

Program for Prevention of Maternal Morbidity and Mortality from Unsafe Abortion in Thailand

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Background:

Unsafe abortion is a major health concern affecting the quality of life for women of reproductive age. This issue was addressed and given special consideration at the 5th International Conference on Population and Development (ICPD) in Cairo, Egypt during September 1994. Since induced abortion is illegal in many countries, obtaining data and statistics are difficult and, more often than not, are derived by means of estimations. In 1987, it is estimated 35-53 million abortions were performed worldwide; 20-40 percent of which were considered unsafe⁽¹⁾. In two Asian countries alone, 400,000 cases of unsafe abortion were reported in the Philippines and 730,000 in Bangladesh⁽²⁾. Common complications arising from unsafe abortion include incomplete abortion, hemorrhage, uterine perforation, intestinal perforation, peritonitis, infections, shock, ectopic pregnancy, infertility and even death. Estimates indicate each year 50,000-100,000 deaths occur worldwide due to unsafe abortion.

The legal status of abortion varies widely among countries in Southeast and South Central Asia. Of the nine countries in Southeast Asia only two, Singapore and Vietnam, permit abortion on request. In Malaysia abortion is permitted for genetic reasons, to save a woman's life, or to preserve her physical and mental health. However, in other countries throughout Asia where abortion is highly restricted, the vast majority of procedures are clandestine and a high proportion of procedures are unsafe. In five countries-Cambodia, Indonesia, Laos, Myanmar and the Philippines-induced abortion is permitted only to save the life of a pregnant woman. The estimated complication rate for Vietnam, where abortion is legal, is much lower than the average for Southeast Asia. The maternal mortality ratio is also much lower than the sub region with an average of 150 maternal deaths per 100,000 live births compared to 330 per 100,000⁽³⁾.

In Thailand, abortion is illegal under the Penal Code 301-305 of 1957. The codes stipulate the following:

Section 301 (1957) Any woman who causes an abortion to herself or allows another person to procure an abortion for her shall be punished with imprisonment not exceeding three years or a fine not exceeding six thousand baht, or both.

Section 302 Whoever procures an abortion for a woman with her consent shall be punished with imprisonment not exceeding five years or a fine not exceeding ten thousand baht, or both.

If such act causes other grievous bodily harm to the woman the offender shall be punished with imprisonment not exceeding seven years or a fine not exceeding fourteen thousand baht, or both.

If such act causes death to the woman the offender shall be punished with imprisonment not exceeding ten years and a fine not exceeding twenty thousand baht.

Section 303 Whoever procures an abortion for a woman without her consent shall be punished with imprisonment not exceeding seven years or a fine not exceeding fourteen thousand baht, or both.

If such act causes other grievous bodily harm to the woman the offender shall be punished with imprisonment of one to ten years and a fine of two thousand to twenty thousand baht.

If such act causes death to the woman the offender shall be punished with imprisonment of five to twenty years and a fine of ten thousand to forty thousand baht.

Section 304 Whoever attempts to commit the offence, according to Section 301 or 302, first paragraph, but is unsuccessful shall not be punished.

Section 305 (the existing law) If the offence mentioned in Sections 301 & 302 is committed by a medical practitioner and

- (1) It is necessary for the sake of the woman's health or
- (2) The woman is pregnant on account of the commission of the offence (rape and incest) mentioned in Section 276, 277, 282, 283 or 284

the offender is not guilty.

Despite the restrictive law, a large number of illegal, unsafe abortions either executed by unskilled personnel or are self-induced occur in Thailand each year. The overall estimation of induced abortion in Thailand was 300,000-400,000 cases in 1991.

Since 1998, the Reproductive Health Division (RHD), Department of Health (DOH), Ministry of Public Health (MOPH), which is responsible for the nation's reproductive health activities, has collaborated with the Royal Thai College of Obstetricians and Gynecologists (RTCOCG) and the Thai Medical Council (TMC) and conducted several projects funded by the WHO (Thailand) aimed to reduce unsafe abortion in the country. The projects' titles and details follow.

