

Facts on Induced Abortion in Pakistan

INCIDENCE OF ABORTION

- According to the only national study on abortion incidence in Pakistan, an estimated 890,000 induced abortions occurred in 2002, and the abortion rate was 29 per 1,000 women of reproductive age.
- Of every 100 pregnancies, 14 ended in induced abortion.
- Abortion rates in the North West Frontier Province (NWFP) and Balochistan were substantially higher (at 37–38 abortions per 1,000 women) than rates in the Punjab and Sindh provinces (at 25 and 31, respectively).
- Nearly one in four births in Pakistan (24%) are unplanned, according to the 2006–2007 national Demographic and Health Survey.
- Abortion is highly stigmatized in Pakistan, and women are reluctant to talk about their experiences when directly asked. Thus, studies estimating the incidence of abortion must employ indirect methods.
- A 1997–1998 hospital survey in Karachi found that only 7% of women with postabortion complications acknowledged that their abortions were induced.

WHO HAS ABORTIONS AND WHY

- Almost all women treated for abortion complications—a group likely to be very similar to women who resort to induced abortion overall—are married, and their average age is about 30.
- This pattern is consistent with many other Asian countries, where women who

have induced abortions are typically older and married, rather than young and unmarried, as is more common in regions such as Sub-Saharan Africa.

- Most Pakistani women who are treated for complications are already mothers and have an average of four children.
- Pakistani women want to have about three children, suggesting that most women obtaining abortions have already surpassed their desired family size.
- Level of education does not seem to influence the decision to have an induced abortion. The educational profile of women who have an abortion is similar to that of the female population at large.
- Women cite poverty and having had all the children they want as the two most common factors in deciding to have an abortion.
- In 2002, a study carried out in three of the four provinces of Pakistan reported that 55% of women having an abortion stated that they “had enough children,” 54% said they couldn’t afford to have another child, and 25% felt it was “too soon” to have another child.
- A study of postabortion cases at a Karachi hospital found that 43% of the abortions occurred within the first eight weeks of pregnancy and another 39% took place during weeks 9–14, suggesting that most abortions take place at a fairly early gestational age. However, 18% occurred at 15 weeks or later, when the risk for severe health consequences is higher.

ABORTION PROVIDERS

- In Pakistan, abortion procedures are provided by a wide variety of personnel, from medical doctors to traditional practitioners, and often under unsafe conditions.
- Postabortion patients at a large Karachi hospital reported they had procured abortions from doctors (30%) and nurses or lady health visitors (36%); *dais* (traditional birth attendants) had been the abortion providers for 32% of the women. Only 2% of the women had had a self-induced abortion.
- A national study of health professionals estimated that, on average, only 7% of poor rural women obtained abortions from doctors; 42% went to *dais*. Among nonpoor urban women, 49% had doctors perform their abortions, and 9% went to *dais*. Among poor urban women, 34% went to *dais*.
- Although most clinics in a 1997 study employed trained personnel, only seven out of 32 were properly equipped to carry out safe abortions.

- Typically, dilation and curettage procedures were performed. Manual vacuum aspiration, which is safer and less invasive, was virtually never used.

COST OF ABORTION

- In 2002, abortions provided by a nurse-midwife were estimated to cost US\$21 for poor rural women, US\$30 for nonpoor rural women and poor urban women, and US\$48 for nonpoor urban women.
- A lack of resources causes many poor women in both urban and rural areas to go

to dais or other lay practitioners, who charge an estimated US\$8–17 for the procedure.

- Price is a clear indicator of inequity in Pakistani women’s access to safe abortion: Better-off women can afford safer procedures, whereas poor women must make do with riskier procedures from untrained personnel.

CONTRACEPTIVE USE

- One-quarter of currently married women—an estimated 6.6 million women in 2007—have an unmet need for contraception. That is, they either do not want any more children or do not want a child at the present time, but are fecund and are not using contraception.

- Only about 30% of married Pakistani women of reproductive age are currently using a contraceptive method.

