

Study on IPPF-SARO MA Provider Attitudes to Abortion and Abortion Services

**A Summary Report
Prepared by
Centre for Health and Social Justice
For
IPPF - SARO**

Context

IPPF is implementing a Global Abortion Care Project for which the South Asia Regional Office. As a part of this larger project IPPF is conducting a number of studies. One of these studies is focused on understanding Provider Attitudes to Abortion and Abortion Services in the countries of Bangladesh, Sri Lanka, Pakistan Afghanistan and Maldives. IPPF Member Associations are among the leading RH service providers in each of these countries, however the local laws do not provide for provision of abortion services except for very limited conditions in a few of these countries.

IPPF's stand on Abortion related services

IPPF being a global service provider and a leading advocate of sexual and reproductive health and rights for all has laid emphasis on five priority areas, so-called 5A's in order to strengthen its attempt to meet the challenges faced by its Member Associations in addressing sexual and reproductive health related issues in their respective countries. Looking at abortion as one of the key areas within this strategic framework, IPPF aims to achieve a universal recognition of a woman's right to choose and have access to safe abortion, and a reduction in the incidence of unsafe abortion, considered to be the largest contributors in forcing women to die or live with disabilities. With a vision to redress the existing situation, IPPF believes that building capacities at all levels for provision of quality abortion services is essential to achieve access to safe abortion as a right through advocacy with governments, health professionals and other key decision makers. It seeks to raise awareness among the general public, providers, and other relevant stakeholders for promoting non-judgmental, affordable abortion-related services within the context of sexual and reproductive health services. Developing strategic partnerships with other civil society organizations would help in expanding the access to abortion-related service delivery within the public, NGO and private sectors. IPPF intends to establish a flexible framework that would enable its Member Associations to improve access to safe abortion, working within the legal context as well as advocate for the removal of restrictions on and barriers to safe abortion.

This study is done with an aim to enable IPPF and its Member Associations to understand the perspective of its key constituents viz. senior members related to governance as well as service providers around the issue.

Key Research Questions: What are the providers' knowledge of and attitudes to

1. The need for abortion and post abortion care in their respective countries

- Socio-cultural reasons associated with the need for abortion and post abortion care
 - The need for abortion and post abortion care among women of different socio-demographic groups
 - The need for abortion and post abortion care in the context of service availability/ delivery for comprehensive RH needs
2. The availability of and access to abortion and post abortion care services in the formal and informal sectors for women of different socio-demographic groups
 - a. Legal, social and moral limitations and conditionalities related to access to services
 - b. Range and quality of services available
 3. The implications of the availability or lack of abortion and post abortion services on the health status of women

Study Methodology: This exploratory study includes qualitative and quantitative elements. The study is limited to three levels of respondents

- Persons associated with the governance of MAs who are involved in decision making relating to service delivery
- Service providers associated with SDPs of MAs – Medical Officers, both full time and part time
- Functionaries associated with service provision at SDP of MAs – nurses, paramedics etc.

A structured questionnaire was developed to explore the knowledge and attitudes of these providers, and service provision related functionaries. This questionnaire was administered to all persons associated with these three levels within the MA. Please see Annexure 1 for Survey Questionnaire. The survey was self administered.

An In-depth Interview Guide was developed for collecting qualitative data on abortion related care and provision of services. Please see annexure 2 for the In-depth Interview Guide. A total of 9 Executive committee members , 21 providers and 15 paramedics were interviewed from four countries. The segregated interviews for each categories in each of these counties are mentioned in the following sections.

Data collection and data processing.

The interview guide and questionnaire were finalized through a process of consultation and field testing. An instruction sheet for conducting study within the MA was also prepared and sent to the contact persons in each MA. The MAs were responsible for translation of the instruments, collecting the data and preliminary data processing. The translated interview transcripts and data base from the questionnaire were returned to the

researchers. The quantitative data was subsequently analysed by SPSS 10 statistical software and the qualitative data was analysed using Atlas Ti.

Literature Review of IPPF Documents

Millions of women contemplating abortion worldwide risk their lives to unsafe abortion practices because of their inability to access safe abortion services often due to the existence of legal barriers. However, gaps in the interpretation of the existing national laws compounded with other non-legal obstacles do reduce chances of availability of safe abortion services to women. Abortion is legally permissible only under certain conditions and within a stipulated time period. Almost all countries have laid down legal conditions for authorizing abortion including:

- Risk to a woman's life – highly restrictive laws may allow abortion if it is necessary “to save a woman's life”
- Risk to a woman's physical health - some legal conditions consider abortion “to preserve a woman's physical health” in instances where abortion may cause grave injury to a woman's health
- Risk to a woman's mental health – Many countries include “to preserve a woman's mental health” as a legal indication for abortion. This may consider a number of parameters ranging from the occurrence of mild depression to severe distress including risk of suicide and may overlap with other instances like psychological strain caused due to unprecedented events like rape, incest etc.
- Pregnancy after rape, incest or other criminal offence – Some laws consider pregnancy terminable if it is a result of these criminal offences.
- Foetal impairment – The risk of foetal impairment is a common legal indication for abortion in many countries while in some it is inclusive in “preserving physical health”
- Socio-economic grounds – This is listed out in the most liberal situation where a woman's resources, age, marital status or the number of existing children may be taken into account.
- Available on request – This may sound very liberal but certain restrictions might limit the liberality of the conditions like parental or spousal consent, administrative procedures etc.
- Failure of contraception – failure of use of any contraceptive method
- Being HIV positive

Findings

The findings emerging from each country are summarized in the following pages:

Induced Abortion in Afghanistan

Background

The Afghanistan Criminal Code of 7 October, 1976 decrees the performance of an abortion as a criminal offense, except when the pregnant woman's life is in danger. There is an existing abortion law in the country (UN, 1992). Article 402 to 406 clearly decrees abortion to be illegal in any circumstances in Afghanistan unless there is threat to mother's life. Any person committing the act of abortion, be it the pregnant woman or a medical professional, paramedic, pharmacist, is liable to penalization under the law, barring those circumstances where mother's life is in danger (AFGA, 2007).

According to UN estimates of 2000, maternal mortality ratio in Afghanistan is 1900 per 100,000 live births and life time risk for an Afghan woman is 1 in 8 (Bartlet, L.A, et al, 2005). Going by South Asian estimates, 15% deaths in maternal mortality is attributed to unsafe abortions (WHO, 2004). Afghanistan, being a post conflict country has no reliable data on this. Moreover, abortion is forbidden by religion, socially and legally. So data on women/girls opting for induced abortion is very scanty.

Findings

The study of AFGA providers and EC members included two components – a self administered survey which was taken by all (37) members and an indepth interview which was conducted among 9 persons covering paramedics, doctors and EC members. The findings are being reported according to the key study questions.

• General Attitude to/ Opinion about Abortion

The survey explored the attitude/ opinion of AFGA members to the issue of induced abortion and the results are given below:

Statement	Agree	Disagree
Legalising abortion has no relation with promoting free sex	7 (19%)	30
The decision of abortion should be made by the doctor concerned and not the mother	29	8 (22%)
Availability of safe abortion services is an essential component of women's health care services	26 (70%)	11
Poor women have the most difficulty in getting safe abortion services even if they are legal	29 (78%)	8
Permission of the husband should be necessary if abortion is legal	35	2 (5%)
Providing unmarried girls access to safe abortion can promote premarital sex	10	27 (73%)
Abortion services are not usually required by married women	9	28 (76%)
Freely available abortion services leads to the moral corruption of society	33 (89%)	4
Poverty cannot be justified as a reason for seeking abortion services	22	15 (41%)

Religious laws around abortion are necessary to safeguard traditional moral values in society	22	15 (41%)
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The survey shows that the respondents are uncertain about the relationship between the access to safe services and the increase in sexual activities. There is some concern about the difficulty that poor women face in getting safe abortion services. However a majority of the respondents feel that abortion services should be an essential part of women's health care services.

A majority of the respondents in the indepth interviews acknowledged that unsafe abortions do take place in Afghanistan and it does play a role in the high MMR in the country. They also said that the data available is actually lower compared to the real life situation.

In the indepth interviews it emerged that religion is considered the most important determinant influencing safe abortion services in Afghanistan. Most of the respondents across the different levels said that according to Islam, abortion is a sin and *haram* and women can only be permitted to terminate pregnancy under life threatening situation of the woman. It was said that "religious authorities are against abortion, except health authorities". Majority of them said that religion and moral values of Afghans do not permit and accept abortion and that all Afghans are opposed to it as all are Muslims. As one of the EC members said "Moral and religious rules don't permit abortion in the country. As abortion is not legal, so there is no specific rights related to abortion". Another respondent pointed out that abortion is seen in the light of murder of human life and "leads to the anger of Allah". Further, it was said that abortion is "against all rules of Islam, there are only exceptions in Islam where women can terminate pregnancy". One of the respondents explained that "abortion is illegal in Islam because the Ummah of the Prophet will decrease". It came up in majority of the responses that "terminating pregnancy intentionally without any medical reason is considered a big sin".

Most of the respondents believed that an act of abortion "fosters moral corruption, leading to disorder in society" and "if abortion is legal, it may pave the ground for illegal sexual relations". It also emerged from the responses of some of the responses that there is "stigma" against abortion and that it results in "family violence", "separation of husband and wife" and "promotes prostitution". It was also clearly stated by few of the providers that girls opting for abortion "face discrimination in family and community" and have low position in society. One of the providers said something similar "in cities girls going through abortion are considered prostitutes and others don't want to have relations with them or even with their family members". In this context, one of the paramedics said that moral and religious values of Afghanistan are completely different from "non-Islamic countries". The respondent further said that in Afghanistan, it is abhorred whereas in western countries "it is normal for a girl to have a boyfriend and do abortion if she gets pregnant". However, few of the EC members pointed out that there is an urban rural divide in people's approach to abortion and said that in urban areas, people are little more relaxed and not negative towards abortion compared to rural population. It was stated by one of that in rural areas, there is threat of death to those women who undergo abortion. It was also pointed out by the one of the respondents that those who

live abroad and have higher education talk about access to abortion services but it is opposed to Islamic beliefs.

- **Knowledge about Legality of Abortion in the Country**

The survey reveals that the entire respondent group (37 out of 37) knew that abortion is illegal in Afghanistan. The survey also tried to explore the respondents’ knowledge about conditions under which abortion is permitted. The results are given below:

Condition	Correct response	Percentage
Save the life of mother - Yes	36	
Protect physical or mental health of mother - No	1	
Rape or incest - No	19	
Congenital abnormalities of the foetus - No	3	
Failure of contraception - No	35	
For dealing with unwanted pregnancy - No	34	

Almost all the respondents said that law of Afghanistan does not allow abortion, thereby binding women seeking abortion by legal sanctity. Women have to be certified by specialist doctors, giving medical grounds for undergoing abortion, followed by some other procedures. The following medical reasons considered for abortion are:

- High risk sign e.g. diseases of heart or nervous system
- Previously diagnosed anomalies in fetus.
- Mother having psychological or mental diseases
- Mother having chronic and complicated diseases.
- Massive hemorrhage

There was mixed response on legality of abortion in Afghanistan. According to majority of the respondents, abortion is not legal and therefore there are no rights related to that. However most respondents said that if there is a medical reason or if the mother’s life is in danger, then it is the right of the mother to undergo an abortion and only under these special circumstances that abortion is legal. Across the different levels of respondents, almost all the respondents said that the rights related to abortion are “respecting the client, right to privacy and confidentiality, helping and counseling the client, providing post abortion care and non- discrimination on the account of religion, race, tribe and language”. Treatment of abortion related complications was also seen as part of rights by one of the respondent.

