

MAGNITUDE OF ABORTION AND ITS ASSOCIATED HEALTH CARE SEEKING IN DYAL VILLAGE OF LAHORE, PAKISTAN

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ABSTRACT: *The issue of abortion is a threat to women's reproductive wellbeing and restrictive abortion laws are associated with increase in the percentage of abortions performed unsafely by unskilled persons. This study aims to identify prevalence of unsafe and safe abortions and to assess related health care seeking in ever-married women of reproductive age group residing in Dyal village Wahga town Lahore, Pakistan. Cross sectional study method is used to collect data from 86 women experiencing 120 abortions during last five years. Semi-structured questionnaire were used to gather the information for abortion variates and related health care seeking. Results of this study provides insights that eighty-six women had 402 pregnancies. Among these 402 pregnancies, they experienced no of abortions were 127/402 (31.6%). Abortion rate 169 per 1000 reproductive age group during the last five years and 33.88 per 1000 reproductive age group females per year. According to legality status 66/120 (55%) were ill-legal abortions. According to safety status 46/120 (38.3%) abortions were unsafe. Among 88/120 (73.33%) abortions performed by health care providers, 70/88 (79.54%) were induced and 18/88 (20.45%) were spontaneous. Out of these 36/88 (40.90%) were performed by Dai(non-professional). Majority of these 30/88 (34.09%) were illegal. While 10/88 (11.36%) had self-medication.*

Key words: : Health care seeking, unsafe and safe abortions, reproductive age group women

INTRODUCTION:

The global abortion rate was stable between 2003 and 2008, with rates of 29 and 28 abortions per 1000 women aged 15-44 years, respectively, following a period of decline from 35 abortions per 1000 women in 1995. The substantial decline in the abortion rate observed earlier slowed down and the proportion of all unsafe abortions increased [1, 2]. Out of all abortions in developing countries 56% were unsafe, compared with 6% in developed world [3]. Worldwide abortion rate is 28 per 1000 women of reproductive age, 24 in developed and 29 in developing countries. Twenty million nearly half of all abortions worldwide are unsafe (nearly 98% occurring in developing countries) with the rate of 14 abortions per 1000 women aged 15-44 [3]. Globally almost 67% of abortions are performed in relatively legitimate circumstances [4]. An estimated 890,000 abortions are performed annually in Pakistan. An estimated one pregnancy out of six ends in abortion. Globally huge variation observed in practice of abortion laws due to difference in religious values, social and cultural characteristics [5]. Abortion hasn't got the attention of researches to the desired levels rather set apart from other issues studied by researchers due to many ethical issues, limitations and controversy involved with this process [6]. An "abortion" is defined "as a fetus or embryo removed or expelled from the uterus during the first half of gestation—20 weeks or less, or in the absence of accurate dating criteria, born weighing < 500 g"[7]. "An abortion which occurs spontaneously is also known as a miscarriage". One of the causes of miscarriage is accidental trauma [8] "Abortion caused purposely is known as induced abortion, or less frequently, "induced miscarriage". Mostly this term is considered as induced abortions. "Late termination of pregnancy" is a process similar to abortion but performed at a stage when the fetus can possibly survive after delivery [9]. In countries where abortion is opposed, is based on the fact that an embryo or fetus is a human with a right to life and its equivalent to murder [10, 11]. At Places where abortion is

