The demand for abortion in an urban Malaysian population

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Introduction

A SURVEY OF THE WORKLOAD of an urban general practice in Penang was carried out from January to June 1970, the results of which will be reported elsewhere. The data presented in this paper are, however, derived from the same survey.

The extent of the demand for abortion was a surprise to the author. There seems to be a significant number of women who visit their general practitioners complaining of amenorrhoea of varying length and ask for injections to bring on their periods. A few of these are more brazen and experienced, and frankly ask for an abortion. From information volunteered by the patients and from conversations with other general practitioners, it appears that the practice has grown up for most general practitioners to give such patients an oestrogen progestogen injection, hoping that the patient is not pregnant and that withdrawal bleeding may be induced in this way. An MRCOG friend of the author has given his private opinion that such a procedure should not dislodge any existing pregnancy. There is, therefore, an ambivalence connected with this procedure with the patient believing that the general practitioner is trying to induce an abortion and the general practitioner really performing a parenteral pregnancy test.

It should, perhaps, be pointed out that the author was not previously greatly interested in the subject but as he proceeded with general practice, it soon became evident that this was a problem which he could not ignore and which should not be swept under the carpet. Abortion is a moral question that has to be decided by the whole community. It is the intention of this paper to provide some data on which moral decisions can be made and secondarily to make sure that the voice of Malaysia's "silent majority", the urban poor, be heard.

Material and Methods

The data in this paper is based on records made during consultations from January to June 1970. For details of the practice and of the way records were kept, e.g. the assignation of social class, the reader is referred to the main paper (Ooi, 1970). At the beginning of this period before the extent of the problem was realised, many details of interest were not specifically asked for: these appear under the category "not noted" in the various tables. From about March onwards, the particulars analysed in the following tables were routinely asked for and recorded.

Results

The total number of cases with amenorrhoea seen between January and June 1970, was 214.

Table I analyses the distribution of the cases seen with respect to age, **Table II** with respect to class, and **Table III** with respect to race.

TABLE I
Age Distribution

Age in Years	Number of Patients	Percentage
14 – 17	2	0.9
18 – 20	9	4.2
21 – 25	42	19.6
26 – 30	52	24.3
31 – 35	54	25.2
36 – 40	32	15.0
41 – 45	16	7.5
46 – 50	7	3.3
Total	214	100

TABLE II
Distribution of Social Class

Social Class	Number of Patients	Percentage
1	3	1.4
1 – 2	2	0.9
2	32	15.0
2 – 3	32	15.0
3	89	41.6
3 – 4	13	6.1
4	11	5.1
Not Noted	32	15.0
Total	214	100

TABLE III
Racial Distribution

Race	Number of	Percentage
Chinese	209	97.7
Malay	3	1.4
Indian	2	0.9
Total	214	100

Table IV shows the marital status of the patients and the number of children in each family. **Table V** shows the age of the youngest child in each family and **Table VI** the place of birth of the youngest child.

TABLE IV
Marital Status and Number of children in the Family

Number of Children	Number of Patients	Percentage
None: unmarried	16	7.5
None: Married	10	4.7
1 – 2	40	18.7
3 – 4	60	28.0
5 – 6	44	21.5
7 – 8	30	14.0
9 – 10	7	3.3
> 10	2	0.9
Not Noted	3	1.4
Total	214	100

TABLE V
Age of Youngest Child

Age Youngest Child	Number of Patients	Percentage
< 1 yr.	59	31.4
1 yr.	22	11.7
2 yrs.	17	9.0
3 yrs.	12	6.4
4 yrs.	18	9.6
5 yrs. and over	42	22.3
Not Noted	18	9.6
Total	188	100

Note: Figures exclude the 26 childless women in the series.

TABLE VI
Place of Birth of Youngest Child

Place of Birth	Number of Patients	Percentage
Penang Maternity Hosp.	85	45.2
Govt. Hosp. outside Pg.	16	8.5
Private Nursing Home	10	5.3
At Home	27	14.4
Not Noted	50	26.6
Total	188	100

Note: Figures exclude the 26 childless women in the series.

Table VII shows the number of days at the time of consultation by which the period was overdue.

TABLE VII
Length of Time by which the Expected Period was Delayed

Length of Time	Number of Patients	Percentage
1 – 3 days	10	4.7
4 – 7 days	56	26.2
1 wk. 1 day – 2 wks.	70	32.7
2 wks. 1 day – 4 wks.	38	17.8
4 wks. 1 day – 6 wks.	11	5.1
6 wks. 1 day – 8 wks.	16	7.5
> 8 weeks	9	4.2
Not Noted	4	1.9
Total	214	100

Table VIII shows whether the patient had practised any method of contraception in the past. **Table IX** lists the reasons advanced by patients for stopping the oral contraceptive pill and **Table X** those advanced by patients for never having tried the pill.

