

## **Abortions in Pakistan : estimates from a national study**

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Pakistan was among the last nations in Asia to experience a substantial and sustained decline in fertility. Demographic estimates for the period from the 1960s through the 1980s indicate that women on average had six or more births over their reproductive career (as represented by the “total fertility rate” [TFR]). Since the 1980s, fertility has departed from this long-standing plateau, with the most recent estimates of the TFR ranging between four and five births per woman. The TFR has declined by almost two births in a period of less than two decades, among the most rapid fertility declines on record. This is evidence of both an increased desire on the part of Pakistani couples to limit their number of births, and increased practice of birth control.

Unfortunately the reduction in fertility has not been accompanied by a concomitant reduction in unwanted pregnancies. This is as expected – as the experience of many countries demonstrates, when fertility transition is proceeding apace, declines in the desired number of births often match, or even run ahead of, the adoption of effective family planning practices. What distinguishes Pakistan is the relatively high prevalence of unwanted pregnancy. The first demographic surveys conducted in Pakistan in the 1960s revealed that a large fraction of married women – on the order of one-quarter to one-third – wished to avoid pregnancy but were not practicing any method of family planning, a circumstance commonly labeled “unmet need for family planning”. As compared to other Asian countries and countries in other regions, the level of unmet need in Pakistan was high in the past, and this has continued up to the present. High levels of unmet need result in high levels of unwanted pregnancy, and this too has characterized Pakistan in recent decades.

These aspects of reproduction in Pakistan and related parameters are presented in Table 1, using data from three national demographic surveys conducted since 1990 (the 1990-91 Pakistan Demographic and Health Survey, the 1996-97 Pakistan Fertility and Family Planning Survey, and the 2000-01 Pakistan Reproductive Health and Family Planning Survey). The recent decline in fertility is evident and, assuming it has continued since 2001, suggests that the TFR is currently about 4.5 births per woman. The desire to limit fertility has remained relatively high and constant, with 44% of currently married women in the 2000-01 survey stating a desire to have no further births. The percentage using any method of contraception is substantially lower, at 28% in the 2000-01 survey, and some of this use will be among women who wish to have further births sometime in the future. The discrepancy between fertility desires and contraceptive use is unmet need for family planning, a very important parameter from the standpoint of this research on unwanted pregnancy; the percentage of currently married women with unmet need stands at 33% in the 2000-01 survey, only slightly lower than the peak of 38% in the 1996-97 survey. This confirms that a large fraction of currently married women in Pakistan are at risk of an unwanted pregnancy.

**Table 1: Fertility Indicators, 1990 - 2001**

<b>Indicator</b>	<b>1990-91 PDHS</b>	<b>1996-97 PFFPS</b>	<b>2000-01 PRHFPS</b>
<i>Fertility:</i>			
Total Fertility Rate	5.4	5.4	4.8
<i>Fertility preferences:</i>			
Percent desiring no more births	40	46	44
<i>Contraceptive use:</i>			
Percent currently using any method	12	24	28
Percent currently using modern method	9	17	20
<i>Unmet need for family planning:</i>			
Percent with unmet need	28	38	33

Source: Pakistan Reproductive Health and Family Planning Survey 2000-01, Preliminary Report.

When a woman does not want another birth yet becomes pregnant, she may seek an induced abortion. Illegal or clandestine abortion has continued to be a neglected issue in spite of the fact that reproductive health and rights have been on the international agenda since the ICPD conference in 1994 and were reaffirmed at subsequent worldwide conference (United Nations, 1995, 1999). An estimated 19 million unsafe abortions take place worldwide each year, yet there is a dearth of information at the country level, which perpetuates the invisibility of the problem of unsafe abortion. As a result, government policy makers pay too little attention to improving services for post-abortion care or to expanding contraceptive services to reduce unplanned pregnancy.

In Pakistan, as in many Islamic and South Asian countries, induced abortion is against the law except to save a woman's life. Nevertheless, many women nevertheless seek an abortion rather than give birth to a child they cannot afford. Induced abortions are known to occur in Pakistan, and indeed the medical community has long recognized that this is a widespread phenomenon. But to date there has been limited scientific research on induced abortion, in particular research that is national in scope (Awan and Akram nd., Saleem and Fikree n.d., Rehan 1998). The national demographic surveys do not provide valid data on this highly sensitive topic. Despite the challenges of conducting research on the topic, induced abortion should not be ignored because of its significant repercussions – for women's health (both physical and emotional), for the financial and social standing of the couple, and for the health care system in Pakistan.

The aim of the study is to estimate: a) the number of women who were hospitalized during the period 2002-2003 for the treatment of complications following induced abortions, b) the total number of women having induced abortions each year, including both women who experienced complications and women who do not, and c) the incidence of induced abortion (rate and ratio) at the national and regional level.

