Challenge for Unsafe Abortion

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Introduction

Each year over 20 million women, largely in developing nations, resort to unsafe abortion to end their unintended pregnancies, often jeopardizing their lives and health by self-inducing or seeking a dangerous, illegal procedure.[1] In Thailand alone, an estimated 300,000 abortions occur annually, nearly half of them in circumstances deemed unsafe. The needless deaths of nearly 80,000 women and the injury to countless more each year represents a continuing injustice that cannot be tolerated.[2] Never again should a woman be out of options, subjected to harm, or scared for her life or future due to substandard, undignified and uncompassionate reproductive healthcare. We must end this assault on women's lives and bodies and ensure that upon a woman's request the most modern and sanitary abortion services be made available. 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. Medical personnel must provide safe abortion services to the fullest extent of the law and manage complications arising from unsafe abortion.

Why women have induced abortion

The most commonly given reason worldwide for having an abortion is to either postpone or end childbearing. The second most commonly given reason – socio-economic concerns – includes disruption of education or employment; lack of support from father; desire to provide schooling for existing children; and poverty, unemployment or inability to afford additional children. Additionally, relationship difficulties with a husband or partner and a woman's perception that she is too young constitute other important categories of reasons.[(1)]

Among unmarried Thai women, socio-economic concerns, e.g. premarital pregnancy, student status and occupational hazards, were most often cited. Among married Thai women, the main reasons for an abortion were socio-economic difficulties and contraceptive failure[2]. The decision to have an abortion is most often motivated by more than one factor. While increased access to contraception can reduce rates of unintended pregnancy, some abortions will remain difficult to prevent, due to women's limited ability to determine and control all circumstances of their lives.

Incidence of abortion worldwide

Approximately 26 million legal and 20 million illegal abortions were performed worldwide in 1995, resulting in an abortion rate of 35 per 1,000 women aged 15-44. Interestingly, overall rates of abortion are not lower in countries where abortion is generally restricted by law than in areas where abortion is legally permitted.[3] While there is very little relationship between abortion legality and abortion incidence, there is a strong correlation between abortion legality and abortion safety. Many illegal abortions are performed under unsafe conditions, however, obtaining data and statistics are difficult where abortion is illegal and, more often than not, are derived by means of estimations

Unwanted pregnancy and induced abortion in Thailand

Thailand has a successful family planning record, with a total fertility rate of 1.7 and a contraceptive prevalence rate of 72 percent in 2004.[4] However, unmarried women still have difficulties accessing family planning services and unsafe abortion and its resulting complications are still a major public health concern.

In Thailand, induced abortion is illegal, with two exceptions, if the pregnancy either jeopardizes a women's health or is a result of rape and incest. However, despite restrictive laws, the estimated induced abortion in Thailand is 300,000-400,000 cases a year. While a proportion of these are induced by trained medical practitioners, access remains problematic for many women and potentially unsafe techniques are also employed, such as massage, uterine and intramuscular injections and self-medication. Complications reported include injury, infection, infertility and even death.[5-8]

Magnitude and profile of abortion in Thailand

In 1999, the Reproductive Health Division, Department of Health, Ministry of Public Health examined the magnitude and profile of abortion in Thailand. Data was collected over a 12 month period. Two research methods were employed, case record review and patient interviews. In the case record reviews, all ambulatory abortion visits and admissions were examined for the whole of 1999 in 787 public hospitals. Patient medical records were collected monthly totaling 45,990 cases. Hospitals with a large number of induced abortion cases during the first two months of the study were invited to participate in interviewing patients to glean greater understanding of the socio-economic characteristics of the patients, reasons for induced abortion, as well as methods, providers and complications of induced abortions. 134 hospitals participated in the interview process. 4,588 patient interviews were conducted in the second half of 1999 using a structured questionnaire. 28.5 percent of cases were classified as induced and 71.5 percent as spontaneous abortion. The estimated induced abortion ratio was 19.5 per 1,000 live births. Interviews revealed, almost half of all abortion patients were young women under 25 years of age, many of whom had little or no access to contraception. Socio-economic reasons accounted for 60.2 percent of abortions. Serious complications were observed in almost a third of all cases (32.1%). A significantly higher percentage of serious complications were caused by unqualified personnel (48.4%), midwives (44.3%), and providers of unknown status (43%).[7]

It was also revealed, government physicians' current provision of induced abortion went beyond the provisions of the law (The Thai Criminal Code, Sections 301 to 305) in almost half of cases, most commonly for congenital anomalies and intrauterine death.[7]

Unsafe and Safe abortion

According to the WHO, an unsafe abortion is "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both."

