
Induced abortion: Rural Women's Escape against Unintended Pregnancies

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Despite the centrality of abortion as an option for fertility control it remains severely under-studied partly due to the fact that it is illegal and socially unaccepted. The present study was conducted in a Punjabi village to understand those conditions which makes abortion an inevitable choice for women. The study relied on anthropological methods mainly through narrative interviews that were undertaken with sixty abortion seekers women. The field findings indicate that women decided to terminate their pregnancies for various reasons such as poverty, unintended, premarital and closely spaced pregnancies etc. The study suggests that women's reproductive rights must be acknowledged and prioritized.

Introduction

Induced abortion is perhaps the oldest method of fertility control. Induced and unsafe abortion are more common in cultures where women have unmet contraceptive needs and their access to reliable birth control methods to prevent an unwanted pregnancy is limited.¹ Generally, women tend to seek unsafe abortions where it is stigmatized and where safe abortion services are inaccessible or unaffordable (WHO, 2012). Global estimates reveal that around 25 million unsafe abortions take place each year,, and a large number of them (97%) takes place in poor and marginalized settings (Ganatra B et al, 2017). The majority of women who undergo unsafe abortions are those who are unable to exercise their sexual and reproductive rights (World Health Organization, 2010).

Induced abortions contribute significantly towards maternal morbidity and mortality (Darroch et al, 2017). Global statistics indicate that around 13% of all maternal deaths occur due to unsafe abortion (WHO, 2014). Unfortunately, death is not the only cost women have to pay due to unsafe abortion. A large majority of women who opt for clandestine procedure for self induced abortion have to experience various health complications such as haemorrhage, sepsis, uterine damage, sterility and even psychological trauma.

Discourse on fertility control is most significant when it comes to the health and well-being of childbearing women. A woman's decision to choose contraceptives and induced abortions are strongly influenced by the social circumstances and relationships around them. Garcia-Moreno and Claro (1994) also emphasized this social reality that women everywhere around the world lack reproductive freedom and unable to regulate their sexual lives and lack control over their own bodies.

Though seeking abortion is medically risky and harmful, yet women's inaccessibility to rely on family planning methods due to any social or personal reason is likely to outweigh the risks associated with induced abortion.

Working on sensitive issues like induced abortion is not easy particularly in traditional societies like Pakistan where it is stigmatized, secret and illegal. There are very few studies done on the prevalence, methods, magnitude and associated risk factors of induced abortion, so the present study aims to describe those strategies which rural women employ to stop or limit childbearing.

Objectives

Abortion is a highly controversial issue and reliable data on the incidence of abortion is somehow insufficient and does not address the societal processes related to the problem. Due to the social stigma associated with abortion, women are reluctant to talk about this. It further reflects women's inability to exercise reproductive freedom which tends to be the most powerful determinant of their health and well-being.

The present study was carried out with the major objective to investigate those factors which compel women to put their health at risk and opt for induced abortion. In other words, this study centralizes women within their cultural contexts to allow their voices and concerns to be heard.

Methodology

The data presented in this article was collected from village "Choha Shah Ghareeb" in Tehsil Hassanabdal of district Attock in the Punjab province as part of doctoral research work on cultural discourse on women's reproductive rights. The study was carefully planned by choosing anthropological methods of inquiry that mainly included participant observation, key informants, in-depth and face-to-face interviews and case studies.

In order to explore women's perception of induced abortion and to gain a deeper understanding of the causes related to it sixty married women child bearing age were selected through purposive sampling who were abortion seekers. . To obtain holistic information and to optimize the credibility of field data two focus group discussions (FGDs) were also held with traditional birth attendants (TBAs) and Lady Health Visitors (LHVs) to explore service delivery aspects and complications related to the practice of induced abortion.

Results and Discussion

Indigenous perspective of Abortion and Miscarriage

Women perceived induced abortion as a great sin. *Aulaad* (progeny) is considered 'Blessings of God' and any attempt to induce an abortion is believed as defiance to God's will. Women who seek abortion services feel guilty about it and try to keep

it surreptitious. According to them, such act is performed in *majboori* (of necessity) when the only option left for them is terminating a pregnancy.

