ORIGINAL ARTICLE

Health Care Seeking For Variates Based Categories of Abortion in Dyal Village Lahore, Pakistan

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ABSTRACT

Although controversial and sensitive issue due to religious values and legality status in Pakistan, still abortion was important considering the wellbeing of females. This study aims to assess health care seeking for abortion categories based on its variates in ever- married reproductive age group females 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 was used to gather the information. Results of this study provide insights that eighty-six women had 402 pregnancies. Among these 402 pregnancies, the experienced no of abortions were 127/402 (31.6%). Reported induced abortions were 70/120 (58.3%). According to legality status 66/120 (55%) were ill-legal abortions. According to safety status 46/120 (38.3%) abortions were unsafe. Identified categories based on abortion variates includes Induced Ill-legal Unsafe 33.33%, Induced Ill-legal safe 21.67%, Induced legal safe3.33%, Spontaneous Legal Unsafe 5.00% and Spontaneous Legal safe 36.67%. Induced Ill-legal Unsafe 30/40 performed by Dai (non-professional), 10/40 were self-induced. Among Induced Ill-legal safe 26/26 all performed by Doctor. Among Induced legal safe 4/4 all by doctor, Spontaneous Legal Unsafe 6/6 all performed by Dai and Spontaneous Legal safe 12/44 performed by doctor and 32/44 needed no medication.

Keywords: Health care seeking, abortion categories, Abortion variates and reproductive age group women.

INTRODUCTION

Worldwide abortion rate is 28 per 1000 women of reproductive age, 24 in developed and 29 in developing countries. 20 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 ("Facts on Induced Abortion Worldwide," 2015). Globally almost 67% of abortions are performed in relatively legitimate circumstances (Kariappear, 2012). 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 lawsdue to difference in religious values, social and cultural characteristics (Paola, Walker, & Nixon, 2010). 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 (Boyle, Kim, & Longhofer, 2015). An "abortus" 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"(Cunningham et al., 2010). "An abortion which occurs spontaneously is also known as a miscarriage". One of the causes of miscarriage is accidental trauma (Rasch, Sorensen, Wang, Tibazarwa, & Jager, 2014) "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 (Grimes & Stuart, 2010). 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 (Hansen, 2014; organization, 2014). At places where abortion is favored is based on the fact that every woman got a right to take decision about her body (Sifris, 2013). An abortion induced purposely could be elective induced abortion especially sex selective or the one performed on therapeutic grounds (Bryant, Grimes, Garrett, & Stuart, 2011; Portner, 2015; Winkelman, 2009). 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 (Kulier R1, 2011). Unsafe abortions are performed by unskilled individuals, with hazardous equipment, or in unsanitary facilities

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("World Health Organization," 2015). Unsafe abortion is common in rural areas, where many women use plant species to terminate an unwanted pregnancy (Rasch et al., 2014). 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. (Parmar et al., 2015) 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 (Akbari, Ramezankhani, & Pazargadi, 2013). In Pakistan abortion is legal only on 'therapeutic', basis otherwise labeled as 'criminal' abortion. (Gilda Sedgh et al., 2012; Shahida Zaidi1). *Although controversial and sensitive issue due to religious values and legality status in Pakistan, still abortion was important considering the wellbeing of females* 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 abortion categories based on its variates along with the health care services availed. The findings of the present study regarding the health care seeking for different categories of abortion based on variates could be the base for future research targeted to assess the impact of educational training of health workers related safety and legality status of abortion at primary health care level.

MATERIAL AND METHODS

This Cross sectional descriptive study wasconducted in reproductive age group females with abortion during last five years in Dyal village near Wahga Town Lahore. All 746 houses were surveyed and 139 had abortion during the last five years so they were consecutively enrolled but only 86 gave consent for sharing information. A semi-structured questionnaire with open and close-ended questions used to gather the information 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 and presented by frequency table. Abortion Variates, Health care sought for different categories by frequency tables and categories of abortions by Pie chart. Chi-square test of significance applied to all identified comparison groups with a P Value ≤0.05.

Operational definitions: Abortion: Termination of pregnancy before 20^{th} week of gestation (five completed months) reported by women, occurred during their last five years of reproductive span. **Abortion Variates: Spontaneous/Induced abortions:** All abortions occurring spontaneously (with no history of external manipulation or medication) were considered as miscarriages or spontaneous abortions and those induced purposely were considered as induced abortion. **Legal / Ill-legal Abortions**: All miscarriages and induced abortions on medical grounds were considered as legal and rest considered as Ill-legal. S**afe/Unsafe abortions:** any abortion done by a trained health care provider (Trained birth attendant, Nurse, doctor, consultant, / specialist) under aseptic conditions (either home or facility based) is Safe.Any abortion that is self- induced or abortions done by untrained health care provider (Dai) and under septic conditions (either at home or at a clinic).

RESULTS

Socio-demographic variables: 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%) live with husband. No statistically significant association found between socio-demographic variables and different abortion variates (Table: 1).

