-14 age group, and early marriage are negatively and highly correlated.
- Though there has been a decline in the rate of child marriage, adolescents are still marrying at almost the same rates as in the 1960s. This results in a high rate of fertility in the adolescent age group. The share of births to adolescent mothers has increased from 11 percent to 13 percent from 1971 to 1981.

Conclusion:

- The phenomenon of early marriage is highly related to girls' schooling, especially when they are in the 10-14 age group.
- Adolescent motherhood adversely affects child survival and maternal life.
- Child and maternal mortality are directly related to the place of delivery and the person attending the delivery.

ABSTRACT NO. 8

Author(s) : Miller, Barbara D.

Title : Chasing Equality: The Politics of Sex Selective Abortion in Asia

Source : Paper presented at seminar on Socio-cultural and Political Aspects of Abortion from an Anthropological Perspective, organised at Trivandrum on March 25-28, 1996 by IUSSP Committee on Anthropological Demography and the Centre for Development Studies, Trivandrum.

Place of study : Asia

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : The paper focuses on female selective abortions (FSA), their growing trend and impact on population composition

Methodology:

The study uses Sex Ratios at Birth (SRB) in hospital deliveries as the most dependable direct evidence of female-selective abortion. The study compares data from different countries and regions where son preference has been documented.

Findings:

- The paper discusses various lobbies and factors, which promote technologies that in the guise of being benign to women or gender neutral, perpetuate violence against women.
- The paper discusses the issue of female selective abortions in a number of Asian countries.
- The national SRB is 112. The author quotes a local study of SRB conducted in Ludhiana from 1983-88. There was a rise in the SRB from 105 in 1983 to 119 in 1988.
- In a study of mothers of 596 infants randomly selected at a Ludhiana hospital between 1990-91, the SRB for second and third born children and for women having older daughters was higher. Ludhiana has a high prevalence of foetal sex determination tests.

- FSA in the above-mentioned sample increased with the level of household income.
- None of the mothers with no formal education had undergone prenatal testing while among those with formal education the frequency of prenatal diagnostic techniques was constant.

Conclusion:

- The policies implemented by various governments including the Indian Government have not had the desired impact.
- Measures like equal property rights, employment opportunity and salary will help shift parental preferences in favour of equality.
- Both wealthy as well as families with lower incomes should be targeted by government schemes and policies.
- The author suggests innovative policies like levying taxes on male children's marriages.

ABSTRACT NO. 9

Author(s) : Not specified

Title : Study in Abortion and Medical Termination of Pregnancy

Source : King Edward Memorial Hospital and Research Centre, unpublished report

Place of study : Maharashtra

Period of study : 1994-95

Nature of study : Community-based study

Aims and objectives : To study spontaneous abortions and MTP as part of a safe motherhood project.

Methodology:

A rapid survey was done in 66 villages of Mayal *Tehsil* in the district of Pune. These villages have an estimated population of 69,600.

Findings:

- In 1995, a total of 75 spontaneous abortions and 64 MTPs were recorded.
- The ratio of abortions to live births was 34.4 abortions to 1,000 live births or 4.5 abortions per 1,000 women in the 15-44 age group.
- Over 80 percent of abortions took place between the ages of 16 to 25. Of these, 32 percent occurred between the ages of 16 and 24.
- Abortion at first pregnancy was 33 percent and at second pregnancy 38 percent.
- Three-fourths of women had abortions with only one or no living child.
- Around 81 percent of MTPs were conducted at a gestational age of between eight to sixteen weeks.
- Sixty-eight percent of abortions had taken place at home and had been supervised by family members.
- Registration of pregnancies was low and only 38 percent of women had medical check-ups prior to abortion.
- The reasons given for over 80 percent of the MTPs were an unwanted pregnancy, short birth interval, sex selection and desire to adopt a method of family planning.
- Seventy percent of the women sought abortions at private institutions.

ABSTRACT NO. 10

Author(s) : Ganatra, B. R., S. S. Hirve, S. Walawalkar, L. Garda, and V. N. Rao

Title : Induced Abortions in a Rural Community in Western Maharashtra: Prevalence and Patterns

Source : Study conducted by the King Edward Memorial Hospital and Research Centre, Pune

Place of study : Maharashtra

Period of study : 1996

Nature of study : Community-based study

Aims and objectives : To study induced abortion over an eighteen-month study period.

Methodology:

The study was conducted in 139 villages in 3 districts of Maharashtra and uses an innovative case finding method using multiple sources and informants. Women's groups, school teachers and health functionaries are used to identify women undergoing induced abortions during the 18-month study period. Different data collection methods were used for those currently married and unmarried. Various aspects like reasons for termination, contraceptives use, decision-making process, gestation, choice of service provider, abortion-related morbidity and mortality and postabortion contraception use were studied.

Findings:

Analysis of data reveals that:

- Currently married and unmarried groups differ in healthcare seeking patterns.
- There is a vast unmet need for contraceptive services. Nearly 74 percent of all pregnancy terminations were either because the pregnancy was mistimed or because no more children were wanted. Less than five percent of these women were actually practising contraception at the time that they became pregnant.
- Sex selective abortions are common. Nearly one in six pregnancy terminations among married women were because sonographic sex determination showed a female foetus.
- Private abortion services are preferred and the quality of service is an important consideration in choosing the service provider
- The morbidity rate from abortions is high and postabortion care is lacking.
- A significant finding is that there is coercion in government services for acceptance of family planning methods after a MTP.
- The rate of discontinuance was found to be very high among women who were forced to adopt a method of family planning as compared to those who chose a method on their own.
- There is a significantly higher use of traditional providers among unmarried women. This group included both unmarried adolescent girls as well as widowed and separated women.

ABSTRACT NO. 11

Author(s) : Gupte, Manisha, Sunita Bandewar, and Hemlata Pisal.

Title : Women's Perspectives on the Quality of Health and Reproductive Health Care: Evidence from Rural Maharashtra

Source : CEHAT, Mumbai

Place of study : Maharashtra

Period of study : April 1994 to March 1996

Nature of study : Community-based study

Aims and objectives : To study women's perceptions and experiences related to abortions.

Methodology:

A sub-sample of women participating in a larger study were interviewed for desired quality of health care, choice of providers and for their views about public versus private abortion services.
Rank-ordering and semi-structured questionnaires were used to collect data.
The concept of quality of health care (QHC) was used to understand women's needs. Documentation of discussions during monthly meetings with focus groups was used to draw up a list of 21 indicators of QHC based on the women's health concerns.
For the survey portion of the study, 61 ever-married women were interviewed about quality of healthcare, 49 about choice of providers and 67 about choice between private and public health care. Care was taken to ensure that both cohabiting and non-cohabiting women from all castes were included. The youngest woman was 17 years old, the oldest was 60.

Findings:

- The quality of health care that women desire was not a fixed entity but situation specific. For example, the quality of health care indicators ranked as most important for intramarital abortion were different from those for extramarital abortions.
- Women were situation specific in choosing providers as well. The government hospital in Pune was the choice of most women for treating chronic illnesses. Private doctors were preferred for extramarital abortions. Sixty-seven percent of the women opted for public services to obtain an abortion and 9 percent for the private sector.
- When seeking any kind of health care, all the women had concerns about cost and affordability, time and distance and opportunity cost of seeking treatment.
- For care during childbirth, the highest rank was given to having enough staff to clean up the labour room, location, round the clock service, safety and reliability of treatment, boarding facilities, courteous behaviour, adequate equipment and hygiene.
- For abortions within marriage, the highest rank was given to the fact that the husband's permission not be required, quick service enabling a quick return to the home, safety and reliability, adequate equipment, only one visit being required, courteous behaviour from the staff and counselling from the doctor.
- For abortions outside marriage, most women gave secrecy the greatest importance, not requiring permission from a husband, a discrete and distant location, a short waiting period, empathy and concern from the doctor, the presence of a woman doctor and the availability of drugs.
- Two-thirds of the respondents preferred public health services, either their own Primary Health Centres (PHCs) or the Auxiliary Nurse Midwife attached to the PHC. Fourteen percent chose qualified doctors from nearby towns and 10 percent preferred the *taluka* PHC.
- Forty-six percent of women said that they would prefer to go to a private doctor in a nearby town or village for a gynaecological disorder, 37 percent would go to public health services while 16 percent would use folk or traditional remedies or treat themselves.

- With respect to sex determination tests, four-fifths of the women said that they would go to a private hospital in Pune or Mumbai or to a qualified private doctor in a nearby town.

Conclusion:

- Rural women are critical of the existing health services, including abortion services.
- They are upset about doctors demanding permission from the husband, pressure to use a contraceptive, doctors in the privates sector taking advantage of the women's situation and demanding high fees.
- There is resentment about having to forego free facilities because the PHC staff is callous or because the PHC does not have adequate facilities.
- While women would like their choices of care to be located nearby, they are neither defeated nor cynical.
- Rural women are making conscious rational decisions/choices while keeping in mind their social and economic realities.

ABSTRACT NO. 12

Author(s) : Gupte, Manisha, Sunita Bandewar, and Hemlata Pisal.

Title : Women's Role in Decision Making in Abortion: Profiles from Rural Maharashtra

Source : Study conducted by the Centre for Enquiry into Health and Allied Themes

Place of study : Pune, Maharashtra

Period of study : April 1994 to March 1996

Nature of study : Community-based study

Aims and objectives : To address the issue of abortion from the women's perspective and explore the decision-making process and the factors that affect the process in the overall context of women's lives.

Methodology:

This paper is based on a qualitative exploratory study conducted in six villages of Pune district in 1994-1996. Methods used included focus group discussions, simulated role-plays, semi-structured questionnaires and in-depth interviews of women, men and providers. Through these women's reproductive health problems, abortion needs, their perceptions and experiences with abortion services, quality of care, choice of provider and decision-making processes were documented. This paper explores the decision-making process in abortion and the factors that affect this process in the overall context of women's lives. Four important landmarks in a woman's conjugal life have been identified and used as indicators to assess women's overall decision-making power. The decision-making power in the abortion process in various situations in which abortions were conducted have been separately examined. These include abortions conducted for family planning, following foetal sex determination, or because of a health risk. The women's decision-making power, choice of care provider and the circumstances in each of these situations are compared. A women's ethics committee which included one rural woman was involved in the ongoing social audit of the research project.

Findings:

- When decision-making was looked at in context it was revealed that:
  - Most women had seen their spouse before being married and that their consent had been taken. However, many women agreed to the match for reasons other than wanting to be married to the

prospective groom. These could include one's parent's inability to pay large sums of dowry, the number of younger sisters to be married in the future and parents fear that their daughter was growing.
  - None of the men and women actively thought about or decided when to have their first child.
  - The first delivery, in all cases but one, took place in the natal home. In most cases the decision, which is in accordance with local custom, was taken by the couple, along with the in-laws.
  - While most women said emphatically that they would educate their children, they also felt that external factors, such as the condition of the family and the head of the family would ultimately decide how much education the children would receive.
- When decision-making in abortion was looked at, it was revealed that:
  - Even natural abortions are not as value free as we would imagine. The woman was rarely taken into consideration when decisions were made. While a single miscarriage might be taken as an unfortunate accident, multiple miscarriages were frowned upon. Whether a woman has borne a child, especially a son, also makes a difference in the manner that she is cared for.
  - In cases where abortion has been used as a method of family planning, the husband's family was not a confidante for most of the women; when women talked about their fear during the procedure, it mostly for their own safety; none of the couples had practised contraception before or after the delivery. The choice of provider depended upon earlier experiences and recommendations from relatives and neighbours.
  - In the case of secretive abortions, women interviewed had to have secretive abortions because of "problematic" sexuality. The fact that women undergo abortions while keeping their husbands and in-laws in the dark can create a sense of security. The space for decision-making in this context is actually diminished. Going to local practitioners actually puts their lives in far greater risk.

Conclusion:

- Women are unable to make decisions regarding most issues in their lives.
- Women gain more space if they have produced children, especially sons.
- Whereas a woman is not allowed to make decisions regarding herself, she is expected to play a role in making decisions regarding her children.
- Women's decision-making in the family is low in the first few years after marriage, however, her negotiating space increases as time goes by, provided she has conformed to social norms and expectations.
- A bad obstetric history does not guarantee better care in succeeding pregnancies. Remarriage is often considered an easier and cheaper option.
- Desire to have a son will cause a woman to undergo many troublesome pregnancies. A family that has problems spending on a woman's health will, however, have no such grudges about spending on a sex determination test.
- Women will often take their husbands into their confidence while deciding to undergo an abortion while hiding it from their in-laws. While this may be taken as an indicator of good relations between husbands and wives, it also means that women have to trade minimum standards of quality of care in order to maintain secrecy.
- Contraception for a man is hardly ever considered. The woman will also refuse to undergo a terminal method if she does not have a son in the fear that the husband may change his mind and decide that he does want a son after all.
- Men refuse to let their wives practice contraception in the fear that she may then become promiscuous.
- The government pushing sterilisation or providing controlled contraception when providing abortions further reduces the space that women have for abortion.
- Though most couples stated failure of contraception as the reason for obtaining an abortion, none of them were actually using contraceptives at the time of obtaining an abortion. This was because the law makes it necessary for people to bend the truth in order to get an abortion.
- Women whose sexuality is suspect go to the local abortionist. The MTP Act is inadequate in its scope, implementation and in providing abortions to women who need them the most.
- When women do feel a little bit guilty after exercising the foeticide option, it is usually when the foetus has been given to them for disposal. The fact that they may have to go through this again tends to make them feel a little trapped.

ABSTRACT NO. 13

Author(s) : Kumar, Rajesh, Meghachandra Singh, Amrik Kaur, and Manmeet Kaur.

Title : Reproductive Health Behaviour of Rural Women

Source : Journal of the Indian Medical Association, April 1995, (93)4: 128-131.

Place of study : Ambala, Haryana

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To study the extent and the nature of reproductive health problems and the action being taken for the prevention and management of these problems. This understanding would be useful in improving the accessibility of maternity care services under the safe motherhood programme.

Methodology:

A retrospective community-based maternal mortality inquiry was conducted in six rural blocks of district Ambala, Haryana. Fifty-five maternal deaths, reported in the survey, were investigated by a team of doctors from the departments of community medicine and obstetrics to determine biomedical and behavioural causes of maternal death. A second cross-sectional survey was carried out in four villages. Six hundred married women between the ages of 15 to 44 were interviewed by a female social worker. The main areas covered were demographic and social characteristics, history of the pregnancy with details if it had occurred in the last two years, history of illness one month prior to the visit, utilisation of health services for maternity-related problems, and beliefs and attitudes about maternity care and family planning.

Findings:

- According to the maternal mortality survey, maternal mortality was estimated to be 230 per 100,000 live births. Only 17 of the 55 maternal deaths identified in the survey had died in hospitals of which 36 percent of the cases had been referred. Of the cases that had not been referred, ignorance about the nature/severity of the complications was the main reason for non-referral.
- According to the maternal morbidity study, out of the 228 respondents who had delivered in the last two years, 45.2 percent of the women had reported an average of 1.5 episodes of illness per woman. During the postpartum period, 19.3 percent of women reported excessive bleeding, fits, prolonged labour, retained placenta, foul smelling vaginal discharge and swelling of the legs. At least 8.3 percent of the women reported life threatening maternity complications.
- Regarding management of these illnesses, private doctors were consulted in 43.2 percent of the cases, government doctors in 28.8 percent and traditional birth attendants in 11.6 percent of the cases.
- Almost 98.2 percent of the women had received antenatal care. Traditional birth attendants delivered 67.5 percent of the cases, ANM's 19.7 percent and doctors, 9.2 percent of the cases.
- The abortion rate was estimated to be 85 per 1,000 pregnancies of which 78.2 percent were spontaneous and 21.8 percent induced. While 93.8 percent of the women knew the correct place to conduct abortions, only 13.8 percent knew that only doctors could conduct abortions. Forty-one percent did not know whether abortion was legal in India, 53.2 percent of women knew that it had been legalised and 5.8 percent still thought that it was illegal.
- Only two women reported having gynaecological problems, while 15.5 percent reported having been ill in the one month prior to the study. In-depth enquiry revealed a high rate of gynaecological problems. Sixty-one percent of the women were reported to be suffering from these symptoms, with an average of two symptoms per woman.

- Despite the existence of Public Health Care facilities, a majority of women prefer to go to private practitioners. Reasons for this include the fact that the costs for private and public facilities amount to the same because most medicines and tests are not available in public facilities and have to be paid for. Private practitioners are also more accessible because they can be approached at any time of the day versus doctors in public facilities who are available only during working hours.

Conclusion:

- The major reason for non-utilisation of health care facilities was the lack of knowledge about the serious nature of the complication.
- An intense health education campaign needs to be launched to make the community aware of reproductive health problems.
- For effective management of maternity complications, round the clock services are required in rural areas.

ABSTRACT NO. 14

Author(s) : Nayar, U.

Title : Doomed before Birth - Study of Declining Sex Ratio in the Age Group 0 - 6 Years in Selected Districts of Punjab and Haryana

Source : Department of Women's Studies, NCERT, Delhi, 1995

Place of study : Punjab and Haryana

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To analyse the causes for the adverse and declining sex ratio in the age group of 0 - 6 years and to propose intervention strategies.

Methodology:

The study was carried out in seven districts of two states: Haryana and Punjab. In all, 1,050 households were visited in 28 villages and 7 urban locations to collect information on issues related to the problem of sharp decline of sex ratio in the age group of 0 - 6 years. Fourteen focus group discussions were held. Doctors, other health officials, 64 dais and male and female leaders in the village were interviewed. A qualitative analysis based on participatory field research using ethno-methodological framework was supported with both primary and secondary quantitative data.

