



Scenario of Medical Abortion in Northern India- an important Reproductive health issue

KEYWORDS

Medical abortion, over the counter use

Dr. Sonia Puri

MD Associate Professor, Department of Community Medicine, Government Medical College and Hospital, Chandigarh

Dr. Mishika Malik

MBBS, Government Medical College and Hospital, Chandigarh

ABSTRACT *This paper discusses the current level of prevalence and correlates of Medical abortion through MTP pills among females visiting gynecology and obstetrics OPD from June 2011 to November 2011 involving 2162 females of age >18 years, of urban area of Chandigarh city. A pretested questionnaire was used to collect socio-demographic information and various other factors correlating with medical method of abortion. This study showed that 217 females out of total subjects underwent medical abortion out of which 48.8% women belonged to the age group of 30-35 yrs and were well-educated. Almost 40% women belonged to upper socio-economic status. Also majority of the females obtained MTP pills through over the counter sales by chemists.*

Introduction:

The concept of maintaining good reproductive health is a blooming topic in the field of Community Medicine. According to a report of the WHO, everyday around 800 women die from a preventable cause of death related to pregnancy and childbirth and 99% of these deaths occur in developing countries. With the ever-increasing world population, clinical termination of pregnancy or therapeutic abortion is a necessity, no country can do without. Abortion is illegal in many developing countries, but in India abortion is legal under the MTP act. An estimated 26 million pregnancies are terminated legally throughout the world, and 20 million are terminated illegally, with more than 78,000 deaths (Sophie CM, Philippe B, Irving MS). In India alone 10-12 million abortions take place annually, resulting in 15-20 thousand maternal deaths, mainly due to illegal abortions (Parikh MN)

India is an important country to analyze because of its large population, relatively liberal approach to medical abortion and the ease with which women and men can buy drugs outside of a clinical setting (Ramachandar L, Pelto P). It should be noted that it is still illegal in India to acquire medical abortion drugs without a prescription, although studies suggest that over-the-counter sales of the drugs is common practice (Ganatra B, Manning V, Prasad S). Traditionally, the provision of safe abortion services has required the training of specialized medical staff as well as relatively expensive equipment. However, since 1988, a new and easier alternative has existed in the form of medical abortion (Ulmann A).

Most terminations are done in the first 12 weeks of pregnancy (Mukesh Y) and are legally permitted up to 20 weeks of gestation. Medical abortion is the termination of early pregnancy using a drug or combination of drugs administered orally, intramuscularly or vaginally, first causing the pregnancy to terminate and then causing the uterus to expel the products of conception. Mifepristone and misoprostol were approved for use in medical abortion in 2002 by the ICMR. Medical abortion is also associated with various adverse-effects like

nausea, vomiting, continuous bleeding rare infections and incomplete abortion etc in some cases. But the irony of the fact is, women are still using it without having known the possible side-effects. In addition to the above mentioned side-effects associated with medical abortion, some positive features were also identified in several studies like the ease and speed of medical abortion (Mundle S, Elul B, Anand A).

The objective of this study is to find the prevalence of females opting for medical abortion, correlation of its usage with socio-demographic profile, study the awareness regarding MTP pills and its adverse effects amongst women. This study would enable us to study the level of awareness and determine our target population for health promotion regarding this topic. Also it will help women to have an overview about the side-effects and other psychological and physiological consequences of using MTP pills without supervision. This will enable them to understand the need of a doctor's supervision in using MTP pills for medical abortion.

Methodology:

This hospital based, cross-sectional study was done in Gynecology and Obstetrics out-patient department (OPD) of a tertiary care hospital. The study spanned over 6 months with first 5 months dedicated to data collection through an interview, next 2 weeks for data analysis and last 2 weeks for making of report.

Sample population comprised of married females in the reproductive age group, 18-45 years and every 7th female was interviewed (Daily patient load: 90-100 females). Hence a total of 2162 subjects were selected.

After explaining the purpose and utility of the survey, an informed consent was taken from the subjects and a pre-tested instrument was used for collection of data.

After interviewing 2162 selected study subjects, end point of data collection was achieved. This was followed by analysis of data with the help of IBM SPSS ver. 19.0.