- More than a quarter of these women use low-efficacy traditional methods, such as withdrawal or periodic abstinence.

- Reasons women give for not using contraceptives include fatalistic views, for example, “up to god” (28% of women); opposition by the respondent, her husband or others (23%); perceptions that they are not at risk of pregnancy (25%); and concerns about side effects or lack of knowledge about contraception (15%).

- While high compared with most developed countries, Pakistan’s fertility rate is lower than would be predicted (four births per woman overall and three births for urban women), considering that contraceptive use is 30%.

- The relatively low level of fertility in spite of low levels of contraceptive use suggests that induced abortion is likely to be an important contributing factor in controlling fertility.

- The fact that contraceptive prevalence is lower and abortion rates are higher in Balochistan and NWFP than in the more developed provinces supports this interpretation.

CONSEQUENCES OF UNSAFE ABORTIONS

- A national 2002 study estimated that 197,000 Pakistani women were hospitalized for complications of unsafe abortion. That equals 6.4 such hospitalizations per 1,000 women aged 15–49.

- Only about 50% of poor women who need treatment for severe abortion complications receive hospital-based care.

- Women experiencing complications of unsafe abortion commonly suffer from incomplete abortion, excessive bleeding, trauma to the reproductive tract or adjacent anatomical areas, infection or a combination of these complications.

- A study in a large Karachi hospital over a 21-month period reported that 10% of women admitted for postabortion care died of serious complications; sepsis was the most frequent cause.

- Little is known about the fate of women who need treatment but do not receive it or about other consequences of unsafe abortion, such as long-term disability, infertility and the economic costs to individuals, families, the health care system and society.

ABORTION LAW

- In 1990, the Pakistan government revised the colonial-era Penal Code of 1860 with respect to abortion to better conform to Islamic teachings.

- Under the 1990 revision, the conditions for legal abortion depend on the developmental stage of the fetus.

- Abortions are allowed in order to save the women’s life or in order to provide “neces-

sary treatment” before the fetus’s organs are formed; afterwards, abortions are permitted only to save the woman’s life.

- Islamic scholars have usually considered that organs are formed by the fourth month of gestation.

- The penalty for illegal abortion depends on the fetus’s developmental stage when the abortion took place. Before any organs are formed, the offense requires penalties under civil law (imprisonment for three to 10 years). After organs are formed, compensation (*díyat*) is required from the offender, and imprisonment may be prescribed as well.

The data in this fact sheet are the most current available and are drawn from Abortion in Pakistan, In Brief, New York: Guttmacher Institute, 2009, No.2. Full citations are available online at www.guttmacher.org.

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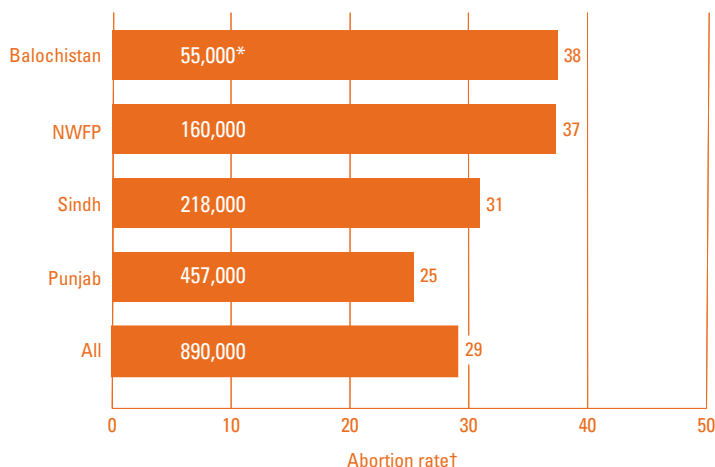
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Level of Abortion

Estimates of the number of induced abortions and the annual abortion rate, by province and nationally, 2002



*Number of induced abortions. †Number of induced abortions per 1,000 women aged 15-49.