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## **Incidence of Induced Abortion in India: A Study of Socio-Cultural Aspects from NFHS Data**

**W**OMEN'S access to safe abortion services is essential to safeguard their health and is one of the important components of Reproductive and Child Health Programme, introduced recently under the changed policy by Government of India. Arrangement for safe and legal abortion is important for women's survival and reproductive health, particularly in view of the fact that abortion is one of the leading causes of maternal mortality and morbidity. Infact, this has been recognised long back through the Medical Termination of Pregnancy (MTP) Act, 1971. The aim of the Act was to reduce maternal mortality and morbidity due to illegal abortions. India legalised medical termination of pregnancy on broad socio-medical grounds and is one of the few countries which provides safe abortion service to a woman who desires it. However, even after twenty-seven years of legalization of abortion, its availability, particularly in the rural areas, is very limited. Recently, there is a growing realisation towards an urgent need to increase safe MTP facilities both in rural and urban areas, through government clinics/PHCs by providing equipments, contractual doctors etc., so that a woman could have access to safe and hygienic abortion facilities, if she desires to terminate her pregnancy (Govt. of India, 1997). Necessity for such facilities as well as for creating adequate public awareness is crucial not only from family planning perspective, but more importantly as a measure to ensure safe motherhood.

The first step towards this initiative is perhaps to understand the patterns and prevalence of induced abortion and the extent of provision of the legal MTP facilities to meet the demand of these services. Further, from the view point of policy formulations it is also important to understand the background of the women who seek induced abortion, their source of service and the reasons behind terminating the pregnancy. The present paper makes an attempt to study some of these aspects.

A review of the available data as well as the studies suggests that MTP services are not easily accessible to majority of the women, particularly in the rural areas. According to available statistics, the number of approved institutions providing MTP facilities has increased

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from 1,877m 1976 to 7,121 in 1991 (Khan *et al.*, 1996). This figure has further increased to 8,511 during 1994-95 (Government of India, 1996). However, the demand for abortion has increased manifold. The statistics regularly reported by Government of India after the introduction of MTP Act in 1972 legalizing abortion, reflect merely the tip of the iceberg. It is estimated that in India, every year, approximately, an additional 5-6 million abortions are conducted by private practitioners (Khan *et al.*, 1996). There are several unofficial estimates of induced abortions in India which vary a lot. For instance, Chhabra and Nuna (1993) estimate 11.2 million abortions, out of which 6.7 million were likely to be induced and 4.5 million spontaneous abortions. Majority of these cases are performed in the rural areas having inadequate facilities and hence done in an unhygienic and unscientific way. Infact, the gap between the demand for abortions and service provision forces women to avail services from institutions that are not registered or recognised by the government. Apart from the lack of infrastructural facilities, at individual and societal level lack of sensitivity about abortion and lack of awareness about legal status of MTP and insistence of the providers to accept sterilisation or at least IUD along with MTP could be some of the main reasons for not utilising recognised MTP services (Khan *et al.* 1996). These abortions, carried out by the untrained persons in unhygienic conditions are a major determinant of continued high levels of maternal morbidity and mortality in India. Moreover, despite sizable investment in the family planning programme, the very magnitude of induced abortion cases is suggestive of a vast unmet need for contraception.

