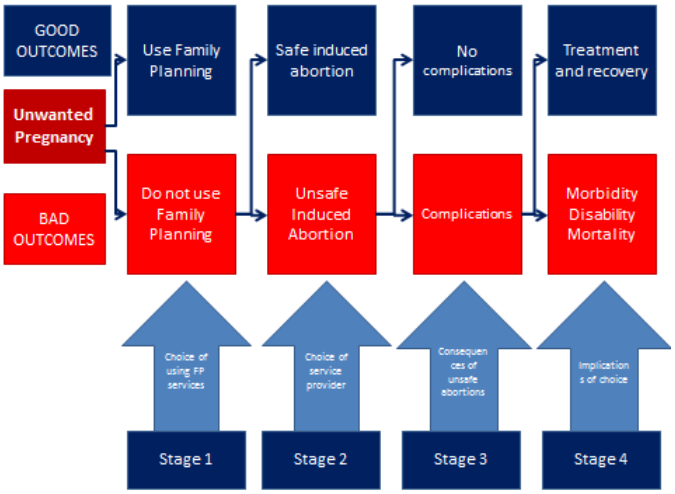
ARE ABORTIONS DUE TO LACK OF ACCESS TO FAMILY PLANNING SERVICES?

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[1]. Majority of unsafe abortions happen in the Central-South Asia region and are done secretively by untrained abortion providers.

SOCIAL IMPLICATIONS OF UNSAFE ABORTIONS



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[2]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.

Province	Rate per 1000	Number of Abortions	Contraceptive Use %
Punjab	25	457,000	33
Sindh	31	218,000	27
KPK	37	160,000	25
Balochistan	38	55,000	14
Total	**29**	**890,000**	**30**

*** Note: These estimates are derived from health facility data on women treated for post-abortion complications and expert extrapolation of the likelihood of hospitalization after abortion.**

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 [1, 3].

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 provides –** 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

In public or the private sector and even amongst different provider types (doctors versus mid-level providers such as dais, nurses, Lady Health Visitors, community mid-wives etc.) abortions are performed in very rudimentary conditions and with little formal training in newer/safer methods and post-abortion care.

This policy brief examines the estimated prevalence of abortion in Pakistan[4] and its implications on access and availability of family planning services and method choice for women/couples.

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%)[5]
- 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[1].
- 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[6].
- 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)[5]. 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[5].
- 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[5]
- 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[5]

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.

COSTS OF PREGNANCIES AND ABORTIONS

Category	Cost	Rate of Complications (%)	Cost of Treatment of Complications
Induced abortion	Rs.3,378	33	Rs.3,970
Spontaneous abortion	Rs.3,339	44	Rs.3,688
Delivery of term pregnancy	Rs.5,228	20	Rs.7,301

Costs by provider

	Doctor	Nurse/ LHV	LHW/ LHV	Dai
Induced abortion	Rs.4,470	Rs.2,498	Rs.2,208	Rs.2,277
Spontaneous abortion	Rs.4,595	Rs.3,594	Rs.3,362	Rs.2,766
Delivery of term pregnancy	Rs.8,443	Rs.4,299	Rs.1,351	Rs.2,372

1 L. Haddad, N. Nour, Unsafe abortions: Unnecessary Maternal Mortality

2Population 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.

5 Bhutta S, Aziz S et al. Surgical complications following unsafe abortions. Journal of Pakistan Medical Association 2003. 53(7)286-289

6 Khan, A et al. Induced Abortion Study (Packard Foundation 2012)

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For Comments and Information please contact:

Research and Development Solutions
www.resdev.org/e2pa
Phone: +92 51 8436 877

Dr. Ayesha Khan ayesha@resdev.org
Dr. Adnan Khan adnan@resdev.org