

“A CONCEPTUAL STUDY ABOUT LEGAL AND ILLEGAL ABORTION CIRCUMSTANCES IN PAKISTAN AND IS EFFECTS ON THE SOCIAL ETHICS OF THE SOCIETY”

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Abstract

It is clear that the Penal Code of Pakistan makes provision for abortion if the life of the mother is endangered, yet the fact that no data is available concerning legally Induced and Therapeutic Abortion, indicates restrictive interpretation of the law by the medical profession. It was, therefore, proposed to carry out a study of “Concept of Induced Abortion in Our Society” was conducted in 11 Family Health Centers of Lahore. The majority of respondents (82.7%) had an unfavorable attitude to induced abortion but still they were aborting and only few respondents (1.3%) did not aborted their baby because their abortion was spontaneous. The predominant reasons for abortion were poor economic condition (29.3%), failing contraceptive method (46.7%) and medical problems (10.7%). Only few clinics were using Evacuation and curettage (E&C). Induced abortion seems to be fairly common among married women of high parity, advanced age, and low educational status. Keeping in view the large number of terminations, we should inform people about the harmless effects of abortion.

Key Words: Abortion, Induced Abortion, Spontaneous Abortion

1. Introduction

Over several centuries and in different cultures, there is a rich history of women helping each other to abort. The State didn't prohibit abortion until the 19th century. In 1803, Britain first passed antiabortion laws which then became stricter throughout the century. The U.S. followed as individual states began to outlaw abortion. By 1880, most abortions were illegal in the U.S., except those “necessary to save the life of the woman.”

Abortion is the termination of a pregnancy by the removal or expulsion from the uterus of a fetus or embryo, resulting in or caused by its death. The term abortion most commonly refers to the induced abortion of a human pregnancy, while spontaneous abortions are usually termed miscarriages. An abortion that occurs naturally without any medical intervention when there is a physical problem with a pregnancy is called a spontaneous abortion. An abortion that is the result of any procedure done by a licensed physician or someone under the supervision of a licensed physician to purposefully end a pregnancy is called an induced abortion. (Lader,1966)

Abortion became a crime and a sin for several reasons. A trend of humanitarian reform in the mid-19th century broadened liberal support for criminalization, because at that time abortion was a dangerous procedure done with crude methods, few antiseptics, and high mortality rates. But this alone cannot explain the attack on abortion. For

instance, other risky surgical techniques were considered necessary for people's health and welfare and were not prohibited. "Protecting" women from the dangers of abortion was actually meant to control them and restrict them to their traditional child-bearing role. (Lewis, 1900)

Illegal abortion was mostly frightening and expensive. Although there were skilled and dedicated laywomen and doctors who performed safe, illegal abortions, most illegal abortionists, doctors, and those who claimed to be doctors cared only about being well rewarded for their trouble. In the 1960s, abortionists often turned women away if they could not pay \$1,000 or more in cash. Some male abortionists insisted on having sexual relations before the abortion.

In the 1960s, inspired by the civil rights and antiwar movements, women began to fight more actively for their rights. A few states liberalized abortion laws, allowing women abortions in certain circumstances (e.g., pregnancy resulting from rape or incest, being under 15 years of age) but leaving the decision up to doctors and hospitals. Costs were still high and few women actually benefited.

In 1970, New York State went further, with a law that allowed abortion on demand if it was done in a medical facility by a doctor. Women who could afford it flocked to the few places where abortions were legal. The Court held that through the end of the first trimester of pregnancy, only a pregnant woman and her doctor have the legal rights to make the decision about an abortion. (Head, 2007)

In 1803, The Abortion Law Reform Association (ALRA) was established; its aim was to campaign for the legalization of abortion. In 1837, The Ellenborough Act was amended to remove the distinction between abortion before and after quickening. In 1861, The Offences against the Person Act: performing an abortion or trying to self-abort carried a sentence of life imprisonment. In 1929, Infant Life Preservation Act: this created a new crime of killing a viable fetus (at that time fixed at 28 weeks) in all cases except when the woman's life was at risk. However, it was not clear whether it would be legal to terminate for the same reason before 28 weeks.

