ABORTIONISTS AND ABORTION SEEKERS

J. C. BHATIA*

Induced abortion as a means of getting rid of unwanted pregnancy has been in vogue since times immemorial. In India, particularly in the rural areas, a large number of abortions are being performed by unqualified medical practitioners under most unhygienic conditions. Although medical termination of pregnancy Act has been enforced in the country from 1st April, 1972, this has not made any appreciable difference in the number of abortions still being performed by unqualified hands as is evident from the report of the Director General of Health Services for the year 1972. This report indicates that during seven months from 1st April to 30th October, 1972 only 8535 terminations have been performed in the country under the Act. The analysis of the report further shows that among the abortion seekers only 10.5% belonged to rural areas. This number is insignificant considering the millions of illegal abortions which take place in the country every year. Due to some of the socio-economic, psychological and situational factors, the women prefer to seek the help of these practitioners to terminate their unwanted pregnancies.

Inspite of the importance of the subject, this area has so far remained unexplored and very few empirical investigations have been conducted due to the obvious difficulties involved in collecting reliable data on the various aspects of abortion.

The present study is an attempt to find out the type of practitioners who are likely to be most popular among the abortion seekers alongwith a few demographic characteristics of the women who seek abortions.

METHODOLOGY

The following procedures were used for conducting this study (i) This study is confined to practitioners of indigenous medicine[1] in one of the community development blocks of Ludhiana District in Punjab. In addition, the practitioners having their clinics in the adjoining market places/towns who were patronised by the villagers from the community development block, were also included in the study. (ii) All the indigenous medicine practitioners in the area were identified by knowledgeable persons of that area like school teachers, panchayat members, fellow practitioners, health and other block officials who make routine visits to these villages and also from the office bearers of the various Ayurvedic, Unani, Homoeopathic and other private practitioners organisations in the area. The Register maintained by the Registrar, Board of Ayurvedic and Unani Systems of Medicine, Punjab was also consulted. (iii) Keeping in view the delicate and sensitive nature of investigation it was thought most essential to establish a good rapport with the

* Mr. J. C. Bhatia is Senior Research Officer, Indian Council of Medical Research, New Delhi.

[1] The indigenous medicine practitioners for the purpose of this study have been defined as those who derive all or major part of their livelihood as Vaids using Ayurvedic System (Science or knowledge of life), as hakims practising the Unani (Unani or Greek System), as Homoeopaths using homoeopathic system or as generalists using no one system of medicine but borrowing freely from all systems including allopathic or modern.

practitioners. This also followed out of another longitudinal study[3] on community health problems in which the author was involved as a member of the research team and as part of that, lived in one of the villages of this block, for a period of about five years. Contacts with the practitioners were strengthened by paying courtesy calls to them in their respective villages as well as inviting some of them to the author's residence for tea, lunch or dinner. This helped in creating confidence in them, thereby ensuring better reliability of response from them. (iv) In all 62 practitioners were contacted and interviewed with the aid of a guideline. An interview guideline was preferred to a structured schedule because of its flexibility. All the interviews were conducted during February to April (3 months) 1970. (v) Different recall periods ranging from one month to one year were tried. One month was found to be the most suitable recall period for which the practitioners could give most reliable information. (vi) Information was solicited with regard to the salient characteristics of the practitioners such as age, general and professional educational level, caste, daily patient load, income and number of abortions performed by them during the reference period. The information about the demographic characteristics of the abortion seekers was also obtained from the practitioners.

The information on complications and mortality resulting from abortions was difficult to obtain as the practitioners were reluctant to admit of any case induced by them which resulted in serious complications and mortality.

FINDINGS AND DISCUSSION

Forty-six medical practitioners of Indigenous systems of Medicine were practising in the villages of the community development block under study. Further, there were 16 practitioners of the same type, practising in the market places in and around the study area who catered largely to the medical care needs of the people of this block. Not all these practitioners, however, induced abortions due to various reasons, ethical, religious, medical or legal. There were 36 practitioners who were performing abortions with considerable variation among them as to the number of abortions performed. The analysis here is limited to these 36 practitioners who performed abortions. The number of abortions performed by them has been studied with reference to their salient characteristics in order to find out the type of practitioners who are likely to be more popular among the abortion seekers, the index of popularity being the number of abortions performed.

