The Other Side of Abortion

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DURING recent years, when the 'Population explosion' is pressurising the developing countries by depleting their resources and aggravating the social problems, the subject of abortion has generated a great interest. Whenever an unwanted pregnancy occurs, a number of women attempt to induce abortion but these induced abortions are usually looked upon as taboo—socially, morally and legally. Moreover these illegal or unsupervised abortions have serious risks to maternal life.

India is one of the first countries to adopt one of the most liberal laws (MTP Act, April, 1982) for termination of pregnancy. Under this Act, the termination of pregnancy is allowed before 20 weeks of gestation, on medical grounds (if continuation of pregnancy poses a grave danger to physical or mental health of the pregnant woman), humanitarian grounds (if pregnancy results from criminal acts like rape) and on eugenic grounds (if it results from failure of a contraceptive or it poses a grave risk for the offspring, to be born with physical and mental abnormalities).

The word 'abortion' has been derived from the Latin word 'Aboriri' meaning 'to detach' from its proper site. Abortion is theoretically defined as the termination of pregnancy before the foetus becomes viable (i.e. before 28 weeks of gestation or below 1,000 grams weight of foetus). However, under MTP Act, 1972, the termination is allowed upto 20 weeks of pregnancy. Abortion is either spontaneous (secondary to causes like defects in birth canal, ovum, Rh incompatibility etc.) or Induced (performed artificially).

Incidence : In the world, about 40 million abortions take place every year. The corresponding figure in India is between 4-6 million per year (two third being Induced).

In a study conducted in Smt. Sucheta Kriplani Hospital on 1000 MTP seekers, we found that the *Majority* of patients who came for termination of pregnancy were in the age group of 21-30 years (80%), married, having literacy less than high school (88%), had two or more children (76%), got married at age less than 18 years (40%), belonged to middle to lower class family (80%), were not using any contraceptive (70%), were unaware of the grounds for MTP, got information about MTP from friends or relatives (70%).

The significant information got from the study are that the unmarried pregnant females hardly utilize the government hospital MTP services. Even after having more than three living children, a significant proportion of women do not opt for sterilization. It was found that the permanent methods of contraception were not popular among the literate groups (graduates or professienals). The half of the patients got married at age less than 18 years against the legalised minimum age of marriage for women as 18 years. The attitude of majority of the couples towards legalised abortion was favourable. However, one third of the couples thought MTP as injurious to health, a sin, an unnatural act or against religion.

In most of the government hospitals, MTP is mostly done on the grounds that conception has resulted either due to failure of a contraceptive or it is injurious to maternal health but in reality, majority of women (70-80%) were not using any of the contraceptives and there was no danger to physical or mental health of the women *i.e.* the majority of women utilizes MTP as a family planning method against the norms given in MTP Act. It is estimated that one abortion costs much more than the usual methods of contraception (around Rs. 350 per abortion as against Rs. 60 for protection of couple for complete one year), thus causing great economical loss. The compulsory insertion of Cu-T (without appropriate and adequate motivation) after MTP also contributes to the economical loss because in present study, it was surprising to know that about 70% of women who got Cu-T inserted while undergoing MTP, discontinued its use within three months. The approximate cost of one Cu-T is Rs. 70, thus, a huge amount of money is lost in this blind process.

Psychological Effects : Against the speculation that the legalised abortions will not result in any significant psychological problem, the scientific research has shown that the induced abortion may also precipitate serious psychological reactions in certain susceptible women (ranging from guilt feeling, emotional instability, a changed attitude towards sex, depression, suicidal or homicidal tendencies and even psychosis). Many, if not most, women still abort in social and psychological circumstances that demean them.

In our study, 10-15% patients after termination showed some social or occupational maladjustment, which gradually showed improvement if the favourable circumstances were provided. Half of the patients felt relief after the termination while rest of them were either upset or irritable or they regretted the termination. None of the patients saw the abortion as murder of the child. Around 30-40% had guilt feelings after the MTP and out of these, 10-15% of patients were in 'Post-abortion blues' (depression).