favoured is based on the fact that every woman got a right to take decision about her body [12]. An abortion induced purposely could be elective induced abortion especially sex selective or the one performed on therapeutic grounds [13-15]. Medical abortions are those induced by abortifacient pharmaceuticals. Mifepristone in combination with a prostaglandin analog (misoprostol or gemeprost) is the most common early first-trimester medical abortion regimens up to 9 weeks gestational age. Methotrexate in combination with a prostaglandin analog up to 7 weeks gestation or a prostaglandin analog alone [16]. Unsafe abortions are performed by unskilled individuals, with hazardous equipment, or in unsanitary facilities [17]. Unsafe abortion is common in rural areas, where many women use plant species to terminate an unwanted pregnancy [8]. When access to legal abortion is restricted most of the time women seek health care services of unsafe methods like attempt to self-abort or seek the services of an untrained person who does not have proper medical training or access to proper health care facilities [18]. On average, the incidence of abortion is similar in countries with restrictive abortion laws and those with more liberal access to abortion. However, restrictive abortion laws are associated with increases in the percentage of abortions performed unsafely [19]. In Pakistan abortion is legal only on 'therapeutic', basis otherwise labeled as 'criminal' abortion [20, 21]. Although controversial and sensitive issue due to religious values and legality status in Pakistan, still was important considering the wellbeing of females. So the present study was designed to focus the abortions along with the health care services availed. The findings of the present study regarding the magnitude/burden of abortion and its related health care seeking could be the base for future research targeted on determining the reasons for the selection of different types of health care services and delays in seeking health care services.

MATERIAL AND METHODS

This study was conducted in Dyal village near Wahga Town Lahore. Study population was reproductive age group females with abortion during last five years in 746 houses of this village. Cross sectional study method was used for this study. Total study duration was 6 months. Survey was done to identify the study population, eligible females with abortions during the last five years. Total population was 4646. Total number of houses was 746. Reproductive age group females were 1145. 746 houses surveyed to identify ever-married women with abortion. Females with abortions in their life time were 196, out of which 139 had abortion during the last five years among them only 86 gave consent for sharing information. A semi-structured questionnaire with open and close-ended questions used to gather the information for abortion variates, and associated health care seeking for abortion. These women had 127 abortions out of which 120 abortions during the last five years were included. Data entry was done on SPSS version 20. Age groups, marital status education, income all divided into categories so presented using Bar charts. Total number of pregnancies, live births, still births, abortions , abortion variates, health care seeking ,all presented by frequency table and bar charts. Total pregnancies, abortions, live births, still births, were also presented by mean, minimum and maximum number. The test of significance applied was Chi square. P-value ≤ 0.05 was considered significant.

Operational Definitions of Abortion: Termination of pregnancy before 20th week of gestation (five completed months) reported by women, occurred during their last five years of reproductive span. All abortions occurring spontaneously (with no history of external manipulation or medication) were considered as miscarriages and those induced purposely were considered as induced abortion. All miscarriages and induced abortions on medical grounds were considered as legal and rest considered as illegal abortions.

Types of abortion: Safe abortion: any abortion done by a trained health care provider (Trained birth attendant, Nurse, doctor, consultant, / specialist) under aseptic conditions (either home or facility based). **Unsafe abortion:** Any abortion that is self- induced or done by untrained health care provider (Dai) and under septic conditions (either at home or at a clinic).

Health care seeking for abortion: In the present study the health care seeking associated with abortion was assessed on points; whether health care sought from a health care provider (doctor, nurse, lady health worker, untrained birth attendant Dai)? Place and type of health facility availed (hospital/clinic/ home, medical/surgical, Allopathic, homeopathic).

RESULTS:

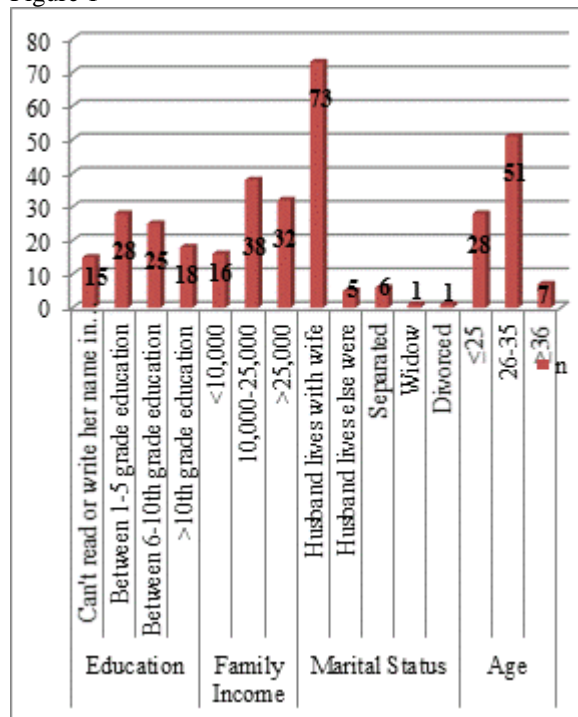
Socio-demographic variables and different abortion variates: Among 86 females, 28 (32.6%) were <25 years and only 7 (8.1%) were of age 36 years or above. There were 18 (20.9%) with education above 10th standard, 15 (17.6%) completely illiterate and rest had education either 1-5th standard or 6-10th standard. Majority 38 (44.2%) belong to families with income 10– 25 thousand, and 16 (17.6%) had family income less than 10 thousands. Most 73 (84.9%) were found between socio-demographic variables and different