Miscarriage or spontaneous abortion on the other hand is highly feared. Women who miscarry a child are avoided by other women to protect themselves from their evil shadow locally known as *perchawan*. Childbearing women avoid visiting that woman's house and even reluctant to pass by her home to avoid any unfortunate incident. *Perchanwan* is perceived same as a communicable disease which can be inflicted on others.²

Induced Abortion

The act of induced abortion is locally described as '*safai kerwana*' (Dilation and Curettage) which means to get the uterus cleaned, '*bacha girana*' (to drop the fetus) or '*zaaya kerwana*', meaning 'to waste the fetus' and '*Qatul Kerna* (to kill)'.³ The perception of abortion being a immoral and sinful act was popular among women. It was perceived as something evil, unacceptable and wrong by majority of the women but with exceptions depending on their individual circumstances when it becomes the only possible solution. Women declared self induced abortion to be more sinful when it is done after the expiry of first trimester, when the fetus has been formed. Many women stated

"Chothay maheenay main Rooh aa jati hay"

The soul enters the fetus in the fourth month (of pregnancy)

Stigma, Secretiveness and shame

Respondents were reluctant to disclose their attempts of abortion because of the strong feelings of guilt and shame associated with such act. These feelings were often articulated in religious context, as women agreed that abortion is not less than a murder particularly when performed four months onwards. The use of the word 'sin' connotes that it is considered against the religion and something for which they will be held accountable at the Day of Judgment.

Lack of effective spousal communication prevents women from openly talking about sexual and reproductive health matters including desired family size and the choice of contraception. Married women of reproductive age who are not using any birth control method tend to be at higher risk of having mistimed or undesired pregnancy.

Discussions with key informants⁴ revealed that induced abortion is a common choice for those women who wanted to get rid of an unwanted pregnancy. Women perform self-induced abortion by using unsafe and harmful methods.⁵ The decision to continue or terminate an unwanted pregnancy is based on several factors. For example, if a pregnancy occurs out of wedlock, it is considered both disgraceful and defamatory act that ruins the reputation of the entire family. In such situations, abortion is viewed as the only remedy to safeguard the family against the

humiliation that is expected from the public disclosure of an illegal pregnancy. As *dai* reported

Many mothers come to me once they know their (unmarried) daughter has conceived. They feel ashamed and miserable due to the fear of being stigmatized by the society. They are afraid that other people may raise a question on their pattern of socializing their daughters.

Dai further said,

Unmarried pregnant girls are brought to me to perform abortion. There is no other way for their parents as they need to keep it secret from others. An illegal sexual intercourse is against the religion and so pregnancy resulting from it is unacceptable.

In-depth discussion with key informants disclosed that being pregnant with unmarried status means to be in the worst kind of situation. In this study, respondents were reluctant to openly acknowledge these kinds of immoral incidents but the *dai* who performed such abortions mentioned that extramarital relations leading to illegitimate pregnancies though rarely happen but their existence cannot be denied despite strict familial and societal control over the moral conduct of young girls.

In the village, women marry at an early age that prolongs their reproductive span.⁶ Women described that it seems really awkward and embarrassing to become pregnant in that phase of life when their existing children are also married. Women feared humiliation and they were criticized by others for giving birth in mature age once they have become grandmothers. In this kind of situations, abortion was performed to avoid shame and mockery.

Nadia⁷ who went through six DNC(s) says

I am patient of hypertension and suffer from many other diseases. I cannot use any method of birth control due to health reasons neither my spouse does any precaution. My eldest daughter is also married and I am grandmother of her child. I cannot even think to carry forward this pregnancy because of shame. Does it sound appropriate that my son-in-law comes to congratulate my new-born?

Explaining the health implications and side effects of induced abortion she further said,

I have become overweight due to frequent use of abortion pills. Repeated attempts of abortion not only destroyed my health but also made me sick and anemic.. When tablets do not work then I opt for dilation & curettage. In any way it is highly dangerous particularly when it is done at a later stage (of pregnancy).