A study of the socio-cultural and demographic background of the abortion seekers, based on the available studies, does not reveal a very clear picture. One set of studies (Rao and Kanbargi, 1980; Rao and Panse, 1975; Thakore/a/., 1974) reveals that the abortion adopters did vary with respect to the religion. While Hindus and Muslims were relatively under-represented the Christians were found to be over-represented as compared to their proportion in the general population. On the other hand the study conducted at Lucknow, Indore and Calcutta (Jamshedji and Kokate, 1990) illustrates that the acceptors of abortion were almost proportionate to the religious groups of the country with a few more Muslims and a little less Christians undergoing MTP. Thus, the religion wise representation among the abortion acceptors seem to differ from state to state. A study conducted by ICMR (1989) in five states of India showed that most of the Hindu SC/ST and other religion women were resorting to illegal' abortion as against the high caste Hindu women who were resorting to legal abortion. Further, in a study of the three Indian cities, by Khan *et al.*, (1990), considerable variation was observed by caste composition of the MTP acceptors. Whereas in Patna, about half of the acceptors belonged to the backward castes, in Baroda, they accounted for only one-fourth of the total while in Bhubaneswar; none of the acceptors was from such castes. The ICMR study (1989) showed that the majority of abortion seekers in U.P., Rajasthan and Orissa belonged to low castes whereas in Tamil Nadu they belonged to both low and high caste. Many studies have shown that by and large the educated women were taking advantage of the MTP facility (Rao and Panse, 1975; Rao and Kanbargi, 1980; Jamshedji and Kokate, 1990; Khan *et al.*, 1990). However, the ICMR study (1989) found a very large percentage (.more than 60 percent) of abortion acceptors, both legal and illegal, to be illiterate.

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'Any abortion performed outside the conditions of the (MTP) Act, 1972 is defined as an illegal abortion (ICMR, 1989).

Although the vast majority of the aborters examined under various studies were reported to be married, incidences of never married women have also been reported. Further, the age distribution of the abortion seekers in many studies shows a higher proportion of women in the younger age groups that is, between 20-34 years (Jamshedji and Kokate, 1990; Rao and Kanbargi, 1980; Khan *et al.*, 1990; Somasundaram and Mehta, 1984) Chhabra and Nuna's study (1993) also showed more than 80 percent of MTP seekers as belonging to the age group 20-34 years. The average number of children living at the time of MTP acceptance, as reported by various studies was between 2 to 4 (Rao and Kanbargi, 1980; Thakore *et al.*; 1974; Gupta, 1976; Khan *et al.*, 1990; Jamshedji and Kokate, 1990). Thus, as Chhabra and Nuna (1993) point out, abortion is a universal need cutting across communities, class and even cultural and religious backgrounds.

Women however seek abortion for a variety of reasons either for medical (such as severe cardiac disorders, severe renal disorders or psychiatric disorders), social (such as pregnancy as a result of rape), failure of contraception, physical and economic reasons or a combination of many of these conditions (Government of India, 1996). The reasons are likely to differ depending on the community as well as segment of the population. For instance, adolescent girls in the urban areas face the problems of unwanted pregnancy which may ultimately lead to illegal and unsafe abortion. Further, in light of greater awareness and declining family size norms socio-economic factors as a reason probably takes the lead in seeking abortion. For instance, a woman who already has many children and with an unplanned pregnancy cannot afford to support another child, would opt for induced abortion. The demand for (sex selective) abortion is even higher in the case of women who have a preference for a particular sex.

A quick review of the abortion research thus seems to suggest that information is lacking on all aspects of induced abortion, particularly to understand the scenario at the national level. Large-scale surveys do not provide precise, reliable and detailed information about such significant and inherently sensitive public health issues. The first round of National Family Health Survey (NFHS) also lacks information on certain essential aspects related to induced abortion, such as, reason and source of induced abortion (s), and the complications related to induced abortion. However, NFHS did have a question on the experience of induced abortion by ever married women during their reproductive period, details of which can throw some light on the incidence and pattern of induced abortion in the country. While analysing the incidences of induced abortion at the national level, it is of interest to find out the state-wise variation in the rates of induced abortion. The NFHS data would also help to understand the socio-cultural and demographic background of the women who seek induced abortion. It is also of interest to understand the contraceptive behaviour of these women who seek induced abortion. The present paper therefore attempts to examine some of these aspects with the limited data that is available in this national level survey.