In 1923-33, Fifteen per cent of maternal deaths were due to illegal abortion. During the 1930s, women's groups and MPs were deeply concerned about the great loss of life and damage to health resulting from unsafe, illegal abortion. The Conference of Co-operative Women was the first organization to pass a resolution (1934) calling for the legalization of abortion. The Abortion Law Reform Association was established in 1936. In 1936, The Abortion Law Reform Association (ALRA) was established; its aim was to campaign for the legalization of abortion. In 1938, Dr. Alex Bourne was acquitted of having performed an illegal abortion. This set a case-law precedent. In 1939, The Burkett Committee, which had been set up by the Government in 1936, recommended clarification that doctors could perform an abortion to save a woman's life. Unfortunately World War II interrupted any implementation of its findings.

1.2 Literature Review:

Abortion is a dead secret of our society. Although abortion remains one of the crucial philosophic, religious and medical dilemmas of our time, it has become almost too dangerous to grapple with. It touches our most sensitive nerves. For, abortion involves the ultimate control by woman over her procreancy. In a large sense, each woman

who decides whether or not a fetus shall become a child affects the population charts a process strikingly evident in Japan, where legalized abortion has cut the birth rate in half. (Abortion by Lawrence Lader)

Study was conducted 32 abortion clinics in three provincial capitals of the country by Choudhary, (2004) and Inayatullah, (2004) and it was found out that. All 452 women who had their pregnancies terminated between October and December 1997 were interviewed. Except for 39 women (8.6%), all study subjects were married. A majority of the women (36.6%) were aged 35 years, 61.0% had given birth to 5 children, and 40.2% were illiterate. The predominant reasons for abortion were "too many children" (64.4%), contraceptive failure (20.3%), premarital affairs (8.6%), medical reasons (5.4%), and extramarital affairs (1.3%). Nearly two thirds of the abortions were induced by inadequately trained persons. Only 22% of the abortion clinics met the World Health Organization (WHO) standards required for safe termination of pregnancy. At all these clinics, the procedure used to terminate the pregnancy was dilatation and curettage (D&C). Only one clinic was using manual vacuum aspiration (MVA). Induced abortion seems to be fairly common among married women of high parity, advanced age, and low educational status. [21]

Kolstad,(1963) made an intensive investigation of 712 cases after abortion in Norway. Not one death resulted from operation. Although 10.35 showed some post- operative complications, only 2.7 % could be considered serious. It was concluded that the frequency and degree of all complications were no more than those after childbirth. Menstrual disorders and frigidity, for example, appear in less than 1 % of women. "Induced abortion is a comparatively harmless operation during the first 12 weeks of pregnancy and Lindahl followed 1, 013 cases with complete medical checkups over a period of one to five years after abortion. Only one death could be associated with the operation. Immediate serious complications were found in only 3.6% of all cases.

Indiana University's Institute of Sex Research did a qualitative study on complications of abortion. Although their sample was small-about 440 cases the results were strikingly similar to those in Scandinavia. Only 6.6% had sever, 6.8 % moderate and 3.2 mild complications.

Huntington, (1998) found out during 30 days study, 19% Patients were admitted for the treatment of Induced Abortion and estimated Induced Abortion rate in Egypt of 14.75 per 100 pregnancy.

In order to distinguish induced abortion from forensic medical point of view vaginal cytology was studied in 300 women, 100 of which had had a clinical diagnosis of abortion. Result: (a) a cytological diagnosis is possible in the cycle, in pregnancy, and before and after abortion; (b) non-septic spontaneous abortion is characterized by an increasing and, after the abortion, high number of basophilic cells and of mucous, and a low number of eosinophils, increasing at first after 8 days. These results were confirmed by experiments with rats. Conclusion: cytology can give an evidence but not proof in distinguishing between spontaneous and induced.

Pakistan Council-Pakistan,(2003) conducted a study in all provinces both urban and rural communities and was analyzed that 890, 000 induced abortions occurred annually in Pakistan and 89% discussed with husband the possibility of termination of pregnancy (interview with 189 women who had abortion) and it was estimated that mostly in 66% abortions were made jointly by husband and wife and the reason of abortion was mostly to limit family size or space births, and for financial reasons. It was also estimated that 196,671 women were hospitalized

for complications of induced abortions and rural poor and the urban poor were more likely to seek abortions under unsafe conditions.

