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GOVERNMENT OF KERALA

**A STUDY OF MEDICAL TERMINATION
OF PREGNANCY**

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Population Research Centre
Directorate of
Economics & Statistics, Trivandrum
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of Pregnancy**

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PREFACE

The Medical Termination of Pregnancy Act came into force in 1971 and termination of pregnancies have been done in many equipped medical institutions in Kerala by qualified and well-trained Surgeons from 1972. A major portion of the termination was done in S.A.T., Hospital, Trivandrum. Certain conditions have been laid down for the terminations when it was liberalised and legalised and failure of use of contraceptive is one among the conditions. But termination of pregnancy is permitted within certain period of gestations so as to avoid any complication. Further as a safeguard against repetition of induced abortion, those who undergo abortion are advised to adopt any suitable contraceptive method.

This paper presents the socio-demographic characteristics of those who underwent termination of pregnancies during 1972-1979 in S.A.T. Hospital, Trivandrum. How for the women who approached the institution for the service have adhered to the rule relating to the interval of pregnancy and how far they have adopted contraceptive methods after termination is also brought out.

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The help and co-operation of Dr. Subhadra Nair, Director and Professor of Obstetrics and Gynaecology and Dr. K. J. John, Medical Officer, Urban Family Welfare Centre, S.A.T. Hospital, Trivandrum is gratefully acknowledged.

Trivandrum,
21-7-1981.

DR. P. A. NAIR,
Director.

A STUDY OF MEDICAL TERMINATION OF PREGNANCY

Abortion is defined as the termination of pregnancy before the foetus is capable of extrauterine life. It can be spontaneous or induced. Abortion caused by deliberate interference with pregnancy with the intention of terminating it by the pregnant woman herself or by another person is termed induced abortion. Abortion is one of the oldest methods of preventing unwanted births. Illegal abortion is one of the major causes of death among women of reproductive age in developing countries. Illegal abortions are often performed by unskilled untrained personnel—traditional practitioners or midwives in unhygienic conditions using crude instruments, caustic agents or toxic potions. Complications of illegal abortion account for 4 to 70 per cent of maternal deaths in developing country hospitals and an unknown number of additional deaths occur outside hospitals "one estimate based on data from the International Planned Parenthood Federation is that in 65 Asian, African, Middle Eastern and Latin American Countries about 84000 women die each year from complications of illegally induced abortion" (1).

The Central Family Planning Board in its meeting on 25th August 1964 expressed their anxiety on the reported increase in the number of induced abortions under insanitary conditions done by unqualified personnel, affecting the health and life of pregnant women. A Committee was set up to examine this question in 1964 with Shri Shanthilal Shash, Minister of Law, Health and Judiciary in the State of Maharashtra as Chairman, and on the basis of the recommendations of the Committee the Bill was introduced in Rajyasabha in 1969. After considering the amendments and recommendations by the Joint Committee of both the Houses of Parliament, the Bill was passed by Parliament and was assented to by the President of India on 10th of August 1971. The Act provides for termination of pregnancies if—

(1) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or grave injury to her physical or mental health;

OR
(2) there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

According to the provisions of this Act a number of Government and Private Institutions have been approved for conducting termination of pregnancies in the State and abortions are performed by qualified doctors working in clean surroundings using modern techniques and sterile equipments.

The increase in the number of M.T.P. acceptors since the year 1972, the year of introduction of legal abortions, shows the mass approval of this method. To arrest the rapid population growth, various family planning methods have been introduced. People have the choice to select family planning methods either for spacing between births or to stop births permanently.

The age at marriage, the age structure of the population and the prevalence in contraceptive use among married people are the influencing factors to increase or decrease the population growth. The age at marriage is the highest for both males and females in Kerala compared to other States in India. Further increase in age at marriage will not reduce birth rate in Kerala. The only possible way to reduce birth rate in Kerala is mass adoption of family planning methods. Use of contraception will prevent unwanted pregnancies. But due to failure of contraception, in some cases pregnancy may occur. M.T.P. will be for terminating unwanted pregnancies and preventing unwanted births.