### **Data and Methodology**

The data used for the present study were obtained from the National Family Health Survey conducted during 1992-93, covering 24 states in India as well as the National Capital Territory of Delhi, (UPS, 1995). In all, about 89,777 ever married women aged 15-49 years were covered in this survey. The details of the study design as well as sampling frame are given in

the national and state reports. At the first place, the state-level variations in the incidence of induced abortion was analysed. The rates of induced abortion were calculated on the basis of the number of such abortions per 1000 pregnancies among ever married women during their reproductive period. Having examined the level and pattern of induced abortion at the state and national level, the differentials in the incidence and prevalence rate of induced abortion by various socio-cultural and demographic variables were analysed using the data file of the NFHS obtained from UPS, Mumbai. It may however be noted that the present analysis is limited to the availability of data under the survey. The variables selected for the present study are discussed in the following section.

#### *Socio-cultural Variables*

An attempt has been made to examine the socio-cultural differentials in the incidence of induced abortion by including the available variables like women's religion, caste, educational attainment, occupational status and present age. In addition, husband's education as well as residential background of the women were also included. Since residential background of the women is also likely to affect her other characteristics, all the selected variables were classified by the rural-urban residence in the analysis of socio-cultural differentials.

#### *Demographic Variables*

To understand the demographic characteristics of the women who seek induced abortion, the variables like women's order of pregnancy, parity and number of living children were included. The distribution of these demographic parameters were examined among the two groups of ever married women, viz. those who have not yet sought induced abortions and those who have had induced abortions ever in their life time. Since age of the women is likely to affect these demographic variables, the analysis is presented by the current age of the women. As far as possible, the analysis of demographic differentials is presented by rural-urban residence in view of the large differentials in demographic behaviour of the women by their residential background. The results are discussed in the following section.

### **Results and Discussion**

#### *State Wise Differentials in Abortion Rates*

The state wise analysis of the percentage distribution of all pregnancies of ever married women terminating into induced abortions (Table 1) reveals marginal state wise variation with the highest incidences being reported at Delhi (4.6 percent) followed by Tamil Nadu (4.3 percent). On the other hand, the number of induced abortions was negligible (i.e. 0.2 percent or less) in Mizoram, Meghalaya and Nagaland. Fully urban character of Delhi and the correspondingly well developed health infrastructure, including legalized abortion services could be considered as the key factors for its higher rate of induced abortions. Very high female literacy rate is yet another factor leading to higher reporting of abortions (Phanindra Babu N. *et al.*, 1998). This may also be the reason that Goa is found to have relatively higher incidence of induced abortion. As against this, the tribal and backward character of Mizoram, Nagaland and Meghalaya along with the inaccessibility and isolation of these north-eastern

states from the mainstream population could account for the lower incidence of induced abortions. It may be noted that incidence of induced abortion is grossly under reported, probably due to recall lapse error, reluctance to reveal such incidences and inadequate probing during interview. Furthermore, there might be a tendency to report an induced abortion as a spontaneous one. This might explain the large differentials noted between the proportion of spontaneous and induced abortions (Table 1). For example, looking at the rates reported for induced and spontaneous abortions, one finds the highest differential in case of Haryana. The possibility of misreporting or underreporting can be high in such states which show greater discrepancy between the two rates.

TABLE 1: PERCENT OF ALL PREGNANCIES OF EVER MARRIED WOMEN TERMINATING INTO SPONTANEOUS AND INDUCED ABORTIONS BY RESIDENCE AND STATES, INDIA, 1992-93

