Unsafe Abortions

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Millions of women every year have an unwanted pregnancy. Some unwanted pregnancies are carried to term, while others end in induced abortions. Some of the induced abortions are legal whereas many are carried out illegally by unskilled providers. Women who resort to unsafe abortions put their health & lives at risk.

Definition of Unsafe Abortion

According to W.H.O. (1993), unsafe abortion is defined as an 'abortion not provided through approved facilities and/or persons. What constitutes approved facilities and/or persons will vary according to the legal and medical standards of each country. The definition does not take into consideration differences in quality, services available or the other substantial differences between health systems. Unsafe abortions are characterized by lack or inadequacy of skills of the provider, hazardous techniques & unsanitary facilities. (Report of technical working group Geneva, 1992).

Health Hazards & Complications of Unsafe Abortions

Unsafe abortion is one of the most neglected problems of health care in developing countries and a serious concern to women during their reproductive lives. Most married women seek abortion to limit family size or to space births. However in all parts of the world, particularly in urban areas, increasing proportions of those having abortions are unmarried adolescents, and in some urban centers they represent majority of all abortion seekers.

Incidence of Abortions in Adolescents

Many young women become sexually active during adolescence, even if they are not married. In most of the countries of Sub-Saharan Africa, more than 70% of young women are sexually active during adolescence. Throughout the nations of North Africa, Middle East and most Asian Countries, a young woman is supposed to have sexual relationship only after she has marrried. The rates of sexual activity among unmarried adolescents are very low in these countries, like in India less than 10% of young girls report sexual activity, in Japan 11% of female college students report having sex before age of seventeen, although by age of eighteen about 26% have sexual relationship. (The Alan Guttmacher institute 1998).

Unprotected sexual activity among adolescent girls often ends up in an unwanted pregnancy, which can be an emotionally wrenching experience. Frightened with such an unwanted pregnancy, a young adolescent girl may choose to terminate them, often through clandestine procedures by unskilled providers and under unsanitary conditions. The number of adolescents who obtain an abortion varies from country to country as shown in Table1.

Table 1.
Incidence of abortions per 1000 women aged 15-19 years (International family planning perspective 1994)

Country	Annual No. of Abortions
1. Brazil	32
2. Colombia	26
3. Dominican Republic	36
4. Mexico	13
5. Peru	23
6. United States	36
7. Great Britain (England & Wales)	19
8. Germany	03
9. Japan	06

In India, the incidence of induced abortion in women less than 15 years in 1990-91 was 0.5% and between 15 and 19 it was 6.6% (Dept. of Family Welfare, Ministry of Health & Family Welfare). Data from a Government medical college from the South states that out of 110 abortions done every month, almost 12% were unmarried teenagers. Ministry of Health figures from Maharashtra in 1997 show that girls younger than 15 accounted for 21.7% of all abortions.

Methods Used for Unsafe Abortions:

Unsafe abortions may be induced by the woman herself,

by non-medical persons or by health workers in unhygenic conditions. Such abortions may be induced by insertion of a solid object (usually root, twig, or catheter) into the uterus, an improperly performed dilatation & curettage, ingestion of harmful substances or exertion of external force. The mortality & morbidity risks of induced abortions depend upon the facilities and skill of the abortion provider, method used, general condition of the woman, presence of reproductive tract infections and STD's, age and stage of pregnancy

Complications from Unsafe Abortion

Variety of severe complications occur following unsafe abortions. Severe complications like sepsis, hemorrhage, genital and abdominal trauma, perforated uterus or poisoning can lead to death if left untreated. Death can also result from secondary complications like gas gangrene and renal failure.

Konje and Adewole (1992) in a study of 230 illegally septic abortions in Ibadan reported the following severe complications.

