CHAPTER I

INTRODUCTION

The unprecedented spurt in and growth of population in the third world countries, more specially in the developing countries of the South East Asian Region including India, which has the highest population in the world next only to China have attained a near explosive situation and it has been accepted that such phenomenal rise in population has thwarted the developmental programmes in these countries creating at the same time serious socio-economic problems which have left their impact all over the world. The present population of India is around 685 millions and if this present rate of growth is allowed to continue it will reach the one billion mark by the close of this century.¹

Since independence, India has been making concerted efforts to improve socio-economic conditions and the quality of life of the people and has been able to make significant

¹National Institute of Health and Family Welfare
progress in various development plans. Although there have been commendable increases in national products - such as food-grains, industrial equipments and improvements in health and hygiene, employment opportunities and in many other fields - the gains of such developments are being continuously eroded by a relatively faster rate of growth in population. Since long it has been recognised that family planning for the all embracing welfare of the family is an inevitable strategy for the overall development programmes of the country. Jawaharlal Nehru, the first Prime Minister of India, has observed "The question of family planning is one of very great importance. It is necessary as a social context in the present circumstances and for the health and happiness of the family. Growth of population is intimately connected with our strategy for development".  

India has been the first country in the world to accept and propagate family planning as a national programme right from the First Five Year Plan Commencing in 1951. Since then the programme has developed in phases and made significant

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2 Ibid.
contribution leaving its impact on the populace. Based on
the figures as it was on 31st March 1979 it has been esti-
mated that 26.59 million couples have been protected and
39.3 million cumulative births averted. The President of
India in his address to the Parliament on 28th March, 1977
stated that family planning would be pursued vigorously as
a voluntary programme and as an integral part of a compe-
rensive policy covering education, health, maternity and
child care, family welfare and nutrition etc. 3

Depending on the use and effectiveness of the methods
which are taken as 100 percent for sterilization and oral
pills, 95 percent for IUCD and 50 percent for conventional
contraceptives, the number of couples effectively protected
are estimated to be 26.41 millions, or 22.7 percent of the
eligible couples. 4

Sterilization, is undoubtedly the most effective
method of family planning both from the points of view of

3 Ibid.

4 Agarwals, S.N. - Revised by Sinha U.P. - India's
Company Ltd., New Delhi, 1985, p. 221.
fertility control and financial implications, but it can only cover the couples of upper age groups having more than two living children and the percentage of effective couples protected by this method cannot be increased significantly unless the younger couples who have been attaining and entering in large numbers. The productive age group are made to adopt this method and plan their families. Over populated developing countries like India depend mainly on sterilization to check the population explosion. From the demographic effectiveness one sterilization is equivalent to prevent about 2.5 births.

If the planners have to depend on sterilization only then millions of couples of the productive age group have to be motivated to undergo voluntary sterilization just to achieve the desired level of check in population growth. Conventional contraceptive methods are difficult to practice. They need very strong motivation and persistence. Oral pills are used on medical prescription and before giving the pills detailed

health check up and medical examination are necessary which are neither practical nor possible to provide with in all the varied situations of life.5

Therefore, if prevention is not possible, permanency is not perfect and the only way to avoid unwanted birth is to terminate the pregnancy.

More than five-sixth (about 83.5%) of the world population is covered by liberalised abortion laws. 2.6 billion of the world's total population of 1.8 billion can boast of enjoying legalised abortion. Induced abortion is perhaps responsible for a maximum rate of fertility decline in the present day world. More of the liberalized laws and policies have, however, been based on demographic factors while at the same time there has not been much attempt to restrict individual freedom or enforce compulsory abortions. In India as well as in most other countries the implicit and explicit objective of the liberalized abortion law is the promotion

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of optimal health of the mother and her unborn child.  

Criminal septic abortions which pose a major health hazard have been the principal consideration behind legali-
ization of abortion. Although medical termination of pregnancy and use of contraceptive are often viewed as alternatives to sterilization yet total fertility control includes pregnancy prevention and pregnancy termination. The assertion that once abortion has been accepted as a primary means of fertility regulation, as has been dramatically accepted in Japan and in certain East European countries, it is very difficult to replace it with contraception does not hold true. Japan is the best example in restricting population growth through the only method of Medical termination of pregnancy.

A woman may allow herself to be impregnated in a totally unplanned way because she may be ignorant of contraceptives or the ultimate result of sex. But on considering the total

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8 Ibid.

