

NCMH NEWSLETTER

DECEMBER 2003

This issue is dedicated to women who risk their lives to terminate an unplanned / unwanted pregnancy

Inside:

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The Dilemma of Abortion: A Killer of Mothers

From time immemorial abortion has been used by women for terminating unwanted pregnancies. Historically this was the most common method of limiting the number of children. Even today its prevalence is global. It is one of those facts of life, which are well known, but neither accepted nor talked about much, and even hushed in most countries. About 55,000 abortions take place every day in the world. According to WHO, an estimated 46 million pregnancies end in induced abortion each year and about 20 million of these are unsafe. Around 13% of maternal deaths globally are due to induced abortion. Some 95% of the abortions occur in the developing countries, nearly half of these in Asia. Accurate data on induced abortion are scarce but according to WHO's estimates 6,000,000 clandestine abortions take place annually in South Asia. This is also the region with one of the highest maternal mortality ratio.

Unfortunately the word "abortion", erroneously carries a social stigma of pregnancy out of wedlock. According to two recent studies, in Pakistan the proportion of unmarried women seeking abortion is 7 - 10% compared to the 90 to 93% of those who are married with children. There are many reasons for seeking an abortion but they all culminate in one major reason, which is an unplanned, or an unwanted pregnancy. Couples either do not use at all, or use contraceptive methods without proper understanding. Some couples particularly women are very highly motivated and use a method with all the care but the method fails. All those who become pregnant without wanting to, seek abortion and turn to whoever will provide these services which most of the time are expensive and carry not only a high risk of short term and long term morbidity but also of loss of life. Unsafe abortion can be prevented only by preventing unplanned pregnancy.

It is urgently needed that the communities in general and women in particular be made aware of the dangers of illegal and unsafe abortions; serious efforts be directed by the public and the private sector to ensure access to affordable family planning services and its availability. The laws and Ahadith permitting abortion under special conditions be made known equally to the policy makers, public and the healthcare providers so that services for safe abortion within legal limits are made available to the women. Turkey and Tunisia have done it. Why not Pakistan?



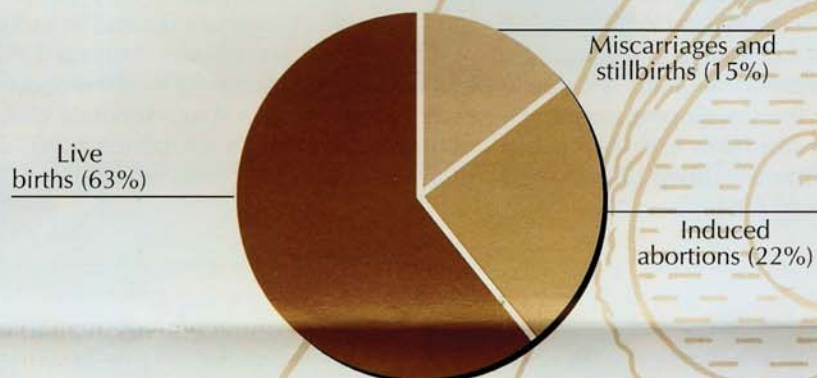
A woman waiting on an abortionist's couch for the procedure to begin (North Karachi)



A woman waiting to put her life in hands of an illiterate untrained Dai for an abortion

Global Situation

- Nearly half of all pregnancies worldwide are unplanned. It is estimated that on average, every woman has had at least one pregnancy loss, whether by choice or circumstance
- Twenty five percent of the world's women live in countries that severely restrict their access to abortion (abortion is permitted only to save a woman's life or is prohibited altogether).
- Despite variations in the legal status of abortion in the developed and developing world, overall rates are quite similar for both - 39 and 34 abortions per 1,000 women respectively. However, a woman in the developing world is far more likely to have an abortion under illegal and consequently unsafe conditions.
- Abortion rates are typically highest among women younger than 20 and those in their forties
- Abortion mortality is low in developed countries, where the procedure is usually safe/legal. In developing regions where abortion is often illegal or restricted, mortality is hundreds of times higher than the developed countries
- Nearly half of all women having illegal abortions live in Asia, 25% in Africa, 20% in Latin America, and the remaining 5% mainly in Eastern Europe



210 million pregnancies 1999 (projected)

Ref.: www.guttmacher.org

More than a third of all pregnancies do not result in a live birth



A Dai's clinic signboard: "Maternity Home, Gynae Hospital, Lady Doctor."

