

A STUDY OF CHARACTERISTICS OF WOMEN SEEKING INDUCED ABORTION

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SUMMARY

This is a study of 148 women seeking induced abortion by doctors. The typical woman in this study was married, with 2 or more children, Chinese, urban, 21-30 years and had completed primary education. She was motivated to defer pregnancy and to a lesser extent to limit family size by resorting to induced abortion.

INTRODUCTION

In Malaysia abortion is legally permitted only when the woman's life is endangered by the pregnancy. In spite of the stringent abortion law illegal abortion is on the rise. Between 1969 and 1974 the number of women with abortion complications admitted to University Hospital in Petaling Jaya doubled while admissions for deliveries increased by 24 percent.¹ Between 1970 and 1973 the reported induced abortion ratios increased from 6.3 to 19 abortions per 100 livebirths.² What kind of woman seeks abortion? In the Middle East she is usually more than 25 years old, married with 3 or more children and does not want any more children.³ In some parts of Africa she is often a young unmarried student without children who turns to abortion because contraceptives are not easily available to unmarried women and because pregnancy is likely to lead to expulsion from school.³

This is a study of the influence of socio-economic, ethnic, religious and educational factors on the practice of induced abortion in Malaysian

women and its relationship to their use of contraceptives.

MATERIALS AND METHOD

Over a period of 6 months starting 1/6/81 every female adult or adolescent patient coming to the author's clinic for gynaecological or obstetric complaints was inquired directly for any history of abortion induced by doctors. These patients could be divided into those who had past history of induced abortion where all data obtained were referred to the time of abortion, and those patients who were found pregnant clinically or by Gravindex test at the time of interview and seeking induced abortion by doctors. Those who sought to induce delayed menstruation by drugs were excluded from the study.

In interviewing the patients there was a need for considerable tact as the patients did not expect to be questioned at length on such a sensitive issue. This was especially so when seeking the first reason for abortion from unmarried women. A limitation in this study was the reluctance and hence the failure of the patients to reveal their monthly family income. When inquiring about contraceptive use only contraceptive practice just prior the abortion was considered. Effective contraception referred to in this study included spermicide, condom and diaphragm, hormonal contraceptive, IUCD and sterilisation. In post-abortion contraceptive use those women who indicated willingness but had yet to take it up were considered together with those who had already practised effective contraception.

RESULTS

A total of 148 cases of women seeking induced abortion by doctors were collected.

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TABLE I
AGE DISTRIBUTION OF WOMEN SEEKING
ABORTION

Age in years	Number	%
11-15	1	0.7
16-20	14	9.5
21-25	33	22.3
26-30	37	25.0
31-35	21	14.2
36-40	18	12.2
41-45	19	12.8
46-50	5	3.4
Total	148	100

Table I shows the age distribution of women seeking induced abortion at the time of abortion.

One hundred and thirty five (91.2 percent) of the respondents were married while 13 (8.8 percent) were single. Thirty-three women (22.3 percent) did not complete primary education, 70 women (51.4 percent) completed primary education while 39 women (26.3 percent) completed secondary education. Forty-five patients (30.4 percent) came from rural areas while the remaining 103 patients (69.6 percent) lived in towns and suburbs. Ninety-two (62.2 percent) women were housewives, 44 (29.7 percent) were unskilled workers and 12 (8.1 percent) were skilled workers. One hundred and seven women (72.3 percent) were Buddhist, which included in Malaysian understanding, Taoists, Ancestor Worshipers and Confucianists, 31 (20.9 percent) were Muslims, 4 (2.7 percent) Hindus, 2 (1.4 percent) Catholics, 2 (1.4 percent) Protestants, and 2 (1.4 percent) free thinkers. There were 111 Chinese respondents (75 percent) 28 (18.9 percent) Malay respondents and 9 (6.1 percent) Indian respondents.

TABLE II
NUMBER OF CHILDREN ALREADY BORN TO
THOSE SEEKING ABORTION

No. of children	Number	%
0	25	16.9
1	21	14.2
2	26	17.6
3	12	8.1
4	19	12.8
5	14	9.5
6 & more	31	20.9
Total	148	100

As shown in Table II, 68.9 percent of the respondents had 2 or more children.