M.T.P. acceptance in Kerala

Though this programme has been introduced in the State during the year 1972, the achievements so far made shows its mass approval. The number of M.T.P. acceptors per year has increased from 1084 in the year 1972 to 31405 in the year 1979 showing an average of 18000 acceptors per year. The year-wise number of acceptors since the year 1972 is given in table 1 below:

Table 1
THE NUMBER OF M.T.P. ACCEPTORS—1972-79

<i>Year</i>	<i>Number of persons</i>	<i>Index of achievement</i>
1972	1084	100
1973	3454	318
1974	8234	759
1975	17758	1638
1976	24034	2217
1977	29473	2718
1978	28581	2636
1979	31405	2897
Total	144023	

Average per year 18000 nearly.

Objective of this study

The objective of this study is to analyse the characteristics of M.T.P. acceptors to get a realistic picture of the type of acceptors who have shown a favourable attitude towards this method.

Coverage and materials

S.A.T. Hospital attached to the Medical College, Trivandrum is one of the approved hospitals in the State for providing M.T.P. services. A total of 32,300 persons had utilised the services provided in this hospital

for terminating pregnancies during the period 1972 to 1979. During the year 1972 the total M.T.P. cases attended in the hospital was 399. It went up to 4301 in 1979. It has gone up to 6000 cases during the years 1975 and 1976. Out of a total of 144023 M.T.P. acceptors in the State 32,300 persons had terminated their pregnancies from the S.A.T. Hospital during the period. It accounts 22.40 per cent of the total acceptors in the State. An average 300 M.T.P. cases have been reported every month in the S.A.T. Hospital. The table given below shows the number of M.T.P. acceptors in Trivandrum District and S.A.T. Hospital and the percentage of acceptors in S.A.T. Hospital to the total in the district during the year 1972-79.

Table 2

**M.T.P. ACCEPTORS IN TRIVANDRUM DISTRICT AND S.A.T. HOSPITAL
1972-79.**

<i>Year</i>	<i>Trivandrum District</i>	<i>S. A. T. Hospital</i>	<i>Percentage to total</i>
1972	603	399	66.15
1973	2349	2316	98.60
1974	4448	3860	86.80
1975	7340	6038	82.25
1976	8365	6124	73.20
1977	7976	4857	60.90
1978	7796	4405	56.50
1979	7343	4301	58.60

The above table shows that the S. A. T. Hospital has the highest place in respect of M. T. P. performance and that is the reason for selecting this hospital to study the demographic and socio-economic characteristics of the M. T. P. acceptors. The reference period of the study is 1975 to 1979.

Limitations

The records available in the hospital are taken as the source of information on various characteristics of the acceptors. According to the registers, a total of 25725 persons had terminated their pregnancies during the period. Out of this information about 24109 has been available. The table 3 given below shows the total acceptors and the number of acceptors whose characteristics are recorded in the Registers.

Table 3

TOTAL M. T. P. ACCEPTORS

Year	No. in the register	Data Collected	Difference
1975	6038	5441	597
1976	6124	5399	725
1977	4857	4569	288
1978	4405	4405	..
1979	4301	4301	..
Total	25725	24115	1610

Data on marital status, educational level of Husbands/wives, religion, duration of gestation and fertility control methods adopted after M. T. P. are collected and analysed for the present study from the records kept in the hospital.

Characteristics of M. T. P. acceptors

A study of the socio-economic and demographic characteristics of the acceptors will be useful to planners and policy makers for formulating future programmes. The success of this method, eventhough not a part of family planning programme will in effect reduce the births at least on a limited scale. In this respect a detailed study to know what kind of woman has an abortion, whether she is older in age, married and has higher parity, who does not want to have any more children. Data on age, religion, educational status, marital status, number of living children, duration of gestation are some of the characteristics taken for analysis in the study.

Age of the acceptors.

Age of the acceptors is an important factor for assessing the impact of the programme. The impact of the programme on fertility decline will depend upon the higher percentages of people belonging to younger ages accepting any family planning method after the termination of the pregnancy. In this study it is revealed that a higher percentage of M. T. P. acceptors belongs to the age group 20-29. The highest percentage of acceptors is in the age group 25-29. This is the common pattern prevailed in less developed countries. The pattern which emerges is that in economically developed western nations with low birth rates, the typical woman obtaining a legal abortion is under 30 years of age, unmarried and with one living child. In economically developing nations with higher birth rates, especially Asia and Africa the typical woman obtaining a legal abortion is 25 or older married and has several children" (2). The table 2 given below gives the percentage distribution of acceptors according to age between 20-24 and 25-29.