Unsafe Abortion: Regional Estimates of Mortality and Risk of Death, 1998

Region	No. of maternal deaths due to unsafe abortion	Risk of dying after unsafe abortion	% of maternal deaths due to unsafe abortion
Africa	33,000	1 in 150	13%
Asia*	37,600	1 in 250	12%
Latin America	4,600	1 in 900	21%
Europe**	500	1 in 1900	17%

* Excludes Japan, Australia and New Zealand

** Primarily Eastern Europe

Situation in South Asia

- WHO estimates that six million clandestine abortions occur annually in South Asia. Combining this estimate with the number of reported legal abortions, 7.4 million total abortions are estimated to occur in this region each year
- Of the countries of South Asia, only India, since 1971, has legalized abortion under broad circumstances in the first 20 weeks of pregnancy.
- In Bangladesh, "menstrual regulation" by vacuum aspiration is available as a public health measure up to 10 weeks of pregnancy.
- In Sri Lanka, where abortion is permitted only to save the life of the woman, the number of clandestine abortions has been estimated at 125,000-175,000 each year.
- In Afghanistan, Iran and Pakistan, abortion is permitted only to save a woman's life.
- Among those who can afford to pay in Afghanistan, Iran and Pakistan, roughly three-quarters of urban and one-half of rural women seeking abortion utilize the services of trained personnel (physicians, nurses or midwives).



Post Abortion Care in a Dai's Clinic

Abortion in Pakistan

There is a relative scarcity of data pertaining to abortion in Pakistan owing to the associated stigma. According to available information:

- About 28% of all last pregnancies are unwanted
- Abortion (spontaneous and induced) accounts for 75% of gynecological emergency admissions in Pakistan
- 13% of all maternal deaths are due to abortion. Most of these deaths are in the 31-40 age group.
- The majority of health care providers have an unfavorable attitude to induced abortion. Only 25% supported it.



Inside of a clinic known for its abortion services (Orangi - Karachi)

A recent study by Population Council, (report being finalized) provides most current data on abortion in Pakistan i.e. its prevalence, background factors, risks and complications, and post

abortion management. It has emerged that three-quarters of women who seek an abortion do so due to contraception failure. The majority of women receiving post abortion care at medical facilities, reported active spousal support and involvement from the decision making stage to the logistics of termination and treatment for the complications that arose. Only a quarter of the women who received post abortion care received any family planning counseling. This underscores the importance of incorporating family planning counseling and services into post abortion management services. Couples generally viewed abortion as a sin but it was the only available option out of an unwanted/unplanned pregnancy. There is an urgent need for making family planning information and a variety of contraceptives available and accessible to couples so that the incidence of unwanted pregnancies is minimized. If efforts are not accelerated, abortion will remain one of the preventable causes of maternal mortality.

Complications of Abortion

WHO estimates that 10-50 % of women undergoing unsafe abortion need subsequent medical care. Where adequate post abortion care is unavailable, women with abortions whether spontaneous or induced face health risks, disability and death. Additionally, abortion complications consume a large proportion of health care budgets and already scarce resources like hospital beds and scant blood supplies.