It came out very clearly from most responses that in life threatening circumstances of pregnant women, abortion services can be availed and it is legal. But the reality as said by one of respondents is “only in the case of spontaneous abortions, people want to take women to health centers to save their lives”.

The indepth interview revealed that while some of respondents felt that there is complete consensus among people on their opinions against abortion as it is against Islam, few felt that there are some differences in opinion, for e.g. “those living abroad and those having

higher education say that abortion services shall be accessible to all”. One of the responses was that “educated women and their educated husbands agree to seek for abortion services while families who are not educated don’t agree with abortion and they think that a woman shall bear children as long as she can”. However the percentage of the latter group is as small, as one respondent estimated it to be 5%. In most families with too many children, there is sometimes conflict of opinion among husband and wife as wife may want to go for abortion but the husband does not agree”.

- **Knowledge/Opinion about Women’s needs/ help seeking around abortion**

Findings from the survey are summarized below:

27 out of 37 respondents (75%) mentioned that the MMR was beyond 600/ 100,000 live births.

Knowledge of situation in which women seek abortion services

Situation	Yes	No
Women don’t seek or need abortion commonly	14	23
Married woman with unplanned pregnancy	20	17
Rape or incest leading to pregnancy	31	3
Husband is violent, abusive and unsupportive	20	17
Unprotected sex with a non regular partner	35	2
Possibility of congenital defects in child	33	4
If the sex of the foetus is one that is not desired	18	17

It is interesting that a little over 50% of the respondents in the survey felt that women seek sex-selective abortion services.

The survey also enquired about the respondents’ opinion about women who are most likely to seek abortion services and the responses are given below:

Opinion about Women who seeks abortion services

Women who seek abortion most probably are :	Yes	No
A sex worker/ prostitute	37	0
Unmarried woman who has casual sex	36	1
Teenage girl with boyfriend	22	15
Mother of three daughters in a stable marriage	12	25
Poor woman	8	29
Rich woman with many boyfriends	24	13
Woman facing domestic violence	22	15

The proportion of respondents who feel that women who face an unwanted pregnancy due to social and economic compulsions (mother of three daughters, poor woman or woman facing violence) is lower than that of women who have an unwanted pregnancy due to other reasons (casual sex, boyfriend, or sex worker).

In the in-depth interview, majority of the respondents said that there is a high need for safe abortion services for women, especially in rural areas but the social taboos and restrictions on women do not allow them to avail of the services. In the responses, figures

on need varied from 5% to 70% to 100%. However very few of the respondents felt that there is little need for abortion services.

The need for abortion is also dependent on what people know of abortion, its consequences and where services are available. This is corroborated by a statement of a respondent “most people don’t know how to treat abortion related complications and are not fully aware of abortion consequences and don’t know where to get abortion-related services” from. Few of the respondents mentioned about women who have many children and are from low economic status often want to opt for abortion but they cannot access the services for fear of religion, stigma and punishment.

- **Opinion about abortion service provision**

Through the survey the knowledge and opinion of the respondents on the availability of services for threatened and induced abortion were explored. The responses are summarized below.

Knowledge about where are services for threatened abortion commonly available

Service Delivery Point	Number	Percent
Not available	0	
Government hospitals	26	
Pvt hospitals and practitioners	27	
NGO hospitals	19	
Home remedy	11	
Traditional Providers	3	
Other	2	

Knowledge of place where abortion services are commonly available

Place	Yes	No
Illegal and unavailable	26	11
Traditional providers	34	3
Backstreet providers	35	2
Self induced abortion	35	2
Other (mention) –	26	11

17= Pvt doctors, practitioners; 6 = TBAs; 3 Molas; 1 = Unani Tabibs

In the survey the opinion of the respondents about providers of abortion services was also explored and the picture that emerged is as follows:

Opinion about service providers	Agree	Disagree
Service providers who provide abortion services have no ethical values	8	29
Doctors take advantage of a woman’s vulnerability while providing abortion services	25	12
If abortion is legal, then doctors who personally don’t want to provide abortion services should refer the woman to the nearest abortion provider	37	0

If abortion is legal then doctors as the moral guardians of society are best placed to make decisions relating to abortion	35	2
If abortions are illegal, then the doctor who provides safe abortion services in a hidden manner provides a necessary service to society.	6	31

This reveals that a majority of respondents have little sympathy for the providers of abortion services, especially when these are illegal.

The participants talked at length on abortion services in the course of the in-depth interviews. On the range of abortion services available, it was said that there are “formal, informal, legal and illegal service providers available in the country” which includes doctors, nurses, midwives, health workers, TBAs and untrained traditional healers. Majority of respondents said that “government maternity hospitals provide legal abortion services free of charge and the main provider is the Ministry of Public Health. Private and non-governmental hospitals and clinics are not allowed to provide abortion services. Also according to the government policy no one has the right to provide abortion services privately and illegally”. It was also mentioned that these services are not free of charge in private hospitals and clinics as one of the respondents said “women must pay a lot of money to traditional healers or private doctors”. It was stated by most respondents that AFGA clinics provide post abortion care services which are also free of charge. Few respondents said that “some of illegal cases are aborted in Marie Stopes”. Private providers use Misoprostol for this purpose which is available in drugstores. Some of the respondents said that all service providers can engage in abortion related services provided it is legal. On quality, few of the respondents said that “the consequences of abortion done by trained staff are good and without any complications but the consequences of illegal abortions done are very dangerous and always associated with serious complications” such as infections like PID, anemia, uterine perforation, rupture of uterus, severe bleeding/ hemorrhage and even death. One of the respondents said that “woman having special health problems is confirmed by specialist doctors as eligible to do abortion and then referred to safe abortion”. The respondents said that in AFGA, they “provide post abortion care according to the patients needs and refer some cases to hospitals such as patients with massive hemorrhage”, however they clarified that “AFGA does not provide abortion services. We refer cases of legal abortion to other hospitals such as Malalai and other hospitals we have signed MOU with”. Some of concerns raised by some of the respondents on poor availability of facilities are as follows:

- Lack of health centers
- Lack of trained personnel
- Lack of transportation
- Lack of legal environment
- All abortion services are not free of cost
- Government hospitals are too crowd, render low quality of care, lack of attention, lack of drugs
- Private hospitals have untrained staff and high cost of services

In the in-depth interview, majority of the respondents said that government's stand on abortion in Afghanistan stems from the Islamic position which forbids abortion except on limited circumstances. According to few of the respondents, MoPH through government maternity hospitals and health clinics provides abortion services. However, they said that limited outreach services are available in the country.

In some of the responses, need for safe abortion services in rural areas came up clearly as it was said by one of the EC members that maternal deaths is higher due to unsafe abortion in rural areas. Summarizing from different responses it emerged that women and girls from rural areas are in need of safe abortion services, single or engaged girls in villages are discriminated against and fear punishment due to pregnancy and they too need counseling services, in cities girls undergoing abortion are considered as prostitutes, so there is again fear of stigma, women from low economic status are in need for abortion services and women with many children want to terminate unwanted pregnancies and for failure of family planning methods.

Majority of the respondents said that the stakeholders against abortion services are Ministry of Hajj, all governmental hospitals, all ministries, Mullahs, scholars, Talibs and tribal elders, people living in rural areas. They added that the only ones in favour of abortion are non-governmental organizations providing abortion services, such as Marie Stopes, besides private doctors, TBAs, private clinics and midwives. Another limitation is for those people "living in remote areas and those who cannot afford to provide food for their children, prefer to do abortion than to sell their children, however majority of villagers would prefer to sell their children than to do abortion. Some of the respondents pointed out that private hospitals and clinics are allowed to provide abortion services as it is illegal and a crime. Lack of awareness on unsafe abortions and its ill-effects are also seen as a big limitation.

Moralistic views on abortion were found to be common among people as most respondents highlighted. They validated it by saying that "there is stigma among the public in regards to women doing abortions, even if it is legal". One of the respondents said from one's personal experience that "some women who refuse to do abortion fearing the discrimination and stigma in the society and also fearing the punishment. Girls doing abortion are considered very bad and have low social position".

On change in public opinion on abortion, while some of the members articulated that there has been no change in public opinion on abortion and that a "change can only be expected if the culture and attitudes of people changed", few others felt that some changes have taken place. It was strongly felt by nearly all respondents that abortion is a sensitive issue and it is unacceptable for people to discuss abortion. They said that most people are unaware of safe and unsafe abortions, so they are not interested in discussing it. One of the providers said that in villages, "majority of people even prefer to sell their children than to do abortion". However, one paramedic pointed out that there have been some changes in public opinion on abortion, like "if family planning methods fail, women seek abortion service and also in case of rape, both women and family agree to do abortion". Few of the respondents attributed this change to AFGA's awareness

programmes through health centers, radio, TV, publications, schools and mosques. As a result, now few Afghans have “information about unwanted pregnancies, unsafe abortion and its complications and also they know the use of family planning methods”. One of the providers pointed out that some change has taken place in urban areas due to increase in knowledge and awareness on abortion. Another provider said that “now people know about the consequences of abortion. They don’t go to TBAs, traditional healers, private midwives for abortion. Instead they go to private and government hospitals”.

It has also been pointed out by some of the providers that if abortion services are formalized, it would fail but post abortion care services can be institutionalized as it is accepted by Afghani culture and by community leaders and Islam is not against it. It was also mentioned that “it is better to provide post abortion care services as there is a need for such services”.

- **Knowledge/Opinion about consequences of unsafe abortion**

The survey explored the respondents’ knowledge and opinion about the consequences/implications of unsafe abortion.

Statement	Yes	No	Don’t know
Abortion is illegal and unavailable so the question is irrelevant	15	11	11
The woman is considered a social outcast	22	12	3
There is high possibility of infection leading to death	37		
Unsafe abortions are rare so not much is known	18	13	6
It can lead to long term health effects	37		

In the in-depth interview, nearly all respondents said that abortion is an important health concern in Afghanistan and there is very high need for abortion and post abortion services/care for women. On the implication of availability and lack of availability of abortion service on women’s health status, majority of respondents admitted that lack of abortion services have serious implication on women’s health. One of the respondents said that “in villages, all abortions are done at home, which increases the risk of infection leading to higher maternal mortality rate”. The same respondent said that cases of infected abortions are much higher in rural areas than what the data at hand says but as “religious, traditional and cultural prohibitions of abortions, mothers can’t benefit from safe abortion services”. Nearly all paramedics and providers articulated that there is dangerous impact on women’s health due to unsafe abortions. According to them, informal and illegal providers, untrained TBAs, traditional healers, unskilled staff are responsible for adverse consequences. One of the respondents said that “abortions done by skilled staff using sterilized instruments have better consequences, but those done with non-sterilized instruments or unskilled staff has very serious consequences such as sepsis, uterine perforation, severe hemorrhage and even deaths”. In addition, another respondent pointed out that unskilled staff can lead to shock, anemia, rupture of uterus and death. Few of the respondents said that legal services have good consequences but illegal abortion services have severe and adverse consequences. Few of the respondents pointed

out that in villages, single, engaged girls or married women opting for abortion may have to face consequences of family violence, death, becoming a slave, separation from husband or married as widows.