Table 4

PERCENTAGE OF M. T. P. ACCEPTORS IN THE AGE GROUP 20-24
AND 25-29 TO TOTAL ACCEPTORS

<i>Year</i>	<i>Age group</i>	
	20-24	25-29
1975	22.75	26.63
1976	23.04	27.52
1977	25.21	27.49
1978	24.64	28.85
1979	26.69	28.85

This table shows the increasing trend of acceptors in these age groups which is the most fertile period of a woman. Similar studies conducted at various institutions also show similar pattern in respect of the age of the acceptors. In a study on M. T. P. acceptors, Bose and Sethna (3) has observed that 57.5% of the total acceptors belong to the age group 20-29. Karitkar and Rao (4) reported that 57.5% of the M. T. P. acceptors in this study were in the age group 20-30 years. Similarly Kamat et al (5) reported that 64.7% of the acceptors belong to the age group 21-30 years. It is worthwhile to note that a higher percentage of acceptors in all these studies are in the age group 20-30 years.

The mean age of the M. T. P. acceptors are given in the table 5 below:

Table 5

MEAN AGE OF M. T. P. ACCEPTORS

<i>Year</i>	<i>Mean age of M.T.P. acceptors</i>
1975	29.4
1976	29.0
1977	28.9
1978	28.9
1979	28.4

The above table shows that the mean age of M. T. P. acceptors has declined slightly from 29.4 in 1975 to 28.4 in 1979, thus declining one year within a period of 5 years.

Yadav et al (6) has observed in his study of the characteristics of M. T. P. cases during 1976-77 in rural and urban groups at Varanasi that the mean age of acceptors from the rural areas is 28.93 and that from urban areas 28.09 years. Bhatnagar (7) has reported 30.78 as mean age of the M. T. P. acceptors in his study. Patel and Patel (8) has also reported 30.85 years as mean age for rural acceptors and 32.60 years as for urban acceptors. The age distribution of the M. T. P. acceptors is given in appendix table 1.

Age of unmarried acceptors

It is interesting to note that nearly 10 per cent of the M.T.P. acceptors are unmarried. They have recorded their marital status as unmarried. The number of unmarried females may be much more than recorded. Naturally females show reluctance to note their pregnancy outside wed lock. The percentage distribution of unmarried M.T.P. acceptors has shown an increasing trend.

Table 6

PERCENTAGE OF UNMARRIED FEMALES WHO HAVE TERMINATED
PREGNANCIES DURING THE PERIOD 1975-79

<i>Year</i>	<i>Percentage</i>
1975	6.39
1976	6.92
1977	8.82
1978	8.84
1979	10.23

The percentage has increased from 6.39 in 1975 to 10.23 during the year 1979. Naturally the unmarried females approach unqualified medical practitioners for abortion. The facilities now provided in well equipped approved hospitals and liberalisation of the legal provisions will attract more women to terminate pregnancies in these hospitals. The percentage distribution of unmarried acceptors according to age is given in appendix table 2.

Religion

The religious composition of the M.T.P. acceptors reveals that the percentage of Hindus among the acceptors is higher than their proportion in the general population and that of Christians and Muslims are low. The percentage distribution of M.T.P. acceptors according to religion is given below:

Table 7

PERCENTAGE DISTRIBUTION OF M.T.P. ACCEPTORS ACCORDING
TO RELIGION

<i>Year</i>	<i>Hindus</i>	<i>Christians</i>	<i>Muslims</i>	<i>Total</i>
1975	83.47	7.98	8.55	100.00
1976	81.53	10.24	8.23	100.00
1977	78.75	10.98	10.07	100.00
1978	79.06	10.71	10.23	100.00
1979	80.89	8.51	10.60	100.00

The percentage of acceptors among Christians and Muslims have shown increasing trend over the years. But this percentage is very low.

