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Abortion service and abortion seeking behaviour- A Survey conducted in two villages of South 24 Parganas, West Bengal, India

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Abstract: *Abortion has been a serious health issue in the area of women's reproductive health. Therefore, the study has its significance in the present context. The present paper focused on abortion issues with special reference to the types of abortions, kinds of abortion service providers, impact of abortion on Reproductive Health Status and of course has put forward few recommendations on this serious issue.*

Key Words: Abortion, reproductive health, induced, spontaneous, mortality, morbidity, abortion service, abortion seeking behavior

Introduction

Abortion, a serious global health issue, is getting magnified day by day as one of the life threatening issues for women health. Both in developed and developing countries, unsafe motherhood and abortion remain as a neglected area. It has been recorded that about 26 million legal and 20 million illegal abortions have taken place every year as estimated for 1995 (Henshaw, Singh, & Hass, 1999); another alarming fact is that almost 97% of the unsafe abortion are reported from developing countries (Grimes, et al., October 2006). In India during the late sixties and early seventies one of the main focus of reproductive health was safe motherhood. It was during the same time that abortion became legalized-the Medical Termination of Pregnancy Act, 1972 came into existence. It is estimated that nearly 90 % of the abortions in India are performed under potentially unsafe environment (Ahman & Shah, 2004). Complications due to unsafe abortions are a major cause of death and disability in several developing countries including India. Thus unsafe abortion is determined as one of the major reasons behind high maternal mortality and morbidity rate.

The alarming fact is that the rising number of incidents of abortion, specially induced abortion in India and its adverse consequences of women health. In actuality, these situations are mostly preventable and needs special attention. Women who have either experienced or undergone abortion constitute a large number which is certainly one of the reasons for high mortality and morbidity rate among the women. The enumeration of the incidents of abortion is still in a critical situation; in India, abortions are reported as roughly 6.7 million annually and efforts on reducing recourse to unsafe abortion would be a 'multi step process'.(Johnston, May 2002) Another study reveals that upto 12 million girls were aborted over the last three decades in India; the sex ratio for the second child in the homes where the first born was a girl child fell to 836 girls for every 1000 boys in 2005, from 906 to every 1000 boys in 1990. This study points out the need of health reforms in the area of reproductive health. Studies have pointed out a range of reasons of abortions as- limiting family size and spacing, non-use or failure of contraceptives, unawareness or limited knowledge about contraceptives, different influencing perceptions, wanting of desired sex composition, on medical advice, variance in economic condition, violence on women, unwanted pregnancies of single, divorced or separated women, myths etc.(Visaria, Ramachandran, & Ganatra, 2000) Another indicator for abortion study is the poor level of awareness regarding abortion which leads to various risk factors on further pregnancies and even life threats at times. In India, a woman dies every two hours because she had an unsafe abortion, according to the estimates by Ipas, an International Organization that works with National Rural Health Mission to reduce maternal deaths due to unsafe abortions (Dixit, 2013). Another influencing factor is the knowledge about legal status of abortion which is found poor with majority of the women and their husbands thinking that abortion is illegal. It has been also found that people tend to think about the negative side effects of abortion and related health hazards. (Boler, Marston, Corby, & Gardiner, 2009) In a study named, "Abortion needs of women in India: A Case-study of Rural Maharashtra" clearly points out the need of improvement in abortion policy and the service delivery need special attention in India (Gupte, Bandewar, & Pisal, May 1997). Thus abortion study has gained its importance at different levels.

Objectives of the study

This study is based on a survey with the focus of the following objectives:

- ✓ To identify the women who had experienced or undergone abortions during the last two years in the proposed study area.
- ✓ To assess the kinds of providers of abortion services available in the study area.
- ✓ To assess the impact of abortion on Reproductive Health Status of women in the study area.
- ✓ To put forward some recommendations so that women avail better reproductive health care.

Study area and Data collection

Quantitative data were collected by administering structured interview schedules on 45 respondents who fulfilled the inclusion criteria of the study.