PERIOD OF AMENORRHOEA

There were 31 cases (20.9 percent) with less than 6 weeks of amenorrhoea, 93 cases (62.8 percent) between 6 to 8 weeks of amenorrhoea, 15 cases (10.1 percent) between 8 to 10 weeks of amenorrhoea, 7 cases (4.7 percent) between 10 to 12 weeks and 2 cases (1.4 percent) greater than 12 weeks of amenorrhoea.

CONTRACEPTIVE USE

Before Abortion

Only 53 patients (35.8 percent) practised contraception of one kind or another. Of these 26 (49 percent) used condoms, 9 (17 percent) practised coitus interruptus, 8 (15.1 percent) used the rhythm method, 5 (9.5 percent) took oral contraceptives, 2 (3.8 percent) used parenteral contraception, 2 (3.8 percent) used the traditional method and 1 case of a married woman with 12 children whose husband had vasectomy.

The remaining 95 cases (64.2 percent) who did not practise any contraception at all gave the following reasons:

- i) Side-effects of contraception by 35 (36.8 percent) respondents of which 30 related their complaints to oral contraceptives,
- ii) fear of ill-effects of contraception by 23 (24.2 percent) respondents of which 20 were apprehensive of side-effects of oral contraceptives,
- iii) ignorance of effective contraceptive methods by single women and teenagers and ignorance of the need to have contraception during lactation and pre-menopausal period by 20 patients (21.1 percent),
- iv) inconvenience by 16 women (16.8 percent),
- v) husband's refusal for no apparent reason by 1 patient.

After Abortion

Eighty-three patients (56.1 percent) were practising effective contraception at the time of interview. Of these 42 (50.6 percent) were on oral contraception, 24 (29 percent) used condoms, 10 (12 percent) used IUCD, 5 (6.0 percent) were getting parenteral contraceptives while 2 (2.4 percent) had tubal ligation. There were 27 patients (18.2 percent) at the time of interview who intended to take up effective contraception after

TABLE III
REASONS FOR ABORTION

Reasons	Number	%
Deferring childbirth	68	45.9
Limiting family size	59	39.9
Premarital conception	14	9.5
Illegitimacy	3	2.0
Fear of fetal abnormality	2	1.4
Financial difficulties	2	1.4
Total	148	100

the induced abortion but did not indicate the type. The remaining 38 patients (25.7 percent) were not willing or did not use any effective contraception.

REASONS FOR ABORTION

Table III shows that deferring childbirth and limiting family size formed 85.8 percent of the reasons.

COMPARISON OF WOMEN DEFERRING CHILD BIRTH AND WOMEN LIMITING FAMILY SIZE

Table IV shows the contrasting characteristics between the 2 main groups of respondents seeking induced abortion. There was no significant difference when comparing the racial, religious characteristics, the period of amenorrhoea, occupation and marital status of the 2 groups of women.

DISCUSSION

In a 1973-74 national survey on 9506 married women resident in 13,704 randomly selected households in Peninsular Malaysia, Sinnathuray *et al*² found that the women who sought induced abortion (including traditional method) was more likely to be an urban Chinese in the 15-29 years age group, having not more than 2 children and not having completed primary education. Active practice of religion seemed to have inverse relationship with induced abortion rate. Only a minority practised effective contraception before (14 percent) and after (37 percent) induced abortion. The first reasons for induced abortion were limiting family size (41 percent), deferring pregnancy (27 percent) financial difficulties (22 percent) and other reasons (10 percent).

In this study of a more select sample of women seeking induced abortion from doctors, the typical

TABLE IV
COMPARISON BETWEEN WOMEN DEFERRING CHILD BIRTH AND WOMEN LIMITING FAMILY SIZE

Characteristics	Women deferring Childbirth		Women limiting Family Size	
	No.	%	No.	%
Age				
16-30 years	54	79.4	12	20.3
31-50 years	14	20.6	47	79.7
Educational Status				
Nil	7	10.3	22	37.2
Primary	40	58.8	30	50.9
Secondary	21	30.9	7	11.9
No. of Children				
0-2 children	49	72.1	5	8.5
3 & more children	19	27.9	54	91.5
Effective Contraceptive Use				
Pre-abortion	18	26.5	14	23.7
Post-abortion	56	82.4	42	71.2
Residence				
Rural	20	29.4	25	42.4
Urban	48	70.6	34	57.6
Total	68	100	59	100

woman was likely to be a married, urban, Chinese housewife, in the 21-30 years age group, having 2 or more children, completed primary education and seeking abortion in the seventh and eighth weeks of amenorrhoea. There was a higher degree of motivation in these women indicated by the first reasons for seeking abortion where 9 out of 10 women were determined to defer pregnancy or limit family size. On analysing further these 2 main groups of motivated women, (refer Table IV) the women who sought to defer pregnancy were younger, had less than 3 children, were more urbanized, and had more education.