abortion variates. (Table No. 01, Figure no.01). No significant association was found between Demographic variables and abortion variates with a P value > 0.05.

Table 1

Basic socio-demographic information of 86 women		Frequency (n)	Percent %
Education	Can't read or write her name in Urdu	15	17.4
	Between 1-5 grade education	28	32.6
	Between 6-10th grade education	25	29.1
	>10th grade education	18	20.9
Total		86	100
Family Income	<10,000	16	18.6
	10,000-25,000	38	44.2
	>25,000	32	37.2
	Total	86	100
Marital Status	Husband lives with wife	73	84.9
	Husband lives else were	5	5.8
	Separated	6	7
	Widow	1	1.2
	Divorced	1	1.2
Total		86	100
Age	≤25	28	32.6
	26-35	51	59.3
	≥36	7	8.1
	Total	86	100

Figure 1



Total Pregnancies experienced by 86 women were 402 with 222 (55.22%) live births, 46 (11.44%) still births, 127 (31.60%) abortions and 7 (1.74%) were currently pregnant. (TABLE 2, FIGURE 2). Live Births/Woman with Abortion found to be 2.58, Still Births/Woman with Abortion is 0.53 and Abortions/Women with Abortion found to be 1.48. The ratio of Live Births/Abortions is 1.74, Live Births/Still Births 4.82 is given in (Table No.03, Figure No.03).

Table 2: Obstetric history of 86 women

Pregnancies	Frequency (n)	Percent %
Live births	222	55.22
Still births	46	11.44
Abortions	127	31.6
Current pregnancy's	7	1.74
Total	402	100

Figure 2

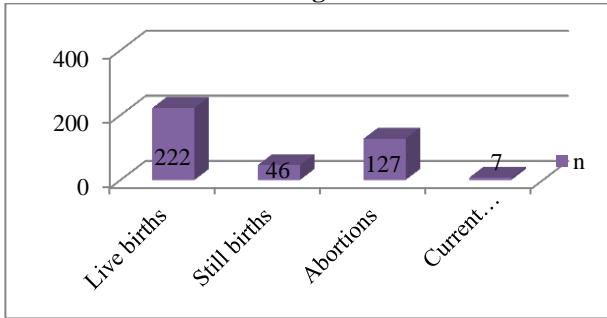


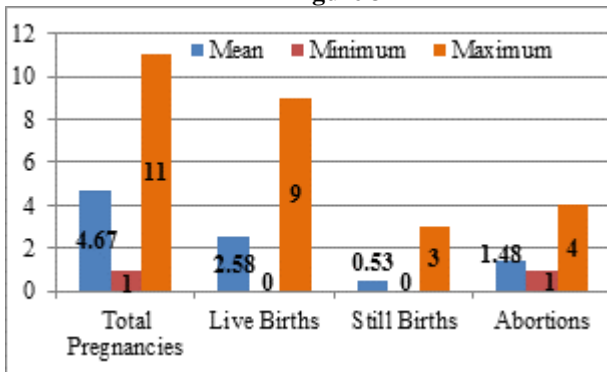
Table 3:

	Total Pregnancies	Live Births	Still Births	Abortions
Mean	4.67	2.58	0.53	1.48
Minimum	1	0	0	1
Maximum	11	9	3	4