About 20 million or nearly half of all abortions annually are estimated to be unsafe. Ninety-five percent of unsafe abortions occur in developing countries. Unsafe abortion accounts for 13 percent (68,000 deaths) of all maternal deaths annually.[9]

Where access to abortion services is legally restricted, or where the law provides for abortion on many grounds, but services are not fully available or are of poor quality, women of means are nonetheless able to access medically competent services from the private sector. Unfortunately, many other women who have unwanted pregnancies are at risk of unsafe abortion. They include women who are poor, live in isolated areas, or are adolescents, especially those who are not married. These women have less access to reproductive health information and services. They are often highly vulnerable to sexual coercion and violence and oftentimes may delay seeking abortion. Thus, they are more likely to have to rely on unsafe abortion methods and unskilled providers.

Almost all deaths and complications resulting from unsafe abortion are preventable. Procedures and techniques for early induced abortion are simple and safe. When performed by trained health care providers with proper equipment, correct technique and sanitary standards, abortion is one of the safest medical procedures available. In nations where abortion is permitted, the death rate is 0.6 per 100,000 procedures. This is 11 times safer than childbirth and nearly twice as safe as a penicillin injection[3]. In developing countries, the risk of death following complications of unsafe abortion procedures is several hundred times higher than that of an abortion performed professionally under safe conditions. Properly provided services for early abortion can save women's lives and avoid the often substantial costs of treating preventable complications of unsafe abortion.[10]

Clinical care for women undergoing abortion

In order to provide high-quality abortion services, every health service delivery point should have trained staff competent in diagnosis of pregnancy, provision of an appropriate abortion method and post-abortion care. Additionally, post-abortion counseling on fertility control and appropriate contraception should always be provided.

Methods of abortion

The development of safe and effective methods for abortion such as medication abortion and

manual vacuum aspiration (MVA) has created increased options for women to exercise reproductive self-determination, as well as, preserve their lives. Manual vacuum aspiration (MVA) or medication abortion, using a combination of mifepristone followed by a prostaglandin, are the preferred methods for abortion up to 12 weeks. Mifepristone followed by a prostaglandin has been shown safe and effective up to 9 completed weeks of pregnancy, and the safety and effectiveness of the regimen between 9 and 12 completed weeks is currently being investigated. Dilatation and curettage (D & C) should only be utilized when none of the above methods are available.[10]

Struggle for abortion law reform

For over 30 years, abortion reform in Thailand has been the subject of controversy and debate. The current abortion law restricts abortion except when performed by a medical practitioner for the sake of a woman's health or if the pregnancy is the result of rape or unlawful sexual contact. "Health" in this instance is usually defined narrowly as threatening a woman's physical health.[5] Hence, a broader interpretation of maternal and fetal indication in law would support improved access to safe abortions, and legal reform is needed to take into account new perspectives and actual practice of the medical profession.

The debate over legal reform started in 1973. A reform bill was passed in 1981 in the House of Representatives, but defeated in the Senate. The current democratically elected government offers the best hope for reform. A new advocacy network has recently been formed, including a range of women's organization, public health advocates, academics and journalists. However, abortion remains a politically sensitive issue, sensationalized in the press to counter reform efforts.

Current efforts by the Thai Medical Council to allow abortion for a limited number of fetal conditions (e.g. serious genetic disorders) and maternal mental health may grant more women access to legal and safe abortions.[5] These regulations are not yet passed. Even if passed, the Thai Medical Council reforms will not offer increased access to legal abortion for the majority of women seeking an abortion for socio-economic reasons. Nor for HIV positive women who do not wish to continue their pregnancy, single women in difficult circumstances, women who experience contraceptive

failure or have been raped but do not wish to report the incident to police. These women will continue to have to resort to unsafe abortion.[5]

Summary

Each year, unsafe abortion claims the lives of nearly 80,000 women and causes disability in thousands more, making it a leading cause of maternal death and injuries worldwide. Tragically, each of these deaths could have been prevented. It is evident that there is an overwhelming need for effective means of preventing unwanted pregnancies and minimizing unsafe abortion. Unsafe abortion is a major health concern greatly impacting the lives of women of reproductive age and thus tearing at the very fabric of Thai society. Urgent action is required, including increased sex education, life skills and family planning. In addition, support services should be established, i.e. counseling services, accommodations and care for women with unwanted pregnancies, single mothers and their children. More options must be made available other than induced abortion.

However, historically, women in Thailand have attempted to end their unintended pregnancies whether abortion is legal or not and whether there are support systems or not. Therefore, we cannot seriously address unsafe abortion without amending the law. It is necessary to reduce the number of medical restrictions and lessen the stringent conditions under which the procedure can legally be performed. A more liberal abortion law will decrease the preventable risks from complications due to unsafe abortions completed by untrained personnel or are self-induced.

Additionally, providers must receive training in safe abortion care utilizing MVA and medication abortion. Without physicians willing and able to provide compentant abortion services there will never be freedom of choice. By expanding access to MVA, we maintain a standard of excellence in healthcare for women. Additionally, by promoting qualified and dignified abortion services, we support a woman's commitment to herself and pursue a vision of a society that respects women's lives, health and freedom.

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