State	Urban		Rural		Total	
	Sp.A.	Ind.A.	Sp.A.	Ind.A.	Sp.A.	Ind.A.
India	5.5	2.4	4.2	0.9	4.5	1.3
North						
Delhi	—	—	—	—	7.9	4.6
Haryana	7.7	3.3	6.0	0.9	6.5	1.5
Himachal Pradesh	6.4	4.0	6.0	1.1	6.0	1.3
Jammu Region of J. & K.	6.1	4.4	5.3	1.6	5.4	2.0
Punjab	3.0	3.3	3.1	1.1	3.1	1.7
Rajasthan	3.8	1.2	3.1	1.1	3.2	1.1
Central						
Madhya Pradesh	4.4	1.7	2.8	0.3	3.1	0.6
Uttar Pradesh	5.6	1.9	4.8	0.6	5.0	0.9
East						
Bihar	4.7	0.9	3.8	0.3	3.9	0.3
Orissa	4.1	1.9	3.6	0.7	3.7	0.9
West-Bengal	4.3	3.8	3.3	1.0	3.5	1.7
North-East						
Arunachal Pradesh					3.7	0.5
Assam	6.1	4.9	4.7	2.5	4.8	2.8
Manipur	-	-	-	-	5.0	2.4
Meghalaya	-	-	-	-	2.4	0.1
Mizoram					3.5	0.05*
Nagaland	-	-	-	-	1.1	0.2
Tripura					4.4	2.2
West						
Goa	6.8	3.2	6.6	2.0	6.7	2.6
Gujarat	6.2	1.2	4.4	0.5	5.0	0.8
Maharashtra	4.9	2.0	3.6	0.4	4.1	1.0
South						
Andhra Pradesh	5.2	1.7	3.6	0.5	4.0	0.8
Karnataka	5.7	2.2	4.6	0.6	5.0	1.0
Kerala	7.1	2.1	6.1	1.3	6.4	1.6
Tamilnadu	7.7	4.9	6.6	4.0	7.0	4.3

\* Indicates less than 0.05 per cent Sp.A—Spontaneous abortion Ind.A—Induced abortion

*Frequency of Induced Abortions*

As can be seen from Table 1, about 1.3 percent of the pregnancies to the ever-married women had terminated into induced abortions at the national level. In other words, about 4 percent of the ever-married women had opted for induced abortion in their lifetime (Table 2). Looking at the number of times the women had sought induced abortions, it was found that about 3 percent had resorted to pregnancy termination once in their lives (Table 2). The frequency of repeat or multiple abortions, however, are not reported to be very high, as only one percent of the women reported to have 2 or 3 induced abortions during their life time. The remaining 96 percent of the women have not yet resorted to induced abortion.

TABLE 2: FREQUENCY OF INDUCED ABORTIONS SOUGHT BY EVER MARRIED WOMEN AGED 13-49, INDIA, 1992-93

<i>Number of Induced Abortions</i>	<i>Number of Women</i>	<i>Percentage</i>
None	86469	96.3
1	2424	2.7
2	507	0.7
3	151	0.2
4	38	0.1
5	25	
6	9	
7	4	
Total	89777	100.0

Note: (-) Percentage is less than .01.

*Socio-Cultural Differentials*

An attempt has been made in this section to understand the socio-cultural differentials, as measured through a number of variables mentioned earlier, in the incidence of induced abortion among Indian women.

*Type of residence.* As regards the place of residence, the difference in the rate of induced abortions was very vast between the rural and urban areas. While the rate per 1000 pregnancies was about 10 in the former, it was about three times higher (27) for the later (Table 3). Thus, urban influence, in the form of change in attitudes towards pregnancy termination, greater exposure to the sources of service etc. seem to be contributing to higher rates of induced abortions in urban areas. As mentioned earlier, to minimize the influence of this variable all the variables examined have been classified according to the place of residence.

*Women's current age.* In the absence of pregnancy history indicating date of termination of each pregnancy that ended into abortion in the survey, one cannot know the age of the women at the time of seeking of induced abortion. Nevertheless, the information on incidence of induced abortions by women's age at the time of survey does reveal a pattern. The data presented in Table 3 show that there is a higher tendency for induced abortion among the

younger women rather than the older women. The incidence of induced abortion is relatively quite high (17) among adolescents and very young women (aged below 20 years), although it further increases among women aged 25-29 years. After showing a peak in the age groups 25-29, the rates show only a marginal decline up to the age group 35-39 years. On the other hand, at the older ages (40 years or more) women show their disinclination for pregnancy termination by reporting lower rates of induced abortions (9-13). Similar pattern is noted in the rural and urban areas. In urban areas, however, these rates attain a peak in the age group 30-34 and decline thereafter.

*Religion.* As can be seen from Table 3, the incidence of induced abortion is the least among the Muslims, while it is the highest among the Hindus and other major religious groups except the Christians. The incidence of induced abortion among the Christians is relatively lower than that among the Hindus but higher than that among the Muslims. This pattern is true for rural and urban areas, except the fact that the rate appears to be the highest among the other religious groups in the urban areas. This fluctuation in the rate may be due to the small number of women in the other religious groups.