Phase I (1998-1999) Induced Abortion: A Nationwide Survey in Thailand (supported by WHO)

In 1999, the DOH conducted a nationwide survey to study the circumstances and magnitude of abortion in Thailand.

Activities:

1. Collected data on induced abortion utilizing the following methodology:
 - Gathered monthly reports from 787 public hospitals totaling 45,990 abortion cases.
 - Interviewed 4,588 induced abortion patient cases in 134 hospitals

Monthly reports of the number of patients seeking treatment for complications from spontaneous and induced abortion were collected from 787 hospitals throughout Thailand over the course of 1999. The data was then analyzed. Of the total 45,990 cases, 28.5% were considered to be induced abortion (19.54 per 1,000 live-births). Among these cases, 46.8% were adolescents while 30% were under 20 years of age. The main reason cited for inducing abortion was socio-economic difficulties (60.2%). Other reasons (39.8% in total) included medically related indications such as fetal anomalies, dead fetuses or the health of the mother (15.4%, 13.5% and 7.8% respectively). The remaining cases were either HIV infected mothers, victims of rape or cases of German Measles (2.2%, 0.6% and 0.3% respectively). The most common, serious complication experienced by women was septicemia (21.6%) with 14 resulting deaths (0.11%).

For a period of six months, all admitted abortion patients from 134 selected hospitals were interviewed and the data analyzed. Of 4,588 cases interviewed, 40.4% were classified as induced abortions, 11.9% of which were self-attempted. Among the illegally induced abortion cases, 28.7% were single, 61.3% were adolescents and 29.9 % were teenage pregnancies. Most of them had low incomes and 41.7% had no salary whatsoever. Whereas nearly half (47.9%) of the pregnancies were primigravid, 86.0% were unplanned pregnancies. Approximately half of them used no contraception, 36.3% were irregular users and 10.2% used the emergency oral contraceptive pill.

Reasons cited for not using contraception included the following: either the patient was not expecting to become pregnant (61.6%), not expecting to have sex (17.7%), or not permanently living with their partners (17.2%). Other reasons stated were the patient was experiencing negative side effects from contraception (12.1%), lacked knowledge of contraception (11.8%), was fearful of using contraceptive methods (7.7%) and felt too shy to ask for services (7.5%)

The main reasons given for having an abortion were economic difficulties (56.8%), inadequate family planning knowledge and practice, e.g. pregnancy at an inappropriate age, short birth spacing or wanting no more children (34.4%), becoming pregnant but not ready for marriage (28.8%), in a schooling system (26.8%), partner's refusal to be responsible/get married (16.1%), contraceptive failure (15.6%) and divorce after conception (6.7%). The methods used for the abortive purpose included insertion of foreign substances or injection of a liquid solution into the vaginal canal, vaginal suppository, oral tablets and strong manual compression to the lower abdomen (40.6%, 13.6%, 11.6% and 11.0% respectively). As a result, 40% of the cases had serious complications such as septicemia (12.4%), pelvic inflammatory disease (12.0%), excessive hemorrhage (11.8%), uterine perforation (7.4%) and death (0.3%).

The survey estimates the cost of treating complications due to unsafe abortion is 21,024 baht per case. This is a substantial dent in the budget of government hospitals and an avoidable, unnecessary expense. The DOH survey revealed that, in 1999, 40 percent of 13,107 induced abortions had severe complications. The total economic lost in 1999 was US \$8,000,000.⁽⁴⁾

Phase II (2000-2001) Induced Abortion: Problems and Solutions (supported by WHO)

Activities:

1. Arranged two meetings among stakeholders to review the first draft report and brainstorm guidelines and recommendations.
2. Held a National Conference to present results of the survey and to receive critique by academic staff from both public and private sectors.
3. Submitted results of the survey and recommendations to the Ministry of Public Health and the Thai Medical Council. A strong recommendation was to revise the current abortion law, criminal act article 305.

The results of the survey and the recommendations urged public interests. The Thai Medical Council agreed with the recommendations.