Immediate Complications

- Incomplete evacuation of the uterus results in life threatening hemorrhage
- Sepsis
- Injury to internal organs
- Pulmonary embolism (any of these can be fatal)

Long Term Complications

- Tubal occlusion
- Chronic pelvic pain due to infection
- Ectopic pregnancy
- Cervical Incompetence
- Dyspareunia
- Secondary infertility

Facts of abortion-seeking Pakistani women

They are generally:

- Between 30-39 years (two-thirds of all clients)
- Married (90-93%)
- Semi-literate with limited or no schooling. More than 60% are illiterate
- Multiparous. (More than 70% have 5 or more children)

Reasons given for seeking an abortion include:

- Too many children (financial stress)
- Non-use of contraception for various reasons
- Lack of access to family planning services
- Abortion as a means of birth spacing
- Contraceptive failure
- Sex preference
- Marital discord

Preventing Illegal Abortion through Contraceptive Choices

In the three Central Asian republics of Kazakhstan, Uzbekistan and Kyrgyzstan, a 30-50 per cent increase in the use of modern contraception since 1990, has resulted in 50% decline in abortion rates.

The "4As" of Contraceptive Services

Contraceptives should be: Available

It is for the government to ensure that a variety of contraceptive methods are available in the country for the service providers and the users without interruption of supplies.

Real Voices: Testimony from couples opting for abortion

Women's Perceptions:

- "I have no feelings of guilt for terminating this pregnancy. My children do not get enough food, clothing or schooling. Had this child been born he would have been in a worse state"
- "Allah knows that I am helpless and cannot rear more children"
- "I have committed a crime and I am answerable to God. I pray to Him and ask forgiveness and life of my husband"

Husbands' Comments:

- "Allah had sent a soul for this world and we have wasted it. It is wrong but we had to do it due to the poor health of my wife"
- "We have a sufficient number of children and pray to Allah to give those who don't have any"



A Dai's signboard: "MCH Center and Maternity Home. Dai with 30 years of experience. Birth Certificate is given. Open 24 hours."

Affordable

Ensuring through subsidies and commercial marketing strategies that contraceptives are reasonably priced. Also helping couples through education to realize that 'NO CONTRACEPTIVE IS MORE EXPENSIVE THAN EVEN ONE MORE CHILD'.



Dr. Hedayat of NCMH talking to men about abortion being one of the causes of maternal deaths

Accessible

Availability is not enough. Contraceptive should be within easy reach of the couples through multiple supply sources / service providers, only then their use gets promoted e.g. Partners in Social Marketing and Community Health and Family Welfare Workers have increased access to contraception in remote geographic locations of Pakistan as well as for women with restricted mobility.

Acceptable

It is important that couples are counseled properly about available methods, their benefits and proper use as well as their side effects. Correct information dispels the myths about contraceptives, increases the acceptability of a contraceptive and decreases drop out rates.

Abortion and Pakistani Law

Pakistan belongs to the category of countries having "highly restrictive" abortion laws. Until 1990, abortion was regulated by the provisions of the Penal Code of 1860. Under this Code, abortion was a crime unless performed in good faith in order to save the pregnant woman's life and to preserve her physical health. Following a 1989 decision of the Supreme Court's Shariat Appellate Bench which held that part of the Penal Code of 1860 dealing with offences against the human body was invalid because it was repugnant to the injunctions of Islam, Pakistan revised its law in this area, reformulating a number of its provisions to conform to the principles of Islamic law. The new law appears to represent an expansion of indications for abortion. Abortions are also allowed to provide 'necessary treatment', a phrase that although not defined, is likely to encompass threat to health of some sort.

Pakistan Penal Code Amendments on Abortion

Under the new law, abortion offences are divided into two categories depending on the stage of pregnancy during which it is performed

- Abortions carried out before the unborn child's organs have been formed (isqat-e-hamal) are prohibited except when performed for the purpose of saving the life of the woman or providing necessary treatment. The penalty in this case, is imprisonment for up to three years if the woman consented and up to ten years if she did not
- Abortions, carried out after some of the unborn child's organs or limbs have formed completely (isqat-e-janin) are prohibited except for the previously

mentioned reasons. The penalty is, in general, the imposition of diyah, or compensation to the heirs of the victim.