Distribution of 120 abortion cases by variates: Total Pregnancies experienced by 86 women were 402. For these women 127 (31.60%) abortions were recorded through their lives. Abortions/Women with Abortion found to be 1.48. 46/120 120 (38.3%) unsafe abortions were reported with 36/46 (78.26%). Reported induced abortions were 70/120 (58.3%). According to legality status 66/120 (55%) were ill-legal abortions. According to safety status 46/120 (38.3%) abortions were unsafe. Significant association was found between Legality and safety variates of abortion with a P value < 0.001.

Identified categories based on abortion variates: Includes Induced Ill-legal Unsafe 33.33%, Induced Ill-legal safe 21.67%, induced legal safe3.33%, Spontaneous Legal Unsafe 5.00% and Spontaneous Legal safe 36.67%.Significant association found between different categories of unsafe and safe abortion and health care provider with a P value < 0.001.

Table: 1 Socio-Demographic Variables.

Basic socio-demographic information of 86 women	n	%age
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
Family income		
<10,000	16	18.6
10,000-25,000	38	44.2
>25,000	32	37.2
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
Age		
≤25	28	32.6
26-35	51	59.3
≥36	7	8.1

Fig. 1 Identified categories based on abortion variates.

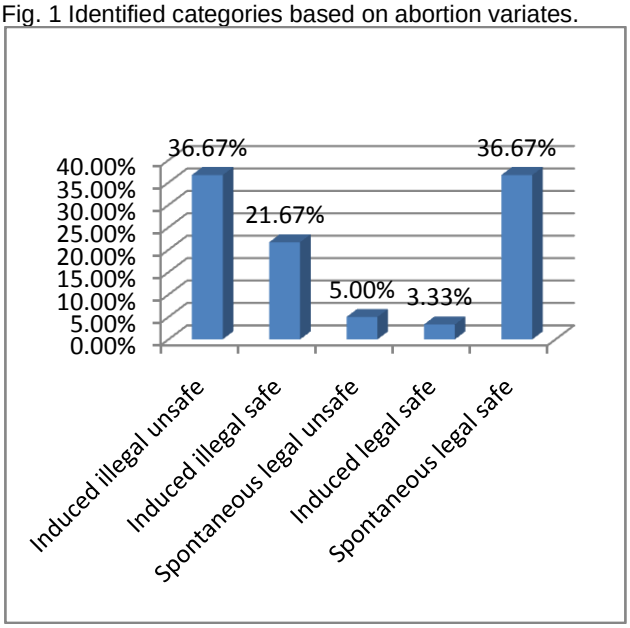

Table 2: Health Care Seeking

	Induced illegal unsafe	
	n	%age
Place		
Home	23	57.5
Dais place	17	42.5
Total	40	100
Provider		
Dai	30	75
Self- induced	10	25
Total	40	100
Care provided		
Medication by Dai	15	37.5
Instrumentation	15	37.5
Self-medication	10	25
Total	40	100

Table.2 Health Care seeking

	Induced illegal safe	
	n	%age
Place		
Hospital	5	19.2
Clinic	15	57.7
Home	6	23.1
Provider		
Doctor	26	100
Care provided		
Medical T/M	21	80.8
Surgical T/M	5	19.2

Table.3 Health Care Seeking

	Induced legal safe	
	n	%age
Place		
Hospital	3	75
Home	1	25
Provider		
Doctor	4	100
Care provided		
Medical T/M	2	50
Surgical T/M	2	50

Table.4 Health Care Seeking

	Spontaneous legal unsafe	
	n	%age
Place		
Home	4	33.3
Dais place	2	66.7
Provider		
Dai	6	100
Care provided		
Medication by Dai	4	33.3
Instrumentation	2	66.7

Table 5 Health Care Seeking

	Spontaneous legal safe	
	n	%age
Place		
Hospital	9	20.5
Clinic	2	4.5
Home	33	75
Provider		
Doctor	12	27.3
No Medication	32	72.7
Care provided		
	32	72.7
Medical T/M	8	18.2
Surgical T/M	4	19.1
Total	44	100

DISCUSSION

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”(G. Sedgh et al., 2012) **. P**ossible 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 (Gilda Sedgh et al., 2012; Shahida Zaidi1). Globally almost 67% of abortions are performed in relatively legitimate circumstances (Kariapper R, 2012) 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 (G. Sedgh et al., 2012). 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. 30/88 (34.09%) were ill-legal. 46/88 (52.3%) were unsafe. Among Unsafe, 36/88 (40.90%) were performed by Dai, out of which 30/36 (83.33%) were ill-legal/induced and 6/36 (16.677%) were spontaneous legal. While 10/88 (11.36%) had self-medication. 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 present in this rural community. Among unsafe abortions 4/46(8.7%) and 4/120 (3.33%) were legal. This highlights the lack of education or awareness regarding the legality status of abortion which can prevent the referral to unsafe practices especially in rural population in Pakistan.

CONCLUSION

Abortion is considered Illegal except on therapeutic grounds in Pakistan ending up in unsafe abortions widely practiced by the unskilled persons. But in the mean while Unsafe legal abortions which were avoidable by educating about the legal permission of therapeutic abortions also demands attention of Planner and policy makers the need for educational training of health workers.

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