Findings:

- The study clearly reveals the painfully low status women enjoy in the community and an approval for the practise of female foeticide among the general public, leaders, health workers and doctors.
- The most often cited reasons for not wanting daughters is huge dowry and high wedding expenses (98%).
- Others mentioned were lack of personal security for women (87%), inability of women to look after their old parents (82%), family violence and wife beating (80% in Haryana), and ill treatment of mothers of female infants (86%).
- In both states, nearly all of the respondents were aware of sex detection tests by way of ultrasound machines.

- Private clinics and government hospitals including PHCs were reported as the major agents of abortion after sex determination. Family planning targets for the government health workers motivated them to entertain abortions on a large scale and pregnancies were terminated even in the second and third semester. *Dais* were also found to undertake abortions in both states.
- The level of awareness about various laws under which violence against women and their harassment is a punishable offence was found to be very low among the respondents in both states. There was total ignorance about the fact that medical tests meant for sex determination were a misuse and these tests were meant for detecting foetal abnormalities.
- While every one said that both boys and girls needed equal care, in practice there were differential feeding practices and an unequal distribution of health care.

Conclusion:

- There has to be effective implementation of the law banning pre-natal diagnostic tests for the purposes of sex determination.
- There needs to be effective implementation of existing laws, especially concerning property and inheritance, as well as against dowry, rape and eve teasing, thereby creating a safe and threat-free environment for girls and women.
- Better health care for girls and women is needed with a special focus on raising their self-esteem and the capacity to safeguard themselves against any kind of violence and indignities as well as gender sensitisation of all concerned.

ABSTRACT NO. 15

Author(s) : Shah, A., and S. Taneja

Title : What Do Males and Females of Delhi City Think about Female Foeticide?

Source : The Journal of Family Welfare, pp. 28 - 39

Place of study : Delhi

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To elicit the opinions of males and females regarding the social and moral aspects of female foeticide; to study the differences in the opinions expressed by males and females with respect to sex, age, occupation, number of children, number of daughters, number if sons, ethnic group and socio-economic status; to determine the opinions of the respondents regarding the causes and the measures to be taken to prevent female foeticide.

Methodology:

A sample of 300 respondents consisting of 150 males and 150 females was purposively selected from a residential area of North Delhi. The respondents were further divided into groups of 50 each, on the basis of the flats allotted to them by the Delhi Development Authority.

A questionnaire in two parts was used to collect the data. The first part dealt with background information while the second part consisted of a total of 48 positive and negative opinion statements regarding the social and moral aspects of female foeticide. The positive and negative statements were

scored. The maximum positive scores possible for a respondent were 48 and the minimum 102. The range of scores were divided into three categories: highly negative, somewhat negative and positive. The statistical measures used for data analysis were percentages and chi-squares. The differences in the opinions expressed by the respondents were calculated in categories for all the variables.

Findings:

- A little more than 60 percent of the respondents had a highly negative opinion regarding female foeticide. This was so for both the moral and social aspects of female foeticide.
- Thirty-eight percent of the respondents had either a positive or somewhat positive opinion regarding the process.
- Boys were considered more important from the religious, social and economic points of view.
- A greater number of female respondents held positive opinions about female foeticide as compared to their male counterparts. The difference in opinion may have been a result of the consequences that the women may have had to face as a result of giving birth to a female child.
- Older female respondents were found to be holding positive opinions about female foeticide.
- A higher number of female respondents than males in the higher income groups held a highly negative opinion of female foeticide. This could be attributed to the fact that they were better educated, more aware of their rights and were sharing the family's economic responsibility. The lower opinion among males of the same economic category were attributed to the fact that the family fortune had to be carried on and dowry demands increase with higher economic status of the family.
- The suggestions made by 60 percent of the respondents for prevention of female foeticide included the education of girls, strict implementation of laws and promotion of public awareness about equal opportunities for both sexes. They also mentioned strict implementation of laws against dowry, restricting sex determination tests to the detection of genetic abnormalities and imprisonment under a criminal offence to those who practised female foeticide.

Conclusion:

- The debate on sex determination through tests and the subsequent abortion of female foetuses has generated a lot of controversy. Women's groups have suggested that amniocentesis, ultrasonography and other methods should be allowed under strict governmental control and only for the detection of genetic abnormalities.
- Other measures that can be taken include social education and medical science development agencies taking the responsibility for seeing that the ratio of male and female children remains balanced. Only public awareness and consciousness raising campaigns can bring about positive results by changing societal values and attitudes towards women.

ABSTRACT NO. 16

Author(s) : Sinha, R., M. E. Khan, B. C. Patel, S. Lakhanpal, and P. Khanna

Title : Decision Making in Acceptance and Seeking Abortion of Unwanted Pregnancies

Source : Working Session I, International Workshop on Abortion Facilities and Post Abortion Care in the Context of RCH Programme, March 23-24, 1998, New Delhi, organised by the Centre for Operations Research and Training, Baroda

Place of study : Uttar Pradesh

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To understand the decision-making process in aborting an unwanted pregnancy.

Methodology:

A detailed qualitative study was carried out in two villages of Uttar Pradesh. The sample was formed by systematic sampling. Every fifth house in the village was visited by a trained social scientist and the number of pregnant women ascertained. These women were then interviewed to find out if the pregnancy was a wanted or unwanted one. In the case of unwanted pregnancies, enquiries as to the reason for the pregnancy being unwanted were made. These included whether it was with regard to timing or with regard to the number of children.

Information was also collected whether in any case of unwanted pregnancy they had desired, attempted or induced abortion. All those who answered in the affirmative were selected for an in-depth case study. In-depth case studies were carried out for 32 women. Interviews were carried out by two trained female social scientists. A detailed guideline, translated into the local language, was prepared to keep the discussion focused and to ensure that all relevant data were collected.

Findings:

- Sixty percent of the total number of women interviewed reported at least one unwanted pregnancy in their lifetime. These amounted to a total of 487 unwanted pregnancies.
- Less than half of the pregnancies reported were planned and wanted. Over one-third of the pregnancies were reported unplanned and in the remaining 18 percent the couple had never thought about whether the pregnancy was wanted or not.
- Of the unplanned pregnancies, 50 percent were unwanted with respect to limiting the family size and while the other 50 percent were unplanned with regard to time. Two-thirds accepted the pregnancy, 25 percent attempted to abort it while the remaining 8 percent were denied abortion by their husbands or other significant family members. Of these very few were successfully aborted.
- The reasons for not desiring a pregnancy and then aborting it include a pregnancy immediately after marriage, already having too many children, pregnancy at a short interval, suspected infidelity by the husband, economic compulsions, health reasons, old age pregnancies and unmarried pregnancies.
- Sixty-five percent of the women first discussed their desire to abort with their husbands. Some of them discussed it with their mothers or sisters-in-law, neighbours or other relatives. One-third of the women did not inform their husbands while in about 22 percent of the cases neither the husbands, nor the in-laws were the first people to be informed.
- In the cases where the husband himself suggested the abortion, he efficiently played the role of the facilitator and caretaker. Twenty-nine percent of the husbands readily agreed to their wives wish to terminate their unplanned pregnancies and tried to extend all support.
- Abortion is generally perceived as a sin, especially after the second month of pregnancy after which the foetus is said to possess life.

Conclusion:

- A decision to accept abortion depends on the two concerned partners. The husband plays a significant and dominant role in making final decisions. If the woman is literate, even until the primary level, the husband-wife power equation is relatively more balanced. In the case of illiterate women, the authority lies exclusively in the hands of the husband. No major role is played by other family members with regard to seeking an abortion.
- Age is another factor that determines who has the greater influence in decision-making. Middle-aged women claim to know the reaction that their husbands will have and make decisions on their own without informing their husbands.
- Abortion is widely practised in the villages through both legal and illegal sources as was reported by the doctor, village health practitioner, health worker, the PHC health worker, the midwife, the nurse and village women as well.

- Pregnancy is considered a natural phenomenon and the concept of family planning is not given much importance. Women with fewer pregnancies accept unwanted pregnancies more easily and those who have had repeated pregnancies take decisions with regard to terminating the pregnancy on their own.

ABSTRACT NO. 17

Author(s) : Swain, S.

Title : Traditional Practices of Delivery and Abortion

Source : Published by NIAHRD, 1998, Cuttack.

Place of study : Orissa

Period of study : 1983-85

Nature of study : N.A.

Aims and objectives : To study traditional practices of delivery and abortion

Methodology:

The book is an outcome of a multi-centric study conducted by ICMR in five states (one of them being Orissa) during July 1983 - March 1985. Of the total 180 providers (defined as traditional practitioners, mostly women who conduct delivery and abortion services) interviewed in Orissa, eight were randomly selected from tribal and non-tribal districts for in-depth interviews. Each case study records the qualitative description of the provider, the types of services provided, the training she has received, procedures followed in delivery, and post-delivery care provided. For abortions, it examines the techniques practised, client characteristics, provider performance, provider's knowledge and attitudes, the payments received (in cash or kind) and the local customs and beliefs regarding obstetric practices.

Findings:

- The study reveals a number of local customs and practices that are adverse to women's health.
- It reveals the popularity and easy availability of these providers.
- It also shows that training wherever provided has brought about some positive change though all harmful traditional practices are not abandoned.

Conclusion:

- The study recommends continued training and interaction and reiterates the possibility and need for using these providers in the health delivery system.

ABSTRACT NO. 18

Author(s) : Unnithan-Kumar, Maya

Title : Of Households and Beyond: Rural Muslim Women's Access to Reproductive Health Care in Jaipur District, Rajasthan

Source : Paper for the VIIIth National Conference of Women's Studies, Pune, May 30 - June 2, 1998

Place of study : Rajasthan

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To study the experiences with health care services of Nagori Sunni Muslim women from two villages in Sanganer *tehsil* of Jaipur district.

Methodology:

Statistics and case studies are used to study reproductive health problems faced by women in the area and the health care services sought by them. The study analyses how financial status, household size and composition, parental links and the cost of health care interplay to determine reproductive health status of women. The study also explores in detail the material and ideological factors linked to the household, which facilitate women's use of health care services, the role of kinship in health care financing and discusses which women in the household and community are best positioned to play an active role in facilitating women's use of health facilities

Findings:

- The main reproductive health problems of women in the region, based on observations made at a voluntary health centre, were menstrual disorders, leucorrhea, pelvic inflammation, prolapsed uterus, anaemia and uterine deficiency and a few cases of primary sterility, suspected cervical cancer and minor cases of breast abscess and mastitis.
- Apart from the high rate and common occurrence of foetal deaths, 16 of the 47 women had an average of 1-2 children who died between 0-5 years.
- Rajasthan reports a very high rate of infant mortality in general. This in itself is a statement on the condition of maternal deaths.
- Despite the infrastructure, policies and intentions, the outreach of public health care facilities remains poor with most people opting to use private facilities.
- In case there is bleeding during pregnancy, the outcome is having *safai* performed by women private doctors who charge Rs. 400/- for foetuses between 2-2.5 months and Rs. 600/- to 800/- for foetuses of 4-5 months.
- The sexual division of household labour and further, the distribution of labour between women of the household, also make it difficult for them to access health care or get respite during weakness or illness.
- It was not considered important to change the type or quantity of food during lactation. In general, the women claimed that they were unable to ingest large quantities of food, which could be a by-product of severe anaemia.
- The results highlight the key roles that household, kin and community relationships play in seeking health care.
- MTPs are a preferred family planning option in comparison to the condom and other methods of family planning.
- The study outlines the reasons for low utilisation of government MTP facilities.
- Rural women travel great distances and incur high costs for health care.

Conclusion:

- The task of enhancing reproductive health service outreach in the villages lies at many levels and addresses not only the question of access to existing services but also the provision of facilities, which takes into account the context specific, gender and age health needs of the local populations.
- With regard to the rural Muslim community in Northeast Sanganer, the pre-conceived notions among health service personnel regarding the uncontrollable fertility of Muslims and a consequent low demand for reproductive services must be surmounted.

- Most villages in the area tend to seek private rather than public health services with a significant amount of household income being spent on treatment. Because of the large sums of money involved, treatment cannot be sustained for long periods of time and the needs of women in the reproductive age tend to get more attention.
- Health programmes need to be broad-based so that they help tackle the wider sources in the environment from which disease stems.
- As health care is sought from a number of sources, even for a single illness, access can be improved by encouraging all kinds of health delivery activity: private, government and NGO, in a manner that recognises their specific strengths and weaknesses.
- Public health services are insensitive to women's needs because they are based on demographic targets and because they tend to focus on immunisation and the provision of iron and folic acid rather on the sustained care of women or the detection and referral of high-risk cases. Local health centres need to compile basic health data pertaining to their area in order to be appropriately responsive. This is an area where NGOs are particularly successful, because of their local relations that are based upon trust and their household knowledge which enables them to react speedily.
- Government medical services need to be more transparent about the costs involved in meeting patients' needs and to be more efficient through a "trimming" of resources.
- Given reliable information, women are quickly willing to explore the possibilities of seeking treatment, provided they have some support from their kinpersons to do so.

ABSTRACT NO. 19

Author(s) : George, Sabu M.

Title : Female Infanticide in Tamil Nadu, India: From Recognition Back to Denial

Source : Reproductive Health Matters, Nov. 1997, No. 10: 124 - 132

Place of study : Tamil Nadu

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To discuss female infanticide in parts of Tamil Nadu, the recent history of the practice of female infanticide, and the circumstances that forced the state government to acknowledge its existence. Activities to prevent female infanticide, both by the state government and non-government organisations have been critically reviewed.

Methodology:

The paper contains reflections based on over a decade of field work and study of the phenomenon as well as information gathered from activists, NGOs and officials.

Findings:

- Unlike excess female child mortality caused by deliberate neglect, female infanticide is very poorly documented.
- A rough estimate of sex-selection abortion and female infanticide together has been obtained by using indirect demographic techniques on census data, indicating that there have been about 1.2 million "missing girls" in India during the decade 1981-91.

- British records of female infanticide belie Indian demographers claiming that female infanticide does not exist in Southern India as well as claims made by a few NGOs that this is a recent phenomenon in Tamil Nadu.
- The methods of killing are similar throughout Tamil Nadu.
- Claims that there has been a recent rapid spread of female infanticide may reflect the increasing awareness among NGOs and the fact that funds have been earmarked for this issue and an earlier refusal to recognise it because of a fear of incurring the displeasure of the communities they worked with.
- Between 1986-90, during a prospective study of female infanticide in north Tamil Nadu it was found that about 10 percent of newborn girls in six of the twelve villages studied were victims of female infanticide.
- Over 90 percent of these deaths were among the Vanniars, the dominant caste in the region.
- Virtually the entire excess of female deaths took place during the early neo-natal phase or within the first seven days.
- In all 12 villages studied, the sex ratio of children of higher birth order was similar, and unfavourable to girls. This points to excess child mortality even in cases where there is no evidence of female infanticide.
- A 1995 study of 1,320 newly delivered women in Salem district observed that the number of girls who died in the early neo-natal period was significantly higher, and almost three times higher than that of boys.
- Female infanticide is occurring in many parts of Tamil Nadu and not in just the identified pockets.
- Causes for female infanticide include decreasing fertility, the prosperity that has come with the green revolution and the resulting marginalisation of women from the market.
- Government responses include bringing up false and baseless charges against the NGO that caused the issue to be publicised in the *India Today*, one of India's news magazines. Schemes include launching the "cradle baby" scheme, the "Girl Child Protection" scheme (monetary incentives if one parent agreed to be sterilised), and a similar scheme launched by the Indian Prime Minister through local *panchayats*.
- Interventions by NGOs include reporting of specific cases to discourage the practice, counselling of expectant mothers and their families from the time of detection of pregnancy, helping parents to get the monetary incentives as well as interventions that aim at broader social changes such as better childcare support, improving women's access to education, health and economic resources, and consciousness raising for women about women's subordination in a patriarchal society.
- When cases are reported to the police, it has usually not resulted in successful prosecution, the FIRs are usually filed a few days after the incident and are incomplete. The police also extract bribes from the parents.
- Public health officials have acknowledged that they do not formally report female infant deaths because of community pressures on local health workers.
- NGOs get doctors to examine infants to confirm that they are healthy, thereby having medical opinion ready in case of prosecution. This has resulted in families killing infants outside the zone of operation of NGOs.

<u>Conclusion:</u>

- The government can contribute towards reducing female infanticide if it avoids coercive strategies and at the very least, refrains from denying the existence of the practice and does not interfere with NGO programmes to combat it.
- The lack of dependability of long-term donor support adversely affects female infanticide prevention programmes.
- While there is no doubt that fear has prevented some cases of infanticide, there is always the risk that this will be at a considerable cost to the relationship between NGO workers and the community.
- Long-term social intervention strategies that enhance women's status, carried out both by the government and NGOs, are most likely to succeed in reducing and eventually eradicating female infanticide.
- The effectiveness of different strategies to reduce rates of female infanticide is currently unknown and will be difficult to assess. A standard definition of saved baby girls is needed in order to collect data on the number whose death has been prevented.
- It is also important to monitor whether there is a shift in practice taking place in Tamil Nadu from female infanticide to sex-selective abortion as has been noticed in Punjab and Haryana.

- Programmes must avoid a situation where the "successful" prevention of female infanticide results in longer-term neglect of these girl children. Consciousness raising and gender sensitisation of women and families should aim, in the first instance, for girls who are the most vulnerable to neglect.
- It is imperative to implement policies and programmes for the promotion of equality for women in political, legal, economic, educational and social spheres.