- **Knowledge of and opinion about IPPF and MA involvement in issue of abortion**

The ambivalence among respondents around AFGA’s role in safe abortion is borne out by the survey:

Statements	Agree	Disagree
AFGA has no role since abortion is illegal	20	17
Abortion is a cultural issue and FPA should have the space to have an independent stand	27	10
Provide post abortion care services	34	3
Provide full range of safe abortion services	9	28
Generate public debate on safe abortion services	5	32
Provide contraceptive services so safe abortions services become unnecessary	37	0
Have more internal discussions before taking any steps in public	37	0

The survey also shows that there is considerable lack of clarity on why safe abortion is a key concern for IPPF.

	Agree	Disagree
Because IPPF is dominated by western feminist groups	32	5
Because the US government promotes abortion	16	21
Abortion is an essential health need of women, more so with vulnerable groups	32	5
Abortion is a key reproductive right and IPPF is committed to reproductive rights	34	3
Because of orders from ICPD	31	6

In the in-depth interview, most of the respondents were of the opinion that “AFGA strictly follows Islamic rules” and “is consistent with the rules and regulations of the government”. AFGA can accept no pressure from other countries that is against Islamic Sharia”. One of them mentioned that MoPH supports AFGA. According to most of the responses, currently AFGA is providing the following services related to abortion: post abortion counseling, post abortion care and contraception, simple treatment of complications and referral. These services are within limits of MoPH’s policies. Similarly, AFGA’S position is not in conflict with the public opinion. AFGA make efforts to increase the awareness of clients regarding unwanted pregnancies, prevention of unsafe abortions and complications and also provides post abortion services such as counseling, family planning methods and treatment of post abortion complications. It was pointed out that “the position of AFGA has not changed from before but now there are more training courses on abortion than before”. It was explained by one of the respondents that the position of AFGA has not changed as it does not interfere with the culture and religion of people and the rule of government. It came up repeatedly in different responses that AFGA should continue to be active in providing quality post

abortion care services but is opposed to legalizing abortion. Nearly all the respondents said that AFGA should generate public awareness on unsafe abortion and its consequences and prevention of unwanted pregnancies. They stated that internally training courses and discussion are conducted on post abortion care services, complications and family planning methods but not specifically on abortion.

On differences of opinion on abortion among staff and AFGA's position, almost all the respondents said that "all members and staff agree with the position of AFGA" as "all AFGA members believe in the Islamic Sharia and will never try to do anything against Islam". Nearly all respondents said that as long as AFGA provides the above mentioned services, they are comfortable but they do not want to render abortion services as it is illegal and would be uncomfortable and there might be conflict of opinions if AFGA advocates for legalizing abortion in the country. It was said by one of the staff that "all staff providing abortion related services especially those providing information are comfortable with their work and no staff member has refused to provide abortion related services". However, some of the respondents said that "staff members don't feel comfortable because some women come for abortion services but we can't provide the services they need. We also don't feel comfortable as we can't provide abortion services women need". One response on providing abortion was that "if staff provides abortion, then it must be done in secret". It was said that "if AFGA decides to take any action against social and religious customs of Afghanistan, no staff of AFGA will be comfortable with that". On future possibilities of conflicts, one of the respondents said that if there is any difference of opinion in the future, the best strategy is to resolve these conflicts of opinion through advocacy, dialogue and communication with the public and government to attract their support and it is considered a safe strategy and "can inform public about that through media, press and even mosques". However, it was clarified repeatedly that "as AFGA is also against abortion, so there is no need to influence public opinion or government's position. It will not be a good strategy for AFGA and may hurt the prestige of the Association". Nonetheless, some of the respondents said that "AFGA wants to enlighten the minds of the public and government on unsafe abortions, use of contraceptives and emergency contraceptives", etc through clinics, schools, media and mosques and want to win over the community leaders as well.

On Global Comprehensive Care Project, there was mixed response about the knowledge and success of the project. While some of the members knew about the project and its plan, the others had not heard about it. Few of the respondents were supportive of the project if implemented in Afghanistan. According to these few, the involvement of AFGA in this project is necessary as illegal abortions is a major factor of maternal mortality and providing post abortion services in 5 years project period will decrease rate of maternal mortality in Afghanistan. They also pointed out that AFGA can generate awareness in public on use of contraceptives and managing complications of unsafe abortions. However, few respondents were skeptical about it as believed that "such projects can't be implemented in Islamic societies".

For the success of Global Comprehensive Care Project, some of the respondents stated that "number of skilled personnel should be increased, coverage of family planning

services should be increased, health education and giving information to people should be increased, number of training programmes for health service providers should be increased, establishment of new clinics in remote areas”, “increase people’s awareness through counseling, use of audio-visual material, group and individual discussions in mosques and schools, health education”, “conduct meetings with government authorities and community (religious scholars and influential)”.

Induced Abortion in Pakistan

Background

Pakistan has an estimated annual abortion rate of 29 abortions per 1,000 women, aged 15 - 49. The unwanted pregnancy rate is estimated at 77 per 1,000 women. An estimated 197,000 women are treated annually in public hospitals and private teaching hospitals for induced abortion complications. Council research reveals that abortions are performed by doctors, nurses, midwives, *dai* (traditional health practitioners), and others. The fraction of induced abortions leading to serious complications, according to the perceptions of Pakistani health professionals and women who had undergone an abortion, ranges from about 10 percent of abortions performed by obstetrician/gynecologists to 66 percent of those performed by *dai* or traditional birth attendants. The health facilities survey reveals that each year roughly 250,000 women are treated for post abortion complications—which can stem from either induced or spontaneous abortions, also known as miscarriages—in mid-size and large public-sector facilities and in private teaching hospitals alone (Population Council, Islamabad, 2004)

USAID – supported Pakistan Demographic and Health Survey reveals the current MMR at 276 maternal deaths per 100,000 births nationwide, with a higher ratio in rural areas. Pakistan’s Millennium Development MMR goal is to reach less than 140 by the year 2015.

Sections 338A to 338G of the Pakistan Penal Code, allows abortion under the following conditions:

- To save the life of mother – Requires permission of the husband or in the case of unmarried mother by her parents
- Physical and Mental health
- Rape or Incest
- Defect in foetus

The same Penal Code punishes if abortion is conducted under following circumstances:

- If the offence is committed within a specified time of the commencement of gestation the punishment is less than if it is committed thereafter.
- The offender is punished severely if abortion is performed without mother’s consent (ten year imprisonment) and less severely if with the consent of the mother (three year term).
- If abortion causes death of mother it is treated as having perpetrated two separate offences; abortion, as well as manslaughter. Cumulative punishment and ‘Diyat’ applicable.
- If perpetrated by a registered medical practitioner or in a hospital, less punishment
- If perpetrated by oral ingestion of poisonous substance, or for gain or habitually more punishment

- If perpetrated by surgical means without consent, treated as grievous bodily harm, severe punishment
- If offence perpetrated accidentally, no punishment
- If without father's consent (to be legislated)

The study of FPAP providers and EC members included two components – a self administered survey which was taken by all (388) members and an indepth interview which was conducted among 15 persons covering paramedics, doctors and EC members. The findings are being reported according to the key study questions.

- **General Attitude to/ Opinion about Abortion**

The survey explored the attitude/ opinion of the provider to the issue of induced abortion and the following picture emerged.

<i>Statement</i>	<i>Agree</i>	<i>Disagree</i>
Legalising abortion has no relation with promoting free sex	130	258 (66%)
The decision of abortion should be made by the doctor concerned and not the mother	125	263 (68%)
Availability of safe abortion services is an essential component of women's health care services	171	217 (56%)
Poor women have the most difficulty in getting safe abortion services even if they are legal	322 (83%)	66
Permission of the husband should be necessary if abortion is legal	276 (71%)	112
Providing unmarried girls access to safe abortion can promote premarital sex	270 (70%)	118
Abortion services are not usually required by married women	149	239 (62%)
Freely available abortion services leads to the moral corruption of society	266 (69%)	122
Poverty cannot be justified as a reason for seeking abortion services	264 (68%)	124
Religious laws around abortion are necessary to safeguard traditional moral values in society	268 (69%)	120

Respondents have consistently believed that there is a direct relationship between access to abortion services and increase in sexual activities leading to moral corruption in society. 66% respondents disagreed that legalizing abortion will not promote free sex, 70% agree that providing unmarried girls with safe abortion services can promote premarital sex, 69% said that free availability of abortion services would lead to moral corruption and social disorder. Majority (68%) did not justify poverty as a reason for seeking abortion services and 69% were in favour of religious laws to safeguard moral values

The survey found out that (171 out of 388) 44% respondents felt that abortion services are an essential component of women's health care services. However, (200 out of 388) 52% respondents felt that Pakistani women don not need or seek abortion services commonly.

- **Knowledge about Legality of Abortion in the Country**

Legally, saving mother's life, condition of physical and mental health, defect in foetus are seen as some of the justified reasons for undertaking abortion in Pakistan. Pakistan do not allow abortion on the grounds of rape or incest at any time. Abortion is a punishable offence with the term extending from three to ten years depending on the circumstances under which abortion took place.

The following survey findings elaborate the respondents' knowledge about conditions under which abortion is permitted.

<i>Condition</i>	<i>Correct response</i>	<i>Percent</i>
Save the life of mother -Yes	55	15
Protect physical or mental health of mother- Yes	71	18
Rape or incest- No	189	49
Congenital abnormalities of the foetus - No	141	36
Failure of contraception- No	273	70
For dealing with unwanted pregnancy- No	296	76
Abortion is not legal but there is provision to start menstruation if menstruation has stopped. - No	226	58

The above findings showed that very few respondents (15% and 18%) were aware that abortion was legal under conditions of saving mother's life or where it involves protecting mother's physical and mental health respectively whereas the in-depth interviews conveyed that the first legal aspect of abortion was known to all respondents.

Mostly all government hospitals are providing legal abortions for free of cost. The respondents mentioned that due to these legal restrictions, abortion services are not freely available in instances where abortion is induced not as a therapy but as a choice because ultimately a woman "has no right to abort". Some of the respondents felt that even provider's attitude do affect the service delivery situation as women seeking abortion or related services, may have to face "negative reaction" because the act is "unethical".

From the in-depth interviews it clearly emerged that a wide range of services are available in the context of abortion and post abortion care services. The services have been categorized by the respondents as "legal" or "illegal" on the basis of the following arguments.

- Legal services are those where abortion is induced for the sake of saving mother's life and mainly provided by the "government hospitals" as well as a few private hospitals. The services are safe and the staff are qualified and experienced here.
- illegal services are considered to be against law and religion and is granted to women who possibly want an abortion by "choice" and not as a therapy. According to respondents, there are private hospitals and clinics, NGOs like Marie Stopes, Quacks, Dais or Traditional Birth Attendants, Health workers, even Medical Professionals who work in public sectors. Abortion done here is mostly "unsafe" performed by "untrained" professionals who have little or no

skills and “knowledge” related to safer procedures. They use “sharp”, “non-sterilized” equipments that usually lead to severe complications.

