DISTURBING TRENDS IN ABORTIONS IN SINGAPORE — ANALYSIS IN A PRIVATE CLINIC

S C Chew

SYNOPSIS

The figures for abortions performed under The Abortion Act, 1974 of Singapore in a private clinic over a period of 20 months were studied. Overall, an alarming proportion of repeat abortions were found, and this was true for all age groups suggesting that abortions are being used as a regular method of family planning in Singapore.

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INTRODUCTION

Abortions have been carried out in Singapore since 1969 under the Abortion Act. In 1974 the Act was altered to further liberalise the use of abortions, and the Act has been unchanged ever since. This small study done on patients a decade later seeks to determine the type of patient who now desires an abortion in a private clinic.

PATIENT SELECTION

The unselected records of all patients who had been seen for termination of pregnancy from April 1984 to December 1985 were used and all the confidential forms which were required to be sent to the Ministry of Health were extracted for data processing.

METHODS

All the data were entered into an IBM PC-Compatible machine running a "DBase 3 PLUS" programme. For ease of data entry, the numerical coding as presented on FORM II was adhered to. This made coding quick, and the entire exercise took only an afternoon.

Results were obtained and the data were graphically represented using the "SYMPHONY" programme.

RESULTS

There were 238 patients seen during the 20-month period by three doctors, making it approximately one case per doctor per week.

The youngest patient was 16 and the oldest, 46. The distribution of patients in this series was uniform and Gaussian, suggesting that the clinic catered to a wide and even variety of patients rather than being an "abortion centre".

Table 1 shows the distribution of patients by agegroup and Table 2 by marital status. The distribution of patients by age is shown graphically in Fig. 1. The ethnic group distribution is shown in Table 3.

The Onn Clinic 3 Mt Elizabeth, # 05-01 Mt Elizabeth Medical Centre Singapore 0922

S C Chew, MBBS, M Med (0 & G), FRCOG

Contraceptive practice of these patients fell into three groups: one where they had used a method up to the time of pregnancy, the next where they had discontinued recently and lastly, those who had never used any method. (Table 4). Of the last group, further analysis was made of their marital status and the results shown in Table 5.

TABLE 1: AGE DISTRIBUTION OF PATIENTS

Age	Number	Percent
16 -	11	4.62%
20	43	18.07%
· 25 —	81	34.03%
30-	62	26.05%
35-	32	13.45%
40	8	3.36%
45 —	1	0.42%
TOTAL	238	

TABLE 2: MARITAL STATUS

Status	Number	Percent
Single	67	28.15%
Married	166	69.75%
Divorced	5	2.10%

The striking feature of Table 5 is that the single women who would be expected to be most careful showed an extremely high percentage of noncontraceptive users.

The average age of the 67 single women in this series was found to be 23.6 years-hence this is not a series of naive teenagers. Of these unmarried women the average age of those who used some form of contraception was 25.5 years, and the average age of those who did not use any was 23.3 years.

DISCUSSION

The results show that we have in this study a fairly well distributed sample of women over the reproductive age and the results and conclusions are not biassed. Ideally this analysis should be applied to the entire database

Computer Footnote: SYMPHONY and dBASE 3 are registered trade marks of Lotus Corp. and Ashton Tate respectively.

TABLE 3: ETHNIC DISTRIBUTION

197	00.77	
107	82.77	
22	9.24%	
8	3.36%	
11	4.62%	
	8	8 3.36%

TABLE 4: CONTRACEPTIVE PRACTICE

Method	Number	Percent
Used up to preg.	35	24.37%
Discontinued	145	14.71%
Never practised	145	60.92%

TABLE 5: MARITAL STATUS OF NON CONTRACEPTIVE USERS

Status	Number	Percent	Marital-Status Specific%
Single	57	39.31	85.07
Married	85	58.62	51.2
Divorced	3	2.07	60.

for the abortions performed for the entire population of Singapore for one year.

Firstly, in our series the rate of repeated abortions is very high, and seems to increase with increasing age. This suggests that abortions are used as first line contraceptives, hence the older women have subjected themselves to more operations.

Secondly, 85% of the nulliparous women did not use any method before getting pregnant. This trend continued with both married and even divorced women.

The data for all the abortions in Singapore are collated at the Ministry of Health. It is imperative that proper age-specific rates be calculated for these women in order to see if any further action should be taken.

As abortion carries a small but not negligible risk of subsequent infertility, it is very disquieting to note that the young and unmarried nulliparae are using it so often. This should be the target group for counselling and advice long before conception has occurred.

It is a triumph and a tragedy for gynaecologists to know that they have made abortions so safe, available and affordable that it is rapidly becoming the method of choice in Singapore.

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FIG. 1 Distribution/Age Group