ABSTRACT NO. 20

Author(s) : Nirbhawne, N., J. Konojia, V. S. Toddywalla, S. Patel, S. Bedrabet, B. N. Saxena, S. Datte, and L. Gaur

Title : The Indian Couples and Gender Preferences for Their Offsprings

Source : Journal of Obstetrics and Gynaecology in India, Jan. 1996, pp. 175 - 179

Place of study : Mumbai

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To study the prevalent practices among educated and uneducated couples residing in one of India's premier cities with its cosmopolitan and pro-Western outlook.

Methodology:

A mixed population of Mumbai women belonging to different socio-economic, educational, religious and cultural classes was interviewed. Information was collected from 2,000 educated and uneducated parous couples residing in Mumbai on their opinions and practices pertaining to family planning and gender preferences, if any, for their offspring. The age of the respondents was kept constant (32.1 + .6 years) to make data comparable in the four literacy groups.

Findings:

- A majority of the couples believed in family planning but education remained the main deciding factor for the number of children the women wanted to have.
- While most of the semi-literate and a large number of high school graduates said that God was responsible for the sex of the infant, only 75 percent of the highly educated women said that the husband was responsible.
- Fifty percent of the illiterates, semi-literates and high school graduates and 80 percent of the educated women said that they did not have any gender preference.
- Parity and educational status of the women showed an inverse relationship.
- While the ratio of male and female children born remained relatively unaltered for the uneducated up until the six children studied, there was a definite bias towards an increase in the number of males born after the first child among the educated.
- The percentage of MTPs performed was in direct proportion to the chronological number of the child and the level of education of the mother.
- The finding mentioned above actually belied the claims made earlier about not having any gender preference for their offspring.

Conclusion:

- The preference for a male child is prevalent among both educated and uneducated. Reasons cited include the need for a son to perform the last rites, a son being an economic asset, a son being a status symbol, a means of security in old age and responsible for continuity of the family lineage.
- Because uneducated people had no means of assuring that a child was male, they produced more children in a hope that the majority of them would be males.
- The educated were obsessed with the two family norm with one male and one female. They achieved this by undergoing prenatal sex determination.
- Amniocentesis, a test primarily developed for foetal malformation is now widely used as a prenatal sex determination test. A study in 1986 showed that 84 percent of gynaecologists in Mumbai performed these tests and that only five percent of these tests were actually required.
- Unless social prejudices against women are overcome by improving the status of women in society, the female child in India will continue to bear the brunt in coming years, which could have tremendous biosocial implications.

ABSTRACT NO. 21

Author(s) : Shukla, P. K., and S. Nath

Title : Amniocentesis: Societal Receptiveness of Legal Regulations

Source : The Journal of Family Welfare, 1992, Vol. 3: 47-54

Place of study : Varanasi, Uttar Pradesh

Period of study : N.A.

Nature of study : Community-based study

Aims and objectives : To pinpoint the problems associated with the legal regulation of the use of prenatal diagnostic tests, amniocentesis in particular, within the framework of the MTP Act.

Methodology:

A questionnaire-based opinion poll was conducted with 200 respondents in order to collect popular responses regarding the use of prenatal diagnostic tests. The following alternative replies were included: a) to detect foetal sex, b) to assess the mother's health, c) when medically desirable, and d) to assess foetal health.

Findings:

- Prenatal diagnostic tests such as amniocentesis are considered desirable when medically required (37.5 percent) and for determining the health of the foetus (25 percent). Undergoing the test for determining the sex of the foetus and the health of the mother was mentioned by a comparatively smaller number of respondents.
- Prenatal tests were considered permissible for sex determination by 39.4 percent of rural respondents and for medical and foetal health assessment by most urban respondents.
- The just-literate, high school passed and postgraduate respondents opted in favour of prenatal diagnosis for medical reasons while graduates considered it justifiable even for detecting sex.
- Agriculturists, servicemen, students and businessmen were in favour of the test for medical reasons.

- Except for those with a monthly income of Rs. 3000 and above who opted for prenatal tests for sex determination, all others justified its use for medical reasons and for diagnosing foetal health.
- An analysis by sex indicated that male and female respondents were of the view that prenatal diagnostic techniques should be used for medical indication and diagnosis of foetal health, respectively.
- When analysed by age (20, 21-40 and 41-60 years), and among unmarried respondents, prenatal diagnostic techniques for sex determination attracted very little support, the majority preference being that of medical need and diagnosis of maternal and foetal health.

Conclusion:

- Foetal sex determination has been mentioned as a reason for using prenatal diagnostic tests. This opinion stems from several factors such as the existence of prenatal diagnostic facilities, advertisements, legalisation of abortion and the availability of abortion services, the status of the female child as well as the desire for a male child.
- Available facilities will be misused to avoid the birth of a daughter. To avoid this in the existing environment, it is important that MTP and the use of the prenatal diagnostic tests are considered conjointly.

ABSTRACT NO. 22

Author(s) : Asif, R., S. N. Sinha, M. Yunus, M. Zaheer, and S. Mohsin

Title : Contraceptive Behaviour in Women Carrying an Unwanted Pregnancy

Source : The Journal of Family Welfare, June 1994, (40)2: 27-30

Place of study : Aligarh, Uttar Pradesh

Period of study : N.A.

Nature of study : Hospital-based study

Aims and objectives : To determine the usage or contraceptives prior to the pregnancy among a group of pregnant women, and to assess the number of unplanned pregnancies and the reasons leading to them.

Methodology:

The study sample included 725 pregnant women who had delivered at JN Medical College, Aligarh. The women were interviewed using a pre-tested proforma to elicit their desire for the current pregnancy. A detailed history of contraceptive usage prior to pregnancy, the reasons for continuing the pregnancy, if unplanned, and the desire to practice contraception following childbirth were also recorded.

Findings:

- Of the 725 women who had registered, 48 percent of women said that the pregnancy was planned, 41 percent said it was unplanned but not unwanted and 11 percent said that the pregnancy was unplanned and unwanted.
- More planned pregnancies were reported by urban women as compared to rural women while the reverse was true in the case of unplanned pregnancies.
- Reasons given for accepting an unplanned pregnancy were that the woman was multiparous, has conceived soon after marriage and had been convinced by relatives or medical personnel to continue the pregnancy, there was a gap of more than two years between the previous childbirth and the current pregnancy, the woman had a small family and preferred to have a third baby rather than

terminate a pregnancy, and religious grounds and strong religious belief of the self, the husband or the in-laws.

- Women are generally favourable towards family planning but acceptance remains low, especially in rural areas. Factors include religion, economic status, occupation, education, and the number of living children besides family customs, beliefs and traditions.
- The reasons given for continuing the pregnancy were religious grounds (37 percent of rural women and 48 percent of urban women), fear of termination methods, ignorance of termination methods, a fear of being divorced, fear of infection, infertility or death, and an abortion having been refused because of late detection of pregnancy.
- Of the 725 women interviewed, 61.5 percent had not used any contraception prior to the pregnancy. Of the remaining 38.5 percent only a quarter were regular users and almost three-quarters had used a contraceptive irregularly.
- There was a heavy reliance on the condom, it was used by 68 percent of the regular users and 88 percent of the irregular users.
- A tenth of all users practised coitus interruptus.
- Two-thirds of all women stated that they would use some form of contraception after the current delivery, among them 32.9 percent desired to limit their family size and the remaining wished to space births.
- Most of the women who did not want to use a contraceptive after their current delivery said that they would like to plan their families but were afraid to do so as their husbands and mothers-in-law were against family planning.

Conclusion:

- Over half of the pregnancies were unplanned and this was significantly higher among rural women than urban women. If prevented, these would help improve the health of the mother and the family, decrease the pressure on already over-crowded antenatal clinics and on families struggling to maintain a decent standard of living as well as help reduce the birth rate considerably.
- The main reason for continuing the pregnancy given by both rural and urban women was religion followed by fear of termination of pregnancy. The high proportion of unplanned pregnancies and/or the irregular use of contraceptives shows a desire to limit family size.
- The fact that most women with unplanned pregnancies wished to adopt a means of family planning and the rest were afraid to do so because of their husbands and families means that there is a need for strengthening the IEC programme to remove misconceptions and the underlying socio-cultural barriers.
- Providing treatment for complications related to family planning and childbirth is not enough to ensure maternal health. It is equally important to tackle other factors such as illiteracy, poverty, malnutrition, gender discrimination, and superstitious and false beliefs regarding contraception.

ABSTRACT NO. 23

Author(s) : Bhattacharya, M., G. Singh, S. C. Banerjee, and R. K. Narula

Title : An In-depth Analysis of Women with Post-abortal Bleeding

Source : The Journal of Family Welfare, June 1993, (39)2: 17- 21

Place of study : New Delhi

Period of study : N.A.

Nature of study : Hospital-based study

Aims and objectives : To focus on the delayed complications of MTP in which a woman is more likely to suffer from after she returns home from the hospital. Post-abortal bleeding (PAB) along with a pelvic infection and incomplete abortion were observed to be the most common delayed complications in a multi-centric study conducted by the Indian Council for Medical Research. This study has been conducted to identify the possible factors associated with post-abortal bleeding and to suggest measures to prevent it.

Methodology:

150 consecutive women coming for first trimester MTP by vacuum aspiration at a teaching hospital in Delhi were followed up for 28 days to note complications. Details about their socio-demographic features, post-MTP qualifications, if any, and contraceptive use were noted in a pre-tested and pre-coded schedule. However, only 126 women could be followed up (the remaining being untraceable) and details about their bleeding pattern in the presence or absence of pelvic infection, incomplete abortion and type of contraceptive use were noted. Bleeding lasting longer than seven days post-abortion, more profuse than the normal period, or starting between 7 to 15 days was called post-abortal bleeding. The statistical technique involved the determination of the regression of bleeding on age, gravida and the gestation period of the MTP seekers. The observations are based on the 126 women who could be followed up.

Findings:

- Post-abortal bleeding by the above definition (of duration longer than seven days) was observed in 58 percent of the MTP cases.
- The majority of the women were between the ages of 20-29 years and 29 percent were over 35 years of age.
- The highest proportion of MTP seekers were those who had conceived for the third time followed by those who had conceived for the second or fifth time.
- The incidence of post-abortal bleeding was the lowest in the age group 20-24 years. The association between age and the occurrence of post-abortal bleeding was found to be highly significant.
- Post-abortal bleeding also increased with the number of conceptions.
- When related to the period of gestation at the time of MTP, 80 percent with a gestation period between 9-12 weeks developed post-abortal bleeding as compared to 55 percent with a shorter gestation period.
- The study found that age, gestation period and gravida together played a significant role on the pattern of PAB with women below 25 years, three or fewer pregnancies and gestation period of eight to nine weeks being the least likely to develop complications.
- The acceptance rate of reliable contraceptives following an MTP was 52 percent, of which the oral pill accounted for 10 percent, sterilisation 9.5 percent and the IUD 32.5 percent.
- The incidence of post-abortal bleeding was highest among those who had an IUD inserted (63.4 percent), followed by the 58.3 percent who had undergone sterilisation. It was lowest in the case of those using the oral pill. However, no significant association was observed between contraception and post-abortal bleeding, nor between bleeding and the use of the IUD.
- In the urban sample in this case study, the majority of MTP seekers were married, between 20-30 years of age and with one or two children and from the higher education group, and very few belonged to the lower income group. Teenagers formed only two percent of the abortees in the study. These findings are in accordance with the ICMR.
- Almost two-fifths of the women who had MTPs reported post-abortal bleeding. This is the highest rate for the centre as women who have complications are more likely to come for follow-up than those who do not have complications.
- The mean duration of bleeding was 12.5 days suggesting that on an average, nearly everyone had post-abortal bleeding. The rate of post-abortal bleeding including infection and incomplete evacuation was much higher than the range of 15-20 percent in the ICMR study and other studies.

Conclusion:

- Though MTP appears to be a safe procedure, it should not be used as an alternative to effective contraception.

- Women below 25 years of age and with one or two conceptions are least likely to develop complications, especially post-abortal bleeding if the procedure is performed within eight weeks of pregnancy.
- Post-abortal bleeding is a common phenomenon and is presently treated as a complication. However, this needs to be re-examined in the light of the fact that it is such a common occurrence.

ABSTRACT NO. 24

Author(s) : Chhabra, S., and G. Menon

Title : Mid-trimester Termination of Pregnancy: Search for a Better Method Continues

Source : Journal of the Indian Medical Association, 1991, (89)11: 309-310

Place of study : Sevagram

Period of study : N.A.

Nature of study : Hospital-based study

Aims and objectives : To study and search for a better method of mid-trimester termination of pregnancy. The study compares the efficacy of various methods.

Methodology:

The study was conducted at the Mahatma Gandhi Institute of Medical Sciences, Sevagram. The sample consisted of 855 indoor cases between 14 - 20 weeks of pregnancy who had an induced abortion. These patients were grouped according to the method used to induce abortion. The age, marital status, parity and gestation of the women were comparable. Patients were observed for pain, leaking, bleeding or any other problem.

Findings:

- The Injection Abortion Interval was minimum in the case of intra-amniotic saline. Some patients aborted earlier while others took over 100 hours. The rate of technique failure was 1.13 percent and the rate of method failure was 1.09 percent.
- Oxytoxin was required in many cases of extra-amniotic ethacridine lactate with or without adjuvants. Complications included a retained placenta in 10 percent of intra-amniotic saline and 3.33 percent of the cases of intra-amniotic ethacridine lactate.
- The best results seemed to be with intra-amniotic ethacridine lactate. However, these cases were small in number. There was no mortality but there was morbidity. However, other authors have reported dangers for these methods.

Conclusion:

- The study found ethacridine lactate seemingly safe but not completely so.

ABSTRACT NO. 25

Author(s) : Dongaonkar, D., K. G. Tripathy, and U. B. Saraiya

Title : Changing Trends in Contraceptive Usage

Source : Journal of Obstetrics and Gynaecology of India, March 1995, pp. 259 -265

Place of study : Mumbai

Period of study : 1965-94

Nature of study : Hospital-based retrospective study, secondary data-based

Aims and objectives : To study trends in contraceptive usage and to evaluate the progress made at the Cama and Albess Hospital from March 1965 to 1995.

Methodology:

The available hospital data from 1965 to 1995 were reviewed. Records are kept from April to March for a budget year. Deliveries, abortions and MTPs make up the total obstetrics admission. These women are given information about temporary and permanent contraception. Each of these women is given two dozen condoms or a packet of contraceptive pills. They are given a maximum of three months supply at a time. The acceptability of contraception is measured by the changing trends in supply. Data have been evaluated for every five years.

Findings:

- The total number of obstetric cases increased until 1980 and then started declining. The increase was mostly in MTP cases. The total number of deliveries has remained more or less constant over the last 25 years but the number of abortions and MTP cases has reduced to one-fourth and one-half, respectively.
- Female sterilisation has increased from 10 percent to 18 percent in the last 20 years. This was after a steep fall in female sterilisation after the Emergency period.
- There has been a fall in the number of therapeutic abortions from 22-23 percent in the 1970s and 1980s to 10-12 percent in the 1990s.
- The acceptance for intra-uterine devices is increasing.
- There is a poor continuation rate for the condom and the pill and very few of the admitted women accept them.
- The couple protection rate had dropped to 20 percent after the Emergency but has improved to 54.45 percent in 1993.
- MTP was practised as a spacing method by 12.27 percent of couples.

Conclusion:

- The decrease in the number of abortions and MTP cases can be attributed to an increase in the use of contraceptives.
- Intense Health Education and major socio-cultural change in our society can improve contraceptive usage.

ABSTRACT NO. 26

Author(s) : Handa, P. R., U. Mahajan, and I. Gupta

Title : A Comparative Study of the Socio-clinical Profile of Unmarried and Married Subjects Seeking Medical Termination of Pregnancy: Ten Years Analysis

Source : Journal of Obstetrics and Gynaecology, Oct. 1990, pp. 288-291

Place of study : Chandigarh

Period of study : January 1980 - December 1989

Nature of study : Hospital-based study, retrospective analysis

Aims and objectives : To analyse the socio-clinical profile of unmarried and married subjects seeking medical termination of pregnancy over a period of 10 years.

Methodology:

A retrospective analysis of unmarried subjects who underwent MTP at the Post Graduate Institute of Medical Education and Research, Chandigarh was done. Of the 10,218 abortions performed in the hospital from January 1980 to December 1989, 190 were unmarried. For each unmarried case two married cases were taken as controls. Different variables for comparison were age, education, uterus size and the method employed for the termination of the pregnancy. Income was not used as a parameter because of under-reporting in hospital records. The history of previous induced abortions was dropped because of difficulty in obtaining correct information.

Findings:

- Unmarried subjects were of a significantly younger age group. Nearly one-third were less than eighteen years of age as compared to none in the control group. Ninety-six percent of the control group were above 21 years in contrast to only 17.4 percent in the study group.
- The education level of unmarried MTP seekers was significantly lower. Thirty-two percent of the unmarried subjects were illiterate as compared to 19.2 percent in the control group. Thirty-one percent of the married group were graduates as compared to only 8.4 percent in the study group.
- Ninety-two percent of married women presented in the first trimester and only one percent had a uterus size of 20 weeks or bigger. Among unmarried subjects, 38.4 percent presented in the first trimester and 20 percent presented at a gestation of 20 weeks or more.
- The choice of method of termination depended on the period of gestation.

Conclusion:

- Apart from providing good medical care at different levels, efforts should aim at decreasing the number of unwanted and unexpected pregnancies. This is feasible only by adequate and proper emphasis on sex education and use of contraceptives.

ABSTRACT NO. 27

Author(s) : Kambo, A., A. Nair, B. S. Dhillon, S. L. Chauhan, and B. N. Saxena

Title : Abortion Admissions in Tertiary Hospitals: An ICMR Task Force Study

Source : The Journal of Obstetrics and Gynaecology of India, pp. 21 - 27

Place of study : Sixteen states and Union Territories

Period of study : 1993-94

Nature of study : Hospital-based study

Aims and objectives : To study the abortion admissions in tertiary hospitals and to gather information on existing facilities, utilisation of facilities, demand for procedures for first or second trimester terminations of pregnancy and other abortion-related problems as well as accessibility and availability of efficient and safe procedures.