The study was conducted in two villages- Ramnagar and Dulalpur of Bishnupur II Block, South 24 Parganas, West Bengal.

Research Design and Sampling

The survey design was adopted with the aim of ascertaining the types of abortions and the related issues. Forty five married women who had undergone abortion formed the basic unit of the study. In the absence of a proper sampling frame, the respondents were selected using a two step approach. At first two service providers were selected from each village through purposive sampling method; the inclusion criteria for the service providers were-

- that they have to serve the two above mentioned villages,
- that they have to be women service providers.

The service providers provided the list of women who had recently utilized the abortion services. Since the numbers provided by them were not sufficient for the researcher, snowball sampling was used for further data collection. The inclusion criteria for selection of the respondents were-

- that the respondents either had gone through spontaneous or induced abortion.
- that they were willing to voluntarily participate in the study and
- that they were residents of Ramnagar and Dulalpur of Bishnupur II block, South 24 Parganas.

Women who had undergone spontaneous abortion were much more open to share their views and situation in comparison to women who had undergone induced abortion. Hence it was quite difficult to identify them as it was a very sensitive issue.

Major findings

The population of the study can be characterized by the socio-demographic and socio-economic profile of that particular selected area which can be presented as follows-

Survey respondents:

Though the NFHS-2 (1998-99) data reveals that the rural pockets of West Bengal is mainly dominated by the Hindu Community (69.6%), the study population is mainly dominated by Muslim Community and consisting of almost 55.6 percent and only 44.4 percent of the population were of Hindu Community.

It is observed that among the Hindu Community, nearly 70 percent of the Hindu population belonged to scheduled caste, about 10 percent of the Hindu Community belonged to other backward caste, 20 percent of the Hindu population belonged to general caste; none belonged to scheduled tribe category.

The educational status of the respondents in that particular area shows that almost 42 percent of the respondents were illiterate followed by 29 percent of the respondents who studied upto class VIII, 25 percent of the respondents studied upto class IV, 2 percent of the respondents studied upto class XII and again 2 percent of the respondents studied upto graduation level; thus depicting the poor literacy level of the respondents.

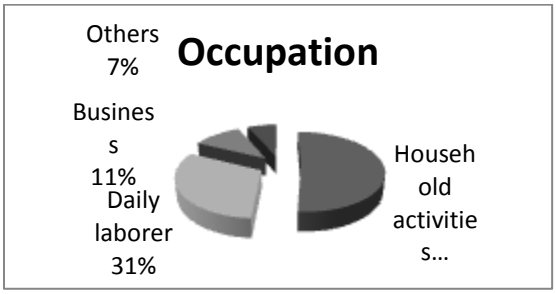

Chart 1.1

From the pie chart 1.1, it is observed that most of the women (51 percent) were devoted in household activities, almost 31 percent of the women worked as daily laborer, 11 percent of the women involved themselves in different businesses and the rest 7 percent of the women were involved in other works, viz. zari work, bidi bindings etc.

The question related to annual family income reveals the poor economic condition of the families in the study area. About 35 percent belonged to the family income group of Rs. 10001 to Rs.20000 yearly followed by 29 percent belonging to the family income group of less than Rs.10000 yearly, again about 29 percent belonged to the family income group of Rs. 20001 to Rs.40000 yearly, 5

percent belonging to the family income group of more than Rs.80001 annually and none of the respondents belonged to the family income group of Rs. 60001 to Rs.80000 yearly, respectively.

Personal Profile of the respondents

Majority (38 percent) of the women of the study population belonged to the age group of 19 to 24 years and about 31 percent of the women were found of the age group of 25 to 30 years, which shows that the women in the study area has a tendency to get pregnant at a normal age. Additionally, about 18 percent and 13 percent of the women belonged to the age group of less than 19 years and more than 30 years, respectively.
Interestingly, it came up from the study that the majority of the women of the particular area were getting pregnant almost at the normal age whereas most of them (82 percent) were getting married before the legal age of marriage, i.e., 18 years.

It has been found from the study that all of the women (100 percent) were married; none of them were found to be either widowed or separated.