In a recent survey of health care providers, 46.5% did not think that any change was necessary in the existing abortion laws. Only 37.7% wanted the law to be changed. The vast majority of these (80.9%) of these said the existing law was too liberal and this should be made more strict.



A group watching NCMH's Film "Mamta Ki Hifazat II" showing a maternal death due to abortion

Post Abortion Care (PAC)

Post Abortion Care refers to a package of critical reproductive health care services aimed at addressing women's needs after pregnancy loss. The integration of post abortion care and family planning services in health care systems "is an important means of breaking the cycle of repeated unwanted pregnancy as well as improving the overall health status of women in the developing world". Post Abortion Care incorporates five essential components:

- **Treatment** of incomplete and unsafe abortion and potentially life-threatening complications.
- **Counseling** to identify and respond to women's emotional and physical health needs and other concerns.
- **Community and service provider partnerships** for mobilization of resources (to help women receive appropriate and timely care for complications

from abortion), and to ensure that health services reflect and meet community expectations and needs.

- **Information, counseling and services for child spacing and family limitations** at a minimum, "women should leave abortion-care facilities understanding the possibility of immediate return to fertility. There are ways to prevent future unwanted pregnancies and to obtain contraceptive methods, if they desire so". As an ideal service, they should receive a suitable contraceptive as a part of post abortion management.
- **Allied health services** in the developing countries might be a women's first contact with a health facility. The health care providers should use this opportunity to offer future assistance for her health needs.

International Facts

- Around 500,000 women die every year, one every minute, from pregnancy-related causes - 99% of them in developing countries
- 120 million women say they do not want to be pregnant but are not using family planning
- 20 million unsafe abortions occur every year resulting in tens of thousands of deaths and millions of disabilities



Nurses being provided information on reasons of maternal mortality in Pakistan. Abortions being one of the causes.



ماں کے پیٹ میں بچے کا باپ کے نام خط مجھے جینے کا حق چاہیے

بابا آپ اور امی کے پیار کے نتیجے میں میرے وجود کی اور نو مہینوں کے لمبے سفر کی ابتدا ہوئی۔ اب اس سفر کی کامیابی کا زیادہ دار و مدار، گو میری ماں پر ہے۔ مگر اُسے آپ کی اور خاندان والوں کی مدد کی ضرورت ہے۔ میری ماں مجھے پیٹ میں نو مہینوں تک پالے گی نہ جانے کن کن مشکلوں / پیچیدگیوں سے گزرے گی؟ ہو سکتا ہے اس سفر کے کسی موڑ پر میرا وجود اُس کے لئے موت کا باعث بن جائے اور اُس کی موت میری موت ثابت ہو جائے۔ میرے کھانے پینے کا خیال رکھنے کے لئے میرے جسم کا کھانا بھی میری ماں کو دیں تاکہ مجھ تک پہنچ سکے۔ امی سے کہیں کہ وہ اپنے جسم کا کھانا کھا کر میرے جسم کا کھانا کھانا نہ بھولے ورنہ میں کمزور ہو جاؤں گا۔ امی کو پورا آرام کرنے دیا کریں۔ زیادہ بھاری کام بھی مت کرائیں۔ میری پرورش صرف خوراک اور آرام سے ہو رہی ہے۔ امی میں خون کی کمی ہوگی تو بہت سی پیچیدگیوں کا خطرہ ہے۔ اُسے کسی تربیت یافتہ صحت کے کارکن کو دکھائیں اور ہاں! امی کو جھٹکوں (تشنج) کی بیماری سے بچاؤ کے دو ٹیکے لگانا مت بھولیں گاور نہ زندہ پیدا ہونے کے بعد بھی وہ مرض میری یا میری ماں کی زندگی چھین سکتا ہے۔ امی کو ذرا سا بھی خون آجائے، سر میں شدید درد ہو، زیادہ الٹیاں یا بخار ہو جائے یا میرا دنیا میں آنے کا وقت طویل ہو جائے تو جلد کسی ایسے ہسپتال لے جائیے گا جہاں لیڈی ڈاکٹر موجود ہو۔ آپ کی دنیا میں میرا پہلا قدم صاف ستھری جگہ اور صاف ستھرے ماحول میں ہو۔ مجھے جراثیم کی بالکل عادت نہیں۔ اگر کوئی بھی گندی چیز میرے جسم کو چھوئے گی تو اُس سے لگے ہوئے جراثیم فوراً مجھ پر حملہ کر دیں گے۔ اس لئے جو شخص میری ولادت میں مدد کرے اُس کو سخت تاکید کریں کہ خاص طور پر صفائی کا خیال رکھے۔