Methodology:

The study covers abortion admissions in 31 hospitals including teaching hospitals, private, referral, small and large general hospitals from 16 states. Monthly hospital statistics were collected for the year 1993-94. Information on reasons for admission was collected in three broad categories: abortions, antenatal complications and admissions for delivery and postpartum complications.

Findings:

- There were a total of 260,346 obstetrics admissions, of which 66 percent were for delivery or postpartum complications, 15.7 percent for antenatal complications and 18.2 percent for abortions. Of these 10.8 percent were for MTP. This ranged from 5.9 percent at the IOG, Chennai to 75.2 percent at Meerut.
- The percentage of admissions for abortions was much higher in the northern region.
- Larger hospitals had a smaller percentage of admissions for abortions as compared to smaller or referral hospitals.
- Of the total number of abortions, 51.8 percent were first trimester, 7.8 percent were second trimester and 36.7 percent were spontaneous.
- Abortion-related deaths constituted 12.6 percent of total maternal deaths recorded in the study period. Of these 83.2 percent were due to septic abortions.
- Those with a reported history of interference had a much higher mortality rate than others. Almost 78 percent of all septic abortions and 92.3 percent of all death cases had a history of interference.
- The mortality rate of women with a history of interference by an untrained midwife was higher than that by a trained one.
- All the maternal deaths due to sepsis were emergency admissions and all of them gave a history of interference done outside.
- The mortality rate is higher in cases referred from private nursing homes as compared to larger hospitals.

Conclusion:

- Adequate education of the community regarding early registration of pregnancy, the risks of second trimester pregnancy as well as improving the status of the girl child are important to bring down the rate of second trimester abortions and to ensure that abortions are resorted to only as a back-up for contraception.
- Facilities for prompt treatment of complications can also contribute towards better outcomes in induced abortions.
- There is a need for a continuous flow of information on changing demands, facilities, newer procedures, and risks involved for abortions in a family welfare programme for programme managers and decision-makers.

ABSTRACT NO. 28

Author(s) : Konar, H.

Title : Changing Trends in Septic Abortions

Source : Journal of Obstetrics and Gynaecology, 1992, (42): 288-293

Place of study : Calcutta

Period of study : 1990

Nature of study : Hospital-based study

Aims and objectives : To study the changing trends in septic abortions so that changes may be noticed and appropriate action be taken to improve it.

Methodology:
The study was conducted at a Calcutta medical college and hospital in 1990. A comparative analysis was made to note the changing trends in relation to incidence, persons involved, severity of pedagogy, patient's presentation, decision for active intervention, type of surgery required and the final outcome.

Findings:
- 641 abortion cases were admitted of which 39 (6.2%) were septic. Compared to earlier data in the hospital, this shows a decreasing trend since 1976.
- Use of laparotomy had increased since 1976.
- Mortality rate due to septic abortions also shows a decreasing trend.
- Ninety-four percent of the patients reported to the hospital early.
- The initial course of antibiotics had already been started before reaching the hospital.
- The persons involved were doctors in 75 percent of the cases.
- There has been an increasing prevalence of severe injury by ill-trained doctors or midwives.
- The typical features of endotoxic shock, jaundice, renal failure and D.I.C. were not present in 94 percent of the cases. However, the severity of injury was maximum in this group.

Conclusion:
- Premature loss of life should be completely prevented by correcting the defects in the existing health care system.
- Training in family planning clinics should be essential in all residencies.
- Eradication of mass illiteracy through universal basic teaching should be given the highest priority.

ABSTRACT NO. 29

Author(s) : Maitra, N.

Title : Unsafe Abortion: Practices and Solutions

Source : International Workshop on Abortion Facilities and Post Abortion Care in the Context of RCH Programme, Working Session II, March 23-24,1998, New Delhi, organised by the Centre for Operations Research and Training

Place of study : Gujarat

Period of study : October 1, 1996 to August 31, 1997

Nature of study : Hospital-based study

Aims and objectives : To find out who the women are who end up at clinical facilities with complications from unsafe abortions, their treatment seeking behaviours, the providers of unsafe abortions, and the conditions under which these are performed.

Methodology:

The study involved in-depth interviews of 32 women/girls who had undergone unsafe abortions. These were identified from SSG Hospital, Baroda, CHC and sub-district hospitals in Baroda and Panchmahal district with the help of medical officers, female health personnel from PHCs and CHCs and other paramedical staff. The study also included a KAP assessment (current status of knowledge, attitude and practice) regarding safe/unsafe abortions with the help of a questionnaire circulated among 580 paramedical female staff.

Findings:

- The analysis shows that even though MTP services are under-utilised there is a great unmet need for MTP.
- Distance and money were not the factors for low utilisation of government MTP services. Other reasons that influenced the decision were secrecy, the high charges despite the fact that services are supposed to be free and the fact that even married women hide their abortions to avoid objections being raised by the family.
- Homeopaths, *dais* and even auxiliary nurse mid-wives (ANMs) are popular providers of abortions. Methods used include insertion of a stick or root and instillation of a glycerine-iodine solution.
- The study details the various procedures used by these providers for aborting, which include the insertion of a stick or root, various chemicals including those used to make fire-crackers and matches, curettage and suction.
- Women consult a number of people before selecting a provider.
- After the development of complications, 40 percent of women reached the hospital within nine days and 36 took more than 10 days. Two of the three cases who died reached the hospital after 18 days of abortion.
- The KAP study with female paramedic workers revealed very poor knowledge regarding safe abortion practices, providers and authorised places and also a poor attitude towards seeking abortion.

Conclusion:

- There is an interplay between social and obstetric factors that cover the actiological, pathological and therapeutic levels. Measures that seek to rectify this scenario of safe and unsafe abortion services need to focus on empowerment of the Primary Health Care delivery system and the personnel involved in delivering primary health care.
- Since doctors providing alternative forms of medicine are a major component of abortion providers in rural areas, they should be identified, trained and certified to perform early first trimester MTP.
- Other technologies such as use of RU 486 by paramedical personnel would also reduce the morbidity and mortality of unsafe methods.
- Programmes that seek to reduce the incidence of unsafe abortions will also require them to focus upon altering the cost benefit analysis of contraception and abortion.
- A model for supervised decentralisation of MTP services so that comprehensive reproductive health services with community participation and a multidisciplinary approach are introduced at the CHC/PHC level to generate an ideal state of reproductive health.

ABSTRACT NO. 30

Author(s)	:	Meenakshi, Sirohiwal, D. Sharma, and N. Gulati
Title	:	A Review of Septic Abortions
Source	:	Journal of Obstetrics and Gynaecology of India, 1995, (45)2: 186-190
Place of study	:	Rohtak

Period of study : July 1993 to June 1994

Nature of study : Hospital-based study

Aims and objectives : To study septic abortion cases so that appropriate action can be taken for the prevention of high morbidity and mortality.

Methodology:
The material for the study was from the prospective study of septic abortion cases admitted at Pt. B.D. Sharma Medical College and Hospital, Rohtak from July 1993 to June 1994. During this period, 177 patients with spontaneous abortion were admitted, of which 15 cases had septic abortions.

Findings:
- In most of the cases of septic abortion, injury had been inflicted by untrained doctors and local midwives.
- Surgical experience of the physician is an important factor in decreasing mortality and morbidity.
- Advancement of gestational age and increasing parity also increases the risk of perforation.
- Early surgical treatment gave better results as compared to the previously advocated protracted conservative treatment.
- An injury to the gut was observed in more than one-fourth of the cases. It was suggested that gynaecological residents should learn to perform the repair of intestinal laceration.

Conclusion:
- Eradication of illiteracy and correcting the defects in the existing health care system require immediate implementation to prevent avoidable problems.

ABSTRACT NO. 31

Author(s) : Rajan, S. I., U. S. Mishra, and T. K. Vimala

Title : Role of Abortion in the Fertility Transition in Kerala

Source : Preliminary draft of a paper prepared for the Seminar in Socio-cultural and Political Aspects of Abortion from an Anthropological Perspective organised by the International Union for the Scientific Study of Population, held at Trivandrum, Kerala

Place of study : Kerala

Period of study : 1976-95

Nature of study : Hospital-based study

Aims and objectives : To revise the reported levels of abortions in the state of Kerala, as reported by the NHFS, to understand the dynamics of abortion users over a period of 20 years and to examine the role abortions play in reduction of fertility rates in Kerala.

Methodology:
Data for this paper have been collected from the Calicut Medical College for the period 1976- 95. Information on abortion acceptors by religion, duration of pregnancy, reasons, number of living children,

age and level of education was collected for the purpose of this paper. Only age, level of education and the number of living children have been analysed.

Findings:

- Analysis shows a clear trend of abortion acceptors shifting towards younger ages. In 1976-77, 24 percent of women terminated pregnancies before they reached 24 years of age as compared to 37 percent in 1994-95.
- Abortion is also emerging as a popular choice among highly educated women as compared to illiterates and those with lower levels of education.
- In 1993-94, 10 percent of women terminated their pregnancies without any children. This increased to 44 percent for women with two children.

Conclusion:

- The number of women who are terminating their pregnancies after two children points to a conscious adoption of the two family norm by couples in Kerala along with the willingness to resort to an abortion in case of a third pregnancy.
- The fact that 10 percent of women terminate their first pregnancies suggests abortions among unmarried women, widows and minor girls.
- There is a need for demographers to research why women in Kerala, with the highest literacy rate and the highest couple protection rate, still use abortion as a contraceptive.

ABSTRACT NO. 32

Author(s) : Reddi Rani P., A. Bupathy, and S. Balasubramanian

Title : Maternal Mortality Due to Septic Induced Abortion

Source : Journal of Obstetrics and Gynaecology of India, January 1996, pp. 73-76

Place of study : N.A.

Period of study : 1986-93

Nature of study : Hospital-based study, retrospective analysis of case records

Aims and objectives : To study maternal mortality due to septic induced abortion.

Methodology:

The study is based in a retrospective analysis of case records of patients admitted to the hospital with septic induced abortions over a period of eight years (1986-1993). The maternal mortality rate was calculated and the cause of death analysed in each case.

Findings:

- During the eight year period, a total of 385 patients were admitted for septic induced abortions, of whom 34 died of septic induced abortions. The 34 women form the study group.
- Of these women, six were unmarried and below the age of 19 years.
- Abortion was induced in 25 of these women by inserting a *kutchi* by a quack or a *dai*. Three cases were induced by using Fetex Paste G.P. All three were admitted for renal failure.
- Twenty-six of the patients had grade three sepsis. Surgical intervention was carried out in 18 women while it could not be carried out in the remaining 16 because of poor general health.

- Septicaemia was the most common cause of death.
- Five women died because of tetanus.
- 38.6 percent of maternal deaths in the study were due to septic induced abortions.

Conclusion:

- Septic induced abortion is still a major problem in the country. Apart from liberalisation of the MTP Act, health and sex education, easy access to MTP and contraceptive services, early diagnosis and treatment of abortion complications will go a long way in reducing mortality and morbidity because of septic induced abortion.

ABSTRACT NO. 33

Author(s) : Sanyal, R., S. Pal, R. Biswas, S. G. Roy, and G. K. Das

Title : Study on Septic Abortion in a Rural Medical College

Source : Journal of Obstetrics and Gynaecology, March 1991, pp. 760 - 763

Place of study : Bengal

Period of study : January 1, 1990 to October 1, 1990

Nature of study : Hospital-based study

Aims and objectives : To study the causes of septic abortion in a rural medical college that receives a large number of cases and has a high death rate of around 20 percent.

Methodology:

The study was conducted in a medical college in rural Bengal and analyses 50 cases of septic abortions admitted to the hospital over a nine-month period. These were analysed for variables like age, parity, marital status, place of residence, educational status, family income, grades of infection, causative organisms, duration of pregnancy, abortifacient agent and treatment.

Findings:

- Most of the patients were in their thirties. Twenty percent of the patients were teenagers, all of whom were unmarried.
- Seventy-four percent of the women were married, and 32 percent of these women had one or more abortions in the past.
- Seventy-four percent of these women were from rural areas, 64 percent were illiterate and 34 percent had only primary school education.
- An equal number of abortions had been conducted in the first and mid-trimester.
- Eighty percent of the women reported using a stick to induce abortions, and the stick could be recovered in 15 of the 50 cases.
- The study also revealed that 40 percent of cases wanted no children and 60 percent wanted to postpone them and yet 78 percent were not using any contraceptive method.
- Sixty percent of the women expressed ignorance about the MTP Act whereas 40 percent of the women admitted that they had avoided the hospital deliberately as they did not like laparatomy or concurrent sterilisation or Copper T insertion.

Conclusion:

- The MTP Act has failed to achieve the desired effect of lowering maternal mortality due to a lack of public awareness, both about the act and about methods of family planning.

- Even though women may have wanted to avail of hospital services, they were unable to do so because of a difficulty in communication as compared to the easy availability of the quack.
- The solution lies in increasing motivation about family planning and increasing awareness about the MTP Act. Services needed to be extended to the doorstep in peripheral centres.

ABSTRACT NO. 34

Author(s) : Sood, M., Y. Juneja, and U. Goyal

Title : Maternal Mortality and Morbidity Associated with Clandestine Abortions

Source : Journal of the Indian Medical Association, Feb. 1995, (93)2: 77-79

Place of study : Delhi

Period of study : January to December 1992

Nature of study : Hospital-based study

Aims and objectives : To determine the incidence of septic induced abortion, socio-demographic characteristics of the cases, associated morbidity, treatment provided, history of contraceptive use, if any, and the mortality associated with these cases.

Methodology:

The study was conducted at Lady Hardinge Medical College and the Smt. Sucheta Kriplani Hospital, New Delhi. Admission ledgers were reviewed of all cases admitted to the hospital with septic induced abortions. There were 53 such cases during the period. Demographic characteristics, condition on admission, associated complications, treatment given and cause of death were analysed and the abortion ratio and abortion mortality ratio were also evaluated. These were compared to those seeking MTP at the hospital during the same period (1,855 cases).

Findings:

- During the year 1992, there were 53 cases of septic induced abortions, 1,855 MTPs, 12,759 births and 3,983 abortions including spontaneous and induced.
- In the cases of septic induced abortions, there were cases from the semi-urban and urban slums in and around Delhi.
- Ninety-eight percent of the cases were Hindus.
- Eighty-five percent of the cases were below 30 years of age.
- Only 5.6 percent of the cases were reported unmarried and 56.6 percent of the cases had two or less then two children.
- In as many as 81 percent of the cases of septic induced abortion, the reason given for termination of pregnancy was unwanted pregnancy but there was no history of using any contraception or contraceptive failure in any of the cases. In contrast, in the MTP groups, 98.3 percent of the women gave contraceptive failure as the reason for termination.
- In approximately 90 percent of the cases, the pregnancy was less than 12 weeks.
- In 62 percent of the cases, the pregnancy had been terminated by instrumentation by untrained midwives; a foreign body had been inserted by the woman herself or by an untrained person in 7.5 percent of the cases; and another 7.5 percent of the cases had had a dilation and curettage performed by an untrained person.

- All cases were admitted with various grades of sepsis of which nearly one-third had Grade III sepsis. All cases had pelvic inflammatory disease, 94.35 percent had varying degrees of anaemia and nearly 34 percent had required blood transfusion. The MTP group reported a very low incidence of pelvic inflammatory disease, only 3.55 percent of the cases and only 0.16 percent of the cases required blood transfusion.
- Operative intervention was required in 64.15 percent of the cases of septic induced abortion, with 26.4 cases requiring laparotomy for bowel injury, peritonitis, obstruction and uterine perforation. In the MTP group, laparotomy was required for associated complications in only 0.43 percent of the cases.
- The main causes for death in septic induced abortion included septic shock, hepatorenal shut down and D.I.C. There was no mortality in the MTP group. All cases had a satisfactory condition at the time of discharge as compared to 75.47 percent in the clandestine abortion group where 11.32 percent left against medical advice.

Conclusion:

- Although abortions have been legalised in India, clandestine abortions are still very common. Demographic distribution of the cases shows that it is mainly young married women, predominantly from semi-urban areas around Delhi and urban slums who are seeking abortions because the pregnancy is an unwanted one. They are, however, not practising contraception.
- In contrast, most of the women seeking MTPs in the hospital were aware of family planning services, in addition to seeking pregnancy termination from qualified personnel. Nearly 98 percent of women gave contraceptive failure as the reason for termination and approximately 76 percent went home with some form of contraception. This is probably explained by illiteracy and lack of information about available services as well as a lack of services at the community level.
- In this study as well as in many others, illegally induced abortion is responsible for 20 percent of all maternal deaths. Though we have an abortion ratio of 312 per 1,000 births, which is the same as other countries with liberal abortion laws, the mortality due to clandestine abortions is unacceptably high in India.
- Morbidity and mortality associated with illegally induced abortions are avoidable conditions if family planning education, contraceptive measures and safe pregnancy termination methods are available and offered in an acceptable level at community level.

ABSTRACT NO. 35

Author(s) : Iyengar, V., and M. Gupta

Title : MTP Clients at a Voluntary Family Welfare Organisation

Source : Journal of Obstetrics and Gynaecology, January 1991, pp. 589-595

Place of study : Calcutta

Period of study : January to December 1989

Nature of study : Hospital/clinic-based study

Aims and objectives : To present the clinical profile of women seeking MTP at the Marie Stopes Clinics of the Parivar Seva Sanstha at Calcutta.