Educational level of M.T.P. acceptors

The educational level of acceptors shows that the acceptance rate increases with the increase in the educational level of either the acceptor or her husband. The percentage of acceptors having higher educational level has shown an increasing trend over the years. The percentage of acceptors among illiterates are comparatively low. It seems that they are not aware of the facilities now provided in hospitals or the legal sanctity made for terminating pregnancies. Propaganda of the legalisation of pregnancy termination may improve the number in this category. The educated husbands showed a more favourable attitude towards this programme. The present study shows that higher the educational level of both husbands and wives, the higher is the incidence of induced abortions. The percentage distribution of acceptors and their husbands according to the level of education is given in table 3 in appendix.

Number of living children

The number of living children at the time of acceptance of any family planning method will be a good indicator to assess the impact of the programme in bringing down birth rate subject to adoption of family planning methods after M.T.P. In this study it is observed that more than 60 per cent of the acceptors had 3 or less than 3 living children at the time of termination of pregnancy. The number of people with less number of children has shown a steady increasing trend over the years. The table given below shows the increasing trend of acceptors having 2 or less than 2 living children at the time of M.T.P.

Table 8

PERCENTAGE DISTRIBUTION OF MTP ACCEPTORS HAVING 2 OR
LESS THAN 2 CHILDREN

<i>Year</i>	<i>Percentage to total</i>
1975	42.91
1976	58.79
1977	63.43
1978	64.04
1979	51.86

This table indicates the desire of the people to limit the family size into two. Even a good number of females prefer to terminate the pregnancy though they have no living children at the time of termination. The average number of children to MTP acceptors has shown a declining trend since 1975. The table given below shows the decreasing trend between 1975 to 1979.

Table 9

AVERAGE NUMBER OF CHILDREN TO MTP ACCEPTORS

<i>Year</i>	<i>Average Number of children</i>
1975	2.56
1976	2.34
1977	2.10
1978	2.10
1979	1.88

The average number of children has come down from 2.56 in 1975 to 1.88 in 1979 by reducing 0.68 child per acceptors with in a period of 5 years. It indicates the desire of the couples to limit the number of births. The percentage distribution of acceptors according to number of children living is given in appendix table 4.

Age of the youngest child

The distribution of the acceptors according to the age of the youngest child shows that between 15 to 20 per cent of them had terminated their pregnancy before the last child attains the first birth day. This shows a good number of married females become pregnant immediately after the delivery. Pregnancy may occur as a result of the failure in the use of contraception. Facilities to terminate unwanted pregnancies will be a boon to women. The percentage distribution of acceptors according to the age of the youngest child is given in appended table 5.

Duration of Gestation

The stage of pregnancy at the time of MTP is an important factor to study. If the people are aware of the facilities available in hospitals for terminating unwanted pregnancies, people will prefer to terminate at the early stage of pregnancies. In this study it is revealed that majority of the acceptors terminated their pregnancies between 6 to 11 weeks. The number of females terminated their pregnancies after the completion of 12 weeks or more is comparatively low. The percentage distribution of MTP acceptors according to the duration of pregnancies is given in appendix table 6.

Post Abortion fertility control methods

If adequate contraceptive services are not available after abortion, then the result will be an increasing hazard to maternal health. The experience of abortion often affects women's contraceptive behaviour, women are more likely to use contraceptives after abortion than before and they are more likely to use effective methods to avoid further pregnancy. An attempt is made in this study to find out the number of MTP acceptors who adopt family planning methods either for spacing or to stop births permanently. Though at the initial stage of this programme the number is very low, it has shown a steady increasing trend. In 1975 only 4% among

the MTP acceptors, adopted other methods of family planning. It has increased to 16 per cent during the year 1979. Among those who adopted any methods, the attitude was to adopt permanent methods. But a shift is seen in this attitude from permanent method to temporary methods. The table given below shows the percentage distribution of MTP acceptors who had adopted permanent and temporary family planning devices immediately after MTP to control further births.