She would not like to continue that pregnancy. When she thinks of it in a more responsible way, abortion comes as a solace, a panacea, to correct and rectify her inadvertent or delinquent behaviour, which are generally the outcome of after-thought. Abortion comes like a remedy for a catastrophe that has already occurred. This justifies the great need of counselling as sometimes there are utter irresponsibilities related to sex, even among the unmarried. The important thing to bear in mind is that an unintended pregnancy creates a dilemma that a woman or a couple must resolve to cope with the stress in their lives. Lack of proper education of sexually matured sex etc., have aggregated the problem. But these young people also need to be imparted the equally important form of service like sex and family education.

The practice of interrupting a healthy pregnancy is an ancient one throughout the world. The provisions regarding abortion in Indian Penal Code were enacted about a century ago. According to that law abortion was a crime for which the mother as well as the abortionist could be punished in all cases except where it had to be induced for saving the life of the mother. This very stringent law has been observed more in its breach in most cases all over India. The practice of interrupting healthy pregnancy is an ancient one throughout the world. The provisions regarding abortion in Indian Penal Code were enacted about a century ago. According to that law abortion was a crime for which the mother as well as the abortionist could be punished in all cases except where it had to be induced for saving the life of the mother. This very stringent law has been observed more in its breach in most cases all over India. 10 Whatever may be the

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moral and ethical considerations on the question of induced abortion it was an incontestable fact that a large number of women, most of them married, who have no necessity to conceal their pregnancy, were willing to risk their lives by accepting illegal abortion rather than carry that particular child to term.

The Central Family Planning Board at their 16th meeting held on 25th August, 1964 expressed anxiety on the reported increase in the number of illegal abortions performed under unhygienic condition by quacks and such other untrained persons endangering lives and health of the women and recommended that a committee be formed to examine this question. Therefore, a committee under the Chairmanship of Shri Shanti Lal Shah, the then Minister for Health, Law and Judiciary, Govt. of Maharashtra was constituted in 1964 to examine the question of legalised abortion. The committee recommended that the existing Indian Penal Code was too restricted and that it ought to be liberalised. Suggestions were also received from various authorities both governmental as well as public, on the recommendations and the question delibered upon and considered at the central Family Planning Council. 11

11Ibid.
After detailed deliberation and wide consideration the Medical Termination of Pregnancy bill was introduced in Rajya Sabha on 17.11.1970 and referred to the Joint Select Committee where it was further considered in detail. The bill was passed by Rajya Sabha and Lok Sabha on 27.3.1971 and 2nd August, 1971 respectively and came to an Act after the President gave his assent on 10.6.1971.12

The Medical Termination of Pregnancy Act has come into force from 1st April, 1972. The Act extends to the whole of India except to the State of Jammu and Kashmir.13

Abortion as a method of limiting births has been practised all over the world since the hoary past. In medical terminology abortion is defined as "Removal of growing embryo or fætus from the wall of the womb to which it has become attached". In most of the countries abortion was prohibited both by law and religion, the two major tools of socialization. Inspite of this the number

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12Ibid.
13Ibid.
of abortions use is on the increase all over the world. It is presumed that in the world to-day around 40 million abortions take place every year. The corresponding figure in India is around 4-6 million per year (two-thirds being induced). According to Shanti Lal Shah Committee report, in a population of 500 million the number of abortions per year will be 6.5 million, 2.6 million natural and 3.9 million induced.

Analysis of the data collected and submitted by some authors of a joint study group on abortion shows that N.T.P. is very safe and acceptable and there is an urgent and desperate need to expand the programme by every possible means. As it is a procedure that does not permanently interfere with the reproductive status of the couple, so it is easily acceptable without incentives and without tempering the tremendous excess fertility which usually accompany tubal ligation. It needs to be popularized with ready availability to every mother.

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14 Ibid. Vol. XXIII August 1973, No. 4. Article by - Gulati Dr. P.V., Kes Dr. T.L., Jacob Dr. Lily - "Religious Differences in Reported Cases of Abortions from a Mission Hospital", p. 443.


whether urban or rural. Lack of facilities for M.T.P. in the rural areas remains a handicap to this programme as 80 percent of Indian women live in the villages, sometimes too far from the nearest town hospital or M.T.P. Centre.

