



A Survey of Awareness of MTP in Congenitally Malformed Fetus Among General Population in Eastern Part Of U.P.

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ABSTRACT

Objective: This study was conducted with aim to know the awareness of MTP in a congenitally malformed fetus among eastern UP population. Materials and methods: A proforma containing set of questions was designed and were enquired from people attending OPD and also who were admitted in Sir Sunderlal Hospital, BHU, Institute of Medical Sciences, Banaras Hindu University , Varanasi. Results: 61.57% of our study population were aware of MTP in a congenitally malformed fetus and rest 38.42% of population were not knowing it . Conclusion: Thus in our study we have found that though 61.57% of population knows about MTP in congenitally malformed fetus , only 19.65% of population knows that it can be done before 20 weeks.

KEYWORDS

MTP, Congenital malformation,

INTRODUCTION: The Medical Termination of Pregnancy Act was approved in India in 1971 and enacted in 1972. The law permits abortion (or MTP) for various social and medical reasons: to save the life of the woman; to avoid grave injury to physical health, mental health of pregnant woman; to terminate a pregnancy resulting from rape or incest; in cases of congenital fetal impairment; as a result of contraceptive failure. As a eugenic cause, MTP in a malformed fetus indicated to prevent substantial risk of child being born with serious physical and mental abnormalities so as to be handicapped in life. Abnormality can be structural , genetic ,chromosomal ,due to teratogenic drugs or radiation exposure , rubella infection.

MATERIALS AND METHODS

Our study was conducted from march 2015 to February 2016 Total 760 female patients were selected randomly attending OPD and those who were admitted in Sir Sunderlal Hospital, BHU, Varanasi. We asked a set of questions to each and prepared their proforma. Our study age group was between 18 to 38 age group and all were married. We analyzed data by calculating percentage and interpreted the result.

OBSERVATION AND RESULTS

Our study population included people both from rural (57.23%) and urban (42.75%).

The majority were from eastern U.P. Our study population was mostly literate and few illiterate (wife 16.44% husband 16.57%). The socioeconomic status of population were assessed by Kuppuswamy scale 2012. The majority belonged to lower class (50.78%) as people coming to our hospital are mostly farmers (Table 2).

61.57% of total population were aware of MTP in congenitally malformed fetus and rest 38.42% were unaware. Out of 468 patient , 54.7% were in an impression of MTP before

12 weeks and `19.65% before 20 weeks whereas 25.64% of population were in a strong belief of MTP can be done any time during pregnancy.

Table 1: Education:

	Illiterate	Primary	High school/intermediate	Graduate/Post Graduates
Husband	126 (16.57%)	236 (31.05%)	184 (24.21%)	214 (28.15%)
Wife	125 (16.44%)	249 (32.76%)	178 (23.42%)	208 (27.36%)

Table 2: Socio Economic Status:

Lower Class	Middle Class	Upper Class
386 (50.78%)	247 (32.5%)	127(16.71%)

Table 3: Awareness of MTP in congenitally malformed fetus:

Percentage of population aware	Percentage of population unaware
468 (61.57%)	292 (38.42%)

Table 4: If aware of MTP, till what gestation it can be done?

Before 12 weeks	Before 20 weeks	Any time during pregnancy
256 (54.70%)	92 (19.65%%)	120 (25.64%)

DISCUSSION

In population of eastern UP ,61.57% of people knows about MTP in a congenitally malformed fetus and the rest are un-

aware. This needs to be improved by educating our population through various media and inform them that they doesn't need to suffer the pain of bringing up a child with serious mental and physical abnormalities, and the mental trauma that parents suffer due to neonatal morbidity and mortality. The people should get aware of means to detect the congenital malformations like early ultrasound for anomaly scan , various biochemical test . Only 19.65% of population knows that MTP can be done upto 20 weeks of gestation . we should clear their wrong concepts as 25.64% believes that it can be done at any time of gestation because as the gestation increases morbidity for the mother also increases . This is also high time to educate the population about the real aspects of MTP act that is being misused as illegal abortion, female foeticide and septic abortion . For example illegal abortions are done for "non use of contraception" instead of "failure of contraception". People must be educated that MTP is done by registered practitioner and at hospital approved by government to reduce septic abortion as done by untrained dais which increases the maternal morbidity and mortality. MTP facilities are most often located in urban areas while the majority of our population live in rural areas.(57.23% rural population in our study).

CONCLUSION

We need to take strict initiatives to educate people about MTP that can be done for a congenitally malformed fetus upto 20 weeks of gestation to improve the quality of life of women by reducing the sufferings in upbringing a congenitally malformed child. Educate people about actual MTP laws , by whom it can be done and at which centre in order to avoid septic abortion. To clearly distinguish the meaning of congenitally malformed babies from that unwanted pregnancy and female foeticide for which women are undergoing induced abortion. To provide MTP facilities in rural area.

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