Table II

Complications	Number	Percentage
1. Pelvic Peritonitis	94	40.9
2. Generalized Peritonitis	63	27.4
3. Pelvic Abscess	60	26.1
4. Septicemia	29	12.6
5. Uterine Perforation	24	10.4
6. Maternal Death	19	08.3
7. Cervical Laceration	10	04.3
8. Septic Shock	04	01.7
9. DIC	03	01.3
10.Hepatorenal Failure	03	01.3

Unsafe clandestine abortions endanger the health or the very life of these young women. Adolescents frequently make up a large proportion of patients who are hospitalized for complications from such procedures like in Malawi, Uganda, Zambia, adolescent women represent one fourth to one third of patients suffering from complications, and in Kenya and Nigeria more than half of the women with most severe abortion complications are adolescents (Washington DC, Centre for population option, 1992). In Caribbean and in Latin America about one third of women develop serious infections and about one tenth of all women hospitalized following induced abortion are less than 20 years of age (Singh and Wolf 1993). Also adolescent girls have higher incidence of second trimester abortions which carry greater health risk

Unsafe Abortions – Indian Scenario

In 1971, India became one of the countries in the world to pass legislation granting liberal, social, socio-economical and medical grounds for the termination of an unwanted pregnancy. This legislation known as the Medical Termination of Pregnancy Act of 1971, was the government's response to the high incidence of illegal abortions taking place in India in 1960s & 1970s with grave consequences to maternal health and well-being. Paradoxically in 1990s many more illegal abortions may be taking place than at the time of legalization. Most of these are to terminate unplanned, unwanted pregnancies. Even more distressing is the indication that illegal and backstreet abortions outnumber the legal procedures by a ratio of as much as 11-1. (Chabra and Nuna 1995), with high maternal mortality and morbidity.

According to WHO over 20,000 Indian women die of unsafe abortions every year. Global studies estimate that of 15 million illegal abortions world wide, 4 million, the highest for any country take place in India. In 1995 the Ford Foundation study puts the figure for India at 9 million. Abortion is one of the most neglected he issues in India and women are paying a terrible price. Abortion as a cause of maternal death which was 5% in mid 1980s is at present 15% (Ford Foundation study, Chhabra 1995). Reasons for high mortality include shortage of adequately trained personnel and surgical facilities as well as recourse to highly dangerous methods of abortion. Services for MTP are mainly available at distinct hospitals and some community health centers. They are rarely available at primary health centers. Equipment and training are required on a large scale to make this MTP service more available, complemented by efforts to inform women of their availability and making them aware that MTP is legal and safe and that such services are rendered free of charge.

The right to decide whether, when and how many children you want, depends on accessibility to and choice of the widest possible range of safe, effective and acceptable methods of fertility regulation, including safe abortion.

This is the case of Scandinavia where freedom in abortion laws was introduced in 1973. The law granted every woman the right to terminate her pregnancy at request upto 12 weeks, and under special circumstances even after 12 weeks. Such freedom proved to be very effective in prevention of 'Unsafe Abortions. In Denmark and Sweden the number of teenage pregnancies has decreased rapidly in the last 20 years, and there is no abortion related mortality.

In India, however, adolescent girls have hardly any access to reproductive information, and counselling and are also excluded from free contraceptive services. It is high time we accept reality, and understand the reproductive rights of our adolescent girls and offer them counselling and services, related to reproduction & contraception. With changing times, economic liberalization, changing moral and social cultures, more and more adolescent girls are going to be sexually active. By giving them advice regarding safe sex and contraception we will help them prevent unplanned & unwanted pregnancy & thus also reduce the incidence of 'Unsafe abortions', & mortality & morbidity from it.

Conclusion

Abortion is a reproductive health measure that enables women to opt out of an unintended or unwanted pregnancy without endangering life or well-being. Ensuring women's access to safe abortion service may therefore be seen as an essential component of ensuring women's right to safe guard their health.

Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. However, women who wish to terminate their pregnancies should have ready access to reliable information, compassionate counselling and service for the prevention and management of complications of unsafe abortions (Report of technical working group, Geneva, 1992).

An appropriate strategy to reduce maternal mortality from unsafe abortions would be to offer information & services to ensure that every child is a wanted child and that no woman need face an unsafe abortion (Benagiano, 1997).

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