ARE ABORTIONS DUE TO LACK OF ACCESS TO FAMILY PLANNING SERVICES?

INTRODUCTION
Globally, out of the 205 million pregnancies that are conceived, nearly 44 million result in “induced/unsafe abortions” and account for 13% of all maternal deaths. Among those who survive, five percent of women suffer from long term health complications. Majority of unsafe abortions happen in the Central-South Asia region and are done secretly by untrained abortion providers.

SOCIAL IMPLICATIONS OF UNSAFE ABORTIONS

BAD OUTCOMES
- Unsafe Induced Abortion
- Complications
- Morbidity
  - Death
  - Disability

GOOD OUTCOMES
- Use Family Planning
- Safe induced abortion
- No complications
- Treatment and recovery

BACKGROUND
In Pakistan, the morbidity and mortality associated with unsafe abortions puts an enormous health, financial and social burden on the women as well as on healthcare system as a whole. A nationwide survey estimated that of every 100 pregnancies, 14 ended in induced abortion with nearly 6.4 abortion-related hospitalizations per 1000 women aged 15-49 years.

RECOMMENDATIONS FOR POLICY ACTIONS

1. Focus on reducing the high unmet need and increasing access to Family Planning Services—both at the community level through LHWs and in clinics/facilities/providers where women seek abortion services. The actual provision/access to FP counseling and services needs to be strengthened. Standardized LHW checklists should include routinely asking women of their contraceptive needs and providing/referring long term methods to them as relevant.

2. Post Abortion Counseling for Contraceptive Use – This is important particularly for women with history of induced abortion to receive FP counseling and contraceptive supplies on-site as part of the “post abortion care package” (PAC).

3. Training Mid-Level service providers – at the policy level acceptance and training of mid-level providers in providing safe abortions and PAC needs to be instituted as a systematic strategy to reduce maternal mortality and morbidity. Other countries like Bangladesh and India have successfully done that.

4. Mass awareness at the Household level in communities- LHWs can help counsel women on what are “safe care providers” – criteria. An even more effective advocacy strategy would be if geographic area/district specific “lists of safe healthcare providers” could be developed which LHWs can share with Household Women

Women seeking abortions in Pakistan are older, married, have 3+ children with higher rates of unsafe abortions associated with poverty and rural residence. For example, poor women are more likely to face serious complications of unsafe abortions, seek care from untrained providers or in unregistered facilities, delay their abortions into the second trimester, and travel long distances to obtain abortion services.

METHODS
A literature review was carried out using key words - abortion, post abortion care, unsafe abortions, Pakistan, reproductive health and family planning, and published literature was selected using Google, Medline and
websites of various organizations including research studies, official publications of Government of Pakistan, UN agencies, WHO, UNFPA, and NGOs working in abortion service provision.

**FINDINGS**

- Compared with women in the PDHS survey who were not using contraception and did not intend to do so in the future, a higher proportion of women interviewed at clandestine abortion clinics expressed concerns about the safety of contraceptive methods (46%).

- Among women having abortions, most of those who report that they experienced contraceptive failure were using short term methods such as condoms or pills, or traditional withdrawal methods. Over 20% of all pregnancies were reported to have been unwanted at the time they occurred. 40% of the unwanted pregnancies were not wanted at all, while 60% were reported as being mistimed. While the relationship between unwanted pregnancy and abortion was not exact, contraceptive failure was higher in the unwanted pregnancy group 40% vs 14.5% (control group). These figures suggest that there may be a relationship between expressed fertility preferences, reported actions, and actual outcomes, even if it is not linear or straightforward.

- Increasing levels of schooling up to the secondary level were associated with more unwanted pregnancies and higher contraceptive use (and failure). At the highest levels of schooling and wealth quintiles both unwanted pregnancies and contraceptive use (and failure) declined.

- In a group of women (N = 699) with history of induced abortion and a control group, 30% of the respondents reported no intention of using contraceptives in the future. The commonest reason in both groups was opposition from husband (25%), want more children (24%), and fear of side effects (16%). Women in the induced abortion group were more likely to report infecundity and/or infrequent sex.

- Majority of the women who had induced abortions said that the choice of abortion provider was their own (57%) and in their decision making, they ranked safety and effectiveness lower than simply prior knowledge of the provider and affordability.

- Women relied most commonly on their own choice of “safe” providers followed by that of their friends/neighbors (33%), husband (19%), LHW (4%) etc

- Legal or Religious Barriers do not Deter Couples from Seeking Abortion. Once an unwanted pregnancy occurs, it appears that majority of the couples choose to seek an abortion particularly if they have four or more children, with little attention to legal or religious implications.

**CONCLUSION**

Our review indicates that a significant number of respondents are using induced abortions as means of fertility control and FP. Moreover, the findings suggest that those who undergo induced abortion often lack access or fail to seek FP counseling and services from skilled providers, and were frequently using short term methods on their own.

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1. L. Haddad, N. Nour, Unsafe abortions: Unnecessary Maternal Mortality
2. Population Council, Unwanted pregnancy and post abortion complications in Pakistan: findings from a National Study. 2004
3. Pakistan Demographic Health Survey 2006-07
4. Due to the sensitive nature of the topic accurate data is difficult to gather and inferences are drawn from largely hospital based surveys and small community surveys.
6. Khan, A et al. Induced Abortion Study (Packard Foundation 2012)