Age at first pregnancy

Age (in years)	Frequency	Percentage
19 or more than 19	38	84.5
20 to 29	6	13.3
30 or more than 30	1	2.2
Total	45	100

Table:2.1

According to NFHS-2, West Bengal (1998-99)

Mothers' age at birth of the child (in years)	Wanted then
Less than 20	72.1
20 to 24	75.6
More than 24	66.8

Table2.2

The 2.1 table shows that most of the first pregnancies (84.5 percent) occurred at an age as early as 19 years which was pretty higher than as reported in NFHS-2, West Bengal (1998-99). In addition to it, only 13.3 percent of the respondents had their first pregnancies at the age of 20 to 29 years whereas NFHS-2, West Bengal (1998-99) depicts that 75.6 percent of the population had their first pregnancies at the age of 20 to 24 years; negligible portion of the respondents (2.2 percent) were getting pregnant for the first time at a later age of 30 years or more than that.

Maternal History

However the study has been done on 45 women respondents who have gone through abortion but the maternal history shows that few mothers have faced abortion more than once in their life span and they were even several Gravidian.

The maternal history regarding the first outcome of the pregnancy revealed that live births covered almost 82.2 percent of the deliveries; incidents of induced abortion (8.8 percent), spontaneous abortion (4.4 percent) and still births (4.4 percent) were also recorded.

Maternal History: Live Birth (Multiple responses)

N=45	Frequency	Percentage
First pregnancy	37	82.2
Second pregnancy	26	57.8
Third pregnancy	15	33.3
Fourth pregnancy	7	15.6
Fifth pregnancy	4	8.9
Sixth pregnancy	3	6.7
Seventh pregnancy	2	4.4
Eighth pregnancy	2	4.4
Ninth pregnancy	1	2.2
Tenth pregnancy	1	2.2

Table 3.1

Table 3.1 depicts that as the gravida of the woman increases, the percentage of the live birth decreases. It is also found that spontaneous abortion was more prevalent in the second gravida of the women (13.3 percent) followed by 6.7 percent of the fourth gravida, 4.4 percent of the first gravida, 2.2 percent each of the third gravida, fifth gravida and sixth gravida of the woman respectively.

The maternal history of the women depicts that induced abortion was more prominent in the second and third gravida of the women (22.2 percent each). It is also found that still birth was rare (4.4 percent) and was evident during the first pregnancies of the women.
Abortion, either experienced or undergone, is a common factor to determine the respondents. In this regard, it was found that six out of fourty five respondents were found to be pregnant at the time of the study; for 6.7 percent of the women, it is their third pregnancy followed by 2.2 percent of the women, it's their second pregnancy, 2.2 percent of the women it's their fourth pregnancy and for 2.2 percent of the women it's their fifth pregnancy.

Maternal History: months in which abortion/ delivery took place (in percentage)													
Outcome	N=45	First order	Second order	Third order	Fourth order	Fifth order	Sixth order	Seventh order	Eighth order	Ninth order	Tenth order	Eleventh order	Total
Abortion	8 weeks	2.2	4.4	6.7	4.4	2.2	2.2	0	0	0	0	0	22.1
	57 to 112 days	8.9	19.9	15.6	8.8	4.4	2.2	2.2	0	2.2	0	2.2	46.4
	113 days to below 28 wks	8.9	11.1	6.6	4.4	4.4	2.2	0	0	0	0	0	37.6
Delivery	28 weeks and more	79.9	57.7	31.1	15.6	11.1	4.4	4.4	4.4	2.2	2.2	0	213.0

Table 3.2

Table 3.2 also presents that in most of the cases, the deliveries were full term deliveries. On the other hand, most of the abortions, whether spontaneous or induced, were likely to have occurred in the 8th to 16th week of the pregnancy.