Table 10

**PERCENTAGE DISTRIBUTION OF MTP ACCEPTORS WHO ADOPTED
FAMILY PLANNING METHODS AFTER MTP**

<i>Year</i>	<i>Permanent Methods Minilaps or Tubectomy</i>	<i>Temporary Methods Copper T</i>
1975	89.86	10.14
1976	70.13	29.87
1977	58.26	41.74
1978	38.76	61.24
1979	50.66	49.34

It is seen that users of permanent methods has come down from 89.86 in 1975 to 50.66 in 1979 and adoptors of temporary device increased from 10.14 in 1975 to 49.34 in 1979. The percentage distribution of MTP acceptors adopted Temporary and Permanent methods is given in table 7 appended. It seems that most of the females requires methods for spacing which conforms with the age structure of acceptors. Since females of lower ages accept methods more than the aged, it is natural they prefer spacing. This study reveals that among the Family Planning Methods available now, Copper T is very popular, and people prefer to use this method for spacing between births. The age-wise distribution of the users of family planning methods after MTP shows that the highest percentage of the acceptors are in the age group 20-29 years in respect of temporary methods and 25-34 in respect of permanent methods. The age-wise distribution according to the methods used after MTP is given in appendix table 8.

Number of births saved by MTP

On an average, 18 weeks are taken as protected period of pregnancy as a result of terminating a pregnancy for calculating the number of births averted. The average gestation period according to the present study is 10 weeks and 8 weeks are considered as protected period of pregnancy. The usual interval between births is taken as 104 weeks (2 years) and out of the 104 weeks, 18 weeks are considered as protected by terminating a pregnancy. The number of births averted by MTP is calculated by this assumption. Using this method the number of births averted due to the MTP in S.A.T. Hospital, Trivandram from 1975 to 1979 is worked out as 4315 births and for the State since its inception from 1972 up to 1979 is 28513 births.

The number of births averted by MTP since 1972 to 1979 is given in the table 11.

Table 11

NUMBER OF BIRTHS AVERTED BY MTP—1972-79

<i>Year</i>	<i>No. of MTP acceptors</i>	<i>No. of births averted</i>
1972	1084	187
1973	3454	598
1974	8234	2023
1975	17758	3671
1976	24034	4757
1977	29473	5699
1978	28581	5545
1979	31405	6033
Total	144023	28513

Summary and Conclusions

The Socio-Economic and demographic characteristics of 24115 MTP acceptors who have terminated their pregnancies during the period 1975-79 in SAT Hospital, Trivandrum have been studied in this paper.

More than 50 per cent of the acceptors are in the age group 20-29 years, which is the prime period of fertility and the percentage of acceptors in this age group has shown an increasing trend. This is an indicator of the desire of the married females to limit the number of children even in their younger ages.

The mean age of the acceptor is 29.4 in 1975 and it declined to 28.4 in 1979.

Nearly 10 per cent of the acceptors have reported their marital status as unmarried during the year 1979. The number of unmarried women to accept this programme has shown an increasing trend.

Nearly 80 per cent of the acceptors belonged to Hindu community. The percentage of Christians and Muslims are comparatively low than their respective proportion in the general population.

The average number of children to acceptors has declined from 2.56 in 1975 to 1.88 in 1979.

Majority of the acceptors terminated their pregnancies during the gestation period of 6 to 11 weeks.

The percentage of MTP acceptors adopting family planning methods either for spacing between births or stopping births permanently has increased from 4 per cent in 1975 to 16 in 1979.

Recommendations

1. Females of younger ages and with no children have to be dissuaded from undergoing termination of pregnancy. These groups have to be advised properly to use contraceptives to prevent pregnancy. Once pregnancy is aborted they have to accept any family planning method.
2. Nothing have been studied regarding repeated termination. The details on this have to be collected by hospital authorities.
3. The reason for terminating the pregnancies has not been mentioned. This is essential to know how best such reasons can be avoided.
4. Complications due to termination if any has not been brought to light. Follow up of the cases with result is also to be collected.

