

Original Article

Is Induced Abortion used as one of the Methods for Birth Spacing Among Married Women in Urban Population of Lahore?

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Abstract

Background: An overpopulated country like Pakistan, the incidence of use of contraceptives is significantly low. On the other hand, despite the fact that induced abortion is illegal, women, especially in the lower socio-economic group, take the risk to opt for it to limit the family size.

Objective: To find the prevalence of factors behind induced abortion among married women in an urban population of Lahore.

Methodology: Cross-sectional study from 1st February to 15th October 2018 at gyne department, Gulab Devi hospital Lahore. We interviewed 50 women from outpatient department as well as the admitted cases in obstetrics and gynecology wards through a structured proforma.

Results: Overall 58% women opted for induced abortion merely because they were not ready for pregnancy or already had enough or grown-up kids and only 6% had method failure

Conclusion: the general behavior towards contraception and abortion is complex. The women who did not use contraceptives or who had method failure resort to abortion to limit their family size.

Keywords: Induced abortion, contraception, method failure, married women

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Introduction

Is induced abortion a desirable method of contraception? History shows that women by choice have always found induced abortion a reliable method of contraception.¹ In the past, the use of high dose pills or the myths surrounding the contraceptive methods have made their use sparse and have led to the reliance on induced abortion to trim the family size. Especially the commercialization of abortion industry made the population resistant to the

transition from abortion to new techniques of contraception.²

Worldwide introduction of emergency contraception and medical abortion has revolutionized the contraceptive choices. However, over the counter available emergency contraceptive pills have increased sexual risk taking behavior. Despite these techniques the incidence of induced abortion has not markedly declined. There is always room for it,

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especially when it is legal in most of the western world.³

In developing countries, contraception has its own controversial history.⁴ Both contraception and induced abortion go hand in hand to have a desirable count of kids. Though the government policies fluctuate time to time due to cost and health concerns, overall it is considered illegal. In Muslim countries, community-based surveys or collection of data is never presented or discussed openly due to ethical restrictions.⁵

According to the latest survey published in The Express Tribune, January 11, 2019, Pakistan currently has one of the highest abortion rates in the world. Abortion in our country has become the means to exercise birth control, and most of these abortions are being conducted in unsafe environments. While our own media has not given this issue much attention, a recent in-depth story on America's National Public Radio has revealed the shocking number of unsafe abortions which are taking place in our country, and their adverse impacts on the health of women.

Estimates cited by the above report indicate that 48% of pregnancies in Pakistan are unintended, of which 54% are terminated, mostly in an unsafe way. Around a third of all women who undergo abortions suffer complications, ranging from heavy bleeding to a perforated uterus and deadly infections. Though the department of family planning was established from the start and has been funded by foreign donation. Oral pills, Implanon, Norplant, injections and IUCD are freely available at family planning centers run by Government. Bilateral tubal ligation and vasectomy services are free at these centers. Over the counter emergency contraceptive pills are available without prescription. The contraceptive service is free and induced abortion is illegal.⁶ It is strongly condemned on religious as well as on legal grounds. Two-third of population live in villages where health and education services are inadequate. Even in big cities, most of the abortions are conducted by untrained midwives or nurses in unsafe environment. The morbidity or mortality is remarkably high as compared to developed countries.⁷ The commonly employed methods are oral intake of harmful liquids, overdosage of

mifepristone tablets, dilatation and curettage or insertion of objects in uterus. What makes them do that is a point to ponder. Most of the clients are married couples and usually the husband is not willing to use contraceptive or the woman has myths about its use. But ultimately the decision is mutually agreed upon to take the risk since the financial backup is supported by him. Unfortunately, the maternal morbidity and mortality resulting from sepsis, hemorrhage uterine or intestinal injuries are a major financial burden on government hospitals and on social services.⁸

We planned our study to explore the motives behind induced abortion. So that the challenge of counseling such women shall be based on these findings. It will also enlighten us about their behavior towards fertility control and the general opinion of married women about the concept of contraception.

Methodology

We did a cross-sectional study from 1st February till 15th October 2018 to determine the reasons behind induced abortions among married women of Lahore. The sample collection was random and the sample size was calculated by Cochran's formula. We collected data on a structured questionnaire which we kept very simple and easily understandable. Our selected subjects were married women between 17-49 years with positive reproductive history irrespective of the outcome. With prior informed verbal consent and consideration of privacy, the response rate was 100%.

The study had the approval of the hospital ethics committee. On regular history taking, we came across many women having a history of miscarriages in their past. Out of them, we selected 50 women who admitted to having induced abortion at some time in their lives. The venue of patient's survey was both outpatients as well as admitted cases in obstetrics or gynecology wards due to any other indication. Our designed proforma was offered to them. Some of them liked to fill it by themselves but for most of the women, we had to fill it. The proforma identified following Information about the subjects.

Name, age, parity, h/o of induced abortions ever (yes/no), history of use of contraception (yes/no) (regular/irregular basis), reasons behind induced abortion (which are tabulated in results)

The women who had miscarriages due to blighted ovum, fetal anomalies or incomplete miscarriages were excluded.

Results

We completed our interviews on 50 selected women in a given duration of time. Ninety-seven percent (n=48) of the women were in marital union at the time of interview. The mean age of respondent was 32.5 years. For study purpose, we grouped women according to their age distribution. The women between 17 to 25 years of age were considered as group one which was (n=14), while the second group was of women between age 26 to 35 years and they were n=36. Average parity of women opted for induced abortion was 4. The data regarding the factors behind induced abortion is shown in table I.

