

CHARACTERISTICS OF ABORTION SEEKING WOMEN: A STUDY OF FAISALABAD CITY

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ABSTRACT

INTRODUCTION: Abortion is a dead secret of every society. In Pakistan, due to multiple reasons women may pressurize to undergo induced abortion. They face socio-psychological, religious and cultural pressures. Meanwhile, extra/premarital relations and failure to adopt safe intercourse leads to un-wanted pregnancy and abortion is last hope in such conditions.

OBJECTIVES: To find out socio-economic background and reasons behind decision of induced abortion.

PLACE: Study was conducted in Faisalabad city in August 2015.

ETHICAL RULES: Due to sensitivity of issue identification of respondents was not taken.

MATERIAL AND METHODS: 12 clinics participated in this study voluntarily. Therefore, 67 women visited the clinics during study period for abortion were interviewed through convenience sampling technique.

RESULTS: The results indicate that 31% respondents were belonging to age group 31-35 years, 55% respondents have matriculation or above education, 15% respondents aborted due to medical problems, 7% due to premarital relations and 30% terminated due to large number of children. Meanwhile, it was revealed that 52% respondents were house wives and 63% respondents have per month family income between 11,000 to 15,000 Pakistani rupees. Moreover, it was confirmed that 51% respondents had 3 to 4 children and 39% respondents adopted condom method to prevent pregnancy but in vain. Analysis of acquired data also confirmed that 70% respondents did not know the side effects of induced abortion.

CONCLUSION: Multiple factors like poverty, too many children, pre or extra marital relations, contraceptive failure and gender choice may lead to induced abortion or push the women to terminate pregnancy. Mostly abortion seeker women belong to middle class families who had low monthly family income.

SUGGESTIONS: Prevention from unwanted pregnancies is best strategy to away from induced abortion.

KEY WORDS: Induced Abortion, Socio-economic factors, Faisalabad, Punjab

INTRODUCTION:

Induced abortion is a public health issue and a question mark on awareness of members of society regarding safe intercourse.

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Abortion may be called as “dead secret” of every society. Medically, extrusion of product of conception before 20th week of gestation or before the 500 gm weight or less is called abortion¹. The word abortion commonly used for induced abortion of a pregnancy and the term spontaneous abortion is used for miscarriage. Whereas, termination of gestation other than birth is literary meaning of abortion². Originally there are two types of abortion 1) Induced abortion: in which child is aborted under the willing of husband, family or herself while 2) Spontaneous abortion: is naturally abortion³. It has been estimated that globally one in five pregnancies ends in induced abortions⁴.

Perception of abortion vary from community to community and people to people due to socio-psychological and cultural settings⁵. It is undeniable fact that women of all socio-ethnic backgrounds regardless religious and legal sanctions or personal danger resort to abortion⁶. Sometimes, women decide to abort due to selection of sex of child. This type of abortion is common in communities where male children have higher values as compare to female children. The common method to identify sex is ultrasound⁷. According to declaration of “International Conference on Population and Development (ICPD)”, as a signatory since 1994, Pakistan accepts the equal reproduction and sexual health rights for both male and female⁸.

Due to strict socio-religious control actual data on induced abortion in Pakistan is not present. But some studies highlight the magnitude of such issues. In 2004 a “National level Study” was conducted with the aim of “unwanted pregnancies and post-abortion complications in Pakistan. According to said study, estimated national abortion rate is 29 per 1000 women in reproductive age. It was estimated that 890,000 unsafe induced abortion were took place in 2002 in Pakistan⁹. It is estimated that around 09 million women forced to go thorough under unsafe abortion due to no other choice¹⁰. In developing countries especially Muslim countries like Pakistan, women face more socio-psychological, religious and cultural pressures to undergo this procedure in the name of honor. In our traditional society, it is still a taboo to talk on abortion. Sometimes, extramarital relations and failure to adopt safe intercourse methods

lead to unwanted pregnancy and women decide to abort. Due to lack of awareness regarding law and bar on abortion in Pakistan, women prefer to consult with paramedical staff or some specific clinics instead of government hospitals which weakens the state control over this issue. The study was carried out in order to investigate the pushing factors behind accomplishment of illegal induced abortion in our traditional society.

History of Abortion

We can find specified fine for miscarriage through assault in Code of Hammurabi 1760 BCE. Although this fine varies from according to social status of women¹¹. There were no existence of anti-abortion law in Great Britain before 1803. Except the abortions those were “necessary to save the life of women” other were illegal in US by 1880. Abortion was crime or sin in many countries to save life of women. There was no anesthesia as well as good antiseptic or antibiotics in 18th century. Similarly state of the art surgical instruments and surgery procedures were not developed. Therefore to protect women from harmful effects of abortion was actually to control them and limit them to their traditional role of child-bearing¹².