میں امی کے پیٹ میں گرم ماحول میں رہتا ہوں اس لئے باہر آنے کے بعد مجھے بہت ٹھنڈ لگے گی۔ مجھے فوراً کپڑے میں لپیٹنا بہت ضروری ہے۔ مجھے جلدی مت نہلائیے گا کیوں کہ مجھے ٹھنڈ لگنے اور نمونیا ہونے کا خطرہ ہے۔ پیدائش کے بعد فوراً مجھے امی کا دودھ پلائیے گا۔ امی کے دودھ کے علاوہ ہر گز کوئی چیز خصوصاً گھی میرے منہ میں مت ڈالئے گا۔ زندگی کے پہلے چھ مہینے مجھے امی کے دودھ کے علاوہ کسی اور غذا کی ضرورت نہیں۔ مختلف بیماریوں سے بچنے کے لئے ڈاکٹر کے مشورے سے صحیح وقت پر حفاظتی ٹیکے لگانے ہوں گے۔

مجھے آپ سے بس ایک شکایت ہے، میری بہن تو ابھی مشکل سے ڈیڑھ سال کی ہوگی جب میں پہنچ جاؤں گا آپ کو شاید معلوم نہیں کہ جب میں بنا تھا تو امی نے مجھے ختم کرنے کے بارے میں سوچا تھا۔ مگر شکر ہے کہ انہوں نے ایسا نہیں کیا۔ اُس میں امی کی اپنی جان بھی جاسکتی تھی۔ مجھے معلوم ہے کہ میری آمد بغیر خواہش کے تھی اور مجھ پر آپ پر، امی پر اور اُس بیچاری ننھی جان پر میری آمد کا ناخوشگوار اثر ہو سکتا ہے۔ اُسے کم از کم ڈھائی تین سال کا تو ہونے دیا ہوتا۔ جو ہوا سو ہوا مگر مجھے ذرا آرام سے بڑھنے کا موقع دیجیے گا اور امی کو آپ کو بھی ہمارے ساتھ وقت مل جائے گا اور ہم بچے آپ دونوں کے لئے راحت کا سبب بن سکیں گے۔

آپ کے جگر کا ٹکڑا

تخلیق : ڈاکٹر مشتاق علی میمن، شکارپور
معاونت : امتیاز تاج کمال

- خاندانی منصوبہ بندی کے طریقے نہ استعمال کرنے کی مختلف وجوہات
- خاندانی منصوبہ بندی کی سہولیات کا آسانی سے دستیاب نہ ہونا۔
- اسقاط حمل کو خاندانی منصوبہ بندی کے طریقہ کے طور پر استعمال کرنا۔
- بیٹوں کی خواہش

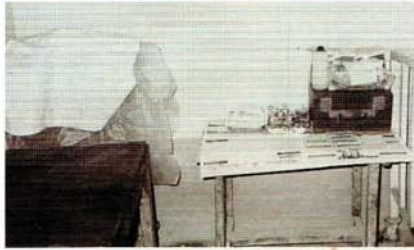


NCMH کے ڈاکٹر ہدایت، ماؤں کی بلند شرح اموات کے اہم سبب، اسقاط حمل کے بارے میں مردوں کو تفصیلات بتا رہے ہیں۔