- **Knowledge/Opinion about Women’s needs/ help seeking around abortion**

The survey tried to understand the situations in which women seek abortion services from the following statements:

<i>Situation</i>	<i>Response</i>	<i>Percent</i>
Married woman with unplanned pregnancy	201	52
Rape or incest leading to pregnancy	129	33
Husband is violent, abusive and unsupportive	130	33
Unprotected sex with a non regular partner	145	37
Possibility of congenital defects in child	135	35
If the sex of the foetus is one that is not desired	54	14

In the in-depth interviews, few respondents did feel that the demand for abortion and related services is generally more among “married women” if her pregnancy is “unsafe” for her.

The survey also enquired about the respondents’ opinion about women who are most likely to seek abortion services and the responses are given below:

<i>Women who seek abortion most probably are :</i>	<i>Response</i>	<i>Percent</i>
A sex worker/ prostitute	201	52
Unmarried woman who has casual sex	202	52
Teenage girl with boyfriend	236	61
Mother of three daughters in a stable marriage	76	20
Poor woman	48	12
Rich woman with many boyfriends	137	35
Woman facing domestic violence	65	17

The findings showed that prostitutes, unmarried women and teenage girls usually sought abortion in the country. In the in-depth interviews majority of the respondents had not mentioned about the class of abortion seekers. Interestingly the survey results do show a fair amount of response (35%) in favour of rich women seeking abortion consistent with the in-depth interview responses stating that “those who are financially sound and are liberal in doing unethical and extramarital sex” are in favour of abortion.

In the in-depth interviews, almost all the respondents have stated that the need for abortion and post abortion care in their country is “quite high”. It is a “priority” as it adds to “maternal morbidity and mortality” and should be provided to those who “genuinely need it”. One respondent even went on to say that “every 4th woman is facing this problem, almost 80,000 ladies get these services yearly”. Most of these needs, according to the respondents actually emanated from varied reasons listed below, which are mostly medical in nature and related to “saving of mother’s life”:

- mother cannot retain foetus

- mother is ill or is suffering from any other disease
- Congenital fetal anomalies leading to still births
- foetus incompatible with life.
- Anencephaly heart valvular disease
- Thalassemia in foetus
- Bleeding
- Doctor's suggestion
- Small uterine size
- Unhealthy and weak uterus
- Cases of rape or incest
- Protect mother's physical and mental health

These abortions need have been categorized by the respondents as “therapeutic” needs.

There was a mixed response related to ascertaining the extent of abortion needs in the urban and rural areas in the in-depth interviews. Some felt that needs were low in the urban areas due to more awareness related to contraception” and high in rural areas due to “illiteracy and ignorance” and reasons related to their “health and well being” . On the other hand, some felt that needs were high in urban areas because people there were more “liberal” and engaged in “unethical sex”. So they sought abortion, as “quality of life” was important to them. Whereas in rural areas, the needs were less, as abortion called for “negative reaction”. Hence women here preferred “dying at home than opting for abortion”. But public opinion has undergone some change over the years and the need for is more acknowledged now, and this can be sensed from the respondents remark about the increasing “trend towards abortion” due to the following reasons

- inflation and increasing economic differences
- Change in public opinion on abortion owing to the influence of “mass media” and increasing awareness about “protecting one's rights”
- social change due to extensive work undertaken by “NGOs and women activists”.

Apart from this few respondents in the in-depth interviews have also stated that due to lack of availability of data, the extent of abortion needs in the country cannot be ascertained.

Some respondents even spoke about acknowledging the need for abortion as a “reproductive right” of women and that “women have right on her body and can take decision to have a baby or not”. Even the concern of respondents over the “unsafe” abortion practices

In the in-depth interviews the respondents agreed that abortion should be included within a comprehensive RH services package, but were skeptical of the situation going beyond the limits of law and religion of the country. It was felt that provision of such services as a part of this holistic package would promote “promiscuity” and lead to “social corruption”.

- **Opinion about abortion service provision**

The survey explored the issue of availability of services for induced abortion and the results were as follows:

Knowledge about legality of induced abortion

Response	No.	Percent
Yes	90	23.2
No	209	53.9
Don't Know	89	22.9

Knowledge of place where abortion services are commonly available

<i>Place</i>	<i>Yes</i>	<i>Percent</i>
Illegal and unavailable (1)	121	31
Traditional providers (2)	168	43
Backstreet providers (3)	182	47
Self induced abortion (4)	201	52
Other (mention) – (5)	55	14

In the in-depth interviews some of the respondents did mention that although some private providers do follow safe abortion procedure with the help of trained staff but they are expensive and “women belonging to financially poor families have no access to these services”. Hence it seems that a woman’s socio-economic background also plays an important role in indicating her ability or inability to access safe abortion services. One particular respondent has also mentioned that lack of “medical facility, delays in investigation, completion of necessary formalities, absence of proper counseling services” are some of the hindrances faced by women in seeking abortion related services.

In the survey the opinion of the respondents about providers of abortion services was also explored and the pictured that emerged is as follows:

<i>Opinion</i>	<i>Agree</i>	<i>Disagree</i>
Service providers who provide abortion services have no ethical values	237	151
Doctors take advantage of a woman’s vulnerability while providing abortion services	244	144
If abortion is legal, then doctors who personally don’t want to provide abortion services should refer the woman to the nearest abortion provider	167	221
If abortion is legal then doctors as the moral guardians of society are best placed to make decisions relating to abortion	258	130
If abortions are illegal, then the doctor who provides safe abortion services in a hidden manner provides a necessary service to society.	119	269

In-depth interviews clearly highlighted that abortion is restricted in Pakistan and so abortion services are limited unless the cause is therapeutic. The respondents have repeatedly mentioned that abortion is “against the law” unless the “pregnancy poses a threat to mother’s life”. It is a very sensitive issue in an “Islamic” country like Pakistan as it means killing a foetus, which is a sin. Religious leaders were opposed to the provision of abortion services in the pretext that it will “create an atmosphere where abortion will be encouraged, as it will be a choice for all to freely avail”. This has led to more prevalence of premarital and extramarital sex relationship. Hence provision of abortion services should be discouraged to prevent “social corruption”. There was a solitary mention that “Even legal abortions are carried out secretly” perhaps revealing the socio-cultural stigma associated with abortion in the country.

Women belonging to “financially backward” sections have no access to safe abortion and post abortion services pointed out one of the respondents thus triggering the economic aspect of availability and access of abortion related services. Because of illiteracy and ignorance women are unaware about the “legal /illegal” differences in the provision of services said some of the respondents. Also, because abortion is legally and “religiously unacceptable” in Pakistani society, women prefer to avail “backdoor” services in order to maintain some amount of “secrecy”.

- **Knowledge/Opinion about consequences of unsafe abortion**

The survey explored the respondents’ knowledge and opinion about the consequences /implications of unsafe abortion.

<i>Statement</i>	<i>Yes</i>	<i>No</i>
Abortion is illegal and unavailable so the question is irrelevant	206	132
The woman is considered a social outcast	226	118
There is high possibility of infection leading to death	188	170
Unsafe abortions are rare so not much is known	296	82
It can lead to long term health effects	181	175

In the in-depth interview, all of the respondents remarked that “abortion is an important health concern” as it adds to maternal mortality and morbidity. Due to legal and cultural restrictions, very few women could avail free and safe abortion services from trained providers. Instead they are compelled to seek services from unregistered centres or untrained midwives that are unable to maintain certain hygiene standards thus leading to “severe complications like “bleeding, infection and infertility and sometimes even death. The major concern of the respondents is the “long term side effects on the health” of women. The respondents are also worried over the consequences of a “negative response of service provider” that might add to the client’s “mental trauma”.

- **Knowledge of and opinion about IPPF and MA involvement in issue of abortion**

The following survey findings reflect the respondents’ opinion as to why FPA should be involved in the issue of abortion

	Agree	Disagree
Has no role since abortion is illegal	192	196
Abortion is a cultural issue and FPA should have the space to have an independent stand	168	220
Provide post abortion care services	219	169
Provide full range of safe abortion services	115	273
Generate public debate on safe abortion services	145	243
Provide contraceptive services so safe abortions services become unnecessary	259	129
Have more internal discussions before taking any steps in public	219	169

In the in-depth interview, elaborating the role of FPA in Pakistan, respondents mentioned that it is “appropriated in the Pakistani” politico-cultural context and hence is in favour of “abortion as permitted in Islam”. It engages itself only in the provision of “PAC” or post abortion care services and not in “promoting abortion” as a “method of family planning”. The institution is involved in the context of abortion as a service provider (PAC) and information provider. FPAP works under government policy which is in accordance to Islamic religion. The services provided by FPAP as put forth by the all respondents are clubbed as under

- Helps to provide safe abortion on medical grounds or failure of contraception
- Post abortion care services, counseling and provision of suitable contraception
- Specialized training to counselors for the provision of post abortion services as in FPA

Survey findings on the knowledge as to why abortion is a key concern of IPPF showed the anti-abortion attitude of the respondents in the context of promoting abortion and related services

	Agree	Disagree
Because IPPF is dominated by western feminist groups	243	145
Because the US government promotes abortion	293	95
Abortion is an essential health need of women, more so with vulnerable groups	87	301
Abortion is a key reproductive right and IPPF is committed to reproductive rights	142	246
Because of orders from ICPD	162	226

Most of the respondents spoke about the comfortability of the FPAP staff in providing “post abortion services only” as long as it is in accordance to the “social and religious norms” also termed as “special circumstance” or “extreme circumstance”. But some of them do have reservations on provision of safe abortion services and even feel uncomfortable at times when they have to administer “emergency pills for abortion”.

While talking about the FPA position in their country, some respondents even suggested that the institution should also engage itself in “advocacy” on the issues of need for abortion, aseptic abortion and proper post abortion care services since it’s a “component of sexual reproductive health and FPA has a right based approach in this”. Respondents

felt that as more and more women came to them suffering from abortion related complications, there is a need to provide “timely treatment for incomplete abortion with special post abortion care services”.

In this backdrop, few respondents feel that FPAP may initiate provision of safer abortion techniques, along with its other activities related to abortion, provided it is “within the limits of what is acceptable to society taking into consideration the moral and ethical values of patients/clients and general public.

The respondents had a variety of suggestions to offer on the range and quality of services that FPAP should provide in the area of abortion.

- “Proper counseling and safe contraception should be discussed according to religious background against abortion”.
- “Provision of proper safe abortion techniques, proper aseptic measures to save women from being handled by wrong quacks”,
- Provide “strict indication, strict criteria to avoid corruption in society”
- Spread more awareness related to all methods of family planning,
- Ensure that the staff and personnel including the LHVs and paramedics” providing abortion services have developed the required skills and experience
- Engage in advocacy and awareness so that the services can be availed.
- take up a project only if it is within the limits of law and religion and “its rules and regulations should not coincide with Islam”
- Participate in “debates on abortion”, assess “attitude” of “parliamentarians”, and media involvement.