*Caste.* The practice of induced abortion is much lower among the scheduled tribes than the scheduled castes and highest among the other castes (other than SC/ST), especially those residing in urban areas. Readiness of the higher castes to accept such practices in higher proportion compared to the scheduled castes and scheduled tribes may partly be attributed to the difference in the level of education.

*Women's education.* The relationship between the incidence of induced abortion and the level of literacy of women appears to be very strong and positive especially in the urban areas. As can be seen from Table 3, higher the educational level of a woman, higher is the abortion rate. Significantly, the incidence of induced abortion among the college educated women is almost 9 times higher than that among illiterate women.

*Husband's education.* As in the case of the education of the wives, the abortion rates in the rural and urban areas increase with the increase in the husband's education. However, the relationship with the husband's education is not as strong as in the case of the wives' education.

*Occupational status.* The rates of pregnancy termination are the lowest among the women working on the family farm, while the self-employed women and women employed by some one else, especially in the urban areas, have reported the highest rates (Table 3). The difficulty of carrying out one's own work along with child care is relatively more pronounced for employed women whose occupations demand more involvement and possibly time, especially in a competitive urban setup. The flexibility of work schedule along with family's support system might be the factors contributing to lower rates of induced abortions among the women working on family farms.

### *Demographic Differentials*

This section attempts to examine the demographic differentials in the incidence of induced abortion. In the absence of adequate data showing at what order of the pregnancy, live birth

Table 3: Total Induced Abortion Rate of Ever Married Women Aged 13-49 Years by Various Social -Cultural Characteristics According to Place of Residence INDIA, 1992-93

Characteristics	Urban		Rural		Total	
	N*	Abortion Rate+	N*	Abortion Rate	N*	Abortion Rate
1. Women's Age						
13-19	1415	26.0	6671	15.0	8086	17.0
20-24	4726	20.5	12492	9.8	17218	12.5
25-29	5547	30.6	12177	13.1	17724	18.0
30-34	5192	34.8	9979	9.8	15171	17.3
35-39	4407	31.3	8468	10.6	12875	16.9
40-44	3437	24.6	6759	7.2	10196	12.5
45-49	2810	16.1	5697	5.9	8507	8.9
2. Religion**						
Hindu	18907	30.9	43121	10.9	62028	16.6
Muslim	3286	18.0	4203	7.0	7489	11.8
Christian	2591	22.3	5830	8.4	8421	12.5
Others	585	34.3	983	8.1	1568	17.1
3. Caste						
Scheduled Caste	2479	16.7	799;	8.0	10474	10.0
Scheduled Tribes	1627	9.9	9152	4.6	10779	5.4
Other Castes	23428	29.9	45096	10.9	68524	17.1
4. Women's Education						
Illiterate	9443	10.6	42704	6.5	52147	7.3
Primary	6209	25.0	11597	14.4	17806	18.3
Middle School	3324	38.8	3970	26.2	7294	32.5
High School	3281	48.1	2297	28.2	5578	40.8
Higher Secondary	2047	56.3	1050	37.3	3097	50.4
College & Above	3230	65.8	625	30.5	3855	60.7
5. Husbands Education*						
Illiterate	7427	16.2	27431	7.3	34858	9.2
Primary	5622	17.2	15176	10.2	20798	12.1
Middle School						
High School	4164	35.9	5933	17.6	10097	25.3
Higher Secondary	2829	44.2	3129	18.1	5958	30.8
College & Above	5327	50.9	2468	26.5	7795	43.1
6. Occupational Status						
Networking	21591	27.4	38092	10.4	59683	16.3
Family Farm/Business	1028	20.8	11929	7.7	12957	8.8
Employed by Someone else	3614	28.3	9913	9.1	13527	13.9
Self-employees	1301 -	31.4	2309	10.3	3610	17.7
Total	27534	27.4	62243	9.6	89777	14.8