جان کا جُوا

حمل گرانے کی کوشش

پاکستان میں روزانہ 72 عورتیں حمل اور زچگی کی پیچیدگیوں کی وجہ سے مرتی ہیں۔ اس میں سے 9 یا 10 وہ ہیں جو حمل گرانے کی کوشش میں جان لیوا پیچیدگیوں کا شکار ہو جاتی ہیں۔ یہ ایک غلط فہمی ہے کہ ان میں شاید زیادہ عورتیں غیر شادی شدہ ہوں گی۔ تحقیق کے نتائج سے یہ معلوم ہوا ہے پاکستان میں حمل گرانے والی 100 عورتوں میں 90 سے زیادہ عورتیں شادی شدہ ہوتی ہیں۔



کراچی میں قائم اسقاط حمل کے مرکز کی ایک حقیقی تصویر

قانون اور اسقاط حمل

اسقاط حمل بچے کے اعضاء بننے سے پہلے ماں کی زندگی بچانے کیلئے کیا جاسکتا ہے۔ اور جب بچے کے کچھ اعضاء بن جائیں تو اسقاط حمل کی اجازت نہیں ہے، سوائے جب ماں کی صحت خطرے میں ہو۔

اسلام اور اسقاط حمل

اسلام میں اسقاط حمل جائز نہیں ہے۔ اگر عورت کی صحت اور جان خطرے میں ہو تو ڈاکٹروں کے مشورے پر وہ اسقاط حمل کر سکتی ہے۔

پاکستانی عورت اور اسقاط حمل

تحقیق سے معلوم ہوا ہے کہ کون سی عورتیں حمل گرانے کی کوشش کرتی ہیں:

- وہ جن کی عمر 30 اور 39 سال کے درمیان ہے۔
- شادی شدہ ہیں۔
- کم تعلیم یافتہ ہیں۔
- جن کے 5 یا 5 سے زیادہ بچے ہیں۔