NUMBER OF ABORTIONS PERFORMED BY INDIGENOUS MEDICINE PRACTITIONERS ACCORDING TO

PLACE OF PRACTICE : As mentioned in the preceding paragraphs, in addition to the practitioners practising in the villages of the Community Development Block studied, other practitioners who had their clinics in the adjoining market places or towns usually patronised by villagers from the area studied were also included in the sample. Out of a total of 36 practitioners 25 or

[2] The Functional analysis study of the Primary Health Centres in which the author was involved, revealed that a small fraction of the villagers utilise the Government health services and an overwhelming majority of sickness cases are attended to by Indigenous Medicine Practitioners. It was decided to undertake a detailed and comprehensive study to unfold the role of these practitioners in providing medical care to a large segment of rural population. As a consequence, the contacts with the practitioners were developed.

69.4% were practising in the villages while the remaining 11 or 31.6% had their clinics in the nearby market places and towns.

The number of abortions performed by the indigenous medicine practitioners in relation to their place of practice is shown below in Table 1.

TABLE 1

NUMBER OF ABORTIONS PERFORMED BY THE I.M.P'S BY PLACE OF PRACTICE

N = 36

No. of abortions performed	Total No. of Practitioners	practising in the village	Practising in the market place/ town
1-6	20	18	2
	(55.6)	(72.0)	(18.2)
7-12	4	3	1
	(11.1)	(12.0)	(9.0)
13-20	7	3	4
	(19.5)	(12.0)	(36.4)
21+	5	41	4
	(13.8)	(4.0)	(36.4)
Total	36	25	11
	(100.0)	(100.0)	(100.0)
Means=	9.7	6.7	16.7

(Figures within brackets show percentages)

The above table clearly shows that the number of abortions performed by the I.M.P's is closely related to their place of practice. Those practising in the villages performed lesser number of abortions as compared to those practising in the market places and towns. The average number of abortions performed during the reference period of one month by those practising in the villages and market places/towns works out to be 6.7 and 16.7 respectively.

This may be because the practitioners practising in the semi-urban areas are more liberal, have better facilities, have more clientele, are comparatively better known and have wider contacts.

PROFESSIONAL EDUCATIONAL STATUS

An overwhelming majority of the practitioners who performed abortions viz 28 out of 36 or 77.8% did not have any formal training in a recognised school of indigenous medicine. Only a small minority of 8 or 22.2% of the total reported had undergone some institutional training. The number of abortions performed by both these groups of practitioners are indicated in Table 2.

TABLE 2

NUMBER OF ABORTIONS PERFORMED BY THE I.M.P'S ACCORDING TO THEIR PROFESSIONAL EDUCATIONAL STATUS

N=36

No. of abortions performed	Total No. of practitioners	Institutionally qualified	Unqualified
1-6	20	5	15
	(55.6)	(62.5)	(53.6)
7-12	4	2	2
	(11.1)	(25.0)	(7.1)
13-20	7	1	6
	(19.5)	(12.5)	(21.4)
20+	5	—	5
	(13.8)		(17.9)
Total	36	8	2.8
	(100.0)	(100.0)	(100.0)
Mean=	9.7	6.6	10.6

(Figures within brackets show percentages).

It is evident from the above table that unqualified practitioners performed more abortions as compared to those who were institutionally qualified. The average number of abortions in case of the former works out to be 10.6 while the latter category of practitioners on an average performed 6.6 abortions in a month. The most plausible reasons for this difference seem to be that because of certain professional ethics, the institutionally qualified practitioners are more selective in taking up cases for abortions and are better aware of the risks involved. On the contrary the only consideration which weighs with the unqualified practitioners is pecuniary and all cases of abortions are welcome to them so long as the abortion seekers are willing and able to pay their fees irrespective of the various risks involved.

SYSTEM OF MEDICINE MAINLY PRACTISED

The practitioners may be practising a combination of different systems of medicine but the relationship between the system of medicine mainly practised and number of abortions performed has been analysed. The findings are presented in Table 3.

TABLE 3

NO. OF ABORTIONS PERFORMED BY I.M.P'S ACCORDING TO SYSTEM OF MEDICINE MAINLY PRACTICED

N=36

No. of abortions performed	Total No. of practitioners	mainly system Practising allopathic	mainly system Practising indigenous
1-6	20 (55.6)	14 (50.0)	6 (75.0)
7 12	4 (11.1)	3 (10.7)	1 (12.5)
13-20	5 (19.5)	6 (21.4)	1 (12.5)
20+	5 (13.8)	5 (17.9)	—
Total	36 (100.0)	28 (100.0)	8 (100.0)
Mean=	9.7	10.8	5.9

(Figures within brackets show percentages)

Table 3 shows that out of the total, 77.7% were mainly practising allopathic or modern system of medicine, while the remaining 22.3% were resorting to indigenous modes of treatment most of the time. The number of abortions performed by those practising allopathic or modern system of medicine is far more than those practising mainly indigenous system of medicine. The average number of abortions performed by the former is 10.8 while for the latter it works out to be 5.9.