Place of delivery/ abortion and the attendants (in percentage)												
N=45	Outcome	First order	Second order	Third order	Fourth order	Fifth order	Sixth order	Seventh order	Eighth order	Ninth order	Tenth order	Eleventh order
Place	Home	69	40	29	16	7	0	0	0	2	0	0
	Govt sector	4	6	0	0	0	0	2	0	0	0	0
	Private sector	9	27	20	11	9	7	0	0	2	0	2
	Other	2	0	0	0	0	0	0	0	0	0	0
	N/A	16	27	51	73	84	93	98	100	96	100	98
	Total	100	100	100	100	100	100	100	100	100	100	100
Attendant	Dai	76	49	29	16	9	4	4	4	2	2	0
	ANM	0	0	0	0	0	0	0	0	0	0	0
	LHV	0	0	0	0	0	0	0	0	0	0	0
	Doctor	13	13	4	0	2	0	0	0	0	0	0
	N/A	11	38	67	84	89	96	96	96	98	98	100
	Total	100	100	100	100	100	100	100	100	100	100	100

Table 3.3

The outcome regarding the place of services (Table 3.3), either for abortion service or delivery service, shows that the majority of the respondents preferred home for the services. This partially supports the outcome regarding the attendants for different services; it was obvious that preference for *dai* was high as compared to other attendants.

Study regarding the delivery related problems occurred just before index abortion indicates that 17.8 percent of the respondents do suffer from prolonged labour followed by 11.1 percent of the women complaining about problems in difficulty in delivery of placenta, 4.4 percent of them reported about problems related to delivery by using instruments, like forceps or vacuum; none of them complained about pus in perineal tear or episiotomy or delivery by cesarean section or excessive bleeding from vagina after delivery.

Additionally, while studying the pregnancy related problems occurred during the Index Abortion, it is found that 13.3 percent of the respondents reported about bleeding from vagina in early pregnancy, 6.7 percent of them reported about anemia during pregnancy, 6.7 percent of them reported about severe pain in abdomen, again 6.7 percent reported about weaknesses or aches during pregnancy, 4.4 percent of them reported about jaundice, again 4.4 percent of them reported about high fever during pregnancy, 2.2 percent of them reported about bleeding from vagina in late pregnancy and none of them reported about convulsions or fits during pregnancy.

In case of general illnesses, majority of the respondents (88.9 percent) strongly agreed to seek health care from private doctors; government hospitals provide health care for 64.4 percent of the women, private hospitals and government doctors in private services provide services for about 20 percent and 6.7 percent of the respondents respectively.

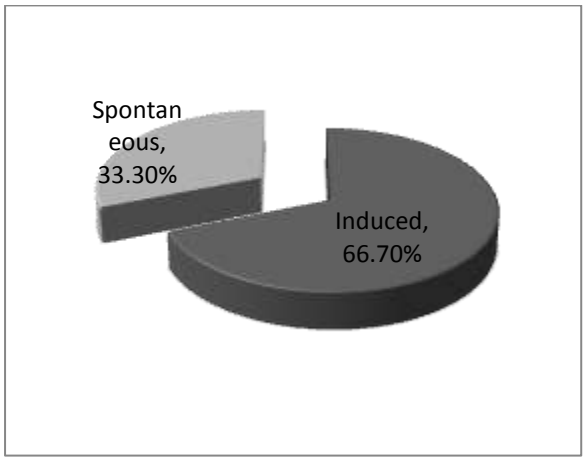

Chart 3.4

The pie chart 3.4 depicts that 66.7 percent of the respondents had gone through induced abortion whereas 33.3 percent of them reported about spontaneous abortions.

The study also shows the preference in regard to abortion seeking behaviour in case of induced abortion; 57.8 percent of the respondents preferred to go the private hospitals, 6.7 percent of the women reported about going to government hospitals for seeking services for abortion and related issues and the rest 2.2 percent of the women had been to the faith healer; 33.3 percent of the women didn't go anywhere as they had spontaneous abortions. This preference may indicate that women felt comfortable and more accessible to the private hospitals. Thus it can be said that the private hospitals were in a better condition to provide confidential environment for them.