Methodology:

The data included a retrospective analysis of 1,198 cases who sought MTPs at three Marie Stopes Clinics in Calcutta. The variables studied included socio-economic, demographic and medical profiles.

Preoperative history taking and clinical assessment, pre- and post-abortion counselling, advocating and supervision of contraceptive measures were mandatory.

Findings:

- The incidence of abortion for the different age groups was 29.8 percent in the age group 20-24 years, 32.60 percent in the age group 25-30 years, 3.59 percent for women over 40 and 4.25 percent of the women were teenagers. The youngest client was 14 and the oldest was 45 years of age.
- The largest number of women opted for a termination of pregnancy after one child, followed by those who had two. There was also a significant number who had no children.
- Thirty-eight percent of the women had had an abortion before, of which 11.8 percent had had the abortion at Marie Stopes.
- Most women belong to middle or high income groups, were urban and educated.
- Most were married and using no modern family planning method.
- Of the 48.40 percent who attended the follow-up clinic, a complication rate of 4.84 percent was noted.
- Eighty-three percent of the women were married while the rest were not. There was one widow in the latter group.
- The most popular method of contraception practised by the largest number of women was coitus interruptus. More effective methods like the oral contraceptive pill and the intrauterine device were used by only four percent and 1.75 percent of the MTP acceptors, respectively. Almost 38 percent of the women accepted a method of family planning after the termination.
- The largest number of acceptors presented for MTP at six weeks or less of gestation, followed by those between seven and nine weeks of gestation.

Conclusion:

- Where first trimester procedures are readily available and an open service is unequivocally advertised, it is more likely to result in an open operation than would a clandestine service.
- The fact that a large number of women are repeat acceptors of abortions points to the need for greater education and availability of family planning services.

ABSTRACT NO. 36

Author(s) : Singh, S., D. Wulf, and H. Jones

Title : Health Professionals' Perceptions about Induced Abortions in South Central and Southeast Asia

Source : International Family Planning Perspectives, June 1997, (23)2: 59-67

Place of study : N.A.

Period of study : 1996

Nature of study : Hospital/clinic-based studies

Aims and objectives : To ask health professionals who they feel are the commonly used abortion providers and abortion methods.

Methodology:

- The study conducted in 1996 interviewed 232 health professionals.
- Their perceptions of what are the usual medical complications, their incidence, the frequency of hospitalisation and use of public health services were studied.

- The study asked them what are the causes for abortions and availability of post abortion counselling in Southeast and south central Asia. This perception-based study used purposive sampling including countries having diverse situations regarding legal status and other factors of abortion.

Findings:
The study places India along with Bangladesh in a category where abortions are legal but safe abortion services are poor, thus forcing clandestine abortions even when other countries like Sri Lanka restrict abortions legally but a large proportion are done by health professionals.

ABSTRACT NO. 37

Author(s) : Sinha, A. K., and D. Pai

Title : An Analysis of MTP: A Case Study of Family Welfare Hospital Pearl Centre, Bombay

Source : N.A.

Place of study : Mumbai

Period of study : January to December 1992

Nature of study : Hospital/clinic-based studies

Aims and objectives : To analyse MTP acceptors at the Pearl Centre Hospital during 1992.

Methodology:
The total number of MTP acceptors was 27,400. A two percent random sample of 548 cases was studied.

Findings:
- Most acceptors were Hindu followed by Muslims and Christians.
- The majority of acceptors were in the age group 25-29 and the mean age was 27 years.
- Twenty-nine women in the sample were single females.
- Forty-seven married women did not have a single living child at the time of the abortion. The majority had two living children.
- The mean gestation period was eight weeks and about six percent of the abortions were in the second trimester.

Conclusion:
- The declining birth rate in Greater Mumbai, in spite of diminishing performance of routine family planning procedures, is an eloquent testimony of the great impact of MTP on population control.

ABSTRACT NO. 38

Author(s) : Ravindran, T. K. S., and R. Sen

Title : Service Delivery System in Induced Abortion: A Report

Source : Report of a workshop organised by the Parivar Seva Sanstha in February, 1994 at New Delhi, with support provided by the Ford Foundation

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : To examine the services delivery system for induced abortion.

Methodology:

The issues addressed include loopholes in the MTP Act, lack of adequate infrastructural support for provision of MTP services, inadequate training facilities, poor quality of services, the lack of funding and lack of research on MTP to aid in policy-making

Findings:

Issues highlighted by the workshop include:

- The MTP legislation has many loopholes, which lead to faulty implementation and to the persistence of illegal abortions.
- There is a lack of adequate infrastructural support for the provision of MTP services, in terms of approved centres, equipment and trained personnel. The limited facilities available are inequitably distributed between rural and urban areas.
- Training facilities for MTP are grossly inadequate. There are several constraints in adherence to the current training curriculum. Consequently, even those who are trained are not equipped to carry out MTP's in a PHC/ CHC setting.
- The quality of services in public sector MTP provision is very poor. Improvement in service quality alone could dissuade many women from seeking illegal and unsafe abortions. The linking of MTP with compulsory adoption of contraception represents another deterring factor in the use of public sector services.
- Inadequate attention is being given to the proper construction and dissemination of publicity and educational material on MTP. Consequently a large number of women do not even know that abortion services are legal and are supposed to be available free of cost in government facilities.
- A severe lack of funding affects the maintenance and expansion of MTP centres, conducting training programmes and the provision of equipment to the centres. Research on abortion that examines the current situation and can aid policy is virtually non-existent.

Conclusion:

The principal recommendation made at the workshop was the formation of a committee to work out the details and logistics of implementing the recommendations, which are:

- Improved access to safe and legal abortions by strengthening the public health infrastructure, rationalising the provisions of the MTP Act of 1971 and encouraging the role of NGOs and investigating new service delivery approaches.
- Prioritisation of training medical personnel in counselling and MTP procedures, increasing the number of training centres including authorisation of NGOs as well as making the training effective and providing refresher courses.
- Public education and communication to enhance awareness of MTP legislation, types and location of services offered and to stress the need for information to encourage responsible parenthood at school and college level.

- Situational analysis research on abortion services, the needs and motives of women seeking abortion and alternative service delivery approaches.
- Identification of sources of funding for the MTP programme.

ABSTRACT NO. 39

Author(s) : Barreto, T., et al.

Title : Investigating Induced Abortions in Developing Countries: Methods and Problems

Source : Studies in Family Planning, May/June 1992, (23)3: 159-170

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : To examine the major methodological dilemmas and problems in abortion related research, focusing on research exploring incidence of induced abortions and their complications.

Methodology:

The paper discusses sources of information for both legal and illegal abortion including measuring the complications of induced abortion, abortion induced mortality, problems faced in case identification and issues in selecting study subjects and comparison groups.

Findings:

- In countries where abortion is legal, health service records are likely to be the main source of information on induced abortion. In cases where it is illegal, health facility records tend to present only in complicated cases. Population-based investigations are an alternative to facility-based research.
- When measuring the complication rates in countries where abortion is illegal, health facilities will not necessarily represent all cases. An alternative may be to question women directly in population-based surveys. Deaths can be ascertained by identifying deaths in the reproductive ages and then ascertaining the cause. However, in most developing countries, death-registering systems are incomplete and the underlying cause of death is likely to be certified in only a few cases.
- While reporting cases of induced abortion, there exists a risk of both misreporting an abortion when the woman may not have been pregnant at all as well as the fact that a woman may be unwilling to disclose that she was pregnant at all.
- Studies of induced abortion complications are more elaborate to conduct and interpret than are those reporting induced abortion levels, because the complications themselves need to be identified and categorised.
- A study's results may be distorted by the procedure used to select respondents.
- The use of probabilistic criteria to categorise abortion cases as induced or spontaneous may prove useful in the context of community-based surveys.

Conclusion:

- Owing to the sensitivity of the topic, the setting in which information is sought from the women concerned, from their relatives, or from abortion providers is of utmost importance.

- Combining qualitative and quantitative methods is another possible means of validating information on induced abortion.
- Two alternative population-based survey approaches that have proved worthwhile in other areas of research are the cluster survey method and indirect information techniques.

ABSTRACT NO. 40

Author(s) : Jesani, A., and A. Iyer

Title : Abortion: Who Is Responsible for Our Rights?

Source : Studies in Family Planning, March/April 1993, (24)2: 114 - 129

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : -

Methodology:
Secondary research

Findings:
- For a liberalised law to be effective it has to be backed by good infrastructure support and needs to be accompanied with other social inputs like greater empowerment of women.
- A really safe abortion is possible only under a full range of other functional social services including health, prenatal care, sex education, and protection from abuse, with women in the focus.

ABSTRACT NO. 41

Author(s) : Jesani, A., and A. Iyer

Title : Women and Abortion

Source : Economic and Political Weekly, Nov. 27, 1993, pp. 2591-2594

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : To place the issue of availability of abortion in a rights perspective saying that women have always demanded abortions but their access has been restricted by a number of social and legal hurdles.

Methodology:
The paper traces the evolution of present abortion laws in various countries.

Findings:
- Regardless of whether abortion norms were restrictive or permissive they have always been guided by extrinsic social needs instead of factors like women's rights to determine sexuality, fertility and reproduction.
- In India, the abortion laws were passed based on the recommendations of the medical profession without much involvement of feminists. As a result, the rights perspective is missing and there has been a failure to ensure that safe and humane abortion services were made available along with legalisation.
- Two forces were in play when the MTP Act was legalised in India. At one end was the group concerned with population control while at the other end were people concerned about unsafe abortions.
- Private health care facilities are restricted by their high costs. There are also no regulations governing the functioning of these facilities.
- The public health care system is understaffed in rural areas. Only about 27 percent of all allopaths are located in rural areas. PHCs also do not have enough functional equipment and/or trained manpower to carry out abortions.

Conclusion:
- The authors argue that merely having a liberal abortion law is not sufficient--it has to be accompanied by a concurrent development of infrastructure.

ABSTRACT NO. 42

Author(s) : Pachauri, S.

Title : South and East Asia: Defining a Reproductive Health Package for India: A Proposed Framework

Source : Regional Working Papers, 1995, No.4, The Population Council, New Delhi

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : To examine the current reproductive health scenario and to make suggestions for the development of a comprehensive reproductive health package using the reproductive health approach.

Methodology:
The paper discusses the problems with MTP services in the current scenario and suggests steps to be taken to improve the situation.

Findings:

- Recommended services for prevention, treatment and management of reproductive health problems include the prevention and management of unwanted pregnancy, the essential elements of which are a method mix and informed choice, counselling and follow-up, and male participation and responsibility.
- Services for safe abortions should be provided. This would include equitable need-based services country-wide, decentralisation of the process of recognition of physicians and widening the net of service providers of first trimester abortions, simplifying the presently elaborate confidential recording and reporting procedures, easy and wide availability of first trimester abortions and re-examining the MTP Act to remove legal, bureaucratic and medical constraints.
- Services to promote safe motherhood including maternity health services, services for the newborn, reducing of maternal infections, antenatal, safe delivery and postnatal services as well as maternity benefit schemes need to be promoted, thereby enlarging the scope of the existing maternal and child health services.
- Services to improve child survival and services to reduce perinatal and neonatal mortality also need to be included in the reproductive health package because child survival is related to maternal health and thus to improving women's reproductive health.
- Other services that need to form part of a package include the prevention and treatment of reproductive tract infections and sexually transmitted infections so that both family planning and child survival are not affected.
- Services for the adolescent including control of adolescent fertility as well as understanding of adolescent fertility outside the married group.
- Health, sexuality and gender information, education and counselling are critical factors for the effective implementation of reproductive health services.

Conclusion:

- Two important issues must be addressed to translate the reproductive health concept into policies and programmes. The first is a change in focus from a top down, target driven population control approach to a gender sensitive, client-based approach. The second issue is that reproductive health programmes must be designed to enhance access and improve the quality of services.

ABSTRACT NO. 43

Author(s) : Patel, Rita

Title : The Practice of Sex Selective Abortion in India: May You Be the Mother of a Hundred Sons

Source : Department of Maternal and Child Health, University Centre for International Studies, the University of North Carolina at Chapel Hill, Carolina Papers in International Health and Development, Fall 1996, (3)1

Place of study : N.A.

Period of study : N.A.

Nature of study : Secondary research

Aims and objectives : To trace the historical evolution of the practice of abortion in India and its effect on Indian society in the long run.

Methodology: Secondary research

Findings:

- The paper outlines how a continuing decline in the sex ratio in India (a large proportion of which is due to female foeticide) has many potentially serious consequences for India in the future, such as underage marriage of girls, increased sexual violence, and effects on the economy.
- The government has passed legislation banning female foeticide, but its effectiveness is questionable.
- Other measures that may help curb female foeticide and the declining sex ratio include: effective education at the school level that focuses on women's rights and issues, more opportunities for higher education for women, increased programmes for literacy and job training, effective literacy and job training programmes, and public education campaigns on women's issues.

ABSTRACT NO. 44

Author(s) : Tripathi, Vandana

Title : Applying a Human Rights Framework to the Provision of Abortion Care and Related Reproductive Health Services in India

Source : Department of Maternal and Child Health, University Centre for International Studies, the University of North Carolina at Chapel Hill, Carolina Papers in International Health and Development, Fall 1998, (5)1

Place of study : N.A.

Period of study : N.A.

Nature of study : Secondary research

Aims and objectives : To examine the international consensus on reproductive and other related human rights. Key aspects of abortion care in India that can be viewed as a rights issue are identified and the justifications in the rights framework for such a view are presented. These issues include coercive linkage of abortion to contraception, unequal treatment of married and unmarried women in abortion care and related services, the uses of incentives or disincentives, and a host of other inequities and gaps. This paper examines the social and health contexts of these issues and outlines possible mechanisms for addressing them and constructing a more rights-oriented environment within which to provide abortion care. Both the rights issues and possible strategies are discussed within the broader social and economic context of India.

Methodology:

Application of the reproductive rights framework highlights both the utility of the framework in uncovering points of intervention to promote health and the overlap in issues that are concerns from a health perspective and those that are concerns from a rights perspective. Hence, addressing these rights issues may be an effective way to improve the health of women of reproductive age.

Findings:

- Gaps in the MTP Act lead to inconsistent application, illegal abortions, and insignificant reduction in abortion-related deaths.
- Inadequate training facilities lead to gaps in practical training and providers who are hesitant to provide MTP.
- Inadequate supervision leads to difficulty in implementing a target-free approach and makes the consistent introduction of informed consent practices difficult.
- Poor quality public-sector provision leads to the use of unregistered facilities and unsafe providers.
- Inadequate distribution of education and publicity materials leads to a lack of legal literacy and use of unsafe providers.
- Linking of MTP with overzealous promotion of family planning deters women from using the public sector.

Conclusion:

The above issues are problematic from both a health and a rights perspective. However, the rights framework must be used not merely to identify violations but to construct remedies and build "an affirmative programme of reproductive health." In countries like India where induced abortion is legal and part of official maternal and child health policy, the intersection of public health and human rights goals provides concrete mechanisms for the improvement of reproductive health services.

ABSTRACT NO. 45

Author(s) : Trikha, Sonia

Title : Abortion Scenario of Adolescents in a North India City: Evidence from a Recent Study

Source : Indian Journal of Community Medicine, January-March 2001, (26)1: 48-55

Place of study : Rohtak city

Period of study : N.A.

Nature of study : Cross-sectional

Aims and objectives : To explore the socio-behavioural context of abortion in adolescent girls.

Methodology:

- Cross-sectional study examined nine recognised and five unrecognised MTP centres in Rohtak city.
- Participants of the study were adolescent girls (10-19 years) seeking abortion services.
- Sample size was 83 adolescent girls.
- Variables used were: age, literacy, rural, urban, marital status, awareness level, safe sex, and facility used.
- Information was elicited from respondents at the site of medical termination of pregnancies, with the participation and support of practitioners providing MTP services.

Findings:

- Seventy-five (90%) out of 83 adolescent girls undergoing abortions included in the study were unmarried.
- More than 50 percent of unmarried girls had a friend or fiancée as their sex partner.
- Incest was responsible for pregnancy in 16 percent of cases.
- Eleven percent of teenage girls were undergoing abortion for second or third time.
- Forty-two percent sought abortion in the second trimester of pregnancy.

- Fifty-six percent of the abortions were carried out at unapproved centres by unqualified personnel.
- Confidentiality and the procedure's cost factor were given more importance than safety considerations by 89 percent of the abortion seekers.
- Contraceptive awareness was low.
- Awareness regarding AIDS (though low at 47 percent) was higher than that for STDs in general (31%).
- Despite awareness of the use of condom as a contraceptive method, only 21 percent girls persuaded their partners to use condoms.

Conclusion:

The incidence of abortion among adolescents in Rohtak is alarming. Official data represents only the tip of the iceberg. During the study period, seven cases of "septic induced abortion" were reported at the Medical College Hospital. This points to the need for encouraging doctors and paramedical staff at government hospitals and MTP centres to adopt a more empathetic and respectful approach towards adolescents to enable them to avail of less expensive and safer health services.

ABSTRACT NO. 46

Author(s) : Winikoff, B., et al.

Title : The Acceptability of Medical Abortion in China, Cuba and India

Source : International Family Planning Perspectives, June 1997, (23)2

Place of study : China, Cuba, India

Period of study : N.A.

Nature of study : N.A.

Aims and objectives : To study the acceptability of medical abortion and surgical abortion among women in developing countries.

Methodology:

Patients at clinics in China, Cuba and India were allowed to choose between a surgical procedure and a medical regimen of mifepristone and misoprostol.