L, (1964) was found that 304 patients admitted to the gynecological department in the Copenhagen area. 74 cases of legal and 90 of spontaneous abortion were used as controls for the study of 132 illegal abortion cases. The incident of abortion was much higher in the 15 to 19 years age group and 70% of that group had illegal abortion. There were twice as many illegal abortions for single group when compared to the married group.

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Kamal, (1985) found that 1271 women admitted for management of Abortion and its complications, 18 died. All these deaths were among those with Induced Abortion. In this group 16.66% cases had no evidence of infection and in them death was due to traumatic shock.

Akhtar, (1989) found that a total of 1301 abortion cases were admitted during 1 year in all the 8 facilities selected for the studied of these, interviews and clinical exports could be completed for 1271 cases only. A total of 852 women (65.5%) had had Induced Abortion and other 419 women (34.5%) had had Spontaneous Abortion.

Begum, (1991) found that Maternal Mortality was undesirable high in Bangladesh, the rates range between 4.8 and 7.8 per 1000 Life Birth and many of these deaths were caused by Abortion related complications.

This literature review highlights problems particular to adolescents that can't be ignored. In one survey of 15-24 year-olds in Addis Ababa, half of the 976 young women interviewed reported having been pregnant and 76% of these women told interviewers that they had a spontaneous (2%) or an induced abortion (74%). Another unpublished thesis proved this finding not uncommon, among 1663 young women interviewed; almost 70% responded that they had an abortion. Another multi-year maternal mortality review conducted at a teaching hospital in Addis Ababa proved the grave outcomes among young women, 14% of the maternal deaths in that study were women under twenty.

Teenagers, who account for about 30% of all abortions, are also at much higher risk of suffering many abortion related complications. This is true of both immediate complications and of long-term reproductive damage. Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervixes are still "green" and developing.

1.3 DATA ANALYSIS

This chapter deals with the analysis, explanation and discussion of data which has been collected from two categories of the respondents Patients and Lady Health Visitors through interview schedule. Our respondents are all females. The data is presented in tabulated form to explain the research.

1.3.1 Your views about Legal Abortion

Table

Views	Frequency	Percentage
Valid Yes	31	41.3
No	44	58.7
Total	75	100.0

1.3.1 Graph

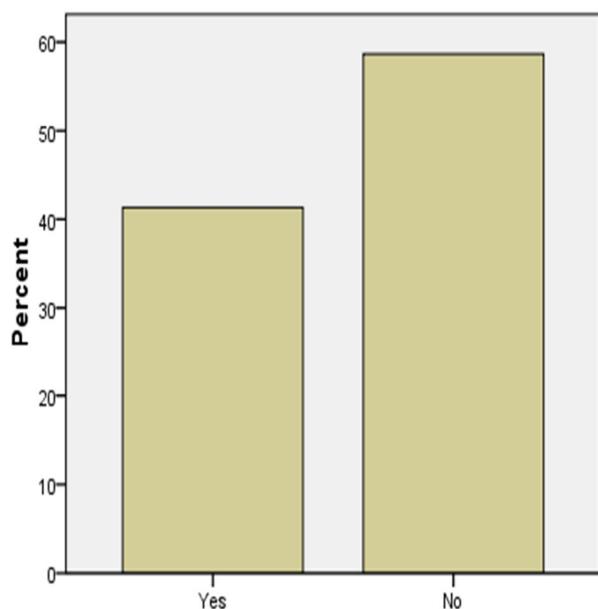


Figure 3.1.9: "Views about Legal Abortion"

Collected data shows that 58.7% respondents (Patients) with the frequency of 44 viewed us that Abortion was legal and 41.3 % respondents (Patients) with the frequency of 31 viewed us that Abortion was illegal.

Mostly respondents (Patients) said that Abortion was legal and other respondents (Patients) said that Abortion was illegal.