To deal with data limitations, a methodology has been developed for estimating the incidence of abortion. This approach, using indirect estimation techniques, provides an approximate estimate of the number of induced abortions that are taking place annually in Pakistan. The method requires information from two types of data collected in this study in 2002, the Health Professionals Survey and the Health Facilities Survey. It also makes use of other sources of data including the 1998 Census and national demographic surveys.

## **DATA**

**Health Professionals Survey (HPS)** To obtain information on the conditions under which women obtain induced abortion and on abortion complications, 154 structured interviews were carried out with a sample of health professionals known to have knowledge of women's health issues, including abortion. The questionnaire for the Health Professionals Survey was adapted from a similar instrument used by the Alan Guttmacher Institute in Bangladesh, the Philippines, several Latin American countries Nigeria and Uganda. Topics included: common methods for terminating unwanted pregnancies; characteristics of women seeking an induced abortion; providers of abortions services and post-abortion care; costs of induced abortions; probabilities of medical complications due to induced abortion and likelihood of hospitalization; relationship between family planning and induced abortion.

**Health Facilities Survey (HFS)** The aim of the Health Facilities Survey was to estimate the number of post-abortion complication cases and to assess capacity for providing post abortion care, the quality of post-abortion care, counseling, and family planning services. The HFS interviewed a nationally representative sample of all public health facilities that are likely to be treating post-abortion complications. The sample of 146 public sector facilities comprises those that are likely to treat women suffering from post abortion complication - from the level of Rural Health Center up to the highest level, teaching hospitals. The sample of public facilities was drawn from a master list of the HMIS (Health Management information system) of health facilities provided by the Ministry of Health. The total sample of 230 facilities also comprises 84 private facilities. The questionnaire was adapted from a similar instrument used by the Alan Guttmacher Institute in Bangladesh, the Philippines, several Latin American countries, Nigeria and Uganda.

## **METHODOLOGY FOR ESTIMATING INDUCED ABORTIONS**

For this study, we apply an indirect estimation methodology developed in the early nineties and that has since been applied in several countries (Singh S. and Wulf D., 1994; Singh S. et al, 1997; Henshaw S.K. et al, 1998). While all methods have strengths and limitations, the advantage of the approach we apply here is that it produces estimates for the country as a whole, and for the four major regions, of the number of women treated in health facilities for induced abortion complications, the total number of abortions and the annual abortion rate and the abortion ratio.

The number of women hospitalized for treatment of spontaneous abortions is estimated based on assumptions concerning the gestation by which women are likely to seek hospital care for a spontaneous abortion, the proportion of women who will be able to access such care, and an estimate of the number of women who will experience a spontaneous abortion annually based on the biological relationship between spontaneous abortions and live births, and the annual number of live births. The total number of women treated in hospitals for induced abortion complication is calculated by subtracting the number treated for a spontaneous abortion from the estimated annual total number of post abortion complication patients.

In addition, a multiplier was developed to account for induced abortions that never result in a hospital visit. The multiplier is calculated based on information obtained from a survey of health professionals who have experience in the provision for abortion and/or treatment of abortion complications. This Health Professionals Survey (HPS) obtained the perceptions and opinions of 154 of key informants on the conditions of abortion provision. Specifically, health professionals were asked to estimate the distribution of women according to the sources from which they obtain abortion, the probability that the woman will experience medical complications that require treatment, given her type of provider, and the probability that she will obtain treatment in a health facility.

These estimates were obtained for each of four major population subgroups to differ in their access to safe abortion (non-poor urban, poor urban, non-poor rural, and poor rural women). The probability of women who obtain abortions being hospitalized for treatment of abortion complications is calculated for each of the four subgroups, based on the HPS results. A national estimate of the proportion hospitalized among all women obtaining abortions is calculated, by weighting these subgroups specific proportions by the proportion of each of these subgroups in the overall population of women. The multiplier is based on the national proportion hospitalized: in the case of Pakistan, an estimated 23% were hospitalized and the multiplier is around 4.3. The total number of induced abortions that are occurring in the country is estimated as the product of the number of women hospitalized for treatment of complications of induced abortions and the multiplier. Lastly, the rate and ratio of induced abortion nationally and regionally are estimated.

## **FINDINGS**

This study provides the most comprehensive nationwide examination to date of unwanted pregnancy and its resolution through induced abortion. Preliminary estimates of the number of induced abortions and the induced abortion rate indicate that induced abortions are a significant health issue for women in Pakistan. We hope this information will help inform policies and programs that could contribute to improving the sexual and reproductive health of Pakistani women by lowering unintended pregnancy rates and reducing the risks associated with illegal abortion.

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