Table 4

Abortion Variates		Frequency	Percent
Induced/Spontaneous	Induced	70	58.3
	Spontaneous	50	41.7
	Total	120	100
Ill-legal/Legal	ill-legal	66	55
	legal	54	45
	Total	120	100
Unsafe/Safe	Unsafe	46	38.3
	Safe	74	61.7
	Total	120	100

Figure 3



Distribution of 120 abortion cases by different abortion variates: 70/120 (58.3%) induced abortions were reported. While 50/120 (41.7%) were spontaneous. Looking into legality of abortions, 66/120 (55%) were illegal while 54/120 (45%) were legal abortions. 46/120 (38.3%) unsafe abortions were reported. While 74/120 (61.7%) were safe (Table No.04, Figure No.04). Significant association was

found between Legality and safety variates of abortion with a P value < 0.001.

Table 5: Distribution of 120 abortion cases by different abortion variates

Health Care sought for Abortion		n	%
Place of Abortion	Hospital	17	14.17
	Clinic	17	14.17
	Home	67	55.83
	Dais place	19	15.83
	Total	120	100
Health Care Provider for Abortion	Doctor	42	35
	Dai	36	30
	Self- induced	10	8.33
	NA	32	26.67
	Total	120	100
Type of Care for Abortion	No medication	32	26.67
	Medical T/M by doctor	31	25.83
	Medication by Dai	19	15.83
	Surgical T/M by doctor	11	9.17
	Instrumentation by Dai	17	14.17
	Self-medication	10	8.33
Total	120	100	

Figure 4

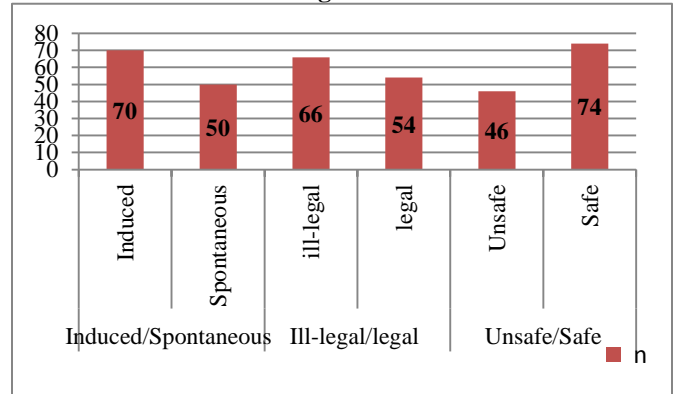


Figure 5 (A)

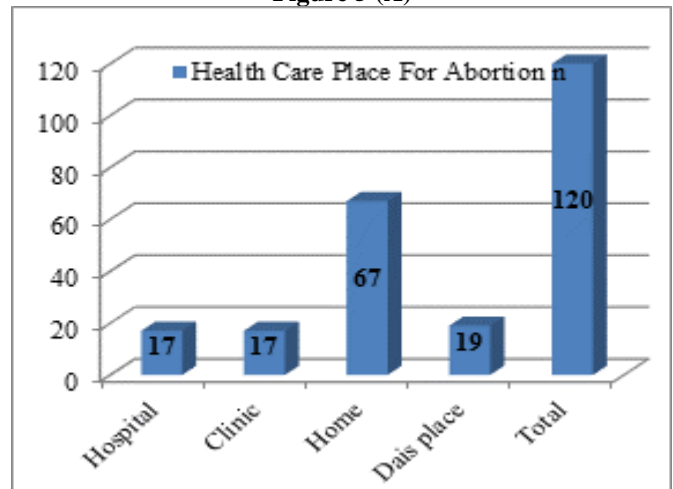


Figure 5(B)