TABLE VIII
Previous Method of Contraception

Method	Number of Patients	Percentage
Oral Contraceptive Pill	87	36.1
IUD*	6	2.5
Diaphragm, sheath, spermicides	17	7.1
Coitus Interruptus	5	2.1
Safe Period	3	1.2
Previous Abortion +	5	2.1
Previous Successful Injections	19	7.9
Chinese Herbs	3	1.2
None	44	18.3
Not Noted	52	21.6
Total	241	100.1

* Of the 6 patients who had used an IUD, 3 had had it removed because of menorrhagia; 2 because of fear that its long term presence might cause cancer; and 1 presented with amenorrhoea because the IUD had fallen out without her noticing it.

\+ Some on repeated occasions.

Note: A patient may use more than 1 method of contraception. The total of this table is therefore greater than the total number of patients.

TABLE IX
REASONS ADVANCED FOR STOPPING THE ORAL CONTRACEPTIVE PILL

A. Medically Acceptable Reasons.

Reason	Number
Retrosternal discomfort	7
Shortness of breath	11
Palpitations	9
Vomiting and/or Giddiness	10
Headache	1
Periods became irregular	8
Periods became scanty	3
Generalised pruritus	2
Became thin	2
Became fat	1
Total	54

B. Reasons Founded on Rumours and Fears.

Reason	Number
Was told that the pill is harmful if taken for too long (no ill effects specified)	4
Frightened by adverse newspaper publicity	1
Thought pill can cause cancer if taken for too long	4
Friend had definite ill effects from pill	2
"Constantly ill" while on pill	2
Thought she was too weak to tolerate pill	2
Thought it was necessary to stop pill during an acute illness	3
Total	18

C. Reasons due to Personality or Personal Circumstances.

Reason	Number
Forgot to buy pill or takes it irregularly	16
Husband was away, then returned suddenly	3
Total	19
Grand Total	91

Note: Some women gave more than 1 reason for stopping the pill.

TABLE X
REASONS ADVANCED FOR NOT STARTING ON THE ORAL CONTRACEPTIVE PILL

Reason	Number
Never heard about the pill	10
Was told that the pill is harmful (no ill effects specified)	12
Thought the pill can cause cancer	2
Thought she was too weak to tolerate the pill	2
Friend had definite ill effects from the pill	2
No time to buy the pill	2
Too lazy to buy the pill	1
Afraid she may not remember to take the pill	2
Does not know where to buy the pill	1
Thought she was too old to need the pill (patient was 38 years old)	1
Husband objected to the pill	1
Total	36

The author neglected to note down in the records as a routine the reasons advanced by patients for not wanting the pregnancy and therefore no figures are available for this. However from memory and incomplete records, the reasons advanced are listed in **Table XI.**

TABLE XI
REASONS FOR NOT WANTING PREGNANCY

Not married (16 patients only)
Patient engaged in prostitution (6 patients only)
Too soon in marriage to have baby
Wife is the sole wage earner

Too poor
Too many children
} An overwhelming majority of patients advanced these two reasons.
Too old

Fifty-nine patients volunteered the information that they had had treatment with another general practitioner before coming to see the author. It should be noted that this is an underestimate as the patients were not routinely asked if they had consulted another general practitioner before consulting the author. Only information offered or elicited during history taking are noted down. An unrecorded large number had also tried various Chinese herbs to induce the period before coming to see the author.

With regard to the author's treatment of these cases, local custom was followed in some patients and an oestrogen progestogen injection prescribed. Others, especially those who had had treatment elsewhere or with a long period of amenorrhoea, were advised that an injection was unlikely to help, and the author tried his best to persuade them to accept the pregnancy, but it is unlikely that he succeeded with many. All were strongly urged to go on to recognised methods of contraception. With regard to results, 18 were known to have periods after the injection and 4 were known to become reconciled to the pregnancy. Results for the rest are not known.

It is unknown to the author why there should be such great popular belief in the efficacy of injections by general practitioners as a means of inducing abortion. An unknown proportion of women subjected to such injections will have amenorrhoea due to causes other than pregnancy. In these, the injections will be successful. It is a bit surprising to the author that the numbers who had had successful injections should be sufficient to popularise the method.

Discussion

The Desire for Family Planning.