Legally induced abortion, in spite of the few inherent risks, has several health benefits, the most important being the marked reduction in illegal abortion and the consequent deaths. Liberalisation of abortion laws has considerably brought down pre-natal and neonatal mortality rates. Experience gained by Japan, Hungary and the U.S.A. suggests that easy availability of and access to M.T.P. services results in a marked decline in birth rates in those countries.¹⁸

It is generally accepted that some form of contraceptive devices should be provided to all women who undergo M.T.P. especially in the Indian context where over 90 percent of M.T.P. seekers are married women.¹⁹ Data from the Indian Council of Medical Research (ICMR) study shows that prior to having M.T.P. only 25 percent of the abortion seekers are found using some

¹⁸ Krishna Menon M.K., Devi P.K., Sheaker Ras. K. - Ed. Post Graduate Obstetrics and Gynaecology. op. cit., p. 82.
¹⁹ Ibid. p. 81.
form of contraceptives. At the time of M.T.P. some 25 percent accept tubectomy, 20 percent I.U.D. and nearly 9 percent are found to prefer oral contraceptives. Thus M.T.P. has benefitted nearly two-thirds of abortion seekers under effective contraceptive care.20 The opportunity to exercise a retroactive judgement about an unwanted pregnancy might act as the first step towards consistent use of contraceptives in future. This positive association between abortion and contraceptive care might be further integrated when abortion services are provided and treated as a part of the integral maternal, child health and contraceptive care.

with the increased scope and liberty of optional abortion to avert unplanned and unwanted pregnancies, it has gained a tremendous popularity and acceptance. It is more so because many of the prevailing methods of contraception can be practised concomitantly with the termination of pregnancies. An opportune psychological moment for inducing a woman to undergo surgical sterilization comes when she carries an unwanted pregnancy. An offer to "get rid" of the unwanted pregnancy is considered at that time as a strong "incentive" to accept sterilization and

20Ibid.
thus it appears as an unwanted pregnancy brings the best scope for "motivation". It is hoped that tubectomies performed at the time of abortion have a good chance of playing considerable role in our National Family Planning Programme. With the introduction of the Indian R.T.P. Act 1971, concurrent sterilizations have become popular. Almost all gynaecologists agree with the concept of abortion with concurrent sterilization.21

Liberalized abortion laws under the R.T.P. Act has been introduced in the country in order to ensure better health care and avoid risk to life of the pregnant woman. The primary aim of the Act is to contain the population explosion which could not be achieved satisfactorily by the various contraceptive method may be - either due to individual method - failure or more precisely due to non-adoption by the ignorant and uneducated women, and to see that no unwanted child beams into blur the parent's smile. Another objective for liberalization of abortion is to transfer a large number of criminally induced abortions with all their inevitable complications from the hands of the quacks to the expert hands of qualified and trained and specialist gynaecologists and thus reduce the incidence of criminal

21 Hasani, Dr. K.M. Ed. - Journal of O and G of India Vol. XXVI, October 1976, No. 5. Article by - Palanichamy Dr. G. - "Impact of Abortion Hazards On Family Planning Programme" op. cit. , p. 663.
septic abortions and extend the facilities of institutional
termination with all modern amenities to those ignorant
and delinquent masses of women ruling elsewhere in India.

The present M.T.P. Act may be called to achieve its
desired role in reducing maternal mortality rate and thus
it has partly served the purpose of population control. It
can be assumed with some certainty that the abortion law at
least prevented the expected natural yearly rise in the number
of illegal or septic abortion cases which would have occurred
in the absence of such a law. Besides its beneficial effects
on reduction of maternal mortality by trying to prevent illegal
abortions cannot be ignored.

It is a well known fact that abortion in trained hands
are safe but due to the legal and the religious strictures
majority of the abortions are performed by untrained persons
using primitive, painful and often fatal methods, which in
most cases result post abortion complications or death.

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22Jhaveri, Dr. C.L., Pandit Dr. A.O. - Eds. Proceedings
of The Second International Seminar on Maternal and Perinatal
Mortality. Pregnancy Termination and Sterilization. Held in
Bombay, India from 3rd to 5th March 1975. Article by - Begum
Dr. S. Rabia, Ovi Dr. K. Kamewari - "Critical Analysis of
736 cases of M.T.P. carried out in Govt. Maternity Hospital
Most of the patients who report at the hospitals and M.T.P. centres are women who have already been tampered by some untrained operator. Their complications and sometimes death could have been averted had they come directly to the hospital. The religious taboos attached to the performance of abortions has been discussed for ages. 23

More than a decade has passed since India has liberalised her abortion law, thus facilitating increasing number of legal abortions but substantial number of illegal abortions still take place. While no national statistics are available it may be roughly estimated that the number of illegal abortions will be not less than 4 to 6 million a year. Compared to it the number of legalised abortion are around 30,000 a year. 24 It has been estimated that about 40 lakh abortions are induced annually in India, of which only 2 to 3 lakh cases are reported. Obviously, a large number of pregnant women approach unqualified practitioners and quacks for induction of abortions. 25