\*Number of ever married women. ^K of fac&lt;

^Excludes Bihar. ^ R ,,,,

+ No. of induced abortions per 1000 pregnancies. ^K

and number of living children the women sought abortion in the National Family Health Survey, it is difficult to examine the demographic characteristics of the abortion seekers. Nevertheless, in the present context an attempt has been made to compare the various current demographic characteristics of the women, in both rural and urban areas, who have never resorted to induced abortions and those who have sought abortion ever in their lives. It is necessary to keep in mind the limitations of the data in the interpretation of the results of this section. Given below is the discussion of each of the selected demographic variables.

*Order of pregnancy.* An examination of Table 4 reveals that abortion seekers had more number of pregnancies compared to those who have not yet sought abortion. About 11 percent of the non-seekers have not yet experienced any pregnancy. Among the abortion seekers' group, 4 and more pregnancies were reported by about 71 percent of women as against 41 percent in the non-seekers' group. The rural and urban areas also reveal a similar pattern (Table 4). Abortion seekers appear to be more fecund and as a result of unwanted pregnancy, they had to resort to abortion.

*Number of live births.* When the women were analysed in the two groups by their number of live births, the data reveal the expected pattern (Table 4). The abortion seekers were found to have given birth to more number of children than the non-seekers of abortion. About 12 percent of the women who have not yet sought any abortion were found to have no live birth, while 3 percent of the women who had sought induced abortion, were found to have no live births. The distribution of the live births further reveals that about 88 percent of the abortion seekers were found to have 2 or more live births as against 73 percent of the women who have never sought abortions. When mean number of children ever born by age of the women are compared between the two groups, it is evident from Table 5 that mean number of live births is slightly higher among women who have sought abortions at least once in their lives than those who have never gone for induced abortions. A similar pattern is noted in the rural and urban areas.

*Number of living children.* As in the case of live births, much less proportion of abortion seekers than non-seekers had less than two living children while a much higher proportion of abortion seekers than non-seekers had 2 or more living children (Table 4). This is true in both rural and urban areas. Further, as can be seen from Table 6 the mean number of living children is again found to be higher among the abortion seekers than those women who have never sought abortions in their lives, especially in the younger age groups in both rural and urban areas.

#### *Contraceptive Behaviour*

A study of the various reasons behind seeking abortion, from the various available studies, reveals that apart from the health grounds, women seek abortion mainly as a result of failure of a contraceptive method (Chhabra and Nuna, 1993) or unplanned pregnancy. As mentioned earlier, the NFHS does not provide adequate data to examine these issues. Nevertheless, it is



TABLE 5: MEAN NUMBER TO LIVE BIRTHS OF EVER-MARRIED WOMEN AGED 13-49 YEARS BY PLACE OF RESIDENCE AND AGE OF THE RESPONDENTS ACCORDING TO THEIR ABORTION SEEKING BEHAVIOUR, INDIA, 1992-93

<i>Woman's Age</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
	<i>Women who have never sought abortion</i>	<i>Women who have sought abortion</i>	<i>Women who have never sought abortion</i>	<i>Women who have sought abortion</i>	<i>Women who have never sought abortion</i>	<i>Women who have sought abortion</i>
13-14	0.34	—	0.07	—	0.11	—
15-19	0.59	0.62	0.61	0.95	0.60	0.87
13-19	0.53	0.48	0.49	0.73	0.49	0.67
20-24	1.41	1.81	1.63	1.86	1.57	1.84
25-29	2.37	2.41	2.83	2.84	2.69	2.62
30-34	3.05	2.90	3.81	3.63	3.56	3.20
35-39	3.59	3.23	4.40	4.16	4.13	3.63
40-44	4.07	3.77	4.87	5.06	4.61	4.30
45-49	4.34	4.17	5.27	5.36	4.97	4.71
Total	2.83	3.00	3.15	3.56	3.06	3.26