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APPENDIX TABLES

Table 1

PERCENTAGE DISTRIBUTION OF M. T. P. PERSONS ACCORDING TO AGE

Age group	1975	1976	1977	1978	1979
15-19	4.47	3.93	4.37	4.66	4.81
20-24	22.75	23.04	25.21	24.64	26.69
25-29	26.63	27.52	27.49	28.85	28.85
30-34	20.88	18.47	18.10	18.91	19.72
35-39	14.90	12.69	12.26	14.12	10.74
40-44	4.54	4.13	4.16	3.39	3.21
45+	0.94	0.50	1.14	0.82	0.63
NR	4.89	9.72	7.27	4.61	5.35
Total	100.00	100.00	100.00	100.00	100.00
Total No.	5441	5399	4569	4399	4301

Table 2

PERCENTAGE DISTRIBUTION OF M. T. P. PERSONS ACCORDING TO AGE OF UNMARRIED WOMEN

Age group	1975	1976	1977	1978	1979
15-19	38.22	36.10	30.52	32.91	31.59
20-24	44.25	38.77	51.11	47.81	46.82
25-29	10.63	9.89	10.92	9.51	13.40
30-34	1.44	2.95	2.24	..	2.05
35-39	..	0.53	..	0.26	0.23
40-44	0.29	..	..	..	..
45+	..	..	..	..	..
NR	5.17	11.76	5.21	9.51	5.91
Total	100.00	100.00	100.00	100.00	100.00
Number of unmarried woman	348	374	403	389	440

Table 3

EDUCATIONAL STATUS—1975

Husband/wife	Illiterate	1-3	4-6	7-9	10+	Graduate & above	Techni- cal Degree	Techni- cal Diploma	NR	Total
Illiterate	358	46	212	80	41	1	2	1	43	(14.41) 784
1-3	27	34	111	42	33	..	1	..	15	(4.83) 263
4-6	85	44	492	215	142	9	..	..	65	(19.33) 1052
7-9	34	22	223	229	207	23	3	..	62	(14.76) 803
10+	9	8	74	105	818	188	22	22	82	(24.41) 1328
Graduate & above	3	1	8	15	137	138	11	7	19	(6.23) 339
Technical Degree	..	..	1	..	36	114	20	11	4	(3.42) 186
Technical Diploma	..	..	..	..	1	8	6	..	..	(0.28) 15
NR	..	..	..	..	1	2	..	1	667	(12.33) 671
Total	(9.48) 516	(2.85) 155	(20.80) 1121	(12.62) 686	(26.02) 1416	(8.88) 483	(1.19) 65	(0.77) 42	(17.59) 957	(100.00) 5441

Table 3 (Contd.)
EDUCATIONAL STATUS—1977

Husband/ wife	Educational Status						Technical qualification					Total
	Illiterate	Literate but below primary 1-3	4-6	7-9	Matric, above & below	Graduate & above	Diploma I.T.I. etc.	B.E. M.B.B.S. etc.	NR	Total		
Illiterate	262	20	101	45	17	1	..	..	43	(10.70)	489
1-3	30	28	69	19	11	..	..	..	13	(3.72)	170
4-6	81	34	347	163	126	2	1	..	73	(18.10)	827	
7-9	28	9	113	172	188	11	1	..	43	(12.37)	565	
Matric, above matric & below	6	4	45	104	667	181	35	16	90	(25.12)	1148	
Graduate & above	..	..	..	1	48	202	13	32	20	(6.92)	316
Technical quali- fication I.T.I., Diploma	..	..	..	..	1	4	..	2	2	(0.20)	9
B.E. & M.B.B.S.	..	..	..	..	..	1	..	2	..	(0.07)	3
N.R.	4	..	4	2	3	2	..	..	1027	(22.80)	1042
Total	(9.00) 411	(2.08) 95	(14.86) 679	(11.07) 506	(23.23) 1061	(8.84) 404	(1.09) 50	(1.14) 52	(28.69) 1311	(100.00) 4569		

Table 3 (Contd.)
EDUCATIONAL STATUS—1976

Wife/ Husband	Educational Status					Technical			NR	Total
	1-3	4-6	7-9	10+ below graduate	Graduate & above	Degree	Diploma			
Illiterate										
Illiterate	320	34	153	61	22	1	..	..	47	638 (11.83)
1-3	32	35	91	25	20	..	..	..	10	213 (3.95)
4-6	117	43	372	192	130	3	..	..	53	910 (16.85)
7-9	25	8	101	172	192	2	1	..	37	546 (10.12)
10+ below graduate	10	7	36	115	822	24	18	..	57	1243 (23.02)
Graduate & above	..	..	..	1	56	31	10	..	2	293 (5.44)
Technical Diploma	..	..	..	..	4	1	2	..	..	7 (0.13)
Technical Degree	..	..	..	..	1	3	5	1	3	13 (0.24)
NR	..	..	..	..	2	1	1	1	1532	1536 (28.45)
Total	(39.34) 504	(2.35) 127	(13.95) 753	(10.50) 567	(23.13) 1249	(6.72) 363	(1.17) 63	(0.59) 32	(32.25) 1741	5399 (100.00)