DAILY PATIENT LOAD

The practitioners have been divided according to the number of patients seen by them in a day. The practitioners who see less than 10 patients daily may be called not busy. Those having between 11-30 patients as moderately busy; those between 31-50 as fairly busy and the practitioners having a daily patient load of above 50 may be termed as extremely busy.

Table 4 explicitly brings out a direct relationship between the daily patient load and number of abortions performed by them. The busier practitioners have more wider contacts and therefore are popular among the abortion seekers too.

CASTE

Caste-wise the practitioners who perform abortions have been grouped into 2 broad categories viz. practitioners belonging to higher castes and those of middle and lower castes. In the former category there are 28

TABLE 4

NO. OF ABORTIONS PERFORMED BY I.M.P'S ACCORDING TO THEIR DAILY PATIENT LOAD

N = 36

No. of abortions performed	Total no. of practitioners	Daily patient load*			
		Upto 10	11-30	31-50	51 +
1-6	20 (55.6)	5 (83.3)	12 (70.6)	3 (37.5)	—
7-12	4 (11.1)	1 (16.7)	3 (17.6)	—	—
13-20	7 (19.5)	—	—	5 (62.5)	2 (40.0)
20+	5 (13.8)	—	2 (11.8)	—	3 (60.0)
Total	36 (100.0)	6 (100.0)	17 (100.0)	8 (100.0)	5 (100.0)
Mean	9.7	4.5	7.1	11.5	21.8

*(Figures within brackets show percentages)

TABLE 5

NUMBER OF ABORTIONS PERFORMED BY I.M.P'S ACCORDING TO CASTE OF THE PRACTITIONER

N=36

No. of abortions performed	Total no. of practitioners	Higher caste practitioners	Middle and lower caste practitioners
1-6	20 (55.6)	14 (50.0)	6 (75.0)
7-12	4 (11.1)	2 (7.1)	7 (25.0)
13-20	7 (19.5)	7 (25.0)	—
20+	5 (13.8)	5 (17.9)	—
Total	36 (100.0)	28 (100.0)	8 (100.0)
Mean:	9.7	11.8	5.0

(Figures within brackets show percentages)

practitioners while the remaining 8 belong to the latter caste group.

The relationship between caste affiliations of the practitioners and number of abortions performed by them have been studied and are presented in Table 5.

It could be seen from Table 5 that the average number of abortions performed by the practitioners belonging to higher castes is 11.8, while for the middle and lower caste practitioners this average works out to be 5.0.

GENERAL EDUCATIONAL LEVEL

The number of abortions performed has further been analysed according to the general educational level of the practitioner. For the purpose of analysis all the 36 practitioners who performed abortions have been grouped into 3 broad categories viz. Literate and Primary; Middle; High School and above. The results are presented in Table 6.

TABLE 6

NO. OF ABORTIONS PERFORMED BY I.M.P.'s ACCORDING TO THEIR GENERAL EDUCATIONAL LEVEL

N=36

No. of abortions performed	Total No. of practitioners	Lit. and Primary	Middle	High School and above
1.6	20 (55.6)	3	4	13
7-12	4 (11.1)	1	2	1
13-20	7 (19.5)	—	3	4
21+	5 (13.8)	—	—	5
Total	36 (100.0)	4	9	23
Mean	9.7	5.0	9.1	10.8

(Figures within brackets show percentages)

The above table reveals that the number of abortions performed are directly related with the general educational attainments of the practitioner. The practitioners with higher general educational attainments performed more abortions as compared to those with generally low educational level.

AGE

For the purpose of analysis the practitioners have been divided into 3 broad age groups i.e. younger age group (25-34 years); middle age group (35-54 years) and older age group (55 years and above) and number of abortions performed by each of these groups of practitioners has been studied. The age group distribution and number of abortions performed by them is indicated in Table 7.