Notably, 20 percent of the women complained about menstrual problems after abortion, 31.1 percent of them reported about problems regarding white discharge, 11.1 percent of them reported about itching, boils, ulcers or wart around vulva, 6.7 percent of them reported about pain in the lower abdomen, 15.6 percent of them complained about low backache, 8.9 percent of them reported about pain during sexual intercourse, 2.2 percent of them also reported about frequent and painful passage of urine, 13.3percent of them complained about some mass coming out of vagina; none of them complained about swelling in the groin or bleeding after sexual intercourse. Thus it could be analyzed that some sort of reproductive health complications are prominent after the occurrence of the abortion.

While interviewing, it came up that most of the respondents (84.4 percent) felt that the present reproductive health problems (RHP) were a pre existing condition; rest 15.6 percent of them felt that abortion was one of the main reasons for the RHP.

Data interpretation and analysis through cross tabulation point out the following-

Religion	Abortion Index				Total-frequency	Total-percentage
	Spontaneous-frequency	Spontaneous-percentage	Induced-frequency	Induced-percentage		
Hindu	8	18	12	27	20	45
Muslim	6	13	19	42	25	55
Total	14	31	31	69	45	100

Table 4.1

The 4.1 table of abortion index to religion presents that both induced abortion and spontaneous abortion are more prevalent among the Muslim community. It has been a general notion regarding caste affiliation that Muslim community prefers more
children which contradicts with the findings of this particular study. One of the reasons to be pointed out is that the women in this study reported that after they had the desired number of children, they preferred abortion and followed family planning method. They usually didn't inform their family members before taking up the strong decision on abortion.

Educational Status	Abortion Index				Total-Frequency	Total-Percentage
	Spontaneous-frequency	Spontaneous-percentage	Induced-frequency	Induced-percentage		
Illiterate	5	11	14	31	19	42
< IV	5	11	6	13	11	24
V to VIII	2	5	11	25	13	30
IX to XII	1	2	0	0	1	2
> Graduation	1	2	0	0	1	2
Total	14	31	31	69	45	100

Table 4.2

The 4.2 table of abortion index to educational status presents that induced abortion was more among the illiterate respondents irrespective of the abortion seeking behaviour. Women's education is significantly associated with abortion; abortion seekers appeared to have lower educational level; 11 percent of the population who were found illiterate and had gone through spontaneous abortion whereas 31 percent of the illiterate population had gone for induced abortion. This may indicate the poor knowledge about family planning among the illiterate women and has been found significantly changing with the level of education.

Annual Income (in Rs.)	Abortion Index				Total-frequency	Total-percentage
	Spontaneous-frequency	Spontaneous-percentage	Induced-frequency	Induced-percentage		
< 10000	4	9	9	20	13	29
10001 to 20000	3	7	13	29	16	36
20001 to 40000	7	15	6	14	13	29
40001 to 80000	0	0	1	2	1	2
> 80001	0	0	2	4	2	4
Total	14	31	31	69	45	100

Table 4.3

The 4.3 table of abortion index to annual family income presents that induced abortion is prevalent among the family income group of Rs. 10001 to Rs. 20000 annually. This could arise the question of affordability of child bearing and child rearing associated with this particular income group, thus replicates the attitudes towards abortion seeking behaviour.

Present Age (in years)	Abortion Index				Total-frequency	Total-percentage
	Spontaneous-frequency	Spontaneous-percentage	Induced-frequency	Induced-percentage		
> 19	2	4	3	7	5	11
19 to 24	8	18	12	27	20	44
25 to 30	3	7	11	24	14	32
> 30	1	2	5	11	6	13
Total	14	31	31	69	45	100

The 4.4 table of abortion index to current age of the respondents presents that both spontaneous abortion and induced abortion mainly occurs in the age group of 19 years to 24 years. This can raise question regarding the level of awareness on reproductive health as this age period is regarded as the highest fertility period.