Phase III (2002-2003) Voices of Providers on Induced Abortion (supported by WHO)

On December 2, 2002, the Council established a sub-committee with the project investigator appointed as the secretary of the committee. The DOH and the Thai Medical Council then held meetings to criticize the law and formulate a regulation of Medical Profession regarding Pregnancy

Termination under Article 305 of the Criminal Law. The regulation will clarify the definition of **“Health”** in the criminal law, article 305 and will encompass the WHO definition to include mental health and social well-being. A revised law was also drafted. The Decree Commission has agreed with the draft law.

Before declaring and promulgating the regulation of the Medical Council, it was important to address the perceptions, attitudes and concerns of Thai physicians regarding abortion including their agreement or not with the regulation. Physicians are a significant factor in reducing unsafe abortion and their support is essential. Thus, with the permission of the council to conduct a survey, DOH carried out a project entitled **“Voices of Providers on Induced Abortion.”** The survey’s objectives were to obtain opinions of doctors regarding abortion, the draft law, and the draft regulation.

Phase IV (2003-2004) Guideline Development of Medical Regulation Regarding Safe Abortion (supported by WHO)

In January 2004, the DOH, the Thai Medical Council and the Royal Thai College of Obstetricians and Gynecologists (RTCOCG) held a brainstorming session to present, critique and distribute the results of the survey **“Voices of Providers on Induced Abortion.”** We revised and completed the draft regulation and announced support for the declaration and enforcement of the regulation.

The DOH revised the draft regulation according to the survey’s results and the recommendations of the meeting and submitted the final draft to the Council. The draft has been approved by the Council’s committee. It will promulgate in the near future.

Phase V (2004-2005) Increasing Access to Legal Medical Pregnancy Termination and Abortion Care Services in Thailand (supported by Planned Parenthood Federation of America-International-PPFA-I)

In addition to passing the regulation, the DOH is working to ensure physicians receive training in safe abortion and post abortion care utilizing MVA. In 2004, the DOH conducted a needs assessment regarding training among physicians of legal and safe abortion service and post abortion care. The survey found that there almost all Thai physicians lack skill in Manual Vacuum Aspiration (MVA). Most of Thai physicians use Dilatation and Curettage (D&C) for termination of pregnancy and treatment of incomplete abortion. The absence of qualified, compassionate providers is a serious threat to women’s health. Without physicians willing and able to provide competent abortion services there can never be freedom of choice. Even in legally restricted settings, there is still a special need to provide information about and access to safe abortion within national policies and standards. Physicians must recognize their responsibility to provide safe abortion services to the fullest extent of the law. Oftentimes, the inadequate number of skilled physicians and the reluctance of doctors to perform abortion services combine to contribute to women seeking unsafe abortions late in their pregnancies.

The RHD, DOH in collaboration with the Royal Thai College of Obstetricians and Gynecologists has developed a training curriculum based on WHO guidelines **“Safe abortion: Technical and Policy Guidance for Health Systems”**. In January 2005, we held a Training of Trainers Initiative (TOT). 24 OBGYNs from public regional hospitals and medical schools attended the three day training event. The trainers have returned to their sites and are training fellow physicians throughout their hospitals in safe abortion care with MVA. Additionally, the trained OBGYNs will serve as trainers in future regional trainings for ob/gyns and general practitioners throughout Thailand.

The DOH conducted a survey of training need on Safe Abortion and Post Abortion Care. The survey found that hundreds physicians in district hospitals needed to be trained. MVA is not available in Thailand and the doctors are lack of skill in the instrument. Most of them used D&C for performing induced abortion/ treatment of incomplete abortion and complications of abortion.

In November 2005, the WHO/SEARO provided financial support to the DOH to pre-test the training curriculum and the manual among general practitioners and nurses. And in 2006, the DOH has received funding from the National Health Security Office (NHSO) which looks after the 30 Baht project health for all in the country, to retest and improve the training curriculum and materials before expanding the training throughout the country.

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