Ethical Rules

Due to sensitivity of issue identification of respondents was not taken.

Objectives

The main objective of the study is to find out socio-economic background and reasons behind abortion decision of abortion seekers.

Hypothesis of Study

Underneath hypothesis were formulated for ongoing study:-

1. H₁: Education level of respondent is likely to be related with reasons behind termination of pregnancy,
- H₀: Education level of respondent is likely not to be related with reasons behind termination of pregnancy,

2. H_1 : Education level of respondents is likely to be related with use of contraceptive technique,
 H_0 : Education level of respondents is likely not to be related with use of contraceptive technique,
 3. H_1 : Education level of respondents is likely to be linked with awareness toward side effects of abortion,
 H_0 : Education level of respondents is likely not to be linked with awareness toward side effects of abortion.

Material and Methods

The ongoing research was conducted in June to August 2015 in Faisalabad city with the help of convenience sampling technique. Different clinics either run by qualified paramedical staff or under the supervision of registered medical [practitioner](#) were consulted for participation in study. Only 12 clinics agreed to participate in this study voluntarily with the promise that neither clinics nor patients identification would be disclosed at any stage. Therefore, 67 women those visited clinics during study time for abortions were interviewed.

Results:-

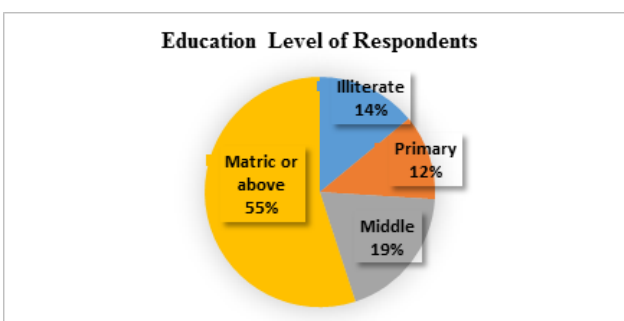
Age of Respondents

Table I

SR #	Age group of respondents	Percentage (n=67)
1	16- 20 years	3
2	21-25 years	21
3	26-30 years	30
4	31-35 years	31
5	36-40 years	12
6	41-45 years	3
7	Total	100

Analysis: Table I is showing the age group of respondents. It is indicating that most of respondents 31% were belonging to age group 31-35 years, 30% from 26-30 years, 21% from 21-25 years, 03% from 41-45 years and 03% respondents belonged to age group 16-20 years.

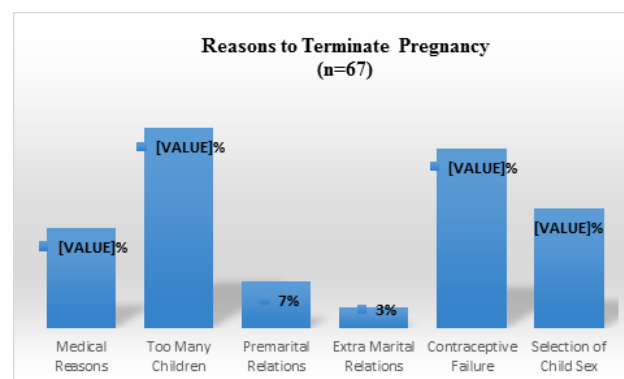
Education Level of Respondents



Analysis: Table II is showing education level of respondents. It is describing that majority of respondents 55% have matriculation or above education. While only 14% respondents were illiterate, 19% middle and 12% has primary (basic) education.

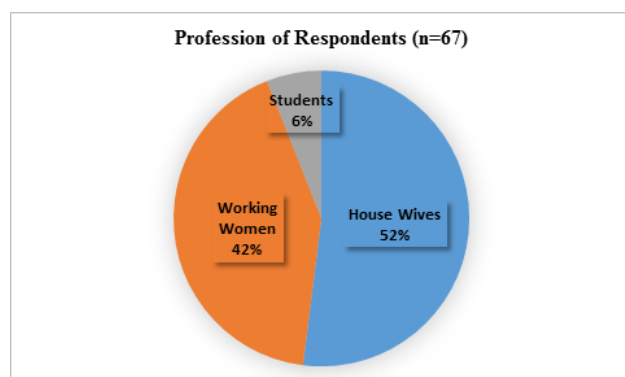
Reasons to Terminate Pregnancy

Graph II



Analysis: Table III is showing the respondents reasons behind the decision of abortion. It is describing that 30% respondents took this decision due to too many children, 15% due to medical reasons, and 27% undergone the procedure of abortion due to failure of contraceptive. It is notable that 18% respondents shared the reasons behind termination of pregnancy "Selection of Child Sex". It shows that respondents were aware regarding sex of fetus. When they confirmed through ultrasound that fetus is girl then they decided to terminate the pregnancy. Besides this, 7% respondents terminated pregnancy due to premarital and 3% due extra marital relations.