TABLE 6: MEAN NUMBER TO LIVING CHILDREN OF EVER-MARRIED WOMEN AGED 13-49 YEARS BY PLACE OF RESIDENCE AND AGE OF THE RESPONDENTS ACCORDING TO THEIR ABORTION SEEKING BEHAVIOUR, INDIA, 1992-93

<i>Woman's Age</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
	<i>Women who have never sought abortion</i>	<i>Women who have sought abortion</i>	<i>Women who have never sought abortions</i>	<i>Women who have sought abortions</i>	<i>Women who have never sought abortions</i>	<i>Women who have sought abortions</i>
13-19	0.48	0.48	0.42	0.69	0.41	0.64
20-24	1.30	1.74	1.45	1.67	1.41	1.70
25-29	2.17	2.32	2.49	2.60	2.39	2.46
30-34	2.79	2.69	3.27	3.21	3.11	2.91
35-39	3.25	2.98	3.70	3.73	3.55	3.31
40-44	3.60	3.45	4.02	4.28	3.88	3.79
45-49	3.77	3.77	4.22	4.49	4.08	4.09
<b>Total</b>	2.55	2.79	2.67	3.15	2.64	2.95

interesting to analyse the available NFHS data on contraceptive status of the women vis-a-vis their abortion seeking behaviour in light of the above findings. Table 7 shows the abortion rate of ever-married women age 15-49 years by their contraceptive status. As evident from this table, the never users of contraception show the lowest rate of abortion, while the past users show the highest rate and the abortion rate among the current users is found to lie between these two groups. A plausible explanation for the observed differential in the abortion rate between various contraceptive groups could be the fact that never users who exhibit the lowest rate are likely to be young and least motivated to plan their childbearing, coupled with the fact that contraception is generally avoided by Indian couples till they attain their desired family size. Similarly, the past users is a group who has resorted to contraception in the past to possibly space their pregnancies but have still not completed their family size. For this group, it appears that they have used abortion as a contraceptive method for an unplanned pregnancy that occurred earlier due to contraceptive failure or non-use. As a result, abortion rate is highest amongst this group. Finally, the current users who also exhibit a fairly high abortion rate, is likely to comprise couples who are the most motivated and are likely to have achieved their desired family size (majority having accepted a terminal method). This group therefore resorts to abortion to terminate an unwanted pregnancy and at the same time accepts a contraceptive method to avoid further unplanned pregnancies. Their contraceptive acceptance could be the combined effect of conditional provision of MTP services under the government programme (wherein a couple has to accept sterilisation or IUD along with MTP services), coupled with their own individual motivation for contraception.

### **Summary and Conclusions**

The present paper, based on the data obtained from the National Family Health Survey (NFHS), has attempted to understand the prevalence and pattern of induced abortion in India as well as in the various states. The paper has also explored the limited data that is available in this national level survey to understand the socio-cultural and demographic background as well as the contraceptive behaviour of the women who sought induced abortion. The National Family Health Survey was carried out during 1992-93 and covered 89,777 ever married women aged 15-49 years. The analysis of the NFHS data reveals that about 4 percent of the ever married women interviewed during the survey at the national level, had opted for induced abortion in their life time. The rate of induced abortion (proportion of the pregnancies that terminated into induced abortion) found among ever married women at the national level was about 1.3 percent. The state level analysis of the incidence of induced abortions showed the highest incidences being reported at Delhi (4.6 percent) followed by Tamil Nadu (4.3 percent). As against this, Mizoram, Meghalaya and Nagaland reported the lowest incidence of induced abortions (i.e. 0.2 percent or less). On the other hand, other states show marginal variation in the incidence of induced abortions and their rates are closer to the all India average except states like Goa, Manipur, Tripura, Punjab, West Bengal and Kerala (1.6 to 2.8 percent). It may however be noted that the incidence of induced abortion is grossly under reported, probably due to recall laps<sup>^</sup> error, reluctance to reveal such incidences and inadequate probing during interview. Furthermore, there might be a tendency to report an induced abortion as a

spontaneous one. Nevertheless, the incidence of induced abortion is quite high in certain states and the state-wise observed differentials may partly be attributed to the differentials in the level of female literacy, religious composition and tribal and backward character of the state as well as the level of health infrastructure development, including the availability of legalised abortion services in the state.