Thirty-four (23.0 percent) women in this study practised effective contraception at the time of conception and a further 23.6 percent (35 cases) practised contraception some time before abortion but stopped because of side-effects. This higher incidence of contraceptive use compared to the 1973-74 survey by Sinnathuray *et al*² could be explained by the higher degree of motivation of the women in this study. It had been found that women

who are highly motivated to control fertility will use both abortion and contraception.⁴ Women who used contraception were more likely to have abortions than women who had not used contraception, and vice versa.^{5,6} It is obvious this group of women sought abortion as the result of the failure of contraceptives. Of the 34 women, which is only 23 percent of women in this study, only 7 took hormonal contraception. The failure of hormonal contraception was due mainly to patients not taking pills regularly and faithfully and not coming in time for parenteral contraception. Experience or fear of side effects of contraception (mainly oral contraceptives) formed a relatively high (61 percent) percentage of all first reasons for non-use of effective contraception, while inavailability of contraception was never a first reason in this study bearing testimony to the widespread availability of contraceptives provided by the government family planning clinics, private doctors and pharmacists as well as Chinese druggists where illegal sale of oral contraceptives is widespread in Malaysia. In Thailand, where use of contraceptives is widespread, a contraceptive prevalence survey⁹ fear or experience of side effects of contraception formed the main primary reason for not using contraception.

After abortion there was a dramatic rise in percentage of women (74.3 percent) accepting effective contraception. This is not surprising because the majority of the women in this study were married with several children and more than 20 years old — a common finding in both developed and developing countries.^{7,8} The level of education of women in this study group was higher than that of the women in the 1973-74 survey by Sinnathuray *et al*² and similarly in women seeking to defer pregnancy when compared to women seeking to limit family (Table IV), and there was a corresponding higher acceptance of post-abortion effective contraceptive use. This gave an impression that higher educational background was related to higher acceptance of post-abortion contraceptive use.

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REFERENCES

- ¹ Ng K H and Sinnathuray T A (1975) Maternal Mortality from septic abortions in University Hospital, Kuala Lumpur from March 1968 to February 1974. *Med. J. Mal.* 30, (1), 52-54.
- ² Sinnathuray T A, Yusof K, Ng T K F, Palan V T, Pathmanathan I, Tan B A (1977) Report on maternal health and early pregnancy wastage in Peninsular Malaysia, Kuala Lumpur, Malaysia. Federation of Family Planning Association. (International Development Research Centre Grant No. 3-72-103).
- ³ Liskin L S (1980) Population Reports. Population Information Program. The John Hopkins University Maryland, USA. F. 7. July 1980, F 126-F 144p.
- ⁴ Potts M, Diggory P, and Peel J. Abortion, Cambridge, England, Cambridge University Press, 1977. 575p.
- ⁵ Chow L P. Abortion in Taiwan. In: Hall R E ed. Abortion in a changing World. Vol. 1, (Proceedings of an International Conference, Hot Springs, Virginia, Nov 17-20, 1968) New York Columbia University Press 1970. 251-259p.
- ⁶ Tan S B. The psychosocial aspects of abortion in Singapore, Ottawa, Canada, International Development Research Centre (1978) 412p.
- ⁷ Millier E R, Pachauri S and Saha A. Patterns of contraceptive acceptance after abortion: A study in four Asian Hospitals. Proceedings of the Annual Meeting of the International Family Planning Research Association Beverly Hills, California, September 29-October 2 1976. Chapel Hill, North Carolina, International Fertility Research Program, 1976 (Pregnancy Termination Series No. 96) 12 p.
- ⁸ Mackenzie P (1974) Before and after abortion. *Canadian Medical Association Journal* 111, 667-671.
- ⁹ Morris L, Lewis G, Powell D L, Anderson J, Way A, Cushin J and Lawless G. Population Reports. Population Information Program, The John Hopkins University Maryland, USA. M5 May-June 1981, M-176p.