Table 7 reveals that maximum number of abortions have been performed by the practitioner belonging to the middle age group and the least by the older age group. The average for these three groups work out to be 9.3, 5.3 and 11.5 respectively.

MARITAL STATUS OF THE WOMEN AND PLACE OF MEDICAL PRACTICE

In all 341 abortions were performed by the sampled practitioners during the reference period of one month out of which 177 (51.9%) were performed in the villages by 25(69.4%) practitioners, while the re-

TABLE 7

NUMBER OF ABORTIONS PERFORMED BY THE I.M.P'S ACCORDING TO THE AGE OF THE PRACTITIONER

N = 36

No. of abortions performed	Total No. of practitioners	Age of the practitioner		
		25-34	35-55	55+
1-6	20 (55.6)	4 (50.0)	10 (50.0)	6 (75.0)
7-12	4 (25.0)	2 (25.0)	1 (5.0)	1 (12.5)
13-20	7 (19.5)	1 (12.5)	5 (25.0)	1 (12.5)
20+	5 (13.8)	1 (12.5)	4 (20.0)	—
Total	36 (100.0)	8 (100.0)	20 (100.0)	8 (100.0)
Mean	9.7	9.3	11.5	5.9

(Figures within brackets show percentages)

maining 164 (48.1%) were performed in the market places and towns by the 11(30.6%) practitioners who had their clinics at these places. Out of the total number of abortions 251 (73.6%) were performed on married women while the remaining 90 (24.4%,) abortion seekers were unmarried.

TABLE 8

NUMBER OF ABORTIONS PERFORMED ACCORDING TO THE MARITAL STATUS OF THE WOMEN AND THE PLACE OF THE MEDICAL PRACTITIONER

Place of practice	Total No. of abortions	Married women	Unmarried and widows
Village	177 (51.9)	145 (57.8)	32 (35.5)
Market/Town	164 (48.1)	106 (42.2)	58 (64.5)
Total	341(100.0)	251(100.0)	90(100.0)

(Figures within brackets show percentages)

The number of abortions performed in village and market places/towns according to the marital status of the abortion seeker is indicated in Table 8.

The analysis of the table reveals that more of the unmarried abortion seekers preferred to go to the practitioners practising in the market places and towns for the termination of their pregnancies. This is because they wanted to remain incognition because of the social stigma attached to pregnancy among the unmarried.

INCOME OF THE I.M.P'S FROM ABORTIONS

On an average the practitioners who performed abortions earned Rs. 274.50 from this source only. There is a wide variation between the income of those practising in the villages and market places/towns. The practitioners practising in the villages on an average made Rs. 159.16 from abortions while the average earning of the practitioners located in the market places/towns from this source works out to be as high as Rs. 536.64. This clearly shows that the charges of the practitioners practising at market places/towns for inducing abortions were relatively higher as compared with those practising in the villages.

The income of the practitioners from abortions according to the place of practice is shown below in Table 9.

TABLE 9

INCOME OF THE I.M.P's FROM ABORTIONS ACCORDING TO PLACE OF PRACTICE

N = 36

Income group	No. of practitioners	Practising in the village	Practising in the market places/town
Upto 75	14	12 (48.0)	2 (18.2)
76-149	3	3 (12.0)	—
150-299	8	7 (28.0)	1 (9.1)
300-499	3	2 (8.0)	1 (9.1)
500 and above	8	1 (4.0)	7 (63.6)
Total	36	25(100.0)	11(100.0)
Mean	274.50	159.16	537.64

(Figures within brackets show percentages)

GROSS INCOME ACCORDING TO PLACE OF PRACTICE

The information about the total gross income from medical practice (excluding income from abortions) was ascertained in case of those performing and not performing abortions. This income data has further been analysed according to the place of practice of the practitioners. The findings are given in Table 10.

TABLE 10

GROSS AND AVERAGE INCOME FROM MEDICAL PRACTICE (EXCLUDING INCOME FROM ABORTIONS) OF THE PRACTITIONERS PERFORMING AND NOT PERFORMING ABORTIONS ACCORDING TO THE PLACE OF PRACTICE

N = 62

Place of Practice	Total No. of Practitioners	Performing Abortions			Not performing Abortions		
		No. of Practitioners	Total gross income	Average income per practitioner	No. of Practitioners	Total gross income	Average income per practitioner
Village	46 (74.2)	25 (69.4)	15,200 (54.2)	608	21 (80.0)	2575 (36.6)	123
Market/Town	16 (25.8)	11 (30.6)	12,850 (45.8)	1168	5 (19.2)	4450 (63.4)	890
Total	62(100.0)	36(100.0)	28,050(100.0)	779	26(100.0)	7025(100.0)	270