Table 3 (Contd.)
EDUCATIONAL STATUS 1978

Wife/Husband	Illiterate	1-3	4-6	7-9	10 + below Graduate	Graduate & above	Technical Degree	Technical Diploma	NR	Total
Illiterate	400	26	103	31	15	..	..	..	48	623 (14.16)
1-3	6	26	86	26	7	..	..	..	18	169 (3.84)
4-6	47	34	373	224	125	8	..	1	84	896 (20.37)
7-9	17	5	112	154	188	21	..	1	59	557 (12.66)
10+	10	3	49	139	734	210	19	27	83	1274 (28.96)
Graduate & above	..	..	..	1	51	241	44	12	19	368 (8.37)
Technical Degree	..	..	..	..	..	4	8	1	..	13 (0.30)
Technical Diploma	..	..	..	..	3	2	..	2	1	8 (0.18)
NR	..	..	1	..	5	..	3	1	481	491 (11.16)
Total	480 (10.91)	94 (2.14)	724 (16.46)	575 (13.07)	1128 (25.64)	486 (11.05)	74 (1.68)	45 (1.02)	793 (18.03)	4399 (100.00)

Table 3 (Contd.)

Wife/Husband	Illiterate	1-3	4-6	7-9	10 + below graduate	Graduate & above	Technical Degree	Technical Diploma	NR	Total
Illiterate	155	14	64	28	12	1	..	..	20	294 (6.84)
1-3	15	25	56	26	17	1	..	..	11	151 (3.51)
4-6	36	47	250	135	100	6	1	2	38	615 (14.30)
7-9	16	11	94	129	163	19	1	3	32	468 (10.88)
10+below graduate	6	4	50	96	820	150	7	10	43	1186 (27.58)
Graduate & above	1	..	..	1	49	200	19	7	7	284 (6.61)
Tech. Diploma	..	..	..	..	..	3	..	..	..	3 (0.06)
Degree	..	..	..	..	..	12	13	..	..	25 (0.58)
N.R	..	1	2	..	3	..	..	..	1269	1275 (29.64)
Total	229	102	516	415	1164	392	41	22	1430	4301 (100.00)
	(5.32)	(2.38)	(11.99)	(9.65)	(27.07)	(9.12)	(0.95)	(0.51)	(33.01)	

Table 4

PERCENTAGE DISTRIBUTION OF M.T.P. PERSONS ACCORDING TO NO. OF CHILDREN LIVING

Year	0	1	2	3	4	5+	NR	Total
1975	9.87	12.44	20.60	16.65	10.48	13.77	16.19	100.00
1976	9.89	17.60	31.30	18.02	9.56	11.30	2.33	100.00
1977	11.73	20.71	30.99	16.48	8.86	8.58	2.65	100.00
1978	12.12	21.21	30.71	18.19	9.07	7.68	1.02	100.00
1979	12.51	16.52	22.83	11.23	5.18	3.88	27.85	100.00

Table 5

PERCENTAGE DISTRIBUTION OF M.T.P. PERSONS ACCORDING TO THE AGE OF YOUNGEST CHILD

Year	≤1	1-2	2-3	3-4	4-5	5-6	6+	NR	Total
1975	17.73	21.01	12.35	8.56	5.79	4.56	12.46	17.54	100.00
1976	15.95	19.78	12.76	8.91	5.67	3.69	11.76	21.48	100.00
1977	15.36	19.26	11.93	6.94	5.84	3.84	13.70	23.13	100.00
1978	17.92	20.66	12.09	7.57	5.73	4.21	14.16	17.66	100.00
1979	21.58	23.18	8.83	5.58	4.19	2.46	-9.81	24.37	100.00