Profession of Respondents



Analysis: Table IV is showing the profession of respondents. It is showing that 52% respondents were house wives, 42% were working women and only 6% were students.

Monthly Family Income

SR #	Average Family Monthly Income (Pak Rs.)	Percentage (n=67)
1	Less than 10,000	28
2	11,000 to 15,000	63
3	16,000 or above	9
4	Total	100

Analysis: Table V is showing the monthly family income of respondents. It is indicating that monthly family income of 28% respondents was less than 10,000, while income of majority of respondents 63% was 11,000 to 15,000 and only 9% respondents have had 16,000 or above monthly family income.

Number of Alive Children

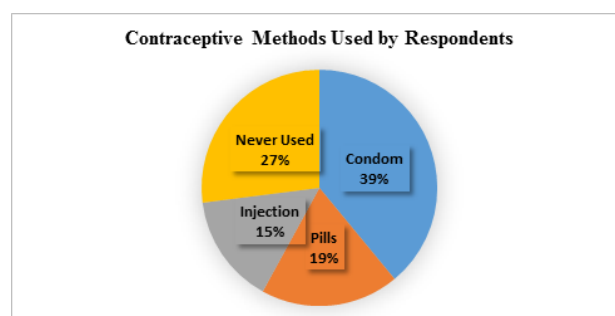
Table III

SR #	Number of Alive Children	Percentage (n=67)
1	1 to 02	18
2	03 to 04	51
3	05 or above	24
4	No Children	7
5	Total	100

Analysis: Table VI is showing the number of alive children of respondents. It is indicating that majority of respondents 51% had 3 to 4 children, 24% have had 05 or above children, 18% have 01 to 02 children while 07% have no children.

Contraceptive Techniques

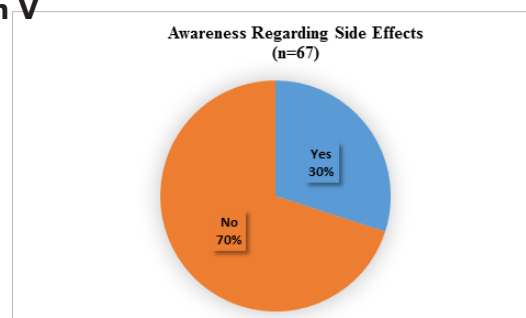
Graph IV



Analysis: Table VII is showing the contraceptive method used by respondents. It is indicating that majority of respondents 27% did not use and method, 39% habitual to use condom, 19% used pills while only 15% used injection.

Awareness Regarding Side Effects of Abortion

Graph V



Analysis: Table VIII is showing the awareness level of respondents regarding side effects/complications of abortion. It is indicating that majority of respondents 70% were unfamiliar with side effects of abortion but only 30% knew the side effects.

Analysis: Table IV is showing the results of Chi-square for hypothesis testing. It is indicating that there is significant association ($p < .007$) between education level of respondents and

reasons due to which respondents forced to terminate pregnancy. Similarly, there is significant association ($p < .001$) between

education level of respondents and method of contraceptive use in respondents, education level of respondents and awareness toward side

Hypothesis Testing

Table IV

Chi-Square Test for Association

Abortion Seeker Women N = 67

	p Value
Education	
Reasons to Terminate Pregnancy	<0.007
Method of Contraceptive	<0.001
Awareness toward Side Effects of Abortion	<0.001

effects of abortion has significant association ($p < .001$). Therefore, all hypothesis have been approved.

DISCUSSION

Induced abortion is an alarming ailment of both developed and developing societies. Singh, Wulf, Hussain, Bankole, & Sedgh¹³ estimated that average abortion rate in developed countries is 26 out of 1000 women and in less developed regions it is 29 out of 1000 women.

The study apprised that majority of respondents 31% belonged to age group 31-35 years. Subsequently, 2nd largest group of respondents (30%) were belonged to age group 26-30 years and remaining 21% respondents from 21-25, 03% from 41-45 years and similarly 03% from 16-20 years age group. Similarly, Sathar, Singh, & Fikree¹⁴ estimated that annually 980,000 induced abortion were performed in Pakistan with abortion rate of 29 per 1000 women belonging to age group 15 to 49 years.