Place of service	Abortion Index				Total-frequency	Total-percentage
	Spontaneous-frequency	Spontaneous-percentage	Induced-frequency	Induced – percentage		
N/A	14	31	0	0	14	31
Govt. hospital	0	0	3	7	3	7
Private hospital	0	0	27	60	27	60
Faith healer	0	0	1	2	1	2
Total	14	31	31	69	45	100

Table 4.5

The 4.5 table of abortion index to place of abortion service presents that preference for private hospital over government hospital is always more which supports the preference pattern for services-women go for comfortable and confidential environment even though they had to pay more.

Response to abortion problem	Abortion Index				Total-frequency	Total-percentage
	Spontaneous-frequency	Spontaneous-percentage	Induced-frequency	Induced-percentage		
Yes	1	2	6	13	7	16
No	13	29	25	56	38	84
Total	14	31	31	69	45	100

Table 4.6

The 4.6 table of abortion index to response to abortion problem presents that abortion related complications were comparatively high in case of induced abortion.

Conclusions

The study provides empirical evidence about abortion issues and abortion seeking behavior. Given the sensitive and confidential nature of abortion and related information, it was difficult to get the required information from all the respondents. It was a general situation where women denied talking about it in front of their family members; interestingly it was also found that in some cases, some of the family members were not even aware of the abortions that took place in their families. On the other hand, women generally refused to talk about it soon after the incident of abortion takes place.

The analysis shows that illiterate women didn't simply accept the fact of unwanted pregnancy which is evident from the higher rate of abortion among them. Besides illiteracy, economic condition of the family had a significant role; almost nine tenth of the population belonged to the income group of less than rupees forty thousand annually.

It has been well documented that almost four fifth of the women in the population had been married before they reached the legal age of marriage, ie, 18 years. Again the highest abortion rate has been identified (almost half of the abortions) between the age of 19 years to 24 years which is considered as the highest fertility period.

The causes of induced abortion have been pointed out as unwanted pregnancy or spacing, poverty or not being able to take care of more children etc. It has been observed that in most of the cases, women had to take their own decision to seek abortion services. Mostly the families were not supportive in this regard and sometimes had a superstition that it is a curse to abort a child. Therefore, women mostly had to hide the fact from their family members.

In case of spontaneous abortion, about two fifth of the women reported to have abortion during their first and second pregnancy which can partially indicate the poor knowledge about pregnancy and the early age at pregnancy. Again in case of induced abortion, almost three fourth of the women choose to have abortion on or before their fifth month of pregnancy (before 25th week); this could be an indicating factor that women of this category were quite aware of the Medical Termination of Pregnancy Act, 1972.

Factors associated with general health seeking behavior, women preferred to go simultaneously to

the government hospitals and doctors in private clinics. This definitely puts question on the level of awareness; while treating minor ailments or general health issues people preferred to avail mostly the government facilities but when it comes to the abortion services, people tend to go to private set ups .

The study findings highlight that the women of this area didn't have proper knowledge regarding their reproductive health and related problems; thus taking those as common problems. Regarding the attendants either for delivery purposes or abortion services, dais (mainly untrained) played a pivotal role.

Recommendations:

After conducting a sample survey and subsequent analysis, some recommendations can be forwarded as follows-

- Women need to identify this particular need relating to abortion related services from the point of view of gender equality.
- Recruiting and involving health providers from the informal sector could play a crucial role in identifying the underreporting abortions; they could be better in handling this sensitive issue along with the taboos attached to it.
- Multi folded interventions; right from the grass root level could help in improving the quality of abortion services and post abortion care; lack of awareness accompanied by the fear of disclosure and need to maintain secrecy by the care givers need special emphasis.
- Organizing awareness campaigns for different reproductive health problems could be helpful at times; programmes may address the needs of family planning and its appropriate use. It may helpful to overcome the fear of rejection or ignorance by the family members regarding abortion seeking behaviour; simultaneously, family members may be assisted to come out of the traditional taboos associated with abortion and initiate open communication.
- Interventions could be taken up regarding the unwanted pregnancies, especially those pregnancies of the vulnerable group (unmarried women or illegal pregnancies); programmes on reproductive health would be more effective by enhancing and expanding the quality of reproductive health services.

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