Even after the implementation of the R.T.P. Act in 1972 a large number of women still prefer to get the abortion induced in real secrecy and only register in hospital when complications arise. Apart from physical complications, these women also suffer from some psychological problems. This is because of the fact that despite considerable liberalisation in R.T.P. laws as a method of family planning it has not yet received full social and moral sanction, because people in general still regard it as a worse sin. To them abortion is no less than infanticide. Because of such social and religious taboos as are prevailing in the Indian society the women who come forward for abortion cannot make themselves free from anxiety, depression and a sense of guilty conscience. These sometimes lead to severe mental conflicts. Different studies conducted on abortion related problems show that the legal abortion under modern conditions is not entirely without psychological morbidity. Like spontaneous abortion, the induced abortion may also precipitate serious psychological reactions in certain susceptible women. 26

According to World Health Organisation (WHO) technical report (1970) the termination of pregnancy may precipitate a

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serious psycho-neurasthenic or even a psychotic reaction in a susceptible individual.  

The emotional stress that an induced abortion produces in a woman may be closely connected with factors other than the termination of pregnancy. In this regard, attitudes of the society play a big role. The various types of psychological reactions discovered in many studies conducted in the west ranged from a feeling of guiltiness to homicidal tendencies including emotional instability, changed attitude to sex and even propensity to suicide in some rare cases.

Though the studies conducted in the west are not without controversy, their inferences cannot be applied to present Indian milieu because of totally different socio-economic standards and ethical norms. In India, till now, only few systematic and prospective studies have been conducted to find out the psychological outcome of medical termination of pregnancy. Therefore, the present investigators want to know

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27. Haami, Dr. K.M. Ed. — Journal of O. and G. of India Vol. XXVII, Feb. 1977, No. 1. Article by — Baxi, Dr. V. Laxmi, Chari Dr. Vijayawalli, Karthar, Dr. S.D. — "Follow up of cases of Induced Abortion (with particular reference to menstrual pattern on Psychological Problems)" op. cit., p. 43.

28. Ibid.

through the study, the actual percentage of women suffering from such psychological conflicts, causes of such conflicts and then suggest some remedial measures.

Since the liberalisation of abortion law in 1972, cases of termination of pregnancies have been done in India, but little has been done to trace the factors that lead the women to seek abortion and their attitudes towards termination of pregnancy. No attempt has been made to measure the degree of emotional relief found in many women following the termination of an unwanted pregnancy. In order to explain the abortion procedure, its possible side effects and contraceptive services, a sympathetic discussion of the problems leading to choice of abortion is essential which is needed for the emotional support of the woman undergoing abortion. In some cases women may develop high incidence of conflicts with motherhood and unwanted children. Therefore, mental disturbances before and after M.T.P. are common. Even though there have been records of severe mental depression and sometimes such women have committed suicide to get rid of the trouble and as such the physical-psychological aspects arising before and after M.T.P. have become a subject of big social dimension and deserves to be treated as a subject of national importance.
The social and financial pressures due to rapid urbanisation are growing day by day, with the result that the women have to manage both household works and jobs outside. In general couples belonging to low income groups are successful users of contraception and hence abortion is relatively more helpful to them in maintaining the desired family size. Regarding socio-economic problems of the women included in the present series of studies, it has been observed that women suffer a lot for their low socio-economic status. Termination of pregnancy is most favourably accepted by the women and their husbands but not by the family members. Religion and Society and such other forces help in producing high incidence of guilt and mental fatigue. The fear of interfering with God's creation and fear of alienation are still deep rooted in the minds of most of the Indians. Wilful abortion has been considered inhuman by most of the societies and is treated as a sin. Religious beliefs and prejudices against abortion are hard to eradicate. Traditional religious faiths, social, customs and values play important role in the society.

M.T.P. is essentially a health measure to provide with safe and legal abortions. Poor economic condition and ignorance
are the two great hindrances to the acceptance of M.T.P. and may be because of such reasons that a woman may have to carry her unwanted pregnancy to term thus adding to the population. Moreover, due to their poor economic condition the women cannot afford to come to big hospitals in towns and cities for M.T.P. and risk their lives by approaching some unqualified person like 'Village Aunie' (traditional midwives) for the termination of their unwanted pregnancy or induce themselves.