(Figures within brackets show percentages)

The above table brings out that there is a wide disparity in the income of those performing and not performing abortions. While the former group of practitioners on an average earned Rs. 779 per month from medical practice (excluding income from abortions), average gross income of the practitioners belonging to the latter category was Rs. 270 only. This clearly shows the popularity of the practitioners performing abortions among the patient population in the rural areas. A further analysis of the table reveals that among the group of practitioners performing abortions, the average gross income of those practising in the market places and towns was almost double than those practising in the villages.

This disparity in the gross income according to the place of practice is more wide-spread among the practitioners not performing abortions. The non-abortionist practitioner practising in a market place/ town had an average gross income of Rs. 890 per month, whereas his counterpart practising in the village had made only Rs. 123.00 per month on an average.

PROPORTION OF TOTAL INCOME EARNED FROM ABORTIONS ACCORDING TO PLACE OF PRACTICE

The gross income of the practitioners from general medical practice and the income earned from abortion cases was added up and the percentage contribution by the income from abortions to the total gross income has been worked out according to the place of practice of the practitioner and is presented in Table 11.

It could be seen from the table that the practitioners practising in the market places and towns earned a higher proportion of

TABLE 11

PERCENTAGE OF TOTAL INCOME EARNED FROM ABORTIONS ACCORDING TO PLACE OF PRACTICE

N = 62

Percentage of total income from abortions	Total No. of practitioners	Practising in the village	Practising in the market place/town
Less than 20	19 (52.8)	18 (72.0)	1 (9.1)
20-29	5 (13.9)	2 (8.0)	3 (27.3)
30-49	9 (25.0)	5 (20.0)	4 (36.3)
50 and above	3 (8.3)		3 (27.3)
Total	36(100.0)	25(100.0)	11(100.0)
Mean	23.3	17.2	32.3

income from abortions as compared to those practising in the villages. The share of the income from abortions to the total income in case of those practising in the market places/towns was 32.3 while income from abortion cases on an average contributed 17.2% to the total income of those practising in the villages.

DURATION OF DELAYED MENSTRUAL CYCLE ACCORDING TO MARITAL STATUS

The duration of delay in menstrual cycle when the women sought termination and their marital status is shown below in Table 12.

Table 12 shows that 47.2% of the pregnancies were terminated before the menses had been delayed for 4 weeks. This percentage, however widely differs according to the marital status of the women seeking abortions and is 64.6 in case of married women and only 4.4% in case of unmarried abortion seekers. Ordinarily, one would think that unmarried women would get alarmed soon after the menses are delayed and would take necessary steps for their resumption. However, the study shows that the married women sought termination during the early stages of pregnancy whereas majority of the unmarried women sought termination after 8 weeks of delay in the

TABLE 12

DISTRIBUTION OF WOMEN SEEKING ABORTIONS ACCORDING TO THE DURATION OF DELAY IN MENSTRUAL CYCLE AND MARITAL STATUS OF THE WOMEN

Delay on menstrual cycle	Number of Abortion seekers		
	Total	Married	Unmarried and Widowed
Less than 2	74 (21.7)	73 ((29.1)	1 (1.1)
2 — 4	87 (25.5)	84 (38.5)	3 (3.3)
4 — 6	57 (16.7)	52 (20.7)	5 (5.6)
6 — 8	61 (17.9)	38 (15.1)	23 (25.5)
8 — 12	41 (12.0)	3 (1.2)	38 (42.2)
12 and above	21 (6.2)	1 (0.4)	20 (22.2)
Total	341(100.0)	251(100.0)	90 (99.9)

(Figures within brackets show percentages)

menstrual cycle. This clearly shows that unmarried women tried some other remedies and avoided going to the practitioner, unless it became a must.

AGE DISTRIBUTION OF ABORTION SEEKERS ACCORDING TO MARITAL STATUS

The age distribution of the 341 women seeking abortions according to their marital status is shown below in Table 13.