Factors behind induced abortion	No. of women (n=50)	Percentage (100%)
Too many children	9	18
Not mentally prepared; Birth spacing	12	24
Poverty	5	10
Grown up children	8	16
Unemployed husbands	5	10
Conflict with in-laws/husband	3	6
Medical indication (mainly cardiac indication)	4	8
Method failure	3	6
Spouse addicted to drugs	1	2

Since working in Gulab Devi hospital we come across cardiac patients with pregnancy almost on a daily basis and we found 4 such women who had induced abortion on medical grounds.

While collecting the data for the reasons behind induced abortion, we had opportunity to get the impression of women towards use of contraception. Women who had ever used contraception were 34% (n=17). However, out of those 17 women, only 6 had been using contraception on a regular basis for the last 5 years. Reasons for not using contraception on regular basis (as shown in Table II) were due to reproductive health concerns (n=14); not available

(n=10); partner influence (n= 5); unawareness to use properly (n= 11); medical indication e.g cardiac disease (n=4).

Table II: Causes for not using regular contraceptives.

Reasons for not using contraception	Number of women (n=44)	Percentage (100%)
Reproductive health concerns	14	31.8%
Unavailability	10	22.7%
Partner's influence	5	11.3%
Unaware to use properly	11	25%
Medical contraindication	4	9%

Discussion

Induced abortion is a sensitive topic in our society. Women are reluctant to give the history of induced abortion or the factors behind induced abortions unless the interview is conducted confidentially. This may lead to underestimation of the phenomena.⁹

Our study was fruitful in this regard to find reasons behind induced abortion and we got the highest percentage of women who sought it just because they had already enough kids and were not mentally prepared to take up a new pregnancy. Though our study did explore this old topic of induced abortion from a new angle, the results could not be authenticated because of small sample size. Furthermore, the background of induced abortions could not be judged from husband's point of view who is the most important family member to make such decision. The morbidity surrounding it and any change in behavior after an induced abortion, in the form of use of regular contraception, could not be studied.

In western countries where abortion has been legalized, still, it has never been encouraged to replace contraception by abortion due to the health risks and cost because most of them are done in unsafe situations which multiplies the morbidity and mortality.¹⁰ It is an interesting fact that most of the women know that the providers are unsafe and there can be post abortion complications yet they find it feasible to go for it.

In 2008 Gilda Sedgh et al ¹¹ conducted a large scale study in different countries to differentiate between the incidence of intended and unintended

pregnancies trend since 1995. It was calculated that out of two million pregnancies, the incidence of unintended pregnancies fell from 41% to 29% in developed countries and 20% in developing countries. The highest incidence of unintended pregnancies was in Eastern and middle Africa and lowest for southern and western Europe and Eastern Asia¹². That shows a global trend.

Since induced abortion is illegal in Pakistan, no such facility is available at government hospitals. The services are provided in private sector secretly. Mostly untrained staff is conducting the dilatation and curettage (D&C) with or without anesthesia or antibiotic cover. Women are not provided with any documentation or treatment record. So the client cannot claim compensation, later on, rather they are morally bound to cover the doctor/nurse who has made the complications. Two out of five abortions are unsafe here.¹³ In our study, 24% of the women had decided to induce abortion because they believed that they already had many children or they were not mentally prepared for that particular pregnancy.

In a study by Tadele Melese et al 2017,¹⁴ despite the knowledge of contraception and improvement in health services, it was showed that 55.29% of the participants had at least one abortion. As Fikree FF et al in 1997 studied 452 abortion women and found that 61% had induced abortion due to too many children and only 20.3% had it due to contraception failure. In a large scale study at Ghana by Ayaga A. Bawah et al 2016¹⁵ on 2179 women, 59.8% had been using contraception at some time in their lives yet 22.6% sought for induced abortion. When the factors were explored behind it, 67.1% women opted for it to avoid contraceptives and childbirth. Though the education factor was very important it did not make much difference in their data.

Hong Jiang, Jieshuang Xu et al 2017¹⁶ reported that China was one of the countries to legalize abortion in the early nineties. According to the legislation, hospitals started providing free services for induced abortion. In 2016, Manuel et al¹⁷ estimated 25% women, despite the free services of contraception, for long kept on relying on abortion for birth spacing. Miklós Krassovics et al 2016¹⁸ concluded in his study that it was 181 per 1000 women of

reproductive age group which amounted to 5 abortions per woman over a lifetime.

It is seen that in the countries, like Latin America and Soviet Union, induced abortion is still sought for fertility control and our study results do confirm the same fact in our local population. What makes women avoid contraception and go for such unsafe measures? Because in our study too, out of 50, only six women had been using a regular contraceptive. We could determine two major reasons behind this behavior i.e. unawareness and the never-ending myths surrounding each method.

We need to emphasize the use of contraception. In this regard, men are even more important to be educated.¹⁹ Even in this modern age, men and women like to avoid scientific contraceptive methods and rely on natural family planning methods or non-medical measures to achieve the desired family size. Without implementing an aggressive campaign on the use of family planning measures, the morbidity of induced abortion will keep on putting financial burden on our society. So further randomized trials are recommended to generate data which will help to make serious health policies in future.

Conclusion

Lack of use of regular contraception is the sole factor behind unintended pregnancies and induced abortion. That shows how important it is to include contraception awareness as a part of regular education of men and women. Moreover, the public knowledge of contraception safety needs to be enhanced and it should not be confined to the medical books only.

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