Table 6

DURATION OF GESTATION

Year	≤ 5 weeks	6—11 weeks	≥ 12 weeks	N.R.	Total
1975	..	74.16	25.79	0.05	100.00
1976	..	71.48	28.43	0.14	100.00
1977	..	64.68	34.78	0.59	100.00
1978	..	76.40	23.55	0.05	100.00
1979	..	72.29	27.69	0.02	100.00

Table 7

PERCENTAGE DISTRIBUTION OF MTP ACCEPTORS ADOPTED TEMPORARY AND PERMANENT
FAMILY PLANNING METHODS AGE-WISE

Age group	Temporary method year					Permanent method year				
	1975	1976	1977	1978	1979	1975	1976	1977	1978	1979
15-19	..	75.00	100.00	100.00	100 00	..	25.00	..	..	..
20-24	11.43	45.59	68.08	71.86	67.82	88.57	54.41	34.92	28.14	32.18
25-29	8.33	33.01	52.88	62.56	50.90	91.67	66.99	47.12	37.44	49.10
30-34	11.86	20.78	27.40	50.68	33.79	88.14	79.22	72.60	49.32	66.21
35-39	6.82	17.59	16.67	53.33	24.69	93.18	82.41	83.33	46.67	75.31
40-44	11.11	20.00	22.22	53.33	80.00	88.89	80.00	77.78	46.67	20.00
45+	..	..	..	83.33	..	..	..	..	16.67	..
Total	10.14	29.87	41.74	61.24	49.34	89.86	70.13	58.26	38.76	50.66

Table 8

PERCENTAGE DISTRIBUTION OF M. T. P. PERSONS (AGE WISE) WHO HAVE ADOPTED VARIOUS METHODS

Year	15-19	20-24	25-29	30-34	35-39	40-44	45+	NR	Total	
1975	Mini lap	..	19.61	27.45	23.53	21.57	1.96	..	5.88	100.00
	Sterilisation	..	14.58	28.48	27.78	20.83	4.86	..	3.47	100.00
	Copp. T	..	30.00	20.00	20.00	10.00	..	..	20.00	100.00
	I. U. D.	..	8.33	25.00	41.67	16.67	8.33	..	..	100.00
	Mini lap	0.23	16.40	29.16	25.74	19.82	5.01	..	3.64	100.00
	Sterilisation	..	6.06	36.37	27.27	6.06	6.06	..	18.18	100.00
1976	Copp. T	1.49	30.85	34.32	15.92	9.45	2.99	..	4.98	100.00
	I. U. D.	..	..	..	..	..	..	..	..	..
	Mini lap	..	10.58	23.56	25.48	16.83	3.36	..	20.19	100.00
	Sterilisation	..	..	..	..	..	..	..	..	..
	Copp. T	4.70	27.51	36.92	13.42	4.70	1.34	..	11.41	100.00
	I. U. D.	..	..	..	..	..	..	..	..	..
1977	Mini lap	..	..	..	..	..	..	..	..	..
	Sterilisation	..	..	..	..	..	..	..	..	..
	Copp. T	4.70	27.51	36.92	13.42	4.70	1.34	..	11.41	100.00
	I. U. D.	..	..	..	..	..	..	..	..	..
	Mini lap	..	17.47	30.48	27.14	18.22	2.60	0.37	3.72	100.00
	Sterilisation	..	..	..	..	..	..	..	..	..
1978	Copp. T	2.82	28.24	32.23	17.65	13.18	1.88	1.18	2.82	100.00
	I. U. D.	..	..	..	..	..	..	..	..	..
	Mini lap	..	16.28	31.69	27.91	17.73	0.87	..	5.52	100.00
	Sterilisation	..	..	..	..	..	..	..	..	..
	Copp. T	..	..	..	..	..	..	..	..	..
	I. U. D.	..	..	..	..	..	..	..	..	..
1979	Mini lap	..	..	..	..	..	..	..	..	..
	Sterilisation
	Copp. T	3.88	35.22	33.73	14.63	5.97	3.58	..	2.99	100.00
	I. U. D.
	Mini lap
	Sterilisation

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