

REASONS DUE TO WHICH, WOMEN RESORT TO ILLEGALLY INDUCED ABORTIONS

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ABSTRACT

Objective: To identify the reasons due to which women resort to illegally induced abortions.

Material and Methods: This Descriptive study was carried out in Department of Gynaecology and Obstetrics, Hayatabad Medical Complex Peshawar from May 2000 to April 2001. This study included 50 married women in reproductive age group, who had undergone illegal induced abortion, either visiting the hospital OPD or admitted in the gynae ward. Relevant information was recorded on a predesigned questionnaire prepared in accordance to the objectives of the study. An attempt was made to find out the reasons due to which women resorted to illegally abortion and to assess their attitudes towards contraception.

Results: Forty Six (92%) terminations were carried out in the first trimester. In 17 (34%) cases there was a history of previous induced abortions. The most commonly used method was dilatation and curettage (76%). A variety of complications were encountered e.g. vaginal bleeding (28%), incomplete abortion (18%), sepsis (20%), and visceral injuries (6%). Most of the women were aware of the family planning methods. Contraception prevalence was higher among the better educated women. Non users were afraid of side effects. Predominant reasons for abortion were financial constraints (64%), child spacing (20%), contraceptive failure (12%) and extra marital affairs (4%).

Conclusion: Socioeconomic, cultural and psychological pressure constituted the background as to why women felt forced to terminate their pregnancy. Prevention of unwanted pregnancies must always be given the highest priority and attempts should be made to eliminate the need for abortion.

Key Words: Induced Abortion, Contraception, Unsafe Abortions, Complications.

INTRODUCTION

Induced abortion poses a public health problem. It has been practiced in every known society and in every era of history.¹ Every year 500,000 women are estimated to die from pregnancy related cases, the majority in the developing world and many as a consequence of unsafe abortion. About 25% of maternal deaths in Asia and 30-50% of maternal deaths in Africa and Latin America occur as a result of induced abortion. Abortion rates are rising, while some of the conceptions result from contraceptive failures, as many as half arise in couples using no contraception at all.

It is estimated that 980,000 induced abortion are performed annually in Pakistan, with an annual abortion rate of 29 per 1000 women

aged 15 – 49 years.¹

The abortion rate is found to be higher in provinces where contraceptive use is lower and where unwanted child bearing is higher. The unwanted pregnancy rate is estimated at 77 per 1000 women, or about 37 percent of all pregnancies. Unplanned/ mistimed pregnancies generally result from high unmet need and ineffective use of contraceptives and culminate through induced abortions.²

In order to prevent unwanted pregnancies, improvement in the quality of family planning counseling, should be targeted to effective use of a method, back up support in case of method failure and the health consequences of unsafe abortion.^{2,3} This study was conducted to identify the reasons due to which women resort to illegally induced

COMPLICATIONS ENCOUNTERED

Complications	Number of Patients (n=50)	%age
Heamorrhage	14	28%
Sepsis	10	20%
Incomplete abortion	9	18%
Visceral injury	3	6%
Lost IUCD	1	2%
Renal failure	1	2%

Table 1
abortions in our set up.

MATERIAL AND METHODS

This study was carried out in the Department of Obstetrics and Gynaecology of Postgraduate Medical Institute Hayatabad Medical Complex Peshawar from May 2000 to April 2001.

The study included fifty married women in reproductive age group who had undergone illicit induced abortion. A woman was labelled as a case of illegally induced abortion only on voluntary confession. They were enquired about the status of abortionist, method used for termination of pregnancy, educational status, the period of gestation at the time of abortion and the reason due to which they opted for abortion. An attempt was made to assess their attitude towards contraception. However the confidentiality of information was always ensured. The definition of abortion used in this study was voluntary termination of known or suspected pregnancy, which lasted less than twenty weeks. Exclusion criteria was abortions induced for medical reasons.