Results and Discussion:

Table 1: Socio-demographic profile of the respondents and its correlation with usage of MTP pills for medical abortion. (n=217)

Age (years)	Number (n=217)	Percentage (%)
18-23	24	11.1
24-29	83	38.2
30-35	106	48.8
Up to 36 - 45	4	1.8
Education		
Illiterate	19	8.8
Primary	31	14.3
Secondary	25	11.5
Graduate	64	29.5
Post-graduate	78	35.9
Occupation		
Housewives	151	69.5
Working	66	30.4
Religion		
Hindu	104	47.9
Sikh	87	40.1
Muslim	19	8.8
Christian	7	3.2
Socio-economic status		
Lower	24	11.1
Lower middle	30	13.8
Upper lower	30	13.8
Upper middle	48	22.1
Upper	85	39.2
Source of knowledge about MTP pills		
Media	67	30.8
Friend/Relative	19	8.7
Doctor	37	17.1
Books	2	0.92
No knowledge about MTP pills	92	42.4
Type of family		
Nuclear	175	80.5
Joint	42	19.5
Parity		
Less than and equal to 2	66	30.5
More than 2	151	69.5

The easy availability of MTP drugs for termination of pregnancy has gained immense popularity in recent years as it gives women an opportunity to escape from the clutches of unwanted pregnancy with ease. Medical abortion is widely getting popular owing to its inexpensive, simple and acceptable potential to revolutionize the access to safe abortion (Sedgh G et al).

Out of the total study subjects, 58% had heard about abortion pills which is much higher in comparison to study done at AIIMS (Mittal S, Bahadur A, Sharma J) where a total

of 7.8% of women had heard of medical abortion but only 5.28% of them had used it.

During the study period, 2162 females were interviewed and of these 402 had previous history of abortion. Out of 402 females, 217 had opted for medical abortion. Majority of them belonged to the age group of 30-35 yrs (48.8%) followed by 24-29 yrs (38.2%). Similar results were evident in study by Tamang (Tamang A) where most of the MTP users were in age group of 25-40 years. Another reason could be that women in this age group already have desired number of living children. And hence the usage in this age group is more.

Literacy status was higher in these women with 36% as post graduate followed by 29.6% as graduate. Only 8.7% users were illiterate. Around 39% of them belonged to upper socio economic status. Almost 40% MTP pill users belonged to the upper socio-economic status (39%) and the least belonged to lower socio-economic status (11%). A study by Barge et al also stated similar results in context of socio-economic status of women, using MTP pills (Barge S, S. Rajagopal). Majority of women resorting to medical abortion were working and belonged to upper class. This could be explained by the fact that career oriented women believe that child bearing can put a break in their career and work. Also, there is no need for hospitalization in medical abortion. A study done by Bankole et al showed that 7.9% women resorted to abortion as having a child would disrupt education or job (Bankole A).

About 42.4% females had no knowledge about MTP pills. In others, the main source of information was media (30.8%) followed by doctors (17.05%).

The self medication was reported in 78% cases. Only, 22% took it on medical advice (GMCH/ Private practitioner). The main reason for using pills was that they were hesitant of hospitalization (47%), followed by owing to privacy reasons (33%). Usage of MTP pills has been found to be more amongst women who have parity more than two. This can be credited to attainment of desirable family size in multi-parous women. A study in Madhya Pradesh found that women reported achievement of desired family size as the reason in 41% of attempted abortions, and the need for spacing in 30% of abortion attempts

Table 2: Behavior of women towards Medical method of abortion.

Method of abortion	n=402	
MTP pills	217	53.9
Surgical method	185	46.1
Way of obtaining MTP pill		
n=217		
Doctor's prescription	48	22.1
Over the counter	169	77.8
Reasons for using MTP pills over surgical abortion		
n=217		
Hesitant of hospitalization	102	47
Fear of surgical procedure	24	11.1
Maintenance of privacy	72	33.2
Avoidance of pain	19	8.8

In our study medical abortion using pills (54%) was a preferred modality in comparison to surgical method (46%) of abortion as it was an easier and economical approach and 33% used MTP pills to maintain their privacy. Similar results were shown by the MSI study in which clients visiting UK clinics for early medical abortion services also found that the two most commonly cited reasons for choosing medical abortion were the fact that it is not a surgical procedure together with the ease and convenience it offered.