From the table of racial distribution **(Table III)**, it can be seen that Malays and Indians form only 1.4% and 0.9% respectively of patients seeking a remedy for amenorrhoea compared with 6.1% and 4.0% respectively for the practice as a whole (Ooi, 1970). It is not known why this should be so but, if one wishes to speculate, the possible reasons may be that the idea of having abortions induced by injections given by general practitioners is not popular or widely known among them or that they resort to other methods of abortion, e.g. unqualified abortionists. It is also possible that Malays and Indians do not accept the advantages of small families, but for the Malays certainly, this is refuted by the figures of the Penang Family Planning Association (Annual Report 1969) which show a better follow-up rate with the pill for the Malays than for the other racial groups. It may well be that the Malays are more effective users of modern contraceptive methods and therefore have less need to seek abortions!

From this point onwards, the discussions and conclusions are concerned only with the urban Chinese as the number of Malays and Indians is too small for any further conclusions to be drawn.

There seems to be no doubt that the modern urban Chinese desire to limit the size of their families. They have thrown overboard the traditional preference for large families, many mothers stating with conviction that they regard a family size of two or three or four children as sufficient. This is supported by the figures of **Table IV** which show the large number of married women who seek abortions with only one to four children in the family. The modern urban Chinese also seek to avoid having children too close together. This is shown by the figures of **Table V** which show that the greatest number of women who seek an abortion has a child of less than one year old. It is interesting to note that the incidence falls to a minimum with the youngest child aged 3 years, then rises again, so that a considerable number of women whose children are aged five years and over seek an abortion — many of these are, of course, in the older age groups. An indication of the fact that the traditional Chinese way of life is changing is provided by the number of nulliparous married women who appear to be more strongly motivated by economic factors, e.g. the wish to go on working to maintain or increase the family income, than by the wish to start a family.

It is interesting to note that the demand for abortion is spread fairly evenly throughout the different age groups. It is interesting, too, that there were 7 women in the age group 46 to 50 years who demanded an injection to bring on their periods. All of these women came when their periods were only a few days late. Their fear of another pregnancy was so great that the author found it extremely difficult to convince these patients that they may be faced with the onset of menopause rather than with another pregnancy, and to wait 2 weeks for a definitive pregnancy test.

Table VII shows that the majority of patients came demanding their injections when their period was overdue by 2 weeks or less. This is perhaps a reflection of popular knowledge that the injection is unlikely to work after this time. It is also a reflection of the very strong fear of a further pregnancy that many women appear to have, causing them to rush to try any means to bring on their periods. This is pushed to its most ludicrous limits by the 10 women who demanded an injection when their period was delayed by as little as 1 to 3 days!

Failure of Modern Contraceptive Methods to Abolish the Demand for Abortion.

An argument often used by opponents of legalised abortion is that there should be no need for it with modern methods of contraception. But **Table VIII** shows that present methods of contraception still have a long way to go in stopping the demand for abortion. The author was somewhat surprised to find that as many as 93 (43.5% of the patient total) had practised a modern form of contraception (pill or IUD) in the past, and yet found the disadvantages and fear of these methods greater than the dangers of an abortion or the uncertainties of a hormone injection by a general practitioner. It should also be noted from the same table that, despite the availability of such methods, there are women who resort to repeated abortions as a method of contraception.

If modern contraceptive methods are to reduce the present level of demand for abortion, then ways must be found of increasing their effective use. **Table IX** shows that 40.7% (37/91) of the reasons advanced for stopping the pill were non-medical and unnecessary. If this figure is considered, together with **Table X** listing the reasons advanced by women for never having tried the pill at all, then it can be seen what a large proportion of unwanted pregnancies could have been prevented with the pill.

Considering that the desire of the modern urban Chinese to limit the size of the family is so strong, it is a matter of some surprise to the author that as many as 10 women in this series had never even heard about the pill! Most of these women belong to social class 4 and had large families. The existence of these women would seem to be an indication for further campaigns to be mounted to disseminate knowledge of the methods of contraception among the poorer social classes.

Table VI shows that 53.7% of the women in this series gave birth to their last child in a Government hospital. If the 50 women in the "not noted" category are excluded, the proportion rises to 73.2% (101/138). If this is taken in conjunction with the fact that 31% of the women have a child aged less than one year, then it would seem that the person most likely to demand an abortion is the woman who has delivered a baby in a Government hospital within the last year. It is surprising that this should occur despite the fact that all post partum women in the Penang Maternity Hospital are visited by a worker of the Family Planning Board for a chat on contraception plus one month's free supply of the pill on request. This finding suggests that the family planning authorities should study and experiment with various ways of communicating the facts and methods of modern contraception to these post partum women. For example, will better results be obtained if these women are given a half hour detailed lecture in groups so that they can discuss the implications among themselves, or if pamphlets giving details of the various contraceptive methods and their advantages and disadvantages are distributed to them to take home for study, or if chats on contraception are given in the presence of the husband (in passing it should be noted that a significant number of the women demanding abortions are accompanied by their husbands who are just as keen that the pregnancy be terminated). It would also be interesting to see to how great an extent the personality, tact, and instructive ability of each family planning worker influences her patients' decision to adopt a modern contraceptive method — for instance, is there any significant difference in the follow-up rates following chats by different family planning workers?