RESULTS

A total of 50 married women who had undergone induced abortion were included in this study. Age and parity wise distributions show that maximum number of patients i.e. 14(28%) belonged to 35 – 39 years of age group while 13 (26%) women were between 30 – 34 years of age. Twelve (24%) women were of 40 years or above. The highest parity was 10 where as one was nulliparous. Out of fifty patients 30 (60%) were grand multipara. In 8 (16%) cases, there was a history of only one previously induced abortion where as in 9 (18%) cases there was a history of multiple abortions. One woman (2%) had six previously induced abortions.

Forty Six (92%) terminations were carried out in the first trimester, the longest gestational period at which the abortion was done was 16 weeks. 60% (30/50) of abortion seekers were illiterate and 40% (20/50) were literate. In 33 women (66%) abortion was carried out by LHV's,

in 12 (24%) by inadequately trained persons and 5 (10%) by doctors. The most commonly used method was dilatation and curettage (D&C), used in 38 (76%) cases. In 4 cases the method used was unknown. Herbal sticks were used by a dai in one case, where as intrauterine contraceptive device (IUCD) were used for termination in 7 cases. 84% (42/50) women belonged to the lower socioeconomic group and 16% (8/50) belonged to higher class.

The complications encountered are listed in Table 1; 14(28%) patients presented with vaginal bleeding where as 9(18%) had incomplete abortions. Of the 10 (20%) cases of sepsis, 8 had infection confined to the uterus only and 2 came in septicemic shock. 3 patients had visceral injuries where as one had anuria. Most patients reported 48 hours after the development of these complications, mainly because they were misguided by the abortionists.

The predominant reasons for abortion were “too many children” 64%, child spacing (20%), contraceptive failure (12%) and extra marital affairs 4% as shown in Table 2. Majority of the abortion seekers were of the view that due to financial constraints they couldn't afford too many children, where as others used unsafe abortion as a method of contraception for child spacing. Contraceptive failure like condom mishaps in 5 cases and rhythm miscalculation in one case led to termination of unwanted pregnancies. Two women had extra marital pregnancies, which is a strong social stigma and that's why they opted for unsafe abortion.

Most of the women were aware of the family planning methods and were past users of contraceptives (42/50). Oral contraceptives were the commonest known method (24%) and barrier contraception was the least known method (8%). Contraceptive use was higher among the educated women. Although the knowledge of fertility regulation methods was high, the non users gave reasons such as fear of actual or perceived side effects, cancer phobia, insufficient knowledge in the use of different methods and husband disapproval. Side effects, intention to have another child and method failure were the main reasons for

REASONS FOR INDUCED ABORTIONS

Reasons for abortion	Number of Patients (n=50)	%age
Too many children	32	64%
Child spacing	10	20%
Contraceptive failure	6	12%
Extra marital affairs	2	4%

Table 2

discontinuing contraception.

DISCUSSION

Induced abortion is a global health problem. Data on abortion related morbidity is less reliable than mortality but suggest that for every maternal death 10-15 women suffer significant pregnancy related morbidity i.e. infertility, chronic pain etc. The exact incidence of illicit abortion in Pakistan is unknown. The data available is limited. One important aspect of induced abortion is underreporting of the cases due to legal, social and religious reasons. According to various studies reported from Karachi and Lahore, the incidence ranges from 2.34% to 3.61%.^{4,5}

Each year, an estimated 210 million women become pregnant. Worldwide, most than one fourth of these pregnancies will end in abortion or unplanned birth. Unsafe abortions results from the desire to delay or avoid pregnancy.³ South Asia is home to 28% of the world's people and accounts for about a third (30%) of the world's maternal deaths. Thirteen percent of all maternal deaths in South Asia are attributed to complications of unsafe abortion and are almost entirely preventable.⁶

This study shows that 52% of women aged 35 years or above and parity of 60% cases was 5 or more. In a study from JPMC, Karachi the corresponding figures are 6.17% and 45.6%. However a study conducted Naib JM in Peshawar shows that 78.5% patients with unsafe abortions were multigravida.⁷ Most of the pregnancies in the said age group are mistimed or unwanted. By effective family planning education and provision of its services to all fertile women, a significant reduction in the occurrence of illicit abortion can be achieved.