Over the counter availability of this drug has also led to rising trend of self-medication with dangerous consequences. In our study, around 78% of the women had taken MTP pills, on their own without the prescription of a doctor. Though it is illegal to sell these drugs over the counters (OTC) but most of chemists do not ask for any prescription. It is common practice for husbands to go and ask the chemist for abortion pills, which are readily provided. Consumption of pills without medical supervision can prove fatal too. Hence, there need to be some control on the over the counter sale of MTP pills. The possible solution for this problem seems to be intensive use of social media to propagate awareness about MTP pills, educational programs and seminars to impart adequate knowledge to women about the same with more focus on the rural and low socio-economic classes. Husbands should be more involved in family planning counseling, so that practices like OTC access can be curbed.

More than 80% women suffered of side effects that encompassed excessive bleeding (33%), fatigue and dizziness (22%), nausea and vomiting (11%). Similar side effects were observed by Sitruk et al. This is in concordance with results of study done in Nepal (Tamang A) where the awareness about side effects was 31%. The difference between the awareness about the pills and side effects highlights the inadequate knowledge about MTP pills, which has to be given importance. Though on closer inspection, it appears that the women were not actually suffering from complications but rather from some of the known and expected physical symptoms following an abortion. For example, the most commonly cited complications for medical abortion users were abdominal cramps and heavy bleeding. It emphasizes that the process of medical abortion is working rather than necessarily being evidence of complications. Instead, these findings point to a lack of awareness on the part of women about what to expect when they undergo an abortion. This, in turn suggests a lack of adequate counseling from the abortion provider.

Conclusion:

Medical abortion came as a revolution in the field of provision of health care to provide safer abortion facilities but current scenario clearly depicts its misuse due to inadequate knowledge, lack of proper awareness and over-the-counter sales of MTP pills. Our study showed that a wide knowledge practice gap exists in usage of MTP pills for medical abortion. However due to short duration of study, the actual usage of MTP pills for medical abortion could not be judged.

Encouraging the active participation of males in reproductive health issues and enforcement of stringent laws to check over the counter sales can enable us to decrease the knowledge practice gap and promote healthy reproductive life.

REFERENCE

- Sophie CM, Philippe B, Irving MS. Medical Termination of pregnancy. *N Engl J Med* 2000; 342:946-55. | 2. Parikh MN. Emergency Contraception. Editorial. *J Obs&Gyn Ind* 2002;52:27-9. | 3. Ramachandar L, Pelto P. Medical abortion in rural Tamil Nadu, South India: a quiet transformation. *Reproductive Health Matters* 2005;13(26):54-64. | 4. Ganatra B, Manning V, Prasad S. Availability of medical abortion pills and the role of chemists. A study from Bihar and Jharkhand, India. *Reproductive health matters* 2005;13(26):65-74. | 5. Ulmann A. The development of mifepristone: a pharmaceutical drama in three acts. *J Am Med Womens Assoc.* 2000;55:117-20. | 6. Mukesh Y. Medical Termination of Pregnancy (Amendment) Act, 2002, *JIAFM*, 2005; 27 (1): P: 45- 46. | 7. Mundle S, Elul B, Anand A. Increasing access to safe abortion services in rural India: experiences with medical abortion in a primary health centre. *Contraception* 2007;76:66-70. | 8. Sedgh G et al., Legal abortion worldwide in 2008: levels and recent trends, *International Perspectives on Sexual and Reproductive Health*, 2011, 37(2):84-94. [PubMedhttp://dx.doi.org/10.1363/3708411](http://dx.doi.org/10.1363/3708411) | 9. Mittal S, Bahadur A, Sharma J. Turkish-German Gynecology association 2008;9(1) | 10. Barge S, S. Rajagopal. Situation analysis of MTP facilities in Maharashtra. *Social Change*.1996; 26: 226-244. | 11. Tamang A: Induced Abortions and Subsequent Reproductive Behaviour Among Women in Urban Areas of Nepal. *Social Change* 1996;26(3 &4):271-285. | 12. Bankole A, Singh S, Haas T. Characteristics of women who obtain abortions: a worldwide review, unpublished manuscript New York: AGI 1998. | 13. Sitruk-Ware R. Mifepristone and misoprostol sequential regimen side effects, complications and safety. *Contraception* 2006; 74: 48-55 doi: 10.1016/j.contraception.2006.03.016 pmid: 16781261. |