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## A Study on abortion - type, decisions, reasons - among married women of Ahmedabad district

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### Abstract

**Introduction:** During pregnancy, several medical technologies can assist sex detection like chorionic villus sampling, amniocentesis, and obstetric ultra sonography. Following the sex-detection, the well-known sex-based selection abortion can play its role.

**Aims & Objectives:** To study abortion- type, decision regarding abortion and reason for it in study women.

**Methods and Material:** A cross-sectional study was carried out in UHTC Girdhamagar and Sanathal PHC areas of Ahmedabad district which were selected by simple random sampling. A total of 415 respondents were interviewed by using predesigned & pretested proforma.

**Results:** Out of total 415 women, 81 (51 in urban and 30 in rural area) had ever undergone for abortion. In the study 50% women in rural area had spontaneous type of abortion.

**Conclusion:** Most common reason for abortion was foetus being female, followed by spontaneous abortions.

**Keywords:** Abortion, Type, Decision, Reasons

### Introduction

Abortion is the ending of pregnancy by removing a fetus or embryo from the womb before it can survive on its own. An abortion can also occur spontaneously and is then known as a miscarriage. An abortion may be caused purposely and is then called an induced abortions. The word *abortion* most often means an induced abortion. A similar procedure after the fetus can survive on its own is called a "late termination of pregnancy" [1].

Modern methods use medication or surgery for induced abortions. The drugs mifepristone and prostaglandin are as good as surgery during the first trimester [2, 3]. While medical methods may work in the second trimester [4], surgery has lower risk of side effects [3]. Birth control, such as the pill or intrauterine devices, can be started at once after an abortion [3]. When allowed by local law abortion in the developed world is and has long been one of the safest procedures in medicine [5, 6]. Uncomplicated abortions do not cause any long term mental or physical problems [7]. The World Health Organization recommends safe and legal abortions be available to all women [8]. Every year unsafe abortions cause 47,000 deaths and 5 million hospital admissions [7, 9]. Prior to 1971, abortion was illegal in India. As early as 1964, however, the central family planning board recommended legalization of abortion. This was done in 1971, when the medical termination of pregnancy (MTP) Act was enacted as a health measure to protect women. The MTP act, as revised in 1975, allows medical termination of pregnancy (abortion) for any of the following reasons: 1. The pregnant women has a serious medical disease or condition that would endanger her life if pregnancy were to continue, 2. Continuation of pregnancy would entail a substantial risk of physical or mental handicap to a newborn child, 3. Pregnancy resulted from rape, 4. Socioeconomic circumstances of mother would endanger the health of newborn child, 5. Pregnancy occurred because of contraceptive failure [10].

During pregnancy, several medical technologies can assist sex detection like chorionic villus sampling, amniocentesis, and obstetric ultra sonography. Following the sex-detection, the well-known sex-based selection abortion can play its role. This stage raises high risks not only for female foetus but also mother's lives due to unsafe abortion.

The Pre-conception and Pre-natal Diagnostic Techniques Act, 1994 (PC PNDT Act) (Prohibition of Sex Selection act)

An Act to provide for the prohibition of sex selection, before or after conception, and for regulation of pre-natal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or

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sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide; and, for matters connected therewith or incidental thereto [11].

**Aim and objectives**

To study the abortion type, decision for ever undergone abortion, reasons for undergone abortion among married women of urban and rural areas of Ahmedabad district.

**Materials and Methods**

**Study design:** Cross- sectional study

**Study group:** 415 Married women were interviewed in the study.

**Study Area:** Study was conducted both in urban and rural areas of Ahmedabad district.

In urban area, study was conducted in field practice area of Girdharnagar UHTC which was randomly selected. Rural area of Ahmedabad has ten blocks. Out of which Sanand block selected randomly. Study was conducted in Sanathal PHC area which was randomly selected.

Simple random sampling method was used for random selection.

**Study duration:** March, 2013 to April, 2014

**Data collection:** A pre-designed and pre-tested proforma was used to collect data by house to house visits. Informed consent was taken from each woman before the initiation of survey.

**Statistical Analysis:** Analysis was done in Microsoft office excel and Epi info version 7.

**Results**

In the present study total of 415 women were interviewed in both urban (N=204) and rural (N=211) areas of Ahmedabad district. Maximum number of women were in the age group of 30-34 years in Urban (25%) and 25-29 years in Rural (42.65%) areas. The present study shows that 89.7% women belonged to Hindu religion in Urban area while in Rural area its 100%. Urban respondents (72.06%) and Rural respondents (93.37%) were belonged to nuclear family. In urban area 50% of women belonged to OPEN category while in Rural area 63.03% women were from ST category. [Table 1]

**Table 1:** Socio-demographic Information of Married Women.

Characteristics	Urban(N=204)	Rural (N=211)
Age in years		
20-24	18 (8.82%)	29 (13.75%)
25-29	30 (14.71%)	90 (42.65%)
30-34	51 (25%)	42 (19.90%)
35-39	30(14.71%)	21 (9.95%)
40-44	30 (14.71%)	29 (13.75%)
45-49	18 (8.82%)	0(0%)
50-54	24 (11.76%)	0(0%)
≥55	3 (1.47%)	0(0%)
Religion		
Hindu	183 (89.70%)	211 (100%)
Jain	3 (1.47%)	0(0%)
Muslim	18 (8.82%)	0(0%)
Type Of Family		
Joint	57 (27.94%)	14 (6.63%)
Nuclear	147 (72.06%)	197 (93.37%)
Caste		
OPEN	102 (50%)	36 (17.06%)
OBC	69 (33.82%)	42 (19.91%)
SC	21 (10.30%)	0 (0%)
ST	12 (5.88%)	133 (63.03%)