According to this study 60% women were illiterate and 84% belonged to lower social class. This observation has also been made in other studies in Bangladesh⁸ and Australia.⁹ Access to education for a woman in lower socioeconomic group is a major problem. Health educators have described the importance of literacy and have proposed strategies to make health information accessible to low literate patients. Women with more education are notably better able to take control of their own sexuality. More education is associated with better health outcomes.

Knowledge of family planning methods was high among both users and non users. This observation has also been made in another study in Karachi.¹⁰ Eighty two percent of women in this study had used one or more contraceptive methods. Majority of them thought that contraceptive techniques were associated with side effects and

caused a lot of complications. Most of women are unaware of the comparative safety of contraception and pregnancy. Interviews with women who underwent abortion revealed that the birth control techniques were in effective. Five women reported condom mishaps and one case was of rhythm miscalculation. A Chinese study revealed that the most frequent cause of unplanned pregnancy was contraceptive failure (71.9%). Among the contraceptive failures, the proportion of condom mishaps was the highest (29.7%).¹¹ Correct knowledge about sex, pregnancy and contraception is a prerequisite for contraceptive decision making. Research strongly support the view that more positive attitudes regarding contraception are associated with increased use. 80% of the women in this study used contraceptives irregularly and inadequately, another important issue was that of contraceptive compliance. Correct, consistent and continued use of contraception involves a variety of behaviors.

In this study, 70% of women opted for abortion with the approval of their husbands. Socio cultural attitudes, including the right of male relative to make reproductive decisions and the strong social stigma against extra marital pregnancy also put women at risk.⁶ The perceived need for termination was found to override all other considerations, including religious one. Religious and community leaders have little role to play in the decision making process.¹² Most of the interviewees were not aware that abortion is illegal in Pakistan. Abortion is often seen as a means to plan families, as much by men as by women, with the husbands playing a pivotal role in the decision to abort a pregnancy. A study conducted in Karachi indicated that women were aware of the high mortality and morbidity risk resulting from seeking an unsafe abortion but nevertheless opted for this approach to attain their goal of small family size rather than for modern method of contraception.¹³

Regarding complications of abortions, ten women had sepsis. According to a study conducted in Peshawar, 57% patients developed complications due induced abortions. Of them 7.5% developed septicesmic shock.⁷ Where as, the corresponding figure is 68.5% in a study from Karachi.¹³ 66% of abortions were induced by LHVs and 24% by inadequately trained persons. Similar observation has also been made in a study from Lahore.⁴

Further more, health care providers, irrespective of legality issues, provide such services due to demand. Therefore health care provides should e trained for post abortion care including post abortion family planning counseling with an emphasis on emergency contraceptives. An estimated 197,000 women are treated annually in

public hospitals and private teaching hospitals for induced abortion complications, a number equivalent to an annual rate of 6.4 women hospitalized as a result of unsafe induced abortions per 1000 women aged 15-49.¹

Post abortion counseling can play an effective role in declining the number of repeat abortions in women,^{2,6,7} 17 out of 50 women had multiple induced abortions and there were no differences in the stated reasons for choosing abortions (usually socioeconomic reasons or unwanted pregnancy).¹⁰ Patient gave history of severe post traumatic stress following abortion. This is consistent with various studies suggesting that abortion can increase stress and decrease coping abilities.¹⁴ Illegal abortion is being used as a method of contraception and post abortion counseling is almost non existent in our country.

CONCLUSION

Socioeconomic, cultural, contraceptive failure and psychological pressures constituted the background as to why women felt forced to terminate their pregnancy. The best strategy to reduce the number of unsafe abortion is prevention of unwanted pregnancy and provision of affordable and easily accessible family planning services to all women of reproductive age group. National abortion prevention programs are needed, which should focus on education of medical professionals, fertile women and males.

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