Findings:

- The most common reasons women cited for choosing medical abortion were their desire to avoid surgery and general anaesthesia.
- The reasons they mentioned most frequently for choosing surgical abortion were speed, simplicity and effectiveness.
- The failure rate for medical abortion varied from 5 percent in India to 16 percent in Cuba, while that for surgical abortion ranged from 0 percent in India to 4 percent in Cuba.
- Although side-effects were more frequently reported by women who chose medical abortion, the majority of women at all sites were either satisfied or highly satisfied with their abortion experience, regardless of method (medical, 84-95%; surgical, 94-100%).
- At every site, medical abortion clients were significantly more likely than surgical clients to report being highly satisfied (India, 69 percent versus 54 percent), but also were more likely to report not being satisfied (India, 5 percent versus 0 percent).
- In China and India, women who had a medical abortion were significantly more likely than those who had a surgical abortion to say they would choose the same method again.

ABSTRACT NO. 47

Author(s) : Kurus, Coyaji

Title : Early Medical Abortion in India: Three Studies and Their Implications for Abortion Services

Source : Journal of the American Medical Women's Association, 2000, 5: 191-194

Place of study : China, Cuba and India

Period of study : N.A.

Nature of study : N.A.

Aims and objectives : To examine the feasibility of introducing medical abortion and to access its potential as an alternative to surgical abortion.

Methodology:

- Three separate studies were conducted on the use of 600mg mifepristone and 400mg oral misoprostol for medical abortion.
- Study One focused on the safety, efficacy and feasibility of the standard French, three-visit protocol and was conducted in urban research centres in China, Cuba and India.
- Study Two liberalised the protocol to collect information from women using the method under more "real life" conditions in urban family planning clinics in India.
- Study Three extended the trial to rural Indian villages to examine feasibility in settings typical of where the majority of the population resides.

Findings:

- In all three settings in India mifepristone-misoprostol proved to be not only feasible, but safe and acceptable as well.
- With some changes to current protocols, medical abortion could now be safely phased into the existing health care infrastructure in India, though it will bring its own set of service delivery challenges to address.

ABSTRACT NO. 48

Author(s) : Bandewar, Sunita

Title : A Note on Abortion: Cause for Concern in India, Even 25 Years After Its Legalisation

Source : Centre for Enquiry into Health and Allied Themes (CEHAT), for the Sixth National Conference of Women's Movements at Ranchi, Bihar, December 28-30, 1997

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, articles and reports

Aims and objectives : To understand why, despite the initiative taken by the Government of India to pass the MTP Act in 1971, women's access to safe and legal abortion remains a cause for concern and to address the legal inadequacies and the poor quality of abortion care and suggest or recommend strategies to overcome them.

Methodology : Secondary research

Findings:

- The MTP Act is restrictive by nature. It only looks into the medical aspects of abortion and does not recognise the psychological and social aspects of abortion.
- The Act does not allow all women to have access to abortion services. Unmarried, widowed and separated women are forced to tell lies to fit within the framework of the Act.
- At present, the pre-occupation with population control and the commercial motivations of the medical profession have lent a liberal interpretation to the law.
- The Act provides for abortion to be provided only by a Registered Medical Practitioner. Legal liberalisation of abortion must, therefore, be coupled with an adequate level of the provision of abortion services.
- Loose monitoring by the government and the lethargy of providers in getting registrations done have worsened women's access to safe and legal abortion.
- The maintenance of records and reporting are poor at various levels in the government. This under-reporting and misreporting misleads policy-makers. The problem of fitting cases into the Act also worsens the quality of the data.
- The issue of abortion is complex because of its socio-cultural context, the stigma attached, the sexual politics involved, its links with population policies, its (mis)use as contraception or spacing, its abuse for discriminatory elimination and the ethical dilemmas that women and the women's movement face.
- These socio-cultural factors in combination with women's economic dependence compel women to trade off quality of care to keep confidentiality and to come home quickly.
- Issues that lie outside the purview of the MTP Act such as the National Health Policy, the population policy and the policy for women need to be addressed as well.
- The abortion issue has two facets, public health as well as women's rights. By not focusing on the latter, the fertility and sexuality of women is left outside the ambit of public discourse thereby retaining the personal and private nature of the problem.

Conclusion:

- While being concerned about women's health, there is no need to shy away from recognising it as a human rights issue.
- Strategies to address the issues include efforts to improve the outreach and quality of abortion care by optimising existing resources; to address the problem of under budgeting the health care sector in general; and to build a lobby of pressure groups to bring about amendments to the MTP Act.
- Abortion through IEC messages need not be treated as an alternative to contraception but as part of the woman's right to safeguard her reproductive health.
- Representatives of the various stakeholders (e.g., providers, clients, lawyers, bureaucrats, policy-makers, activists, researchers, non-government organisations and women's groups) are required to share a common platform exchanging views and facilitating deliberations.
- There is a need to arrive at a consensus and make recommendations to the government for revision of the MTP Act.

ABSTRACT NO. 49

Author(s) : Social and Rural Research Institute

Title : A Study on Abortion in Varanasi, Uttar Pradesh

Source : Parivar Seva Sanstha, 1999, New Delhi

Place of study : Varanasi, Uttar Pradesh

Period of study : N.A.

Nature of study : N.A.

Aims and objectives : To study abortion in Varanasi, Uttar Pradesh. A comprehensive research study was commissioned by Parivar Seva Sanstha with support from the Rockefeller Foundation to obtain a holistic understanding of the issue of abortion from the seekers', providers', and the community's perspectives. This paper presents the findings of the study conducted by Social and Rural Research Institute (SRI), a specialist unit of the Indian Market Research Bureau.

Methodology:

Primary respondents for the research were:

- Community members including women in the 40-50 year age group (mothers-in-law) and 18-30 year age group (potential abortion seekers), young men (husbands of potential abortion seekers who are likely to be key influencers) as well as key informants such as midwives/nurses or village leaders, teachers and *panchayat* members.
- Women who have undergone an abortion.
- Family members of women who have undergone an abortion.
- Providers--both legal and illegal--who have conducted the abortions.

The study was conducted in Varanasi, a predominantly Hindu, Hindi speaking district in the state of Uttar Pradesh.

To capture the picture in both urban and rural areas, respondents were selected from three villages and two urban centres in the district.

Intensively qualitative and interactive techniques such a group discussions and in-depth interviews were used to obtain the required information.

To ensure good quality data, the first few group discussions and in-depth interviews were conducted by the principal investigator; the rest of the fieldwork was carried out by highly experienced staff of SRI.

All the group discussions and in-depth interviews were tape-recorded and content-analysed by senior SRI research executives. They were also substantiated by the moderators' observations.

Findings:

- Early marriages in rural India result in an extended childbearing time span from the age of 15 to 40 years. This coupled with the low usage rate of any formal method of contraception results in a high rate of pregnancies.
- Not all the pregnancies result in births. It was quite common for a woman to have undergone more than one abortion.
- With the mushrooming of abortion clinics - both legal and illegal - abortions have become commonplace. Considering the ease with which a seeker can avail this service as well as the simple, quick procedure, abortions seem to have become an easy alternative to contraception.
- Medical reasons-poor health of the mother, congenital deformities, and so forth - are not the primary reasons for abortion. Restricting family size and need to ensure spacing between children are the major reasons for going in for an abortion. While this can be ensured through proper use of contraception, this does not happen in reality.

- Most women and other family members have superficial knowledge of contraception and are not motivated enough to adopt them.
- Illegal providers of abortion services thrive mainly because they are cheap and are conveniently located in/near the village. Unsafe abortions are a risk mainly for abortions carried out by illegal providers who do not have the necessary infrastructure, equipment and other facilities.
- Even among legal providers, there does not seem to exist a clear understanding of the rules and methods of abortion. Thus, both legal and illegal providers carry out abortions at whatever stage they are demanded, leading to a number of post-abortion complications, and at times, even endangering the lives of the abortion seeker.

ABSTRACT NO. 50

Author(s) : Not specified

Title : Access to "Safe and Legal Abortion" Issues and Concerns, Summary Report of the State Level Consultation held on June 7, 1998, Pune

Source : Under the Project: A Research and Advocacy Programme for Improving the Quality of Abortion Care (REAP), CEHAT, September 1998

Place of study : N.A.

Period of study : N.A.

Nature of study : Summary report

Aims and objectives : To understand and study the issues and concerns related to access to safe and legal abortion.

Methodology:
Summary report of a state level consultation.

Findings:
The three areas identified for further study were:
- The content and nature of the MTP Act.
- The problems at the implementation level and the impractical prerequisites to acquire MTP registration status that are stipulated in the "Rules and Regulation" drafted by the State.
- The feasibility of menstrual regulation as an abortion method, and the role of paramedics in practicing menstrual regulation.

Conclusion:
It was deemed necessary to develop a mechanism in order to pursue these areas for further study. Thus, two sub-committees were formed through the voluntary initiatives of the participants.

ABSTRACT NO. 51

Author(s) : Balakrishnan, Radhika

Title : The Social Context of Sex Selection and the Politics of Abortion in India

Source : "The Social Context of Sex Selection and the Politics of Abortion in India" in *Power and Decision: The Social Control of Reproduction*, 1994, Cambridge: Harvard School of Public Health, pp. 267-286

Place of study : N.A.

Period of study : N.A.

Nature of study : N.A.

Aims and objectives : To focus on the practice of sex-selective abortion within the cultural and material context of India.

Methodology:

- The study used primary and secondary research and examined the wider social and historical context of gender bias on the population.
- The study also examined legal activism against amniocentesis by placing the issue of sex-selective abortion against the larger backdrop of socio-economic, cultural and ideological factors that contribute to the neglect and murder of females beyond the foetal stage.

Findings:

- Several drawbacks to the legislative strategy are evident.
- The strategy of seeking legislative restriction of sex-selective abortions has not been effective in combating sex preference, and has decreased women's access to safe medical care.
- More broad-reaching strategies are needed that will address the economic and cultural roots of the problem.
- One possible strategy would be to advocate for female inheritance of parental property as an alternative to dowry, as well as sustained efforts to reduce the level of dowry.
- Such reforms require more than legislative advocacy, they changing cultural norms that affect women's position in society.

ABSTRACT NO. 52

Author(s) : Saxena, Badri N.

Title : Quality of Family Welfare Services under the National Programme: An Overview of ICMR Studies

Source : N.A.

Place of study : 23 districts from 14 states in India

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : To summarise the major observations from two studies carried out by the Indian Council for Medical Research about the quality and coverage of services under the national family welfare programme.

Methodology:

The paper is based on two studies by the Indian Council of Medical Research (ICMR). The studies were conducted by ICMR's nation-wide network of 33 Human Reproduction Research Centres located at medical colleges in different parts of the country. The paper compares infrastructural facilities, quality of care, maternal and child health services (MCH) and family planning care. The first study was conducted from May 1987 to April 1989 and the second from January 1996 to February 1997. It discusses the change over time of family welfare services under the national programme in terms of coverage of population by PHCs, the facilities at PHCs, and the quality of MCH services by ANMs at the sub-centres.

Findings:

- Infrastructural facilities were found to be inadequate. Only 12 percent of the PHCs were covering a population of less than 40,000. The recommended norm is 30,000. Only 25 percent of the ANMs were covering the recommended norm of only 5,000 people.
- The availability of vaccines under immunisation programmes, contraceptives and general medicines was found to be satisfactory; the availability of emergency drugs such as cortisteroids and oxygen as well as IUDs was unsatisfactory.
- The quality of MCH services was found to be substantially weak, the practice of conducting deliveries at sub-centres was almost non-existent, post-natal investigations were not carried out properly but advice for family planning methods was given properly by most of them.
- There were no systematic records of either maternal or infant deaths at PHCs. Birth weights were not recorded due to a lack of weight machines. The coverage of children by DPT and polio vaccines was satisfactory only in 30-45 percent of the cases.
- Only in 35 percent of the PHCs were more than 80 percent of the eligible couples registered. The outreach of sterilisation services was found to be extremely poor for remote villages. The lack of accessibility and limited outreach of services was even worse with IUDs as compared to sterilisation.
- Interviews with about 11,000 women using modern family planning methods revealed that there was no concept of spacing between two childbirths. Sixty-six percent reported using contraception only once the desired family size was reached.
- Forty-six percent of women interviewed had had no antenatal contacts by their subcentre ANMs, especially from the study districts in Uttar Pradesh, Bihar, Haryana, Orissa, Gujarat and Jammu and Kashmir.
- The survey revealed that about 1,500 women had accepted abortion during the last three years prior to the study. Of these, 40 percent had MTPs because they did not want any more children, 25 percent had MTPs because their last child was too young and around 12 percent had aborted because they did not want any more daughters.
- About 24 percent of the 70,000 women in the survey indicated that they had gynaecological problems including lower abdominal pain, chronic backache, vaginal discharges and menstrual problems. Around 60 percent had sought medical care from both public and private facilities. Only a few of the ANMs observed were keeping records of gynaecological problems.
- The quality of postnatal care for both clinical components showed a significant improvement between the two studies.

Conclusion:

- There are positive changes over time on the population coverage by PHCs and quality of care for some of the maternal and child health (MCH) components.

ABSTRACT NO. 53

Author(s) : Khan, M. E., S. Barge, N. Kumar, and S. Almroth

Title : Abortion in India: Current Situation and Future Challenges

Source : Implementing a Reproductive Health Agenda in India, pp. 507-529

Place of study : Gujarat, Maharashtra, Uttar Pradesh and Tamil Nadu

Period of study : N.A.

Nature of study : Secondary data-based

Aims and objectives : To examine the demand for abortion services, the extent to which this demand is being met at current facilities and the obstacles; and to examine the quality of services being provided.

Methodology:

Analysis was based on data compiled from government statistics, published articles and a database on abortion services in the states of Gujarat, Maharashtra, Uttar Pradesh and Tamil Nadu maintained at the Centre for Operative Research and Training.

Findings:

- While it is difficult to arrive at any conclusive figure, it can be estimated that the total number of abortions conducted in India every year is about ten times higher than the official statistics. Assuming that even 10-20 percent of these abortions are conducted under safe and hygienic conditions, it still means that over 80 percent of the abortions conducted in the country are conducted by untrained personnel at questionable facilities.
- There is an unequal distribution of abortion facilities in the country. Of the primary health care centres, it has been estimated that only 14-18 percent of them are actually providing MTPs. The situation is relatively better at community health centres, post-partum centres and sub-district level hospitals.
- Reasons for not providing abortions included the clinic not having a trained doctor, lack of equipment or both.
- The study revealed a general inadequacy of equipment in most of the primary health centres. Seven percent of the functional PHCs did not even have a speculum.
- Of the doctors conducting MTPs, 15 percent did not have any training and 15 percent did not provide MTPs despite being trained. Some of them expressed lack of confidence as a reason for not performing the procedure.
- The majority of the doctors agreed to abortion only conditionally. Between four to 24 percent of doctors and 23-52 percent of the workers were totally opposed to abortion.
- There is substantial scope for improvement of counselling services. While in 70 percent of the cases, women were informed about the procedure and its safety, only 49 percent were told about the risk of infection and even fewer were told about what to do in case of a complication.
- Eighty percent of the women reported that they were happy with the humane aspect of the services such as protection of modesty and efforts to make the women comfortable. In most states, 90 percent of the women reported being satisfied with the services they received.
- Available facilities are not fully utilised. A time series analysis shows that each approved institution conducts one abortion every four days which is an extremely low case load in view of the large number of abortions that take place every year.

Conclusion:

- There is a large gap between the demand for abortion and the facilities available. Women who do not have access to safe facilities resort to unsafe methods at a risk to their lives.
- Merely increasing the number of approved facilities may not be sufficient to ensure physical and social accessibility of abortion services for women who need them.

- To increase the accessibility and to make the services socially appropriate, it is critical to understand the dynamics of decision-making related to unwanted pregnancy and abortion, within the framework of partner relations.
- To enhance the utility of existing services, it is important to understand women's perspectives and their expectations as well as how they want these services to be delivered.
- Recommendations of the National Consultation on Safe Abortion Services include an annual review of the functioning of the MTP programme at the national level, establishing MTP cells in every state, annually updating the list of all recognised MTP clinics and reviewing low performing MTP clinics. A review of existing MTP training was also recommended. All training should be of at least one month, each trainee must assist in 10 cases, perform 10 cases under supervision and five independently; pre- and post-MTP counselling should be part of the training; to encourage private institutions an income tax rebate should be given for MTP and sterilisation. All recognised institutions should be reviewed every three years for re-certification; procedures for recognising institutions should be simplified and expedited. Focused information, education and communication campaigns should be organised to inform all the sections of society about the legal status of pregnancy and available services.

The findings from the same study have also been discussed in 'Khan, M.E., Rajagopal, S., Barge, S. and Kumar, N.. "Situation Analysis of Medical Termination of Pregnancy (MTP) Services in Gujarat, Maharashtra, Tamil Nadu and Uttar Pradesh." Working paper 13. Centre for Operations Research and Training (CORT). Baroda. 1998.

ABSTRACT NO. 54

Author(s) : Rao, S., P. K. Narayan, P. G. Shivananda

Title : Chlamydia Trachomatis Antigen Detection from Cervix by Elisa in Women with Recurrent Abortions

Source : Journal of Obstetrics and Gynaecology of India, January 1997, pp. 164-166

Place of study : Manipal

Period of study : 1996

Nature of study : Hospital-based study

Aims and objectives : To detect the possible link between active cervical chlamydia trachomatis infection and its relationship to recurrent abortions.

Methodology:

The study was undertaken in the Department of Obstetrics and Gynaecology and in the Department of Microbiology at the Kasturba Medical College, Manipal. A total of 90 women were included in the study of which 60 had a history of previous abortions and 30 matched controls without any such history. A detailed history including age, number of abortions, educational status, socio-economic background, occupation, history of pelvic inflammatory disease and clinical examinations were undertaken by an obstetrician.