Strengths and Weaknesses

Induced Abortion in Bangladesh

Background

Abortion law in Bangladesh is based on the Penal Code of India of 1860. The Penal Code (sections 312-316) permits abortion only for the good faith purpose of saving the life of the woman. The law was temporarily waived in 1972 for women who were raped during the war that resulted in the separation of East and West Pakistan and the creation of Bangladesh. Despite the restrictive nature of the law, “menstrual regulation” services have been available in the Government’s family planning programme. The Government does not feel that this service conflicts with current abortion laws as it provides menstrual regulation as a family planning method, not as an abortifacient. Furthermore, because criminal law requires that pregnancy be established for the purpose of prosecuting the offense of abortion, the use of menstrual regulation makes it virtually impossible for the prosecutor to obtain the required proof. Menstrual regulation is available on request until eight weeks after the last menstrual period.

A person who performs an illegal abortion (an abortion not performed for the good faith purpose of saving the life of the woman or by using menstrual regulation) before the woman is quick with child is subject to up to three years’ imprisonment or a fine or both penalties. If the abortion is performed after quickening has occurred, the person is subject to up to seven years’ imprisonment and a fine. A woman who performs an abortion on herself is subject to the above penalties. If an abortion is performed without the woman’s consent at any point during the pregnancy, the person performing it is subject to up to 10 years’ imprisonment and to a fine. If the abortion is performed with the woman’s consent and results in her death, the penalty is up to 10 years’ imprisonment and payment of a fine. If the woman has not consented and results in death, the penalty may be increased.

Legal abortions must be performed by a qualified physician in a hospital. Menstrual regulation, however, can be performed on an out-patient basis and may be performed by a trained paramedic (UN, 1992)

Findings

The study of FPAB providers and EC members included two components – a self administered survey which was taken by all (213) members and an indepth interview which was conducted among 11 persons covering paramedics, doctors and EC members. The findings are being reported according to the key study questions.

- **General Attitude to/ Opinion about Abortion**

The survey also explored the opinion of providers to the issue of safe abortion and these are summarized below:

Opinion	Agree	Disagree
Legalising abortion has no relation with promoting free sex	144	69
The decision of abortion should be made by the doctor concerned and not the mother	93	120
Availability of safe abortion services is an essential component of women's health care services	203	10
Poor women have the most difficulty in getting safe abortion services even if they are legal	173	40
Permission of the husband should be necessary if abortion is legal	136	77
Providing unmarried girls access to safe abortion can promote premarital sex	76	136
Abortion services are not usually required by married women	66	147
Freely available abortion services leads to the moral corruption of society	92	121
Poverty cannot be justified as a reason for seeking abortion services	108	105
Religious laws around abortion are necessary to safeguard traditional moral values in society	131	82

From these responses it appears that there is some confusion among the respondents about the relationship between abortion and unprotected sexual activity, especially outside marriage. There is also lack of clarity about the needs of married women. A large number of the respondents are not certain about women's autonomy to decide about abortion independent of their husband's or the doctor's opinion.

In the in-depth interviews almost all respondents expressed that abortion is an important health concern of women. There is a mention of reproductive, physical and mental health of a woman and foetus in their responses. Few respondents have mentioned the word "health right" while few others have used the word "reproductive right" or "women's right". Respondents think that abortion services are needed for physical and mental health of a woman. Respondents think that women seek these services to avoid "risk of life" and in "emergency". To quote a respondent, "It (abortion) is an important health concern. People don't seek for it with happiness; they only need it in emergency".

Respondents have listed out social issues which have direct bearing on women's decision to access the service, the problems they face in accessing the service and the problems they face after availing the service. Nearly all respondents have mentioned "Lack of support" from the family members as a social issue which hinders or delays women's access to the service within safe time period. Almost all respondents opined that women are "discouraged" not get "support" and "face obstacles" from the family and also from the society in general and religious leaders in particular to go for abortion. In the family the mention of "husband, male members and in laws" come again and again.

Most respondents feel that "people don't take it (abortion) easily as yet". Majority of the respondents feel that there are stark differences among cities and villages due to difference in literacy levels. Abortion has much less acceptance in villages. Due to "illiteracy, people believe in superstitions and religion barriers are very much visible". People take interest in prying in to each others lives by "gossiping" and "telling ill about others". So the fear of stigma is more in villages and women face a lot of agony. Whereas

City dwellers has more positive attitude towards abortion as they are mainly literate. They have access to TV and other Medias. The “economic condition” is good. They don’t have time to sneak in to each others lives.

Few respondents feel that general people have a very “awful attitude” towards abortion. These respondents have also made a distinction among cities and villages. According to them city people can understand to some extent. But they do not support willingly. “They can realize only after they are made understood”. In villages a woman has to face strong opposition from family and society as “the families living in villages don’t take abortion as a good practice. They think when a baby is conceived it should be born, carefully nourished and brought up”. This stigma may play out at the point of service delivery also. According to a respondent woman feel “insecure” whether they will get the service or not and whether or not the service provider will judge her. The fear of stigma also debar a woman to reveal that she has accessed the service. “The peoples from society blame her so they don’t want to let others know even not to the husband.”

When asked about the moral issues almost all respondents expressed that health of a woman should be given importance and considered on top of everything else. *“We give priority to a person’s health. I don’t think religion and morality is superior to a person’s life”*. Few respondents have mentioned “reproductive rights” of a women. But most of the responses show that they consider it in relation to health only- as if reproductive rights only mean right to be healthy. This is in contrast to the responses to the question on abortion as an important health concern for women and extent of abortion needs in the country, where the respondents have widely acknowledged woman’s autonomy to her body and her willingness to give birth to a child. When the respondents talk about “morality” they talk in the context of health of woman and baby only, which seems limited to physical health.

Some of the respondents have opined that some section of people don’t not consider abortion as morally right. But according to them these are only illiterate and people living in villages and religious minded people. *“Sometimes the service providers influence her not to take the service by saying that it is a sin and religiously not approved.”* Religious leaders or “religious minded people” who think of abortion as a crime are mentioned by almost all levels of respondent as a stakeholders who are in opposition on abortion. It also includes students of Madrasas. Some respondents have also used the adjectives “fundamental groups” and “conservative” as to clarify what type of religious groups they are referring to. *“From religious view it is not also right. They think abortion means to kill a life. So they think it as a sin.”*

“They are not much literate. They don’t want to judge matters logically.... Anything new and logical is unacceptable to them”.

Few respondents have mentioned elderly, parents and in-laws especially mother in law as stakeholders in opposition. Few respondents have specifically mentioned illiterate, uneducated and ignorant people believing in superstitions, who disfavor abortion. According to them these people have no knowledge about the abortion process.

Respondents have mentioned “Government, NGOs and health providers” as stakeholders which are in favor of abortion issue. Apart from this educated people in general are listed as someone who are in favor.

Some respondents have also acknowledged that attitudes towards abortion have somewhat changed positively. They expressed that in recent years “Government, NGOs and mass media” have been very active in increasing awareness on abortion issue. This awareness drive coupled with “increasing availability of the services” has resulted in public’s positive attitude towards abortion. *‘The moral and religious issues are being changed now. With the circulation and publicity, the abortion as a right is being established. With the improvement of people’s mentality a lot of progress is observed in this service.These days, people don’t want to sacrifice themselves for sake of religious conservation.’*

One respondent has mentioned that “Political leaders” are also spreading awareness and another respondent mentioned “religious leaders” who are supporting abortion considering the “health condition of women”. The respondents have given examples of changing scenario “Women are becoming aware of their right to choose safe abortion services and they are coming to the clinics alone”. However abortion is also getting identified as method for limiting family size as pointed out by one respondent, *“Their mentality is changing and they are used to take abortion as a process of limiting the population growth which may also have a good effect on attenuation of poverty which is mandatory for the country.”*

• **Knowledge about Legality of Abortion in the Country**

The survey confirms confusion about the legality of abortion among respondents. 184 (86%) respondent think abortion is legal in Bangladesh and their opinion about the conditions under which abortion is legal is given below.

Condition	Correct response	Percentage
Save the life of mother	210	99
Protect physical or mental health of mother	12	6
Rape or incest	36	17
Congenital abnormalities of the foetus	23	11
Failure of contraception	49	23
For dealing with unwanted pregnancy	40	19
Abortion is not legal but there is provision to start menstruation if menstruation has stopped.	182	85

Almost all respondents in the indepth interview have said that abortion is legal “where the health and life of the pregnant mother is at risk”. Other reasons listed out by respondents when it is legal are as follows:

- the baby to be born is found physically disable or dead.
- a girl becomes pregnant unintentionally as a result of rape or something else
- if the woman is newly married and doesn’t want a baby

- or if the girl has a early marriage and doesn't suit the pregnancy
- If the pregnant woman is suffering from tuberculosis, Hepatitis B and C , hypertension, Diabetes.

Expectedly, in the indepth interview, all respondents except two have not used the word MR while explaining about the legality and illegality of abortion. These respondents have said that MR till “12 weeks of pregnancy” is legal. Two respondents have categorically said that Abortion is illegal. However they have added that it should be legalized as it is a “women’s right”.

According to few respondents, seeking services from “traditional unskilled and unsafe quacks for abortion” is illegal. According to another respondent providing abortion services to “unmarried girl” who becomes pregnant is not legal. One respondent acknowledged that abortion has to be performed illegally sometimes for women’s “physical and mental health”. While another said that “abortion is justified as legal” for “families with too many children and to prevent the unwanted miscarriages”.

• **Knowledge/Opinion about Women’s needs/ help seeking around abortion**

The survey included a section which tried to identify the respondents knowledge of situations in which women need or seek induced abortion. The responses are as follows:

<i>Situations when women need/ seek abortion</i>	<i>Yes</i>	<i>No</i>
Women don't seek or need abortion commonly	91	122
Married woman with unplanned pregnancy	175	38
Rape or incest leading to pregnancy	205	8
Husband is violent, abusive and unsupportive	181	32
Unprotected sex with a non regular partner	200	13
Possibility of congenital defects in child	187	26
If the sex of the foetus is one that is not desired	86	127

The survey also had a question on whether respondents felt that safe abortion services is an essential part of women’s health services and an overwhelming majority of 203 out of 213 (95%) felt that it should.

From some of the responses it seems that respondents feel that abortion services can also be sought by a woman when there is an “unwanted” or “unintentional” pregnancy. In few responses there is no mention of social /economical or health reason but only the mention of “failure of birth control process” or “a newly married woman” not wanting a baby. So there is a reason to believe that respondents think that a woman may need abortion services to get rid of unplanned pregnancy without any pressing social concerns.

The survey also tried to understand the opinion of the respondents to abortion seeking and abortion seekers and the results are as follows:

Women who seek abortion most probably are :	Yes	Percentage
A sex worker/ prostitute	171	80
Unmarried woman who has casual sex	200	94

Teenage girl with boyfriend	191	90
Mother of three daughters in a stable marriage	141	66
Poor woman	129	61
Rich woman with many boyfriends	192	90
Woman facing domestic violence	167	78

It is interesting to note that the three conditions which socially or culturally compel a woman to go through unwanted pregnancies, unwanted children within marriage, poverty or having to face domestic violence, are seen as the three unlikeliest reasons for seeking abortion.