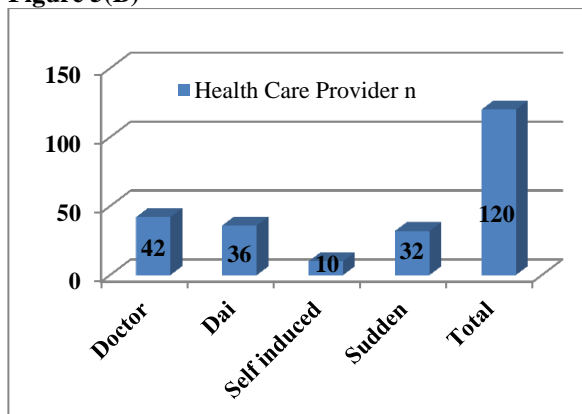
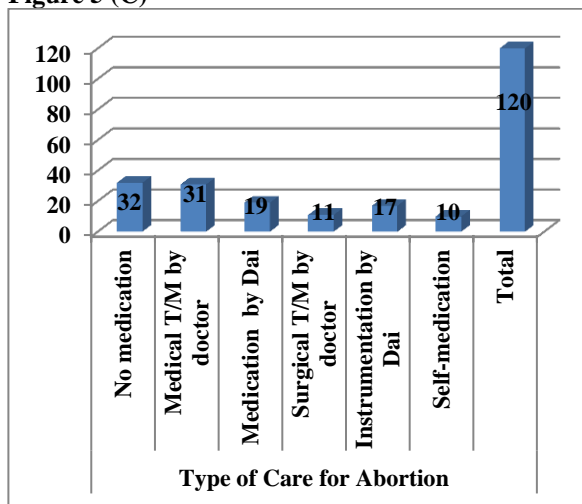


Figure 5 (C)



Significant association was found between abortion variates and Health Care Provider a P value < 0.001.

DISCUSSION

In our study we found that out of 1145 reproductive age group females 196 females experienced abortion in their lifetime, out of which 139 had abortion during the last five years. Out of 139 women with abortion only 86 females responded, with a response rate of 62%. These 86 females had 120 abortions during the last five years. 139 must be experiencing 194. Abortions experienced by 1145 reproductive age group females are 194 during the last five years. Abortion rate turns out to be 169 per 1000 reproductive age group during the last five years and 33.88 per 1000 reproductive age group females in a year. Worldwide abortion rate is 28 per1000 women of reproductive age (15-44), 24 in developed and 29 in developing countries ("Facts on Induced Abortion Worldwide," 2015). Eighty six women had 402 pregnancies. Among these 402 pregnancies, experienced no of abortions were 127, which is 31.6% of the total much higher than 16.66% according to a review study stating, "an estimated one pregnancy out of six ends in abortion" (Kariapper R.,2012) & 20% according to another study stating, "an estimated one pregnancy out of five ends in abortion"(1) . Possible reason of increased abortion rate in my study could be the availability of tertiary health care facility in this rural community. Among 120 abortion cases, according to legality status 66/120(55%) were ill-legal abortions. These results are surprising rather alarming for a

community where abortion is legal on therapeutic basis otherwise considered criminal if it's induced (21, 22). Globally almost 67% of abortions are performed in relatively legitimate circumstances [22] which are much higher than 45% legal abortion status of our present study. Very high illegal abortion rates in this study in accordance with the previous study stating the fact that Restrictive abortion laws couldn't effectively control this malpractice reflecting that restrictive abortion laws are not associated with lower abortion rates [20]. So implementation of rules is required with strict monitoring of abortion related health care services provision. Among 88/120 (73.33%) abortions performed by health care providers, 70/88 (79.54%) were induced and 18/88 (20.45%) spontaneous needed health care services. Out of these 36/88 (40.90%) were performed by Dai. And majority of these 30/88 (34.09%) were illegal. While 10/88 (11.36%) had self-medication. This way 46/88 (52.27%) were unsafe. But if consider the safety status out of 120 abortions then 38.3% abortions were unsafe which is much lower than 56%, developing countries global status of unsafe abortions (Facts on Induced Abortion Worldwide," 2015). These positive identified statistics could be attributed to the presence of private tertiary health care facilities available close to this rural community.

CONCLUSION:

Abortion is considered Illegal except on therapeutic grounds in Pakistan ending up in under reporting of abortions and high numbers of unsafe abortions widely practiced by the unskilled persons. It needs government attentions, as well training and education programs should be started by the healthcare institutions in Pakistan, specifically in the rural areas and small cities where literacy rate is very low.

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