Methods Used for Abortion

a) Home based methods

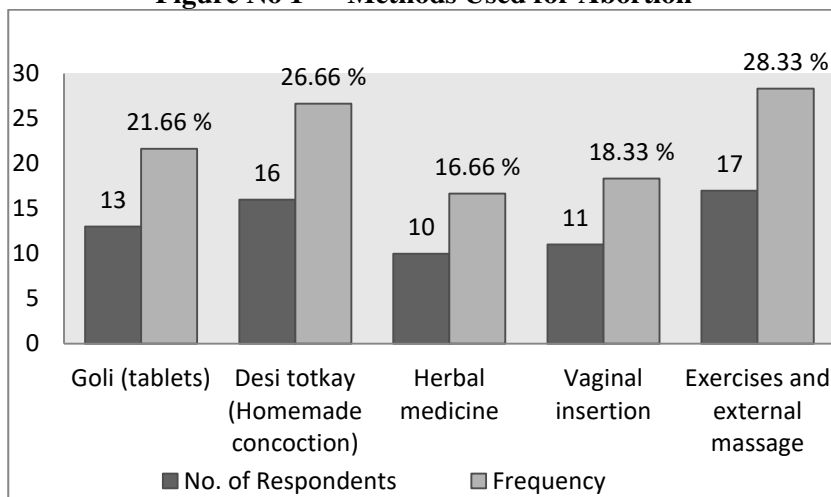
Many women in this study admitted to apply various traditional home based remedies to induce bleeding at the initial stage of pregnancy. Poor women who cannot afford safe abortion services by a skilled provider or gynecologist or those women who wanted to keep their abortion secret generally rely on home remedies. This result in many women making attempts to-induce abortion by means of drinking toxic substances such as *haliyo*⁸. The use of this herb as an effective abortifacient was recommended by many respondents. Women also informed various food items such as *ajwain* (onion seeds), eggs, *chohaaray* (dried dates), carrot seeds, fennel seeds, *sundh* (dried ginger), *kahva* (herbal tea), papaya, etc which are considered hot enough to cause abortion. Women also tried insertion of foreign and sharp edged objects into the cervix. For example, to keep the root of *itsit*⁹, matchsticks and metal sticks inside the uterus. The Lady Health Visitor (LHV) informed that many women who attempt self-induced abortion visit her with severe cramping and vaginal bleeding and then she has to clean the uterus where these objects are retained. Another clandestine technique used for self-induced abortion was through giving physical trauma to the abdomen such as heavy exercise, punching the abdomen, blunt abdominal massage, jumping from a height, and weight lifting etc.

Drugs/Oral Pills

Midwife and LHV in the village also provide tablets named gynaecosid as well as herbal medicine as well as pills such as gynaecosid specifically to get rid of an unwanted pregnancy. Beside this, women also mentioned taking birth control pills (Familla 28) and other pain killer tablets such as brufen and paracetamol in large quantity to induce an abortion. Abortion is also performed with the help of injections named Methergine. In her opinion, using tablets is the most effective and quickest method for abortion. But according to the opinion of LHV, pills offer most effective and quickest remedy for causing an abortion. The cost of these abortion pills ranged from 150 to 900 rupees depending on their efficiency and quality.

a) Surgical Methods

When home remedies do not work or the pregnancy is at a later stage, then women opted for surgical methods to terminate an unwanted pregnancy. The most popular and common method is dilation & curettage (D&C) which is mostly performed by doctors, nurses, midwives or LHVs.. Women reported this method as most painful procedure done with the help of a machine that damages uterus walls and high risk of causing infections and later on heavy bleeding.

Figure No 1 Methods Used for Abortion

Apart from clinics and hospitals, abortion is done covertly at the residence of local health providers such as the *dai* or the LHV. In addition, women also rely on different home remedies when they think professional health providers like doctors and nurses in the clinics and even the TBA or LHW in the village are trying to take advantage of their situation (*majboori*) by asking more money for doing a *safai* (Dilation and Curettage) as compared to their fee they usually demand for assisting a normal delivery. The cost of abortion varied, depending on the situation in which abortion becomes the only resort and also how advanced the pregnancy was. Shaheena, the *dai* informed,

I take more money from unmarried girls and also from those women who are in an advanced stage of pregnancy. I provide them a great help. Not everyone is daring enough to do this kind of work. Parents feel convicted when their unmarried daughter is pregnant. Due to high social condemnation against premarital sex and pregnancy, parents of these girls compel them to do an abortion to avoid stigma, defamation and troubles in finding a spouse for them. Sometimes, people call me to their residence to perform the procedure. I hide myself in a burqa (veil) so that people around may not recognize me and interrogate the concerned family about the purpose of my visit. I visit the house at late evening to maintain their confidentiality. They give me extra money up to 30,000 rupees when I provide them home service. Women also come to my residence for this purpose and I just resolve their problem in no time.