In the in-depth interview, respondents have listed out a variety of reasons why abortion may be needed

- Severely ill patient suffering from different diseases like hypertension
- Diabetes
- Suspicion of congenital anomalies
- when the birth of the baby can be a risk for the mother's life
- baby to be borne is found dead.
- if the girl has a early marriage and early pregnancy and pregnancy is not suiting her

Changing socio-cultural milieu is seen as a reason behind increasing abortion needs. One paramedic respondent said that “In some cases of partners; engagement for marriage have happened but legal registration have not and after that due to mixing of the couple they frequently become pregnant and want induced abortion.”. The same respondent has also mentioned that “married students” who do not want to be pregnant to run their “study smoothly” and “service holders” who need abortion services to continue their services. Almost all the respondents in the in-depth interviews have mentioned one or the other social reasons due to which a woman or a girl may need/ seek abortion services. Few respondents have mentioned that a woman who is a “rape victim” or “victim of violence” needs abortion service. A general opinion is that abortion services are needed by unmarried woman who become pregnant. According to a respondent “it (pregnancy) can create several problems to her if the woman is unmarried and no guardian can be found”. There is also mention of “divorced woman” who need to terminate her pregnancy.

Economic reason is also listed out as one of the reason by few respondents due to which a couple may not want to give birth to more children hence need abortion services in case of unplanned pregnancy. “Unintentional pregnancy” seems to a very common phenomenon which is repeatedly mentioned by nearly all respondents.

Although the reasons why abortion is being sought are social, it is also important to mention that few respondents have mentioned that unwanted pregnancy rate is very high in Bangladesh “Among 30% of women who become pregnant every year i.e. 1 lakh 20 thousands are unintentional pregnancy”. One respondent has stated that there is “no clear concept or knowledge exist on planned pregnancy among the people.” Many respondent have mentioned that abortion services are needed by family with “ too many children.”

One respondent mentions that people are seeking abortion services to do away with unwanted girl child *“It is also seen that a family has 3 or 4 girls and the baby conceived is also a girl. Most people in the country don’t want daughters so they seek the help of abortion service.”*

Acknowledging the high maternal mortality rate a respondent said that these services are “widely” needed. Few respondents have clearly expressed that abortion services should be available to “women of different ages regardless of whether she is married, unmarried or widow” and “all classes of women”. Respondents have also said that the services should be available at level and “more extendedly in unions and village levels”. Few respondents have clearly expressed that services are “most needed” and “more important” at “remote village levels”.

Some respondents have indicated that poor parents need abortion services as “bringing up a child” is not easy for them. To quote a respondent, “Besides, we are poor country and due to financial insolvency most of the couple in our country do not want more child”.

- **Opinion about abortion service provision**

The survey enquired about the opinion of the providers about provision of safe abortion services and these are summarized below:

Opinion	Agree	Disagree
Service providers who provide abortion services have no ethical values	37	175
Doctors take advantage of a woman’s vulnerability while providing abortion services	98	115
If abortion is legal, then doctors who personally don’t want to provide abortion services should refer the woman to the nearest abortion provider	179	34
If abortion is legal then doctors as the moral guardians of society are best placed to make decisions relating to abortion	130	83
If abortions are illegal, then the doctor who provides safe abortion services in a hidden manner provides a necessary service to society.	196	17

These figures show that a large proportion of the respondents feel that the provision of safe abortion services, even where illegal is not an unethical/ immoral action (82% for statement 1 and 92% for statement 5).

The survey explored the knowledge of the respondents about where are services for threatened abortion commonly available and the responses are summarized below:

Service Delivery Point	Number	Percent
Not available	7	3
Government hospitals	124	58
Pvt hospitals	30	14
NGO hospitals	19	9

Home remedy	6	3
Traditional Providers	27	13

The survey enquired about the respondents knowledge of where services induced abortion were currently available in the country. The responses are summarized below:

Place	Yes	No
Illegal and unavailable	136	76
Traditional providers	194	18
Backstreet providers	192	20
Self induced abortion	162	50
Other	7	206

In the indepth interviews only one respondent has mentioned the difference between “MR” and “abortion”, rest of them were talking only about abortion while listing out the providers. All respondents expressed that abortion services are “not freely available yet” although they have also expressed that services are slowly becoming accessible. Nearly all respondents have mentioned “Government health care centers” and some NGO driven clinics as the main providers of this service. Mention of Marie Stopes, FPAB, BAPSA have come repeatedly. One respondent stated that “The government hospitals are undertaking services of abortion in the name of MR.”

The services from government are available at various levels i.e. FWC, in thana level, district level and in Medical colleges, maternity centers and hospitals. An EC respondent has indicated at the malfunctioning of the public health system where patients are harassed because of “absence of doctor or nurse or lack of medicines”. This respondent has mentioned that help of “local *dhais*(birth attendents)” can be taken to increase availability. Some respondents have also mentioned “private sector clinics” as one of the service providers. According to a respondent abortion services are only provided by private physician and clinics who do it “behind the door”. One respondent said that “poor people” seek the services from government hospitals. But another respondent has clearly pointed out that “80% of our population lives in village, so they can’t reach the hospitals or clinics in district level”. The same respondent further says that these people seek the services from “private sector or to person formally or informally giving service and many times they abort the child by quack illegally”. Respondents have also mentioned that quacks in the village use “plant roots and barks along with medicines” for abortion. One respondent has also stated the “city centeredness” of services and that the services are not “available much” in villages. Only one respondent has mentioned the high cost of the services which she thinks makes it less accessible.

The issue of attitude of the providers is also brought up by a respondent. She stated that “lack of awareness” in the providers of abortion services which also makes it difficult for people to avail the service. To quote her “Many of the providers do not like this kind of service and are not willing to provide it.”

In the in-depth interview, most respondents have said that is a debate on abortion between people from “fundamental and religious groups” and people working for

“reproductive rights of women”. Quite a few respondents have mentioned the tussle between these groups and resistance faced by service providers. To quote a respondent “...many NGO clinics are attacked by local people and are burnt. Mainly the people who give mandates are the culprit behind these. This was published in the newspaper. These people are against NGOs and their abortion services”.

- **Knowledge/Opinion about consequences of unsafe abortion**

The survey explored the respondents’ knowledge about the consequences of abortion and the responses are given below:

Statement	Yes	No	Don't know
Abortion is illegal and unavailable so the question is irrelevant	55	143	15
The woman is considered a social outcast	75	132	6
There is high possibility of infection leading to death	193	18	2
Unsafe abortions are rare so not much is known	79	122	12
It can lead to long term health effects	183	25	5

Almost all respondents in the in-depth interview have associated abortion with the health of the women. Information is seen as one of the key factor which decides access to a service. Lack of information on RH issues and lack of information on where to seek safe abortion services affect women’s health adversely. One of the respondents opined that ‘Lack of information regarding safe period of abortion can make it delayed thus complicating the abortion and increasing the risk of life’. Another respondent has mentioned about the complication that can happen in case of late abortion - *“Uterine fistulae (Vesico-vaginal fistulae) due abortion at the third trimester”*. Information on where to seek safe service is lacking so people seek the services from not so safe sources. Nearly all respondents have linked maternal mortality and unsafe abortion. To quote a respondent *“Of course, the mortality and morbidity rate of our women is much high and abortion is playing an important factor. About 70% of the death occurs are due to unsafe abortion”*

Some of the respondents have also listed out the consequences of unsafe abortion. Apart from “death”, “bleeding” and “infections” are some of the consequences that these respondents have repeatedly said. There is also mention of anemia because of bleeding as the cause of death of a woman. Most of the consequences listed out by respondents relate to problems with reproductive organs like severe vaginal bleeding, septic abortion, genital tract infection, uterine perforation and loss in the ability to reproduce. One of the respondents has also mentioned incomplete abortion as one of the bad outcome of unsafe abortions in the hand of village quack. One respondent has mentioned “long term morbidity” as a consequence of unsafe abortion.

One of the respondents has succinctly summarized the consequences *“The hazardous consequences of unsafe abortion are many, for example a woman can be dead or can become disable, develop mental problem, loss working ability, loss an organ or can develop serious complications in uterus.”*

In the indepth interviews most respondents have indicated mental distress as one of the implication on women who are not able to access the abortion services because of social reasons. Almost all respondents opined that women are “discouraged” and donot get “support” and “face obstacles” from the family and society in general and religious leaders in particular to go for abortion. In the family the mention of “husband, male members and in laws” come again and again. One respondent has said that women may, as a result of not able to access the abortion service, opt for suicide.

According to respondents, women also face problems at the point of service delivery. One respondent has mentioned that young girls who are rape victims face mental agony as the service providers want to know the name of her husband and address. Complying with the legal formalities can be a hindrance in availing the services e.g availing abortion services can be very difficult for an unmarried woman whose guardian can not be found.

Problems at the point of service delivery may also relates to malfunctioning of public health system. A respondent has indicated that *“Patient may also suffer from other harassments like absence of doctor or nurse or lack of medicine .etc.”* Apart from this, women have to live in a fear of being blamed which adds to their “mental distress” as they have to constantly hide from their family and society that they have availed the services of abortion. According to a couple of respondents adverse health outcomes due to unavailability of the services also affects the “socio economic condition”.

- **Knowledge of and opinion about IPPF and MA involvement in issue of abortion**

The survey included a set of questions to understand the respondent opinion about why IPPF considered safe abortion a priority issue and what they felt should be the MAs position on the issue. The responses are summarized below:

Why IPPF is involved in the issue of safe abortion	Agree	Disagree
Because IPPF is dominated by western feminist groups	53	160
Because the US government promotes abortion	55	158
Abortion is an essential health need of women, more so with vulnerable groups	186	27
Abortion is a key reproductive right and IPPF is committed to reproductive rights	203	10
Because of orders from ICPD	80	132

Considering the responses from the in-depth interview it is a little surprising that a little over a quarter of the respondents felt that IPPF was concerned because of Western Feminist influence and that FPAB should not get involved because it is illegal.

The survey also reveals the following:

Why FPAB should be involved in the issue		
Has no role since abortion is illegal	53	159

Abortion is a cultural issue and FPA should have the space to have an independent stand	144	69
Provide post abortion care services	169	44
Provide full range of safe abortion services	200	13
Generate public debate on safe abortion services	187	26
Provide contraceptive services so safe abortions services become unnecessary	123	90
Have more internal discussions before taking any steps in public	195	18

Almost all respondents have stated that FPAB position toward abortion is supportive and it wants to establish safe abortion as women’s right. They also feel that it is playing the role of pioneer in this issue in Bangladesh and they are experts. Respondents also feel that their understanding and work area has somewhat expanded. To quote a respondent “As previously FPAB’s work was focused on family planning at present this is focused on Reproductive Health rights”

According to respondents FPABs attitude towards abortion and MR has become “more liberal”. Respondents said that previously FPAB used to provide only MR services but now any kind of unwanted pregnancy can be terminated. According to a respondent MR and abortion services are now being provided “without discrimination” and “irrespective of marital status of women” and also for “adolescent-youth girls” regardless of religion and community. Few respondents have also mentioned that there has been a considerable expansion in FPAB’ work as there is “increase in area of work and number of workers” , “increased access to the service”. Recognition of rights is a change that a respondent have mentioned. To quote her “Yes, there are changes. We did not take it as a mother’s right before and we did not have the attitude that we are providing this service to ensure someone’s right. At present we give the service of MR as a health right of mothers.” The same respondent said more importance is being given now to “improved service quality” , “maintain confidentiality of the clients” who seek abortion services and husband’s name is not asked as earlier.