TABLE 13

AGE DISTRIBUTION OF ABORTION SEEKERS ACCORDING TO MARITAL STATUS

Age	Married	Un-Married	Total
15 — 19	2 (0.8)	67 (78.8)	69 (20.2)
20 — 24	37 (14.5)	17 (20.0)	54 (15.8)
25 — 29	57 (22.2)	1 (1.2)	58 (17.0)
30 — 34	81 (31.6)	—	81 (23.8)
35 — 39	56 (21.9)	—	56 (16.4)
40 — 44	22 (8.6)	—	22 (6.5)
45 — 49	1 (0.4)	—	1 (0.3)
Total	256(100.0)	85(100.0)	341(100.0)
Mean	31.7	18.1	27.9

(Figures within brackets show percentages)

The age distribution presented above is a bimodal curve with its first peak in the age group 15-19 years who are mostly unmarried. Then the curve shows a decline at the age group 20-24 and again rises reaching its second peak at the age group 30-34. The mean age of the abortion seekers works out to be 27.9 years, 31.7 years for the married and 18.1 years for the unmarried abortion seekers.

NUMBER OF ABORTIONS PERFORMED AND ASSISTANCE RECEIVED BY THE PRACTITIONER

Some women in the rural areas are reluctant to get their pregnancies terminated from a male doctor particularly if it involves vaginal examination. Some professional abortionists have therefore, either employed a Woman nurse or have indigenous dais collaborating or have trained their wives to look after these jobs. The practitioners who had such assistance of female workers and the number of abortions performed by them are indicated in Table 14.

The table reveals that the practitioners who had the assistance of female workers performed much more abortions as compared to those who had no such help available. 9 or 25 % of the total practitioners who performed abortions had a nurse as their employee and they on an average performed 18.2 abortions. Those having wife's assistance and dais collaboration numbered 4 each and they on an average performed 14.2 and 6.5 abortions respectively. The average number of abortions performed by those who had no assistance works out to 5.5.

SUMMARY AND CONCLUSIONS

The above study was carried out in a Community Development Block of Ludhiana District in Punjab. Sixty-two practitioners were interviewed at length after excellent rapport had been built with them. Informa-

TABLE 14

NUMBER OF ABORTIONS PERFORMED AND ASSISTANCE OF FEMALE WORKER RECEIVED

No. of abortions performed	Total No. of practitioners	Nurse in employment	Village Dai Collaborating	Wife assisting	No. help
1 — 6	20 (55.6)	1 11.1)	3 (75.0)	1 (25.0)	15 (78.9)
7 — 12	4 (11.1)	1 (11.1)	—	1 (25.0)	12 (10.5)
13 — 20	7 (19.5)	3 (33.3)	1 (25.0)	1 (25.0)	12 (10.5)
20 +	5 (13.8)	4 (44.5)	—	1 (25.0)	—
Total	36(100.0)	9(100.0)	4(100.0)	4(100.0)	19 (99.0)
Mean	9.7	18.2	6.5	14.2	5.5

(Figures within brackets show percentages)

tion was collected about 341 abortions performed by them Out of the practitioners interviewed, 36 were performing abortions and the remaining 26 practitioners disapproved the same. The findings reported earlier* by the author revealed that some of the socio-cultural characteristics of the Indigenous Medicine Practitioners like age, general and professional level, caste, place of practice, system of medicine practised and daily patient load were influencing their opinions in regard to the approval/disapproval of abortions.

The data analysed above also reveal that practitioners practising in the market places/semi-urban areas, having no professional qualifications but having higher general educational level, practising mainly allopathic/modern system of medicine belonging to higher caste group and middle aged and having higher patient load were performing more abortions and were thus comparatively more popular among the abortion seekers.

The analysis of the data further shows that those practising in the market places/semi-urban areas were charging more and hence their earnings from abortions were greater than those practising in the villages. One of the significant findings of the study is that those who were not performing abortions were also not popular with the clientele seeking general curative medical care services. The study also reveals that the practitioners who performed more abortions had at least some female assisting in their work — may it be a Nurse in employ, Indigenous Dai collaborating, or Wife of the practitioner.

So far as the characteristics of the abortion seekers are concerned, about one-fourth of the women who sought the help of an abortionist were unmarried. The unmarried women generally preferred to seek the help of practitioners who were practising in market places/semi-urban areas. They mostly reported at an advanced stage of pregnancy, when the menses had been delayed for 8 weeks or more, while most of the married women wanted their pregnancies to be terminated before a delay period of six weeks.

* Bhatia J. C. and Mehta S. R. Induced Abortions — Opinions of the Indigenous Medicine Practitioners. *The Indian Journal of Social Work*, Vol. XXXII, No. 4 (January, 1972).