It is the experience of the author that whatever the reason the patients advanced for stopping the pill, the overwhelming majority did so without consulting any doctor whatsoever. It would seem a fair conclusion of this series that a great number of failures with the pill could be avoided if each and every woman given it, especially in family planning clinics staffed

by nurses only, could be told never to stop it when suffering either from definite side effects or anxiety engendered by rumours, without consulting a doctor first. The patient could be then either reassured or, if suffering from definite side effects, changed to another preparation or to another method.

Intolerance to Modern Contraceptive Methods.

However great a believer in family planning one may be, it is impossible to run away from the fact that there is a significant number of women who complain of definite side effects from the pill. It is a matter of speculation to the author what proportion of the women with medically acceptable reasons in **Table IX** did really experience these side effects and what proportion imagined they were suffering from these side effects after hearing rumours and stories from friends. However this may be, it is interesting to note that there is a surprisingly marked difference in the incidence of side effects between those reported in this series and those reported for European women on the pill. Headache is a very common side effect in European women (Grant, 1968) but was only complained of by one person in this series. On the other hand, retrosternal discomfort, shortness of breath, and palpitations figure very prominently in Malaysian women but are not mentioned as common side effects in European women (BMJ, 1968).

It is the impression of the author from this series that many women on the pill have little idea of what it is all about, and have had no warning of what side effects to expect and what to do about them should they occur. A proportion of these women buy their pills without prescription direct from pharmacies, and a proportion may be too stupid to grasp any explanations, but a proportion are women of average intelligence who get their pills from family planning clinics. It is suggested that a better follow-up rate may be obtained if women on the pill know what it is all about, and are warned that some may experience side effects, which may be intolerable enough in a few to necessitate changing to another method, but are reassured at the same time that such side effects are not permanent nor life threatening: it is suggested such women will not be alarmed when side effects occur, and therefore will not stop the pill precipitately. Although granted that warnings about side effects may cause the patient to imagine that she is experiencing them, yet rumours about side effects from the pill are so widespread that women given no official guidance fall an easy prey to such rumours.

It is possible that with growing acceptance of modern methods of contraception, unwanted pregnancies will cease. This might be an unachievable goal, as there appears to be women with large families who are unable to tolerate any method of contraception, however great their desire to limit the size of their families. The author has encountered a few patients in this series who had had the IUD removed for various reasons and had then been unable to continue with the pill because of side effects. Furthermore modern methods of contraception may fail: for instance, the author has great sympathy with the patient in the following case history.

Case No. 302421

A 46-year-old Chinese of social class 3. This woman had delivered 6 children, of whom 4 were living and 2 had died. The youngest child is 9 years old. She had had an IUD inserted 4 years ago and had her last check up 1 year ago when she was told everything was all right. She presented with 2 weeks amenorrhoea and on examination, the thread of the Lippes loop was no longer seen issuing from the os.

This woman had followed instructions and yet had become pregnant. She is elderly, already has many children and has a great aversion to having another child. There is a basic injustice in the situation which compels the doctor to say to the patient: "I am afraid I cannot help you. You have to take your problem elsewhere." A humanitarian consideration of the problems of women in groups such as these, e.g. the woman who gets pregnant because she is unable to tolerate any method of contraception, the woman who gets pregnant while on a recognised method of contraception, and the woman who is unmarried, compel the author to urge that abortion should be legalised for these special groups. Clearly if abortion is legalised, safeguards will have to be incorporated, but it is not the author's intention to discuss these here.

Conclusion and Summary

The twin objectives of this paper have been to set down facts and figures relating to the demand of women in an urban population for abortion and to publicise the fears and misconceptions of many women regarding modern methods of contraception so that steps may be taken to combat these fears. The desire of the modern urban Chinese for family planning is exceedingly great and yet innumerable women find themselves with an unwanted pregnancy. A total of 43.5% of those with an unwanted pregnancy had tried a modern method of contraception in the past

and had then abandoned it, some for medically acceptable but too many for spurious and preventable reasons founded on ignorance and fear. Some suggestions for reducing the high dropout rate from the pill are discussed.

However, certain groups of women get pregnant despite sincere efforts to avoid it, e.g. those intolerant to all methods of contraception, and it is suggested that abortion should be legalised for these special groups.

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