TABLE 7: TOTAL ABORTION (INDUCED) RATE OF EVER MARRIED WOMEN AGED 13-49 YEARS BY CONTRACEPTIVE USE, ACCORDING TO PLACE OF RESIDENCE, INDIA 1992-93 (NFHS)

<i>Contraceptive use</i>	<i>Urban</i>		<i>Rural</i>		<i>Total</i>	
	<i>N*</i>	<i>Abortion Rate+</i>	<i>N*</i>	<i>Abortion Rate</i>	<i>N*</i>	<i>Abortion Rate</i>
Never user	10,724	11.2	35,281	5.4	46,005	6.7
Past user	2,594	44.2	3,936	20.5	6,530	29.3
Current user	14,216	33.4	23,026	12.6	37,242	19.9
Total	27,534	27.4	62,243	9.6	89,777	14.8

\*N indicates number of ever married women.

+No. of induced abortions per 1000 pregnancies.

While analysing the abortion seeking behaviour at the micro-level, the results throw further light on the socio-cultural and demographic differentials in the incidence of induced abortion. Among the selected variables, the role of rural-urban residence in the incidence of induced abortion was very striking. While the rate per 1000 pregnancies was about 10 in the rural areas, it was about three times more (27) in the urban areas. Further, notwithstanding the limitation of the data, younger women showed a higher tendency to seek induced abortions than the older women. Interestingly, Muslims and to some extent Christians had shown a disinclination to undergo an induced abortion compared to other major religious groups in India. Similarly, the incidence of induced abortion is least among the scheduled castes compared to other caste groups. A strong positive correlation between women's education and abortion seeking behaviour (incidence of induced abortion) was borne out by the fact that the college educated women reported almost nine times higher incidence of induced abortion than the illiterate ones. The relationship with the husband's education, although not very strong, reveals a similar pattern. In relation to other important variables, those women working on the family farm showed the lowest rates of induced abortion while those who were employed (self-employed or employed by someone else) reported the highest rates especially in the urban areas.

An examination of the demographic characteristics of the women reveals that abortion seekers had given birth to more number of children compared to those who have not yet sought abortion. More than four-fifths of the women who had ever sought abortion in their lives, had at least two living children at the point of the survey. Abortion seekers appear to be more fecund and as a result of unwanted pregnancy they had to resort to abortion. This is also evident from the analysis of the NFHS data on contraceptive status of the women vis-a-vis their abortion seeking behaviour. Incidence of induced abortion is very high among current and past users of contraception compared to the never users. This is mainly due to the fact that never users are likely to be young, less fecund or least motivated to plan their childbearing

coupled with the fact that contraception is generally avoided by Indian couples till they attain their desired family size.

The results do have implications for policy under the family welfare programme. The very magnitude of induced abortion, particularly in certain states, is suggestive of a vast unmet need for contraception. It appears that majority of the women used abortion as a contraceptive method for an unplanned pregnancy that occurred either due to contraceptive failure or non-use. The incidences of abortion is relatively very high among certain sections of the population which needs adequate attention for providing safe and legal abortion services under the RCH programme. The issue of repeat abortions, although not reported to be very high, does merit attention as about one percent of the surveyed women have reported having undergone an induced abortion more than once.

The findings need to be treated as tentative in view of the limitation of the data and need support from further research. The differentials in the reported rates of induced and spontaneous abortions point to the gross under-reporting of induced abortions. Proper techniques with regard to framing of the questions along with sufficient probing could be of some help in eliciting more accurate information on this issue. Further information on certain aspects such as the timing, reasons, source and complications of induced abortion would also be of help in providing a much more comprehensive picture of the problem. Even the second round of NFHS does not have provision to obtain these information for further research, although there is a scope to analyse the number of induced abortions that occurred to an ever-married woman and their timings. Specific studies that can provide qualitative data on such inherently sensitive issues are thus called for to provide feedback for the RCH programme.

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