حمل گرانے کی وجہ

- بہت زیادہ بچے اور معاشی تنگی

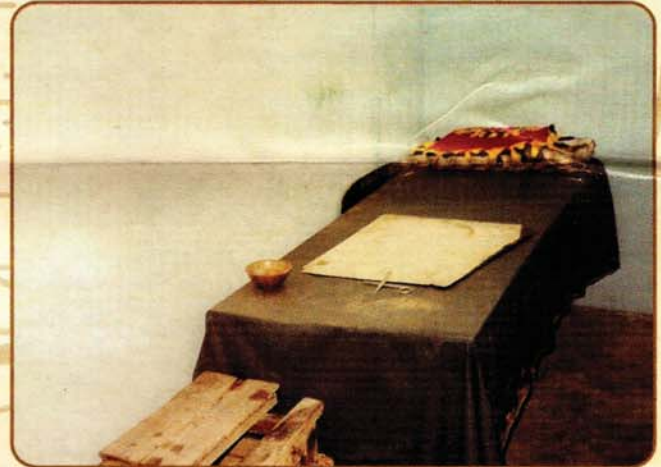
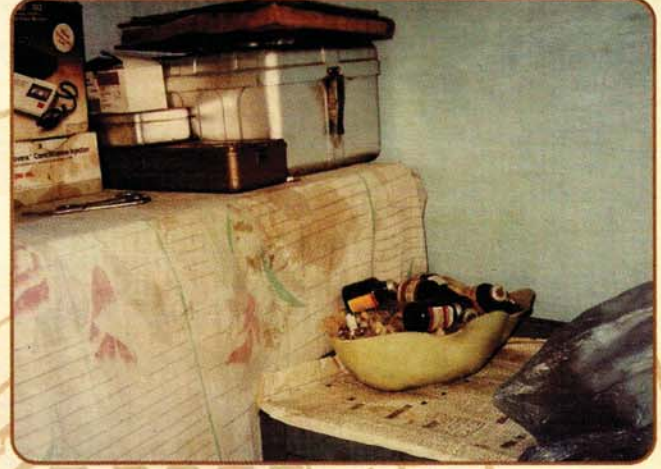
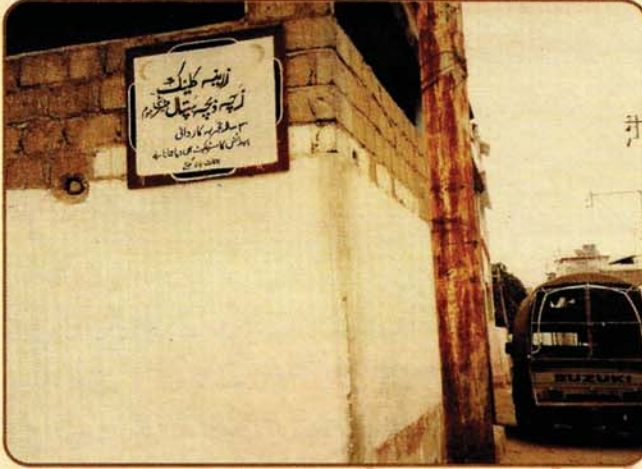
حمل گرانے کی سب سے بڑی وجہ یہ ہے کہ تقریباً 70 فیصد میاں بیوی خاندانی منصوبہ بندی کے طریقے استعمال نہیں کرتے اور بلا خواہش حمل ٹھہر جاتا ہے اسی لئے زیادہ تر وہ عورتیں حمل گرانے کی کوشش کرتی ہیں جن کے پہلے سے ہی تین چار بچے ہوتے ہیں۔ کبھی کبھار یہ بھی ہوتا ہے کہ میاں بیوی خاندانی منصوبہ بندی کا کوئی طریقہ استعمال تو کر رہے ہوتے ہیں لیکن یا تو وہ طریقہ زیادہ قابل اعتبار نہیں ہوتا یا وہ باقاعدگی سے استعمال نہیں کرتے۔ اُس صورت میں حمل ٹھہرنے کا امکان بہت زیادہ بڑھ جاتا ہے۔

پاکستان اُن ممالک میں سے ایک ہے جہاں ماؤں کی اموات کی شرح بہت زیادہ ہے اس میں حمل گرانے کی کوششوں کا بھی بہت بڑا ہاتھ ہے۔

کیا آپ کو معلوم ہے کہ حمل گرانے کی کوشش میں

- اگر مکمل طور پر حمل نہ گرایا جائے تو خون جاری ہو جاتا ہے جو جان لیوا بھی ثابت ہو سکتا ہے۔
- مضر جراثیم کی وجہ سے انفیکشن ہو جاتا ہے عورت سخت بیمار ہو جاتی ہے، مر بھی سکتی ہے۔
- اندرونی اعضاء کے حصوں کو شدید چوٹ لگ سکتی ہے جس کا علاج بڑے آپریشن سے ہوتا ہے جس میں جان کا خطرہ ہے۔
- نلوں پیڑوں میں ہر وقت درد ہو سکتا ہے۔
- بیضہ دانی سے انڈا لانے والی ٹیوبوں میں سوزش ہو سکتی ہے اور وہ بند بھی ہو سکتی ہیں جس سے عورت ہمیشہ کیلئے بانجھ ہو جاتی ہے۔

There are many such "Clinics" providing abortion services all over the country. These photographs are of a few clinics in Karachi.



پورے ملک میں بہت سے ایسے نام نہاد "مراکز" موجود ہیں جو اسقاطِ حمل کی "خدمات" فراہم کر رہے ہیں۔ ان تصاویر کی مدد سے کراچی میں قائم ان چند مراکز کی حالتِ زار کا بخوبی اندازہ لگایا جاسکتا ہے۔



Have you any suggestions to improve this Newsletter, or information that you would like to share? Please write to:

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