In this study it was sought that 27% respondents consulted for abortion due to contraceptive failure. Therefore, they were forced to undergo this procedure as compare to 18% respondents those selected this procedure due to selection of child. Only 15% respondents were advised for abortion due to medical complications and 07% decided to abort due to premarital and 03% due to extra marital relations. Abortion for gender selection in Asian

countries is alarming for balance of sex ratio (males per females) at birth and it is gender discrimination before birth which is common in under developing countries^{15, 16}. Saleem¹⁷ studied that contraceptive failure is utmost common cause that force women to seek induced abortion. The study was carried out in 12 health clinics of Faisalabad city. These clinics were administered by medical staff (Paramedical staff both dispensers and female nurses/dais). Zaidi, Mastoor, Jaffry, & Parveen¹⁸ identified the ratio of induced abortion seeker women according to facility providers. They propounded that 51% respondents consulted with the *Dais*, 03% with nurses, 23% with doctors, while 03% were self-induced and 20% respondents did not disclose. Findings of Hussain, Ashraf, & Noorani¹⁹ strengthen the myth regarding link between paramedical staff and abortion seekers. They concluded that 40% women consulted with dais, 15% with doctors, 15% with LHVs and 02% tried their self. While 78% abortion seekers were illiterate²⁰.

Present study enables to understand that 30% respondents decided to undergo induced abortion due to large family and 24% respondents have 5 or more children. 7% respondents were unmarried at the time of abortion. Family income of majority of respondents 63% fall between 11,000 to 15,000 and 28% respondents' per month family income is less than 10,000 rupees.²¹ argued that selection of sex of child and have five or more children are common factors behind decision of

abortion now a days.

A research conducted by²² maintained that 92.2% respondents (abortion seekers) were married. While 5% respondents were unmarried and 34.4% respondents have 5 or more than five children. 55% respondents had matric or higher education. A study in India estimated that high ratio of induced abortion is associated with higher education²³.

Numerous scholars argued that in Pakistan, causes of induced abortion are lack of education²⁴, illiteracy²⁵ and early age marriages. 27% respondents never adhered any family planning method. The major reason of unwanted pregnancies, in low and middle income countries, is poor access to contraceptives²⁶. Therefore, sensitization of public regarding safe intercourse is the best strategy to reduce the risk unwanted pregnancies. It is notable that 70% respondents don't aware regarding side effects of abortion. People think that abortion is an easy and quick method to discontinue pregnancy because they don't know its side effects⁷. Thus, it is prime duty of concern department to educate people. Its choice of women, either to continue or terminate pregnancy and it is some sort of exercising her reproductive rights²⁸. It is worth mentioning that any legal instrument in Pakistan is not clear on abortion issue. However, it allows abortion in some conditions like early stage of pregnancy to save life of mother or to provide essential treatment, but unfortunately it does not cover the issue of rape, incest or fetal abnormalities²⁹. Furthermore results of hypothesis indicates that education level of respondents has significant results on women's reasons to terminate pregnancy, method of contraceptive use and awareness towards side effects of abortion.

CONCLUSION

Multiple factors like poverty, too many children, pre or extra marital relations, contraceptive failure and gender choice may lead to induced abortion or push the women to terminate pregnancy. Most of abortion seeking women belong to middle class families who had low monthly family income. Furthermore, women

don't know long term side effects of abortion. Similarly, every religion prohibits pre or extra marital relation. Therefore, it is duty of parents as well as religious leaders to educate the young generation regarding sexual moralities and social ethics. Although, it is taboo in our society to talk about sexual issues but it is need of time to make deliberations for redressal of persisting dilemma. Otherwise, socioeconomic opportunities in this advanced age of technology can fuel the issue haphazardly. Hence, it could be maintained that the practice to terminate female fetus is not common in our society. Thus, government as well as civil society should focus on this future issue. The best strategy to reduce induced abortions is prevention from unwanted pregnancies.

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SR #	AUTHOR NAME	CONTRIBUTION
1	Dr. Muhammad Abdullah Awais	Developed the research frame work. Processed and analyzed the data. Outlined the finding and wrote manuscript.
2	Dr. Nagina Parveen	Developed the research frame work. Contributed to design and review of manuscript.
3	Dr. Aijaz Ali Wassan	Contributed in statistical analysis and editing of the manuscript along with design and review of literature.
4	Dr. Kiran Wassan	Contributed in writing and review of the manuscript along with helped in analyzed data from medical point of view.

Submitted for publication: 26.11.2015
Accepted for publication: 20.04.2016

Take warning! He has not exposed so many of your sinful activities that it appears as if He has forgiven you (it may be that He has given you time to repent).

Hazrat Ali (Karmulha Wajhay)