All respondents have categorically expressed that they don’t think that there is any conflict of opinion among FPAB position on abortion and FPAB staff. To quote a respondent “I think all the staff and members of FPAB have a unique and similar opinion regarding the abortion issue.”

Few respondents have stated that even the volunteers working for FPAB have the same opinion. Further all respondents except an EC respondent have clearly said that all staff members in FPAB working on the issue of abortion especially those providing services or information feel comfortable about their work and disagreements if any are discussed in internal staff meetings. To quote that EC respondent “They (staff) don’t feel fully comfortable and I think to overcome this there should be further changes. He has mentioned meeting and discussions at internal levels which may bring positive changes in them”.

All respondents have expressed that government has positive policies for abortion,

government rule favors abortion and FPAB policies complies with those rules and they do not clash with each other. One respondent was of the opinion that government gives FPAB many supports including “supply of contraceptives” and they have “good relations” with them.

While not all respondents had heard of the GCAC project, there was unanimity that FPAB should get involved in the project. Though the respondents did not have detailed information about the project they felt that the project was important because of the importance of the problem, but also because both the services seekers and the service providers would benefit from the project. They also provided concrete suggestions for making the project successful which included

- Developing infrastructure
- Skill training for providers
- Develop capacity to manage complications
- Increase awareness in the community
- Improved counseling and service delivery
- Conduct advocacy

Induced Abortion in Sri Lanka

Knowledge about and Opinion of FPASL providers and EC members.

Background - Sri Lanka is an exception in the South Asian region in terms of demographic and public health indicators. Compared to other countries in the region it has higher life expectancy, a very low maternal mortality rate, higher contraceptive prevalence, higher rate of immunization among children, a better sex ratio and a much better human development index rank. A large section of its health needs are met by the public health sector. One area where Sri Lanka is different from some countries of the region, is that the country lacks a liberal abortion law. According to the Penal Code of 1883 there are no provisions for the legal termination of pregnancy except to save the life of the mother. However, in 1973 there were recommendations that the law be liberalized to allow for preventing grave injury to the physical and mental health of the mother, or if the baby when born would suffer severe physical and mental deformities. These recommendations were never incorporated into law. The law as it stands provides for imprisonment up to three and even seven years depending upon the duration of the pregnancy. The law is the same for the provider and for the woman. If however the abortion is caused without the woman's consent or results in the woman's death the punishment can extend up to 20 years. However convictions under the law for abortion are rare (1).

According to secondary sources abortion is common. Women from high income households visit psychiatrists to get recommendations, while those from lower income households resort to 'back street abortionists' (1). There are reports that there are up to 700 abortions taking place in the country every day and that 7 induced abortions take place for every 1000 live births and that the total abortion rate for women between the age of 15 – 49 is 1.92 compared to a total fertility rate of 2.1 (2). Most abortion seekers are reported to be married (3).

Findings

The study of FPASL providers and EC members included two components – a self administered survey which was taken by all (39) members and an in-depth interview which was conducted among 10 persons covering paramedics, doctors and EC members. The findings are being reported according to the key study questions.

- **General Attitude to/ Opinion about Abortion**

The survey explored the opinion/ attitude of the provider to induced abortion and the following picture emerged.

Statement	Agree	Disagree
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Legalising abortion has no relation with promoting free sex	27	12
The decision of abortion should be made by the doctor concerned and not the mother	10	28
Availability of safe abortion services is an essential component of women's health care services	31	7
Poor women have the most difficulty in getting safe abortion services even if they are legal	27	10
Permission of the husband should be necessary if abortion is legal	24	14
Providing unmarried girls access to safe abortion can promote premarital sex	14	25
Abortion services are not usually required by married women	8	20
Freely available abortion services leads to the moral corruption of society	16	21
Poverty cannot be justified as a reason for seeking abortion services	21	17
Religious laws around abortion are necessary to safeguard traditional moral values in society	20	18

There is a consistency of opinion between of respondents agreeing that legalizing abortion has no relation to promoting free sex in one place (69%) and disagreeing that unmarried girls access to safe abortion can promote pre-marital sex (64%) and disagreeing to free availability of abortion services leading to moral corruption (54%). 20 out of 39 (51%) felt that abortion services are required by married women. 72% women disagreed that doctors should decide about abortion, while 62 % felt that the husbands permission should be necessary. A majority of respondents (51%) were in favour of religious laws to safeguard moral values.

The in-depth interviews clearly highlighted the importance of religious and moral values in criminalizing abortion and consequently restricting access to abortion services in Sri Lanka. The respondents repeatedly made reference to abortion being associated with the 'killing of life' and 'destruction of life' and said that abortion was seen as 'sin'. Religion, particularly Christianity (Roman Catholics) were seen as being opposed to abortion and there was more than one mention that this was done for the 'sake of the Vatican'. One respondent emphasized that it was 'not the Buddhists not the Hindus' who were the main religious opposition. The Catholic priests were mentioned to have stalled open discussion on this issue in the parliament.

In addition to the religions restrictions to abortion, the respondents also highlighted that public opinion and political leaders were also against abortion. It was mentioned by the respondents that while leaders opposed abortion, in some cases their children had undergone induced abortion. The public opinion against abortion was primarily because it was felt that legalizing abortion would lead to promiscuity.

The indepth interview tried to explore the respondents knowledge and opinion about any debates around the issue of safe abortion within the country. Some respondents mentioned that there had been some debate generated by NGOs and women's groups but that had been some time ago. There was also a solitary mention that abortion was also a result of 'indifference' and irresponsibility of couples" towards using family planning methods. This statement would indicate that the services are reasonably freely available.

- **Knowledge about Legality of Abortion in the Country**

The survey mapped the knowledge of the providers about the legality of induced abortion and the results are as follows:

Overall 27 out 39 or 69% of the respondents felt that induced abortion was legal which is not the case.

When asked about the conditions where pregnancy may be terminated the following picture emerged:

Condition	Correct response	% correct response
Save the life of mother – Yes	30	86
Protect physical or mental health of mother - No	16	46
Rape or incest - No	19	54
Congenital abnormalities of the foetus - No	19	54
Failure of contraception - No	32	91
For dealing with unwanted pregnancy - No	31	89
Abortion is not legal but there is provision to start menstruation if menstruation has stopped. - No	18	51

- **Knowledge/Opinion about Women’s needs/ help seeking around abortion**

The survey found that (31 out of 39) 79% respondents felt that abortions services are an essential component of women’s health care services. However (17 out 39) 44% respondents felt that women in Sri Lanka don’t need or seek abortion services. In the indepth interviews almost all respondents felt that abortion was an important health issue for women in the country.

The survey also tried to understand the opinion of the respondents to abortion seeking and abortion seekers and the results are as follows:

Statement	Yes	Percent
Women don’t seek or need abortion commonly	17	44
Married woman with unplanned pregnancy	35	90
Rape or incest leading to pregnancy	34	87
Husband is violent, abusive and unsupportive	21	54
Unprotected sex with a non regular partner	32	82
Possibility of congenital defects in child	18	46
If the sex of the foetus is one that is not desired	10	26

In the indepth interviews the most common class of abortion seeker mentioned was the un-married young girl. This is contrary to the evidence available from studies.

The survey tried to understand who are those women who commonly need or seek abortion and the results are as follows:

Women who seek abortion most probably are :	Yes	Percent
A sex worker/ prostitute	12	31
Unmarried woman who has casual sex	29	74
Teenage girl with boyfriend	25	64
Mother of three daughters in a stable marriage	13	33
Poor woman	16	41
Rich woman with many boyfriends	17	44
Woman facing domestic violence	14	36

The findings perhaps point out that there is inadequate understanding of the fact that most abortions take place within marriage, and that there are social/economic/gender compulsions that women face in the context of unwanted pregnancies.

In the in-depth interviews the respondents agreed that abortion should be included within a comprehensive RH services package, but were wary of going beyond the limits of the law. A number of respondents noted that there was a need to have comprehensive RH education in schools which was currently not the case. Parents as well as teachers were of the opinion that this would lead to promiscuity.

- **Opinion about abortion service provision**

The survey explored the issue of availability of services for induced abortion and threatened abortion. The responses were as follows:

Knowledge of place where abortion services are commonly available

Place	Yes	Percent
Illegal and unavailable (1)	19	49
Traditional providers (2)	22	56
Backstreet providers (3)	32	82
Self induced abortion (4)	16	41
Other (mention) – (5)	6	29

Knowledge about where are services for threatened abortion commonly available

Service Delivery Point	Number	Percent
Not available	5	14
Government hospitals	22	60
Pvt hospitals	4	11
NGO hospitals	0	0
Home remedy	5	14
Traditional Providers	0	0
Other	1	3

Since abortion services were illegal, cost was a very important factor restricting access, and this was mentioned by number of respondents during the interview. It was mentioned that the ‘abortionist can charge any amount’. The fact that women do not have ‘funds to pay the provider’ was mentioned by a few respondents.

There was a division of opinion among respondents of the in-depth interview about the availability of abortion services. While some were categorical that ‘abortion services are not freely available’ and are ‘provided by private informal and illegal providers’. On the other hand other respondents felt that ‘abortion services are available everywhere’, or ‘freely available Island wide’. There was near unanimity however among the respondents that the providers and the services were either ‘private’, ‘informal’ or ‘illegal’. Since the service are illegal some respondents also said that women and their family have difficulty in accessing ‘locating’ the services. The respondents mentioned that there was a ‘black market’ for abortions.

In the survey the opinion of the respondents about providers of abortion services was also explored and the picture that emerged is as follows:

Opinion	Agree	Disagree
Service providers who provide abortion services have no ethical values	16	22 (56)
Doctors take advantage of a woman’s vulnerability while providing abortion services	16 (41)	21
If abortion is legal, then doctors who personally don’t want to provide abortion services should refer the woman to the nearest abortion provider	19 (49)	18
If abortion is legal then doctors as the moral guardians of society are best placed to make decisions relating to abortion	14	23 (59)
If abortions are illegal, then the doctor who provides safe abortion services in a hidden manner provides a necessary service to society.	17 (44)	19

- **Knowledge/Opinion about consequences of unsafe abortion**

The survey explored the respondents’ knowledge and opinion about the consequences/ implications of unsafe abortion.

Statement	Yes	No
Abortion is illegal and unavailable so the question is irrelevant	10	25 (64)
The woman is considered a social outcast	12 (31)	23
There is high possibility of infection leading to death	32 (82)	3
Unsafe abortions are rare so not much is known	10	22 (56)
It can lead to long term health effects	31 (79)	4

In the in-depth interviews the respondents were very concerned about the quality of the available illegal abortion services. Many respondents said that such poor quality leads to complications like ‘infection, haemorrhage, sometimes maternal deaths, chronic Ill-health pelvic inflammatory disease and sub fertility’. In addition the women did not receive any counseling or post abortion services.

In addition to the health consequences of illegal abortion, the respondents in the indepth interview mentioned a number of social consequences of abortion. Social stigma/

stigmatization/ ostracism was mentioned by a few respondents, and mention was also made that the whole family is considered to be social outcaste. Other consequences that were mentioned are list below:

- There is great psychological effect on the woman and her family
- If she is unmarried her partner might leave the girl
- Face abuse from the partner
- Young girl might drop out of school
- Adolescents do not receive any support from the family members
- If they are young they are sent off to the convents
- They might commit suicide

• **Knowledge of and opinion about IPPF and MA involvement in issue of abortion**

The survey reveals that there is some confusion about the stand and background of IPPF on the issue of abortion.