Sixty patients in the study group were followed up for two years and when they conceived, they were followed up until delivery.

Findings:

- C. trachomatis antigen could be detected in 21.66 percent of the study group and 16.66 percent of women in the control group.
- The majority of women in the study were in the age group 25-29 years.
- Normal delivery occurred in 41.66 percent of the women in the study group and 99.66 percent of the control group.
- Repeat abortions occurred in 12 women, premature delivery in seven and small for gestational period in 10 of the women in the study group. In the control group, only one of the women had a baby that was small for the gestational age.
- Though a high percentage of antichlamydial antibodies were detected in women with repeat abortions in an earlier study, the active infection of the cervix was not significant when compared to the control group. The cause for early pregnancy loss may be a result of chronic silent infection rather than active cervical infection.
- Five patients with active cervical infections had adverse pregnancy outcomes in the study group and none in the control group.

Conclusion:

- From the observations, it is clear that chronic silent Chlamydia infections may be the cause for recurrent abortions rather than active cervical infections.
- However, it may be worthwhile to test for the antigen if facilities are available and to treat these women for successful future pregnancies.

ABSTRACT NO. 55

Author(s) : Aftabuddin, Mondal

Title : Induced Abortions in Rural Society and Need for People's Awareness

Source : Journal of Obstetrics and Gynaecology of India, November 1990, pp. 450-453

Place of study : Baduria Primary Health Centre, 24 Parganas, West Bengal

Period of study : January 1989 - March 1990

Nature of study : Hospital and community-based study

Aims and objectives : The study was carried out to find out the reasons for acceptance of induced abortions in rural areas, the reasons for approaching illegal abortionists, and the magnitude and nature of complications to find out the need for people's awareness.

Methodology:

The study was carried out at a rural Primary Health Centre and two adjoining villages with 300 females who had one or more abortions. History of induced abortions along with socio-cultural and obstetric histories were taken. Contraception and sterilisation acceptance of the study group was noted.

Findings:

- There were a total of 372 abortions between 300 women.
- Abortions performed by quacks and paramedicals had 100 percent complications and by MBBS private practitioners it was 45.80 percent The reasons attributed for the latter include improper aseptic

techniques, lack of training and improper training and overconfidence and popularity in the locality causing them not to take meticulous care.

- The reason for acceptance of induced abortions from quacks and paramedicals was primarily to maintain secrecy; the other reasons included publicity, availability, financial considerations, a lady doctor and the provider being a known person.
- Of the total 300 acceptors, 44 percent were Hindus, 54.6 percent Muslims and 1.4 percent Santhals.
- Twenty-five percent of the women were below 20 years of age, 61.3 percent were between 20-30 years and 13.3 percent were greater than 30 years of age.
- Sixty-two percent of females and 62 percent of the husbands were illiterate.
- Ten percent of the women were single, 2.6 percent were divorced and the rest were married.
- Of the married women, 17.9 percent of the women underwent a termination of pregnancy before the first-term delivery.
- Forty-one percent of married women had used some form of contraception in the past. Of the 116 couples eligible for abortion, only 80 accepted sterilisation including 18.2 percent who accepted it after more than two children were born.
- Only 50.7 percent of the married couples were covered with family welfare services, the rest neither accepting contraceptives, nor sterilisation.

Conclusion:

- Quacks, paramedicals and untrained or ill-trained medical practitioners perform abortions in rural areas with frequent and serious complications. People are attracted to them because of the assurance of secrecy.
- Contraceptive acceptance is far from the requirement and sterilisation acceptance is poor and often late.
- Repeated and early childbirth, inadequate spacing, high parity along with financial and other relevant problems demonstrate the need for availability of MTP services along with contraceptives and sterilisation.
- Rural people need awareness about the problems of population, the needs and benefits of contraceptives and sterilisation and the dangers of illegal abortions. Simultaneously, MTP services need to be promoted.

ABSTRACT NO. 56

Author(s) : Khosa, S., H. Sawhney, and S. Gopalan

Title : Pregnancy Outcome in Pregnancy Following Recurrent Abortion

Source : Journal of Obstetrics and Gynaecology, 1995, (45)2: 70-83

Place of study : Nehru Hospital, Chandigarh

Period of study : N.A.

Nature of study : Hospital-based study

Aims and objectives : To examine the perinatal outcome in patients with histories of recurrent abortions.

Methodology:

Eighty pregnant women were recruited from the antenatal clinic of the Department of Obstetrics and Gynaecology at the Nehru Hospital, Chandigarh. The study group was comprised of 40 women who had a known history of two or more spontaneous abortions of unknown aetiology. The control group of

40 was matched for age and parity with women who had no known history of abortion.
Documentation of antenatal complications, period of gestation at delivery, mode of delivery, birth weight, Apgar score and any neonatal complications was done in both groups. The data were analysed using the chi-square test.

Findings:

- A majority of the patients in both the study groups were between 21-30 years of age.
- In the study group, 18 patients had a history of first trimester abortion, 10 had a history of second trimester abortions and 12 had a history of both second and third trimester abortions.
- Ten pregnancies in the study group ended in abortions.
- In patients with a previous history of three or more abortions, recurrence of abortion was as high as 33 percent after three abortions and 75 percent after four abortions.
- Pre-term labour was observed in higher numbers of patients with three or more abortions compared to those with two abortions.
- The incidence of Caesarean sections was higher in the study group as compared to the control group.
- The reproductive success rate was 80 percent after two previous abortions, 60 percent after three and 46 percent after four or more abortions.

Conclusion:

- The number of previous miscarriages is the major determinant of the reproductive prognosis.
- Pregnancies after recurrent abortions are associated with increased risk of abortions, prematurity, low birth weight babies and operative deliveries.

ABSTRACT NO. 57

Author(s) : Khan, M. E., B. C. Patel, and R. Chandrasekhar

Title : A Study of MTP Acceptors and Their Subsequent Contraceptive Use

Source : The Journal of Family Welfare, Sept. 1990, (36)3: 70-85

Place of study : Patna in Bihar, Bhubaneswar in Orissa, Baroda in Gujrat

Period of study : N.A.

Nature of study : Hospital-based study

Aims and objectives : To provide precise information on the profiles of MTP acceptors, the circumstances under which abortion is generally sought, and the subsequent reproductive behaviour of women who accept MTP.

Methodology:

The data were collected by the Operations Research Group, Baroda in three urban centres. At each centre, four public hospitals offering MTP and family planning services were included in the study.
Though the study design proposed that at each centre the first 300 women registering for abortion in a year would be chosen, a slightly larger number was chosen to ensure that even after loss during follow-up, 900 women would be interviewed. All the women were first interviewed at the clinic before they met the doctor. They were then followed up at their residence, three months after the interview.
Of the total sample, only 80.5 percent were interviewed. The rest of them either refused to be interviewed or reported a spontaneous abortion; 2.3 percent of the women chose to deliver their babies

and these women were dropped from the study. This paper is derived from the primary data collected at the interviews as well as observations during the follow-up study.

Findings:

- Ninety percent of the women were Hindu and the majority, about 65 percent, belonged to a higher caste. The caste composition, however, varied from city to city.
- Seventy-nine percent of the MTP acceptors had received formal schooling. About 45 percent of them had received over nine years of schooling. The proportion of illiterate women accepting MTPs was much lower than their percentage in the general population.
- The average monthly family income of the MTP acceptors was Rs. 1,184. About 18 percent were below the poverty line and 15 percent reported an income of more than Rs. 2,001.
- The women seeking MTP were young, 65 percent were below 30 years and the mean age was 27.9 years.
- The mean of the total pregnancies experienced by the women was 4.4 in Patna, 3.7 in Bhubaneshwar and 3.6 in Baroda. This shows that a majority of the women sought an abortion for the third or a higher order of pregnancy.
- Of the 931 women, 16 percent were seeking an MTP for the second time.
- About one-fifth of the women registering for an MTP had only one child, and about 41 percent had two living children. This means that about six out of every ten women had two or less than two children. The percentage of such acceptors was significantly higher in Bhubaneshwar and Baroda than in Patna, which indicates that women in the first two states use abortion as a spacing method while women in Patna use it as a method to terminate child bearing.
- Out of the total women seeking abortion, only 18 percent had no son. Analysis shows 68 percent had decided to undergo MTP only after having more sons than daughters with the preference for sons being stronger in Patna (72%) than in Bhubaneshwar (62%) and Baroda (63%).
- Only 27-28 percent of the cases sought MTP for spacing children. The rest did not want any more children. Ninety-three percent of the women said the decision for MTP was jointly taken, while four percent said that it was taken by the husband.
- The reasons given for seeking an MTP included having achieved a desired family size, the last child being too young, for spacing purposes and the mother's health not being good enough for her to bear another child.
- Seventy percent of the MTP acceptors could mention five or more modern methods of contraception, while 20 percent were aware of between two to three methods of contraception.
- Only 1.5 percent could not name any method of contraception.
- About 81 percent of the women were not using any family planning method at the time that they became pregnant while the remaining 19 percent claimed to be using some kind of contraceptive. Further questioning revealed that over half of the pregnancies stemmed from irregular contraceptive use.
- The demographic profiles of the percentage of women who were lost to follow-up were compared to the rest of the women. The analysis showed that they were poorer and a larger proportion was illiterate. A number of them were slum dwellers who had migrated due to various reasons including slum clearance schemes. However, the differences were statistically insignificant.
- Forty percent of the women showed preference for sterilisation and an equal percentage choose IUDs. Five percent opted for the pill and 3.4 percent intended to use the condom after MTP.
- Ninety percent of the women accepted contraception after pregnancy termination.

Conclusion:

- A comparison of their contraceptive use pattern and the intentions expressed by them at the time of registration were consistent.

Findings from this study are also presented in a paper prepared for IUSSP General Conference for the Vth session on Health and Social Aspects of Induced Abortion held at Montreal, August 24-September 1, 1993.

ABSTRACT NO. 58

Author(s) : Barge, S., M. Kini, and B. Nair

Title : Situation Analysis of MTP Facilities in Gujarat

Source : Paper prepared for the Workshop on "Service Delivery System in Induced Abortion" held in Agra, February 22-23, 1994

Place of study : Gujarat

Period of study : N.A.

Nature of study : Primary data from the 88 CHCs/PHCs and 55 private clinics in 11 districts of Gujarat

Aims and objectives : To find out how far MTP facilities are available in rural and semi-urban areas of Gujarat, to what extent these facilities are actually being provided and the reasons that they are not being provided, if not. To examine how well these facilities are equipped and the other support facilities they provide, the quality of services in these clinics and the training facilities for MTPs available in the state.

Methodology:

Eleven of the 19 districts in Gujarat have been covered in the study. Fifty percent of all the CHCs and PHCs registered for providing MTPs were visited and detailed information collected. Apart from the public facilities, 55 private clinics functioning in the state were also covered. Wherever possible, women who had undergone MTPs on the day of the field visit were also interviewed. A total of 25 acceptors at the public facilities and 11 acceptors in the private clinics were interviewed.

Findings:

- In 1991, there were 16,000 MTPs conducted at approved clinics in the state. Over the last decade, the number of MTP cases has been showing a declining trend in all years except for 1988.
- CHCs and private clinics have at least one woman per day requesting abortions. In another one-third or more clinics, women come once or twice a week. The remaining clinics reported a less frequent turnover.
- The number of illegal abortions carried out by untrained persons is unknown but has been estimated at 0.3 million. The high prevalence of illegal abortion is also reflected by the fact that 60 percent of the doctors from the CHCs, 49 percent from the PHCs and 88 percent from the urban private clinics reported that the frequency of such cases was about 8-10 women per year. The complications reported included incomplete abortions, infections and use of indigenous methods.
- Thirty percent of the doctors reported at least one death due to abortions or pregnancy related complications, and 20 percent of the doctors reported at least one death in the last six months. The average number of deaths reported by various categories of clinics range between 1.5 to 2.5 women in the last two years.
- There are a total of 816 approved MTP centres in Gujarat. Of these, 41.3 percent are public clinics and 58.7 percent are either private or voluntary organisations. Of the registered services covered in the study, only 45.7 percent of the facilities were actually providing MTPs. Of the remaining 54.3 percent, 24.7 percent had never provided the facility and 29.6 percent had stopped providing the facility due to a lack of trained manpower.
- Of the 150 doctors interviewed in both public and private facilities, all of them were not conducting MTPs. All the doctors who were providing MTPs were not necessarily properly trained. The latter was greater at private clinics.
- The most common methods used for MTPs were the dilation and curettage and the electric vacuum aspiration. The extra-ovular method is most commonly used in CHCs and the intra-amnoitic method by private practitioners.

- Taking all the CHCs and PHCs together, as many as 37 percent of the facilities were not adequately equipped to provide even one of the MTP methods efficiently. However, despite the inadequacy of facilities, most of these clinics were managing to provide MTPs.
- Support services such as the availability of waiting rooms, clean toilets, and privacy during counselling were better at the private health care facilities. The facilities at the CHCs and urban private clinics were of a fairly acceptable standard while the facilities at the PHC level were the poorest.
- Abortion is a very sensitive topic in India and the lack of privacy at public facilities could hinder people from using these facilities.
- Gujarat has eight MTP training centres of the 162 in the country. However, seven of these institutions reported that there were not enough cases to train enough doctors at a time, therefore only 4-7 doctors could be trained per year per institution. Doctors are not sent for training from December to March because of the family planning workload at PHCs, and trainees do not get enough practical experience in conducting MTPs in teaching medical colleges. In non-teaching institutions, doctors generally get a chance to perform at least 25 cases.

Conclusion:

- To increase access to safe and hygienic abortion, it is essential to increase trained manpower who can provide services efficiently. Even doctors who were trained were not confident of providing the service.
- Though Gujarat contributes only 4.9 percent of the country's population, 9.6 percent of the total approved MTP centres are located in the state, thus it has a relatively better MTP facility than many other states of India.

ABSTRACT NO. 59

Author(s) : Bhogale, Priti

Title : Second Trimester Abortion and Complications: An Insight

Source : Research paper submitted as a requirement for the degree of Master of Population Sciences at the Indian Institute of Population Sciences, Mumbai, during the academic year 1999-2000

Place of study : Mumbai

Period of study : N.A.

Nature of study : The study is based on case studies with five providers -- two private practitioners, two public health facility doctors and an illegal provider. Three case studies of women undergoing abortions were also submitted.

Aims and objectives : To examine complications of induced abortions, especially second trimester abortions; and to examine the attitudes of the providers and the beneficiaries.

Methodology:

Five providers and three beneficiaries were identified for in-depth interviews and case studies through personal contacts. The practitioners included two private practitioners, two public health facility providers and one illegal practitioner. The cases included a married woman from a well-to-do family, a case of contraceptive failure and an unmarried adolescent girl from a low socio-economic background. The providers were interviewed for their background characteristics, kinds of cases, support facilities

provided, the methods used and the complications that arise. The women were interviewed for their socio-economic and demographic background characteristics, the type of family, the type of contraceptive used, subjective feelings of the women on learning that she was pregnant and upon deciding to terminate the pregnancy and the respondent's opinion on who should or should not know about her pregnancy.

Findings:

- According to providers, cases included adolescents and very young women, women with obvious signs of distress, women who have undergone repeat abortions, women aborting a pregnancy due to rape or incest, women with extra-marital relations, marital problems, family problems or socio-economic problems, cases of contraceptive failure and girls or women with no moral values or emotions (prostitutes/bar girls).
- Providers also discuss, in confidentiality, either with the women or the person accompanying, the health status and consent and provide counselling and family planning counselling.
- Methods used for second trimester abortion include dilation and evacuation, prostaglandins, amino infusion and abdominal operative removal.
- Complications include haemorrhage, infection, and injury to the genital tract and internal organs, systemic or localised reactions, failed evacuations and unsafe and unskilled abortions.
- Attitudes that affect a woman's attitude to abortion include her ability and willingness to seek care, the attitude towards family planning care in the family, religious and cultural factors, importance of fertility and providers' attitudes.

ABSTRACT NO. 60

Author(s) : Singh, K. P and R. Singh

Title : A Study of Psycho-social Aspects of Medical Termination of Pregnancy

Source : Population Research Centre, Department of Sociology, Punjab University, Chandigarh

Place of study : Chandigarh

Period of study : August 1987 - December 1987

Nature of study : Hospital-based study

Aims and objectives : To examine the psycho-social aspects of abortion involving the decision making process for seeking abortion.

Methodology:

The study was conducted out of two major hospitals in Chandigarh over a period of five months. The sample consisted of all married women who were admitted to these hospitals to undergo an MTP -- a total of 400 women. A trained person conducted interviews before the procedure. Data were collected with the help of a pre-tested interview schedule. The data were tabulated and analysis was done with simple percentages. In order to examine the caste status of the respondents, an index of social status consisting of education, occupation and income was prepared. A similar index was prepared with the help of certain statements to calculate the degree of religiosity.