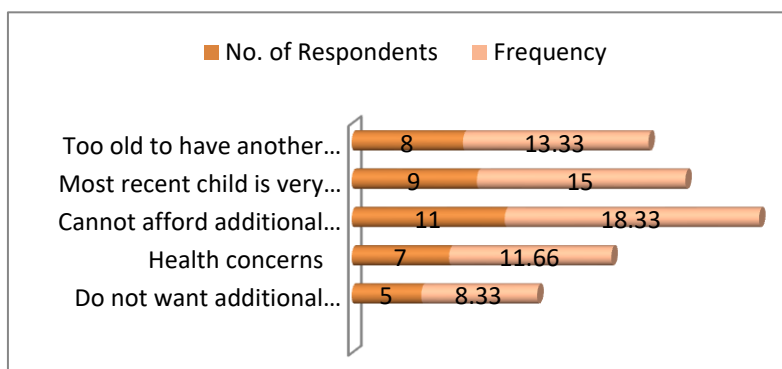
Reasons behind induced abortion

In-depth interviews with respondents show that abortion is understood as *gunah* (sin) but they also said that it becomes necessary and inevitable in certain cases..

Surprisingly, the young married women generally referred to induced abortion as '*safai karwana*' (means cleaning/washing out the uterus) while older ladies defined abortion as 'wasting or murdering' of a fetus. This change in the use of terms indicates the social acceptance and inevitability of induced abortion these days. Women also mentioned different justifications that reflect the notion of induced abortion is moving forward from being a sinful act to a socially negative but necessary practice. In this study, the biggest reason mentioned for seeking abortion was to avoid unintended pregnancy.. Women start childbearing early but after completing a required number of children, pregnancies became unwanted.¹⁰

Although women knew well the potentially fatal and hazardous outcomes followed by induced abortions yet they could not comply with the religious teachings and cultural norms when being in a situation where abortion was the only relief. Women who attempted induced abortion gave different reasons such as completion of desired family size, poverty, unintended pregnancy, late age or mistimed pregnancy, health concerns and child spacing, illegitimate pregnancy etc. Abortion was less likely to be perceived as a sin when their *majboori* (compulsion) was taken into consideration. The table below illustrates various reasons for seeking abortion .

Figure No 2 Reasons for having an abortion



Conclusion

Induced abortion affects the lives of many women. In this study, all women expressed their concern about disclosing the need for abortion, fearing stigmatization, social criticism and the loss of prestige. Deviance from social expectations and the fear of bad reputation makes women scared and reluctant to seek professional reproductive health information and services, which in turn compels them to opt for unsafe abortion either through home remedies or by untrained service providers which ultimately makes them more vulnerable to various health complications and morbidities.

Abortion is considered immoral and that is why it is kept secret. A direct consequence of this secrecy is that it creates a culture of silence around women unmet need for contraception and their protection against mistimed pregnancies. The data and facts presented in this study emphasize that improvement in women's reproductive health and rights must be prioritized and it can happen only through those health policies which are designed to ensure women's equal opportunities in the areas of health and education.

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¹ Statistics provided by WHO show that 210 million women on the globe get pregnant every year but unfortunately one-third of these conceptions end up in, spontaneous and induced abortions and stillbirth (Bankole A, 2015).

² In fact, the incidence of still-births and spontaneous abortion is relatively high in the rural settings due to anemia, mal-nourishment, absence of proper immunization and inability to afford regular check-ups by a physician or trained midwife, but it is attributed to *purchanwan* (the evil shadow).

³ The constitution of Pakistan clearly prohibits abortion unless it is performed in a good faith to save the life of a woman on justifiable medical grounds. Any attempt of forced abortion is punishable offence by law with imprisonment (Shah 1986:191). However, practically a study conducted in Pakistan in 2002 revealed that 14 out of 100 pregnancies actually terminated through induced abortions (Sathar *et al* 2007).

⁴ including local *dai* (traditional midwife) and Lady Health Workers

⁵ In Pakistan, particularly in rural areas, there are no public sector abortion facilities. National legislation and socio-cultural values strictly prohibit abortion. Whenever women experience any complication due to self-induced abortion, they consult untrained traditional midwife or LHW to manage them.

⁶ The recent estimates from Pakistan Demographic & Health Survey indicate the average age at first marriage among Pakistani women is 19.5 years and 32 percent women start childbearing by the age of 20 years and even eight percent of girls who belong to the age group of (15-19 years) have already become mothers or they are expecting their first child (PDHS 2012-2013).

⁷ All names used in this article are pseudonyms, which were assigned to the respondents to maintain their privacy and confidentiality.

⁸ the traditional term for a poisonous herb

⁹ Local name for a poisonous herb