1.3.2 (A) Reasons of Legal Abortion

Table

Reasons	Frequency	Percentage
Valid Threat of Mother's Life	21	28.0
In Case of Rape	01	1.3
Abnormal Children	04	5.3
Lack of Resources	03	4.0
No Answer	46	61.3
Total	75	100.0

1.3.2 (A) Graph

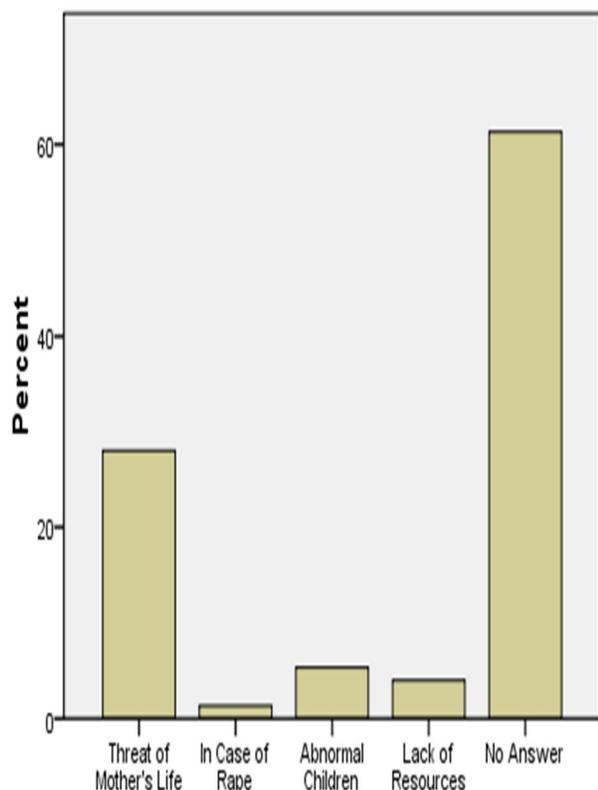


Figure 3.1.9 (A): "Reasons of Legal Abortion"

Collected data shows that 61.3% respondents with the frequency of 46 did not give us any answer related to legal abortion, 28 % respondents (Patients) with the frequency of 21 told us that abortion was legal if threat of mother's life, 5.3 % respondents (Patients) with the frequency of 4 told us that abortion was legal if child was abnormal, a few 4% respondents (Patients) with the frequency of 3 told us that abortion was legal in lack of resources and only 1.3 % respondents (Patients) with the frequency of 1 told us that abortion was legal in case of rape.

Majority of respondents (Patients) did not give us any answer related to legal abortion and other respondents (Patients) say that abortion was legal if threat of mother's life, child was abnormal, lack of resources and in case of rape.

1.3.3 (B) Reasons of Illegal Abortion

Table

Reasons	Frequency	Percentage
Valid It is a Sin	04	5.3
Islam does not Allow	25	33.3
Physical Injuries	02	2.7
Against will of Allah	07	9.3
It is a Murder	01	1.3
In case of any Problem Otherwise Illegal	03	4.0
Use Contraceptive Method	02	2.7
No Answer	31	41.3
Total	75	100.0

1.3.3 (B) Graph

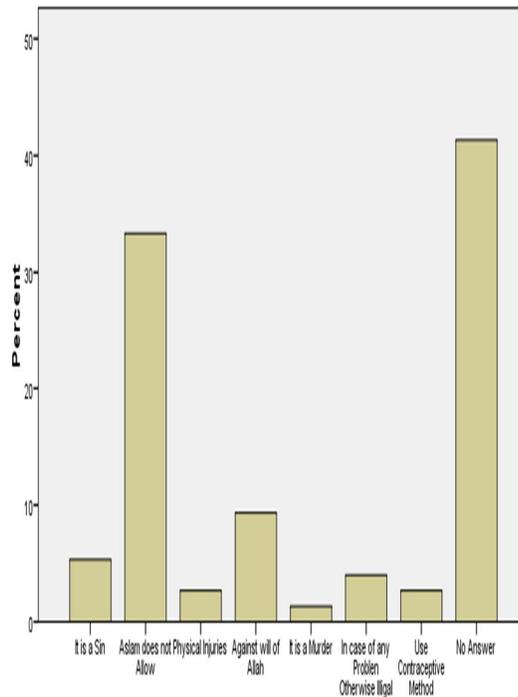


Figure 3.1.9 (B): "Reasons of Illegal Abortion"