(Continued on page 70)

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Religious and Psychological Aspects of Abortion

(Continued from p. 66)

The patients, who become depressed or neurotic after MTP, discontinued the contraceptives much more than the rest. So the acceptance or discontinuation of contraceptives has a positive relation with psychological outcome of MTP. The more severe is the psychological outcome the more is the discontinuation of contraceptives. Again, there will be conception and option for repeat MTP. This causes a grave danger to the physical and mental health of the patient and also a huge economical loss to the country.

The psychological outcome of MTP (abortion) is poor in patient who is adolescent, unmarried, of strong religious background, and has pregnancy resulted from rape, poor family support (husband is dead, separated or drug addict, etc.) or when the patient is undergoing MTP against her wish (either due to husband or inlaws' desire). There are more psychological sequelae of MTP if patients had past history of poor social or occupational adjustment or any mental illness. There is more risk to maternal life if patient has duration of pregnancy more than 12 weeks.

Religious Point of View : The oldest Hindu religion and philosophy identified in induced abortion as "Bhrun Hatya" which is a great sin equal to the murder of a human life (veda, Mahabharat). A similar view has been propagated by Buddhists too. The Jew and Christian religions also assert that man has no right to take away the human life in whatsoever way during or after its birth, since unborn child has the same right to live as a born one. According to Erik Erikson, "the most deadly of all sins is the mutilation of a child's spirit."

It is quite surprising that our society along with almost every known society on the face of the earth, celebrates physiological birth. We celebrate in a way we do not celebrate conception. No wonder we mourn the death of a neonate in a way, we do not mourn a still born, a miscarriage or an abortion.

There can nothing be more destructive to a child's spirit than being unwanted and there are few things more disruptive to a woman's spirit than being forced without love or need into motherhood. Sigmund Freud (Father of Psychology) said that it would be one of the greatest truimphs of mankind, one of the most tangible liberations from the bondage of nature to which we are subject, were it possible to raise the responsible act of procreation to the level of a voluntary and intentional act and to free it from its entanglement with an indispensible satisfaction of a natural desire.

The majority of patients belonging to different religions, when interviewed, claimed that until the foetus is capable of living separately (*i e.* 28 weeks of pregnancy), it is neither a sin nor against religion to get the pregnancy terminated.

From the present experience, it is worthwhile to suggest that unless the important factors attributing to the failure of Family Planning Programme (i.e. illiteracy, unawareness about methods, uneasy availability, high complications or failure rate of contraceptives, poor motivation or poor followup facilities etc.) are removed, the number of women seeking MTP services will be going to increase, thus causing more and more physical and psychological risks to the maternal health and thus a great wastage of national resources.

Communication for Health

(Continued from p. 63)

the posters. Before starting their work, they had a brief meeting, in which they decided common criteria and indicators for selecting the posters for prizes. All of them went through the posters and marked the posters for prizes in their separate files and then they together discussed and prepared the list of prize winning posters.

The following staff and students were declared winners of the competition :

1st prize, Rs. 200/- : Miss Manjula, 2nd year student Nurse.

2nd prize, Rs. 150/- : Miss Navreat Mahali, 3rd year M.B.B.S. student.

3rd prize, Rs. 100/- : Mrs.M. Massay, Nursing Tutor.

Consolation Prizes, Rs. 50 each

1. Miss M. Murmu, 2nd year M.B.B.S. student; 2. Miss Neeta Ich, Nursing student, Midwifery; 3. Sachin Goel, 2nd year M.B.B.S. student; 4. Vinod K. Malik, Cleaner.

The exhibition was visited by a large number of College and hospital employees, students and visitors and it proved to be a very effective communication medium in creating awareness about the W.H.O. theme for this year.

Stress among Psychiatric Nurses

(Continued from p. 65)

These improvement mechanisms need to be periodically monitored in terms of their appropriateness and effectiveness.

By implementing such creative and innovative programme actions no doubt, the psychiatric nurses will have lesser stresses and more effective coping skills. Such changes require active co-operation and collaboration of different mental health professionals, health administrators, nurse educators and policy makers.

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