Under the M.T.P. Act, the services are to be rendered by qualified doctors in well equipped and approved medical institutions. In fact, sometimes the people particularly the rural folks are not aware of the existence of facilities for M.T.P. services. Thus there is need to publicise the people of the availability of safe and free M.T.P. services in certain centres. It must be emphasized that M.T.P. services should be availed of at an early stage of pregnancy, preferably before 10 weeks maturity, so that the termination becomes a easier and a safe procedure. 30 It is however important to ensure

that publicity does not outstrip the pace of development of service facilities.

The major social obstacle which has been a stumbling block to the progress of M.T.P. programme is the poor socio-economic condition and ignorance about the actual meaning of the term M.T.P. and the necessity of its implementations. This involves not only the lay men at large but also intellectuals. Hence, it is very important that people from all the social stratas should be made aware of the importance of legal abortion and the benefits thereof.

So it has emerged a serious topic for discussion, not only for the medical men but also for the laymen as well and as such the present researcher have selected the topic for study under the nomenclature - "A Study of the psychological and socio-economic problems of the medical Termination of pregnancy amongst the married women in Kamrup District of Assam" which has been subsequently modified into - Psychological and socio-economic problems of married women undergoing Medical Termination of pregnancy - A case study of the Kamrup District.
The present researcher have been interested in this subject, because of her perennial interest in the welfare of women in general and because of her knowledge about some such women who suffered from severe psychological strains after the abortion of their unwanted pregnancy and also of her knowledge about some others who had to court tragic death after illegal abortions performed by unqualified persons. Moreover, the researcher goes through some journals which contain articles relating to the different problems of women undergoing A.T.P. As, it has become a vital problem relating women in general the curiosity of the researcher to know more about the problems of these women who have undergone A.T.P. has led her to select the topic for research study.

It should be known to all that a child begins learning from his mother's lap. In our country the period of infancy, the very basis of human life is spent unused and neglected mainly because of the ignorance of the mothers who are mostly either illiterate or semi-literate. This is more so among the rural mothers. Race illiteracy has been the root of much of the social evils. It has left its marks in all aspects of life be it the case of economic development, social progress, general productivity or any such matter. Illiteracy among the masses have left its impact on population control national integration
and security and improvement in health and sanitation.

whether, it is family planning or improvement of sanitary
standards or any programme of social security everything
requires change of attitude and habits of life. Without
change in social outlook it is difficult to accept anything
new and unfamiliar however good it may be. Now the principal
objectives and guiding principle of this research study are -

(1) To study the psychological problems of these women
who have undergone A.T.P. and to assess the basic factors and
reasons creating such problems.

(2) To study the socio-economic status of these women
and to make an assessment to what extent socio-economic problems
are responsible for generating such psychological problems and

(3) To suggest some remedial measures based on the analysis
available on the basis of (1) and (2) above.

On the whole the study aims at uplifting the life style
of the women in general through the implementation of this method
of controlling population (A.T.P.). However the poor and the
ignorant women's cases will have special consideration.

The Thesis is divided into eight (8) Chapters.
The 'First Chapter' is devoted to introducing the theme of the thesis.

The Second Chapter is devoted to Problems of Population explosion in India. Space does not permit detailed discussion of the population of India in one single Chapter, devoted to this. However attempts will be made to discuss some important points of this burning problem afflicting the nation.

The Third Chapter deals with the various devices available for population control. The main devices such as, clinical devices, and educational devices are discussed in this Chapter.

The Population pattern of Kamrup District of Assam, the main area of study are discussed in the Fourth Chapter. The discussion about this district are concentrated on following points - birth rate and standard of living, status of women, percentage of literacy amongst women, birth control measures adopted by the married couples.

The impact of abortion law on abortion mortality with reference to illegal abortions are discussed in Chapter five.

The Sixth Chapter contains methodology followed for collecting data for this research study.
The Seventh Chapter is devoted to results and discussions based on the proceeding Chapters. This Chapter shows the findings of the study. Psychological and socio-economic problems of women and the reasons for their problems are also discussed in this Chapter.

The eighth and the concluding Chapter is a summary of the facts and figures dealt and provided in the proceeding chapters. Attempts have also been made in this chapter to suggest some remedial measures so that the avowed purpose of this thesis, that is to add and contribute something new to the stock of knowledge on the subject matter is achieved which in turn may help to alleviate the suffering and agonies of the people whose problems are dealt in here. My humble attempt has been to provide some clues on a vital social problem so that future researchers may make further detailed studies to bring greater benefit to the masses of women reeling under poverty and ignorance in most of the developing countries in the third world.