Collected data shows that 41.3% respondents with the frequency of 46 did not give us any answer related to illegal abortion, 33.3 % respondents (Patients) with the frequency of 25 told us that abortion was illegal because Islam did not allow , 9.3 % respondents (Patients) with the frequency of 7 told us that abortion was illegal because it was against will of Allah, 5.3% respondents (Patients) with the frequency of 4 told us that abortion was illegal because it was a sin, 4% respondents (Patients) with the frequency of 3 told us that abortion was legal in case of any problem otherwise illegal, 3% respondents (Patients) with the frequency of 2 told us that use contraceptive method because abortion was illegal and only 1.3 % respondents (Patients) with the frequency of 1 told us that abortion was illegal because it was a murder.

Majority of respondents did not give us any answer related to illegal abortion, other respondents (Patients) said that abortion was illegal because Islam did not allow, it was against will of Allah, it was a sin, it was a murder, abortion was legal in case of any problem otherwise illegal, and some respondents (Patients) said to use contraceptive method was better than abortion.

1.4 Discussion

Mostly respondents (94.7%) were know about Abortion and there side effects despite of this, they committed such type of crime the most common seeking abortion was poor economic condition (29.3%), due to more children (26.7%) and husband's forcement (16%). Most of respondents (47.7%) suggested that abortion is Illegal in Islam but few respondents (25.3%) suggested that abortion is legal in Islam in case of mother's life in threat and in case of rape. This situation cannot be considered unique in Pakistan. Since the issue of Induced Abortion is exploring day by day. A part from patient's personal conception, the attitude of Lady Health Visitor also affected the patients, if LHV's will do counseling of couples and aware those contraceptive methods then abortion rate can be decreased. Another important factor that the patients were affected Sex Selective Abortion.

1.15 Findings

- Both the spouse normally under metric and maximum they are metric.
- The husbands are also involved in abortion cases and they feel satisfied after that knowing that abortion is a murder. But still they don't feel sham to do that.
- It is concluded from the research that mostly the women b/w 20-40 years are involved in abortion practices and they are lower income level group mostly from the business, labor and private job fields.
- Lower education level and higher no of children are also a very big reason that causes them to go for abortion.
- Mostly the couple also has their family support in case of abortion.
- Their knowledge about abortion is also very low. They just know how to abort a child. They don't know about the conditions for abortions and the necessary cares for abortions.
- The reasons they have explained are economic conditions of the families, lower incomes and the fear of more children.

1.16 Conclusion:

It is concluded that mostly people show unfavorable behavior about abortion but still most of abortion are performed due to poverty because mostly people are belong to middle class with low education . There are many bad effect of abortion like bareness uterus infection etc. sometimes abortionists are not well educated and they do not the procedure of safe abortion they just do their job to run their houses. It is also concluded that abortion not only effect woman's physical health it also effect psychological health The women those are involved in abortion feel sham after that because abortion is prohibited by Islam despite of the case when it is very difficult to save the mother's life or when woman is insisted by her husband to abort baby. Sex Selective Abortion is most common phenomena in backward areas because they do not consider good the birth of female baby. But researchers found that most of people know about Sex Selective Abortion but they have not aborted such type of abortion only few people have aborted such type of abortion because people know that this type of abortion create discrimination in family. We can remove this type of conceptions if preference of male baby over female baby could be eliminated, special and free adult education should also be given to the families and government should develop solid policies to restrict abortions.

1.17 Recommendations

- Lack of Islamic knowledge is also a big cause of abortion. The people should also be given proper knowledge of Islam and Shariah.
- Special and free adult education should also be given to the families that will decrease abortion.
- The parents of the couple should also have to play their role to reduce abortion.
- The preference of male baby over female baby could be eliminated by promoting the importance of female baby over male baby.
- The government should develop solid policies to restrict abortions.
- There is a need for proper education about the harmfulness of abortion. Mostly the couples are unaware about the after effects of abortion.
- Proper education, awareness, training session and guidance should also be given to the people who are involved in abortion.
- LHV should also give proper instructions to the couples who came for abortion. They should also be informed about the after effects of the abortion.
- Illegal abortion cases should also be restricted. The govt. should play its role in this regard.

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