It reveals that in both urban (56%) and rural (87%) area maximum respondent was found in class III and IV (Modified Prasad Classification). In Urban area out of 204 women, majority were (60.3%) educated up to Primary level. Only 8.82% of women were educated up to Graduate level. In Rural area, 41.24% of women were illiterate, 36.49% of women educated up to Primary level and only 1.89% of women were educated up to Graduate level. Distribution according to Occupation shows that majority of women were House wife both in Urban (88.24%) and Rural areas (60.19%). [Table 2]

**Table 2:** Distribution of women as per Socio Economic Class, Education and Occupation.

Characteristics	Urban(N=204)	Rural (N=211)
Socio Economic Class		
Class - I	39 (19.12%)	0 (0%)
Class - II	15 (7.35%)	24 (11.38%)
Class - III	42 (20.59%)	120 (56.87%)
Class - IV	75 (36.76%)	67 (31.75%)
Class - V	33 (16.18%)	0 (0%)
Education		
Illiterate	39 (19.12%)	87 (41.24%)
Primary	123 (60.30%)	77 (36.49%)
Secondary	6 (2.94%)	38 (18.01%)
Higher Secondary	18 (8.82%)	5 (2.37%)
Graduate	18 (8.82%)	4 (1.89%)
Occupation		
Farmer	0 (0%)	75 (35.55%)
Government Job	6 (2.94%)	0 (0%)
Private Job	0 (0%)	4 (1.89%)
Housewife	180 (88.24%)	127 (60.19%)
Labourer	12 (5.88%)	5 (2.37%)
Others	6 (2.94%)	0 (0%)

**Table 3:** Distribution of women who had ever undergone for Abortion

Ever undergone for Abortion	Urban (N=204)	Rural(N=211)
Yes	51 (25%)	30 (14.21%)
No	153 (75%)	181 (85.79%)
$\chi^2$ Value-7.67 (P value <0.05)		

The table 3 shows that in urban area out of 204, total 51 (25%) women had undergone abortions in any of their pregnancy, while it was 30 (14.22%) women in rural area out of 211 who had undergone abortions in any of their pregnancy.

**Table 4:** Distribution of Abortion- its type and decision in married women

Characteristics	Urban (N=51)	Rural(N=30)	$\chi^2$ Value (P value)
Type of Abortion			
Induced	36(70.58%)	15(50%)	3.43 >0.05
Spontaneous	15(29.42%)	15(50%)	
Decision taken for abortion			
Herself	18 (35.3%)	5 (16.67%)	3.34 >0.05
Mother in law	18 (35.3%)	10 (33.33%)	
None (spontaneous)	15 (29.4%)	15 (50%)	

In the present study Table 4 shows that 70.58% and 50% of abortion were induced abortion in urban (N=51) and rural (N=30) area respectively. The difference was not statistically significant. The decision for ever undergone abortion was taken by mother in law in 35.3% and 33.33% of women in Urban and rural area respectively.

**Table 5:** Reasons for Abortion in Urban and Rural area.

Reasons for Abortion	Urban area (N=51)	Rural area (N=30)	Total (N=81)
Due to sex of the foetus was female	27 (52.96%)	15 (50%)	42 (51.86%)
Spontaneous abortions	15 (29.4%)	15 (50%)	30 (37.04%)
Don't want 3 <sup>rd</sup> child	3 (5.88%)	0 (0%)	3 (3.70%)
Don't want 4 <sup>th</sup> child	3 (5.88%)	0 (0%)	3 (3.70%)
Foetal abnormality and lack of growth of foetus	3 (5.88%)	0 (0%)	3 (3.70%)

Table 5 shows the reasons for abortions. It was seen that most common reason was foetus being female (51.86%), followed by spontaneous abortions (37.04%). The above finding purely reflects the responses given by the women.

### Discussion

A total of 415 married women of Urban and Rural area of Ahmedabad were studied. The respondents were compared in relation to various socio-demographic characteristics such as Age, Education, Occupation, Religion and Social Class.

In the Urban area, majority of the women were in the age group of 30-34 years while in rural area, half of the women were in the age group of 20-29 years. Out of 415, total 81(19.51%) respondents had undergone abortion with 51 (62.96%) being induced and 30 (37.04%) spontaneous abortion. Similar results were observed in study by Manju *et al.* [12], 21.9% had undergone abortion with 45.21% induced and 54.79% spontaneous.

### Conclusion

The present study was conducted in urban and rural areas of Ahmedabad District. Total 415 married women 204 in urban and 211 in rural areas were interviewed.

Socio-demographic characteristics show that in Urban area majority of the respondents were Hindu, house wife, educated, belonging to nuclear family. While in Rural area majority of respondents were Hindu, housewife, illiterate, belonging to nuclear family.

Majority of women in urban area were undergone abortion and in majority of them decision for doing abortion was taken by mother-in-law. And half of them had reasons for doing abortion was due to female sex of foetus.

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