Statement	Agree	Disagree
Because IPPF is dominated by western feminist groups	12	21 (69%)
Because the US government promotes abortion	1	33 (85%)
Abortion is an essential health need of women, more so with vulnerable groups	29 (74%)	6
Abortion is a key reproductive right and IPPF is committed to reproductive rights	28 (72%)	8
Because of orders from ICPD	2	24 (6%2)

The survey also enquired about whether FPA SL should be engaged in the issue of safe abortion services and the results are given below:

Opinion	Agree	Disagree
FPA SL has no role since abortion is illegal	6	27 (69%)
Abortion is a cultural issue and FPA should have the space to have an independent stand	21	14 (36%)
Provide post abortion care services	29 (74%)	7
Provide full range of safe abortion services	19 (49%)	15
Generate public debate on safe abortion services	31 (79%)	4
Provide contraceptive services so safe abortions services become unnecessary	20	16 (41%)
Have more internal discussions before taking any steps in public	27 (69%)	8

The results of the survey indicate there is considerable difference of opinion about the role of FPA on the issue of safe abortion, and about what kind of steps it could take.

During the indepth interviews an attempt was made to understand the respondents' opinion on what was the FPASL's stand on the issue of induced abortion and whether there was any debate on the legality of the issue. An attempt was also made to understand the respondents position about the GCAC project. The responses are summarized below.

FPASL is primarily involved in providing contraceptive/ family planning services and is

not involved in providing safe abortion services but some post abortion care. The respondents were near unanimous in their opinion that FPASL policies were in consonance (in 'no conflict') with the law and with public opinion. FPA's position was to bring about public awareness to prevent the need for abortion. Opinion was divided about whether FPA staff were comfortable on the issue of providing information and post abortion services. While some felt they were others felt they were not. One respondent mentioned that there was possibility that there were differences of opinion among the staff, especially since the matter had not been discussed and no surveys had been conducted among the staff earlier. Other respondents were of the opinion that the FPA staff were not too interested in abortion because it was not an issue for them, however they were comfortable providing preventive and counseling services. A majority of the respondents said that there were no instances of refusals among the staff to provide services that were part of the FPASL mandate.

Opinion was divided on whether FPA should take up the issue of abortion. Some felt that within FPA there was a change in position and the changes in attitude of the President, Executive Director and youth volunteers was mentioned by the respondents. However the majority were wary of FPA taking any steps which would be contrary to the law. Some respondents felt that the law needed to be expanded at least to allow for rape and incest. One respondent was categorical that FPA should take up the issue because it was 'an unrecognized national issue'. On the other hand other respondents felt that there was no change in the FPA SL position on abortion. There were suggestions that FPA could advocate with the government not to legalise abortion but to 'include abortion services in a manner so that it will not go against the law', which displays a certain ambivalence or hesitation to confront (conflicting stands with the government) the issue. In order to change FPA SL's position and actions related to abortion it would be necessary to take the decision in the National Council.

Not all the respondents who were interviewed had heard of the GCAC project. Opinion was divided about how FPA SL could participate in the project. While some felt that FPA should get involved as the leading NGO in the country, the majority felt that the role should be limited to sensitizing priests and political leaders. One respondent was definite that 'they should not force us to do abortions'. There was concern about raids on abortion providers and the raid on Marie Stopes Clinic was mentioned by more than one respondent. However another respondent felt that FPA SL should get involved as a service provider, information provider and advocate. This was necessary because many women attend the FPA SL clinics requesting services for unwanted pregnancies. FPA had also successfully advocated for inclusion of RH related education in the school curriculum.

Induced Abortion in Maldives

Background

Abortion is illegal in Maldives. It is only allowed under restricted circumstances like if woman's life is to be protected or physical health is in danger. Abortion is only legal for within 120 days of pregnancy for suspected thalassaemia majors and to save the life of the mother. IPPF SARO data shows that there is visible demand for abortion at SHE, reported cases of unsafe abortions from field level, reported cases of post-abortion care at Regional Hospitals. Abortion is not allowed in cases of rape and incest.

Findings

In Maldives, the quantitative dataset is very small (4 responses). Therefore the findings have not been included here as the basis of analysis. This only consists of the findings of the in-depth interview.

- **General Attitude to/ Opinion about Abortion**

There was a mixed response on the abortion as a health concern among women in Maldives. While few felt that it is a concern, others did not think so. Almost all of them said that no research or data is available on abortion in Maldives. Moreover, they added that there is no public debate or discussion on abortion, so it is difficult to gauge the need. One of the respondents pointed out that the debate is only among the medical professionals. This person also mentioned that “due to rise in public awareness of Thalassaemia, public is more accepting towards abortions”.

- **Knowledge about Legality of Abortion in the Country**

Most of the respondents said that abortion is illegal in Maldives, however they added under certain circumstances like if woman's life is under threat or if the foetus is unformed or suspected with thalasemia, then abortion is allowed. To quote of the respondents, “after a prenatal analysis if the foetus has a debilitating genetic condition (this should be before 120days of gestion). Despite the illegal status, one of the respondent said that “from the hospital data we know a number of women undergone D&C under the diagnosis on incomplete abortion, missed abortion, bleeding PV and that this number is on the increase”. Some of the respondents pointed out that according to religion, abortion is seen as equal to murder or “killing a life no matter when or why it is performed”.

- **Opinion about abortion service provision**

One of the respondents said that “from the hospital data we know a number of women undergone D&C under the diagnosis on incomplete abortion, missed abortion, bleeding

PV and that this number is on the increase”. It came out from all the responses that abortion being illegal in Maldives, free abortion services is not available. One of the respondents pointed out that post abortion care is provided without any discrimination.

- **Knowledge/Opinion about consequences of unsafe abortion**

The in-depth interview with respondents did not reveal any findings on consequences of unsafe abortion.

- **Knowledge of and opinion about IPPF and MA involvement in issue of abortion**

There was mixed response on this topic. Few of the respondents felt that FPA position’s is that it does not differ in opinion from the country’s policy on abortion and abortion has not been discussed amongst staff of FPA. However, it was said that advocacy by SHE on legalizing MTP for Thalassaemia resulted in legalization of MTP within 120 days of gestation. In addition, it was said by one of the respondents that at a personnel level, “most of the staff feel abortion should be legalized and provided for victims of abuse, incest, rape and method failure cases”, however some staff are hesitant even to voice this difference in opinion”. Another respondent said that “none of the staff members have refused to give information but some members have expressed their concern about ‘promoting’ abortions”.

It was reiterated that FPA Maldives do not provide abortion services but provide post abortion counseling to those that seek such help. Two of the respondents said that FPA should provide information on unsafe abortion and post abortion counseling and under which condition abortion is legalized in the country to minimize unsafe abortion and create awareness regarding responsible behavior and also increase contraceptive usage. On the GCAC Project, only one respondent had heard about it, while 2 others had not heard and one made no comments. The respondent who heard about GCAC project added that FPA should take up a project on unsafe abortion/ post abortion care. This person emphasized on that in Maldives there is a need to work on creating awareness at all levels, not forgetting policy makers, to try and legalize abortion for, abuse, incest, rape and method failure cases and not to be promote abortion as a method of contraception.

Overall Note for Future Deliberations

Afghanistan:

Weakness

- Given the socio-political and legal context of Afghanistan, the respondents were found to be certain about anti-legalization of abortion service. Deep rooted thoughts stemming from moral, religious and legal context. Reluctance or silence or denial of the need for safe abortion services. There was resonance among all on socio-political and legal unacceptance of abortion services.
- There was very little willingness to engage in dialogue for legalizing abortion/post abortion services
- Very few mention of the importance to strengthen post abortion care services in the country.
- Some staff members are uncomfortable about providing abortion services.
- Rural-urban divide noticed with rural women have been said to be more vulnerable.
- Sex Selective has been found.
- In few instances it was found that paramedic and providers were more acquainted with ground reality than EC.
- Rights based approach on reproductive health is lacking completely.
- AFGA is against abortion as it follows Shariah law, however provides post abortion counseling and care.

Opportunity

- Unsafe abortion is a health concern among respondents. Some of them pointed out the association between unsafe abortion and maternal mortality.
- On medical grounds, abortion is allowed.
- Government maternity hospitals provide abortion services.
- Scanty mention of change in public opinion on abortion due to AFGA's mass media awareness programmes
- Some respondents were aware of GCAC project.
- AFGA provides post abortion care and counseling along with spreading awareness on family planning methods

Pakistan:

- Islamic Shariah is the customary law i.e. the polity is moulded in religious ideology
- Dilemma in differentiating the legal / non-legal parameters
- Low awareness about abortion laws among providers,
- Opinions differ on the basis of urban rural differences, literacy level, ideological progressiveness, awareness on contraceptive issues

- Not openly debated
- Increasing economic burden and disparity in resource allocation
- Illegal services usually by private practitioners, untrained professionals are easily available
- Issue is rarely discussed among FPAP staff
- FPAP acts in accordance with Islamic principles and hence against providing abortion services

Opportunities

- Literacy level
- To a certain extent there is acknowledgement that provision of safe abortion services is a woman's right
- At present times there has been some change in the public opinion owing to the influence of mass media and other information dissemination platforms, work of NGOs and women activists
- Faith in the various services provided by recognized institutions that may contribute to reducing unsafe abortions
- Workshops and trainings arranged by FPAP sometimes do initiate discussions on provision of safe abortion services
- Debates have taken place although not frequently in the past few years

Bangladesh:

Weakness

- Confusion on legalization of abortion among providers and paramedics. MR is seen as a legal sanctity.
- Opposition from religious leaders and families. Clash between these groups and NGOs and others providing services.
- Some of the providers lack awareness of abortion services and some of them are uncomfortable with providing services.
- Abortion services are not freely available yet, though gradually becoming accessible.
- Harassment at service delivery point.
- Little informed about GCAC project

Opportunity

- Acceptance of abortion as a need and right of women
- Fair understanding of women's rights
- MR as a given reality
- Unanimity in strengthening abortion care services and FPAB's involvement in GCAC project

Sri Lanka:

Strengths

- Progressive views
- Belief in a woman's right to decide about abortion
- Majority admitted that abortion services are an essential component of women's health care services
- FPA SL contribution in disseminating information and awareness related to abortion services

Opportunities

- Acknowledging that abortion is an important health concern
- Low awareness in identifying the section of population seeking population, and knowledge about the legal conditions
- Cost an important factor in restricting access
- Unsafe abortion practices were rampant
- Inadequate understanding of the role of FPA
- Very little knowledge about GCAC project

Maldives:

Strengths

- Abortion is illegal in Maldives
- There was no debate on access to abortion services in country barring few among the medical profession.
- Abortion services are not free
- Low awareness on FPA's position on abortion.
- Low awareness on GCAC project
- Respondents are not forthcoming in expressing their opinion on legalization of abortion. There is inhibition about promotion abortion services.

Oppourtunities

- SHE's advocacy resulted in legalizing abortion for thalassemic reasons of foetus upto 120 days.
- Post abortion care services are provided without discrimination.

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