Findings:

- Sixty-three percent of the respondents lived in the city, 10.75 percent from the rural areas of the city, 26.25 percent were residents who had come from other states.
- Fifty-three percent of the respondents were either illiterate or just literate. Thirty percent were educated up to matriculation level, and 17.25 percent above matriculation.
- Eighteen percent of the husbands were either illiterate or just literate, 50.5 percent had education up to matriculation and 31.75 percent above that.
- Only 20.25 percent belonged to the higher socio-economic group Approximately 595 respondents belonged to the higher castes. Seventy-six percent were Hindus, 22.50 percent were Sikhs, and the percentage of Muslims and Christians was negligible.
- Seventy-five percent of the respondents lived in nuclear families.
- Sixty percent were in the range of 20-29 years and 25 percent in the 30-34 range.
- Fifty-four percent had MTP after two live births, 25.50 percent had it after three live births the rest had it after four or more live births.
- Fifty-four percent of the rural respondents had used some method of contraception of which 61.56 percent had used condoms, 21 percent IUD, 10.07 were users of natural methods and 2.98 had already undergone sterilisation.
- Nearly 58.96 percent reported failure of the method as a reason for conception.
- Approximately 88 percent of respondents said it was a joint decision, 8 percent said it was their husband's decision and the rest said it was their own.
- Sixty-eight percent of the women came for abortion between 4-8 weeks of pregnancy, 17 percent between 8-10 weeks, 23 percent between 10-12 weeks and 9 percent after more than 12 weeks.
- Almost 70 percent had fear of pain and suffering and only 2.50 percent were happy.
- Apart from the number of living children, the sex of the living children is also an important motivating factor for seeking abortion.
- Fifty percent of the women considered abortion a regular method of family planning while 27 percent said that it should be used only in the case of failure of contraception or to save the mother's life.

Conclusion:

- The number of women coming for MTPs is increasing.
- There is greater need for more approved centres in far off areas as is clear from the study where more than one-fourth of women came from far off areas.
- A large majority of women did not think undergoing abortion was evil or immoral.
- Lots of women considered abortion a method of contraception thus there is a need to stress the use of regular methods of birth control. There also exists a need for more choice of foolproof methods of contraception, as most of these pregnancies were a result of failure of these methods.

ABSTRACT NO. 61

Author(s)	:	Choudhury, D. C.
Title	:	Survey on Need Assessment on Abortion in Assam
Source	:	Population Research Centre, Department of Statistics, Gauhati University
Place of study	:	Assam
Period of study	:	June 1999 to November 1999
Nature of study	:	Hospital, clinic and community based

Aims and objectives : To assess the extent of facilities for abortion, the incidence of abortion conducted in Assam since the implementation of the MTP Act, the socio-economic and demographic problems of MTP acceptors recorded in hospitals, clinics and randomly selected women, the contraception behaviour of the MTP acceptor, would be acceptor and non-acceptor women and to assess the circumstances under which abortion is generally sought.

Methodology:

Data on facilities for conducting abortion and the extent of abortion in the state were collected from the State Health and Family Welfare Department. Two districts were selected from the list of institutions where abortion is done. The list of MTP acceptors from Medical Colleges and other hospitals like civil hospitals, community health centres, primary health centres and other non-government hospitals and clinics was collected.

A total of 1,000 women were covered by the study, 500 from each district. Two hundred and fifty MTP acceptors were selected randomly from the collected list of MTP acceptors. The remaining 250 women, between the ages of 15-49 years were selected randomly for their assessment of their current status of abortion, future plans as well as their needs.

Findings:

- There are only 100 people who are trained to conduct abortions in the state.
- According to state records, all necessary equipment had been supplied to MTP centres.
- All medical personnel felt that MTP was necessary.
- The incidence of official abortion has been continuously declining from 1995 to 1999.
- The state government has recognised 87 medical institutions, both government and non-government for providing MTPs in the state.
- From discussions with the health personnel in the survey area it was observed that they had full knowledge and skills for performing abortions. They also said that more trained doctors, better health facilities and adequate equipment were still required.
- There is a large inter-district variation in the incidence of MTPs.
- Eighty-seven percent of the women were from rural areas, 73 percent were Hindus of which 53 percent were from the general castes. Forty-three percent were from the age group of 30-34 years.
- 76 percent had formal education from primary level to class 10.
- Women from higher income groups have a greater propensity towards abortion. Abortion is also popular among rural educated housewives (non-workers).
- About 16 percent of women with no children or only one child underwent abortions. Eighty-four percent of the women had two children.
- Eighty-eight percent of the women had no experience of death of children, 98 percent had no still births, and 96 percent had no spontaneous abortions.
- Eighty percent of the women had had abortions once, 10 percent twice and two percent thrice.
- Ninety-seven percent of the women had to take permission from their husbands and three percent from in-laws and relatives.
- Seventy-nine percent of abortions were held in government hospitals, three percent at home and 18 at private clinics.
- Ninety-six percent were conducted by the doctors, three percent by nurses, 0.20 percent by relatives and two percent by using herbal medicine.
- Seventy-seven percent were using some form of contraception, 74 percent were also currently using them.
- Twenty-four percent of the women became pregnant due to irregular use of the contraceptive.
- Sixty-eight percent faced health problems during abortion.
- Ninety-seven percent of women said they were prepared for abortions in the future. Seventy-six percent of the women had no desire for additional children and 24 percent for their reproductive health problems.
- Ninety-nine percent of the women who had not undergone abortion had heard of it, 45 percent of these were willing to do it, 20 percent had no children and so did not agree to it, 34 percent thought it was not good for the child and 46 percent were afraid of the side effects.

- Three percent of the women would prefer home as the place for abortion, 89 percent government hospitals and 8 percent private clinics. Ninety-nine percent said that they would consult a doctor while one percent said nurses or *dais*.
- Thirty-two percent of these women thought abortion was sinful, 72 percent opined that it was against religion.
- Thirty-seven percent of the women who had not had abortions were using some contraceptive.
- Ninety-one percent of the women had heard about the problems appearing post abortion.

ABSTRACT NO. 62

Author(s) : Ganguli, G., K. Mukherjee, N. Raman

Title : Centchroman, A Safe Contraceptive Coverage Following Medical Termination of Pregnancy

Source : The Journal of Obstetrics and Gynaecology, 1995, CAHMC, 45(5)

Place of study : Allahabad

Period of study : January 1993 to January 1995

Nature of study : Hospital-based study

Aims and objectives : To find an ideal method of contraceptive coverage following MTP with minimal side effects and maximum patient acceptance and compliance.

Methodology:

Ninety-six patients were selected following MTP from S.R.N. and K.N.M. Hospitals, Allahabad. All of these patients were given Centchroman as contraceptive coverage following a MTP. All of the patients were educated and belonged to the urban group so that regular follow-up could be done effectively. A clinical history with special reference to their menstrual cycles was taken. Routine investigation was performed in each case including liver function tests, serum bilirubin, SGPT, serum alkaline phosphatase and total serum protein and renal function tests were carried out initially, and after every three months. Ultrasonography was done in 56 patients to study the size and volume changes of ovary during therapy. A majority (85.42%) of the women belonged to age group of 20-30 years. About 41.6% were upper middle class and 37.55 were upper class.

Findings:

- Eighty-three percent of the cases had normal cycles and 12.5 percent had prolonged cycles (35-44 days) in one to two cycles while 4.16 percent cases had longer cycles than 45 days.
- The success rate was 96.87 percent and the failure rate was 3.12 percent.
- Liver function and renal function test showed no alteration after one year of use of Centchroman while the size and volume of the ovaries remained the same.
- The contraceptive effect was reversible within six months of stopping therapy.

Conclusion:

- Centchroman is a safe nonsteroidal contraceptive with minimal side effects and excellent patient compliance due to its weekly dosage schedule.
- Its contraceptive effect is reversible within months of stopping therapy and is thus recommended for women in the reproductive age group wanting an easy spacing method following an MTP.

ABSTRACT NO. 63

Author(s) : Das, B. K., and O. P. Mishra

Title : Outcomes of Teenage Pregnancy

Source : Indian Journal of Preventive and Social Medicine

Place of study : Varanasi, U.P.

Period of study : N.A.

Nature of study : Hospital-based study

Aims and objectives : To find out the obstetrical behaviour and perinatal outcome of teenage pregnancy and compare with a control series of older mothers.

Methodology:
Maternal and foetal complications were recorded according to standard definitions. The statistical analysis was done using the chi-square test.

Findings:
- The overall incidence of complications was significantly higher in teenage mothers.
- The incidence of spontaneous vaginal delivery was higher and caesarean section rate lower among teen mothers.
- The incidence of low birth weight and foetal distress was higher among teen mothers.

Conclusion:
- Obstetrical risks are definitely higher among teenagers and they should be provided with better nutrition and antenatal care. If possible, teen pregnancy should be avoided.

ABSTRACT NO. 64

Author(s) : Mondal, Aftab Uddin

Title : Acceptance of Induced Abortions in Rural Society and Scope of Family Welfare Services

Source : Journal of Obstetrics and Gynaecology, October 26, 1990

Place of study : West Bengal

Period of study : January 1989 to October 1989

Nature of study : Clinic/hospital-based study

Aims and objectives : To study the reasons for the demand for induced abortions and the influence of the rural socio-cultural and obstetric background, the reasons for resorting to illegal abortion despite having justifiable reasons for claiming a legal MTP, and to study the scope for increasing contraceptive and sterilisation acceptance.

Methodology:
Prospective random survey carried out at the primary health centre of two adjoining villages with 250 females. This study included both acceptors, women who had undergone abortions as well non-acceptors of abortions. Socio-cultural and obstetric history were taken and history of induced abortions and contraceptive practices studied in detail.

Findings:
- Acceptance was more among females whose husbands were health workers, service holders, technical personnel and unemployed as compared to manual workers like farmers.
- Females belonging to higher economic status resorted to induced abortions more often.
- Ten percent of all abortions were provided to unmarried females.
- The complications of abortions in this study are greater when compared to others. This could be attributed to the fact that there is an increased incidence of complications of abortions done by registered private practitioners, possibly due to improper training and lack of meticulous precautions.
- Illegal practitioners were visited to maintain secrecy, and also because of publicity, easy availability, financial problems and the fact that the provider was a female.
- Demands for termination of pregnancy are mainly of three categories: 1) sought for unplanned pregnancies, failed contraception and sterilisation, 2) single/divorced females, and 3) those with a religious objection to sterilisation.
- Early age at marriage, higher parity and more preventable foetal and child deaths were encountered more often in females who had never had induced abortions.

Conclusion:
- Illegal abortions, often adopted to keep secrecy, are endangered with severe complications.
- Increased acceptance and proper use of contraceptives and sterilisation at reasonable parity will minimise avoidable and unplanned pregnancies and the need for induced abortions.
- There is a need to increase motivation and awareness of people in the community. People should also be motivated during the induced abortion to motivate couples as acceptance of contraceptives and sterilisation increases appreciably.

ABSTRACT NO. 65

Author(s) : Henshaw, Stanley K.

Title : Induced Abortion: A World Review, 1990

Source : International Family Planning Perspectives, June 1990, (16)2

Place of study : N.A.

Period of study : N.A.

Nature of study : Papers, reports and articles

Aims and objectives : To summarise the latest information on abortion laws and policies as well as the incidence and health implications of abortion.

Methodology:
The paper differentiates countries by criteria for abortion, and discusses the impact of social and medical aspects of law on abortion and related services. The paper also shows abortion numbers, rates and ratios between countries.

Findings:

- Around the world, laws governing induced abortion range from those prohibiting abortion with no explicit exceptions to those establishing it as a right of pregnant women.
- Countries that allow abortion can be divided into three categories: these include those that allow it on broader medical grounds, those that allow it for social or social-medical reasons and those that allow it up to a certain period of gestation without specific indications.
- The most complete and accurate data are those that are available for developed countries.
- In some countries, physicians may be performing abortions that do not fit within the purview of the laws and these are not reported as legal abortions.
- Hospital studies suggest that between 20-25 percent of maternal mortality is due to abortion.
- Most legal abortions are performed relatively early in pregnancy.

Conclusion:

- The provision of abortion under modern medical conditions has reduced abortion mortality to an extremely low level in developed countries that have legalised the procedure.
- The stage of pregnancy at which abortion is performed affects the risk of mortality and complications, regardless of legal status and medical care.
- Abortion rates reflect the extent of unplanned pregnancy and can therefore serve as an indicator of the unmet need for family planning services.

ABSTRACT NO. 66

Author(s) : Jejeebhoy, Shireen J., and Saumya Rama Rao

Title : Unsafe Motherhood: A Review of Reproductive Health

Source : Not specified

Place of study : All India

Period of study : N.A.

Nature of study : Papers, articles and reports

Aims and objectives : To review the underlying factors like maternal and child health, Integrated Child Development Services and family planning programmes and consider the way in which they affect reproductive health at various stages of the life cycle.

Methodology : Not specified

Findings:

The article discusses in detail:

- maternal, perinatal and neonatal mortality and their causes.
- childhood and adolescence and the effects of early marriage and childbearing.
- pregnancy and antenatal factors and other factors affecting reproductive health such as abortion, infertility, sexually transmitted infections and breastfeeding.

Conclusion:

- Rather than being simply a medical problem, poor reproductive health is a reflection of a series of social, cultural and economic circumstances that are not responsive to short-term strategies.

- Short-term benefits to reproductive health can accrue through well implemented interventions that reduce not only mortality but also morbidity. Such interventions exist but the thrust of their services has been so skewed that benefits have been limited.

ABSTRACT NO. 67

Author(s) : Ganatra B. R., K. J. Coyaji, and V. N. Rao

Title : Too Far, Too Little, Too Late: A Community-based Case Control Study on Maternal Morbidity in Rural West Maharashtra

Source : Bulletin of the WHO, December 1998, 76(6)

Place of study : Maharashtra

Period of study : 1993-1995

Nature of study : Population-based case control study in 400 villages in rural Maharashtra

Aims and objectives : To compare deaths and survivors of similar pregnancy complications.

Methodology:
Maternal deaths were identified through multiple source surveillance and population-based case control survey.

Findings:
- There is a negative effect from excess referrals.
- There is a positive outcome from having a trained attendant, residence in the central village, an educated husband and being at the natal home at the time of illness.
- No associations were found with women's education.
- Deaths due to domestic violence were the second leading cause of death during pregnancy.

Conclusion:
- The study points to the need for IEC efforts at family (especially male) preparedness for emergencies.
- There exists a need for streamlining the referral system and decentralising and triaging obstetric management.

ABSTRACT NO. 68

Author(s) : Gupte, Manisha, Sunita Bandewar, and Hemlata Pisal

Title : Abortion Needs of Women in India: A Case Study of Rural Maharashtra

Source : Reproductive Health Matters, May 1997, No. 9, pp. 77-86

Place of study : Six Villages in Pune District of Maharashtra

Period of study : April 1994 - March 1996

Nature of study : Community-based study

Aims and objectives : To explore women's perception of their rights and needs in relation to abortions. The paper presents women's views about abortions as a right, female selective abortions and abortion for foetal anomaly. It also presents women's knowledge about the abortion law, their experience with the abortion services and the perceived constraints in getting legal abortions.

Methodology:

The paper uses data from a larger qualitative study conducted in six villages in Pune district of Maharashtra. These villages were selected based on their access to health services, population size and access by road to neighbouring towns. Interviews were carried out with 67 women who had participated in focus group discussions. Women with or without a current sexual partner, from various castes, class and age groups were included. Most were 20-40 years old. Semi-structured interview schedules based on data generated in FGDs conducted earlier were used for in-depth interviews.

Findings:

- Seventy percent of women supported abortion as a right over their own bodies and as a right to control their fertility, but only 18 percent knew that it was legal in India.
- A majority of the women felt that abortions were especially needed by women who became pregnant outside of marriage, without having to claim that the pregnancy resulted from rape.
- Ninety percent of women said that unmarried girls should abort their pregnancies.
- Contraceptive failure was not supported as a reason for abortion.
- Seventy-five percent of the women believed that abortion was more difficult than a delivery.
- Forty-five percent of women approved of aborting the female foetus mainly due to economic reasons, fear of domestic violence and social pressure.
- Of the 67 women participating, only four were aware that pre-natal tests were intended for detecting foetal anomaly, though almost all were aware of its use for knowing the sex of the foetus.
- Reasons given against legalisation of abortion included the belief that abortion constituted murder, that sex-selective abortion would increase, concern for the woman's health, women would become promiscuous, that abortion could lead to sterility and that it would hamper population growth.
- Reasons given in support of legal abortion included protecting women from the stigma attached to abortion, to enable women to space their pregnancies and to avoid deterioration of their health from repeated and unwanted pregnancies and births.
- Twenty-five percent of women did not approve of abortion in case of foetal anomalies.
- Opinions were divided on whether the husband's approval was necessary or not. Reasons in favour included making the husband more responsible for his wife's health, encourage mutual consent, avoid domestic conflict and keep women's sexuality under control. Reasons against included the possible unavailability of the husband at the time, the possibility of men seducing and then refusing to take responsibility and the fact that this would reduce women to begging their husbands for permission to have an abortion.
- Though most women did not know whether abortion was legal or not, they did know that abortions were legally provided in "big hospitals" as well as by local village abortionists.
- Constraints identified in obtaining an abortion from a public health facility included illegality where a sex determination test had been performed and confidentiality.

Conclusion:

- The issue of abortion as a "rights" issue emerges where saving face for the household is not the driving force in seeking an abortion.
- Contempt for extra-marital relationships and a fear of women's sexuality also featured in the responses and the uneasiness of purposely ending a pregnancy through an abortion.

- Aborting one pregnancy does not mean that a woman's reproductive responsibility is reduced; it may be merely postponed to another date. In the case of an abortion after sex determination, the load may actually be increased as she has to undergo pregnancies until she conceives a boy.
- The discomforting eugenic of not wanting disabled children was related to the sexism of not wanting daughters.
- Women who had had abortions after a sex determination test categorically said that they would not repeat the experience ever again, whereas the others said that they would approach abortion more positively and that they would even help others get abortions.
- The MTP Act is at cross-purposes with women's needs and aspirations. In fact women have to disguise their needs to fit within the conditions of the act.
- There is also very little space for a woman to acknowledge her sexuality when she needs an abortion, especially when she is single.
- Requiring a husband's signature may ensure legal immunity for doctors but it reflects the patriarchal values of Indian society.
- Women feel able to express their demands for quality of care in general health facilities but are unwilling to trade off quality of care for their single most over-riding concern when it comes to abortion--confidentiality.

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