Research studies on abortion in Pakistan Review

Dr. Rehana Kariapper

Shirkat Gah Publication
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Foreword

The termination of pregnancy or abortion in a woman when it takes place voluntarily is a matter of great concern for all. Such abortions in most instances are carried out clandestinely by unskilled providers in unsafe and unhygienic circumstances, putting women at grave risk to their health and lives.

Unsafe abortions remain a significant cause of maternal mortality and morbidity in much of the developing world.

Almost 67% of abortions the world over are performed in relatively legitimate circumstances, that is before the foetus is viable or able to sustain life independently. However, the world and its laws are not unified in the approach to when life begins in a foetus, whether at conception of the egg, on fertilisation of the ovum, or its implantation in the uterine wall or at delivery of the child. Quranic injunctions provide that the ensoulment of the cell in the body (the embryo) takes place after a certain time period; consequently the foetus is considered a human being after the fourth month of pregnancy.

In Pakistan abortion is considered to be legal only when it is carried out to save the life of the woman or to provide
necessary treatment to her. Such an abortion is also categorized as being ‘therapeutic’, as opposed to a ‘criminal’ abortion which is not performed in ‘good faith’ (meaning to save the woman’s life or to provide her with necessary treatment). There are three more kinds of abortions viz. ‘eugenic’ when there is substantial risk to the foetus, its physical or mental health, till twenty weeks or five months of pregnancy, ‘humanitarian’ in cases of rape or incest, and ‘social’ in cases of contraceptive failure.

An estimated 1 million abortions are performed annually in Pakistan. The country has an abortion rate of 29 abortions per 1000 women of reproductive age. An estimated 1 pregnancy out of six ends in abortion.

This review of abortion-related research in Pakistan has been undertaken to highlight the importance of this problem for the benefit of health care providers and policy makers. Pregnant women who wish to have an abortion are forced to visit illegal clinics run by midwives. Women generally do not use contraception because of inaccessibility, financial constraints, and objections by their husbands on religious grounds. Interestingly many men have objections to their wives using contraception but do not object to abortion. Consequently there are a high number of unplanned pregnancies which end in abortions. In the end special thanks to PRHN members, Dr. Farkhanda Ather, Dr Shehla Sohail, Farkhanda Tabassum and Attia Hanif, who very kindly reviewed the draft of this document.

Dr. Rehana Kariapper
1. Dr. John Casterline, Dr. Susheela Singh and Dr. Zeba Sathar.

Unwanted Pregnancy and Post-Abortion Complications in Pakistan: Findings from a National Study
Population Council, all provinces of Pakistan, October 2004. pp. 57

This document highlights findings of four research studies conducted in 2002 and 2003 in all the provinces of Pakistan: a survey of health professionals, a survey of health facilities, a survey of women who suffered from post-abortion complications (PAC), and in-depth qualitative interviews with women (and their husbands) who had experienced an induced abortion.

The overarching goal of these research studies was to inform and enrich policies and programmes that can reduce the incidence of unwanted pregnancies and reduce the incidence of unsafe abortions. Working towards achievement of this goal, it provides a comprehensive nationwide examination of unwanted pregnancy and its resolution through induced abortion.

The main findings of this study are:

- The incidence of induced abortions in Pakistan is high, one abortion taking place for every six pregnancies. The estimated national abortion rate is 29 per 1000 women of reproductive age. The large majority of unwanted pregnancies, especially those ending in induced abortion, occur to relatively older married women who already have several living children. Low economic status of these women compels them to
resort to abortion rather than practicing contraception as the former entails a ‘one time cost’ as opposed to the continuing costs of contraceptives.

• There are two such groups. The first group comprises urban rich women, who have easy access to modern medical care; who can afford to have a safe though clandestine abortion and the fees of trained health professionals in the private sector. These women generally do not experience serious medical complications that require hospitalisation. The second group is of rural poor women who suffer serious complications after abortion but who do not obtain hospital treatment mainly due to their lack of access to a medical facility and their inability to afford the costs of treatment. Too many Pakistani couples are choosing to risk an unwanted pregnancy, and then resort to induced abortion, rather than practicing effective contraception.

• Morbidity from unsafe abortion is very high in Pakistan. The estimated number of women who experience serious health complications each year as a result of unsafe abortions is almost 197,000.

• There are a huge number of women having clandestine abortions and who remain invisible because they do not present themselves at hospitals for treatment.

The study recommends that:

• Family planning services need to be improved, with the aim of weakening the various obstacles that
prevent Pakistani couples from practicing effective contraception.

• Medical care for post-abortion complications to be more available and of higher quality.

• Men should be more effectively incorporated in resolving the various problems surrounding unwanted pregnancy - ineffective contraception, induced abortion and its repercussions.

• Research on unwanted pregnancies must continue to be pursued.

2. John B. Casterline and Muhammad Shafique Arif

Unwanted Pregnancy and Post-Abortion Complications in Pakistan: Dealing with Unwanted Pregnancies: Insights from Interviews with Women

Population Council, Punjab, Sindh and NWFP, November 2003, pp. 38

This report presents the findings from interviews conducted with women who experienced a spontaneous or an induced abortion. The main purpose of the interviews with women is to place abortions in the context of the woman’s reproductive goals and her reproductive career to date and to provide an opportunity to learn more about the abortion experience from the woman’s perspective.

A total of 448 women were interviewed at 117 health facilities in Punjab, Sindh and NWFP. These facilities either provided treatment for post-abortion complications (PAC) and/or induced abortions. The sample was selective of
women experiencing complications - 328 of the 448 experienced such complications.

In designing this study the following questions were paramount:

- What is the relationship between induced abortion and contraceptive use? Are couples relying on induced abortion as a substitute for contraception? As a back-up for contraception? Why is it that unwanted pregnancies were not prevented by effective contraceptive practice?

- What is the nature of the abortion experience for the woman? Who makes the decision to terminate the pregnancy? What is the respective role of the woman and her husband? What type of facility, and from what type of provider, did she receive the abortion? Who accompanied her to the facility? What is the financial cost of the abortion?

- What PAC do the women experience? How are these complications treated? Is the woman counselled in family planning?

The findings of this report can be summarised as follows:

- Women who resort to induced abortion are knowledgeable about contraception. In fact most of them have past experience of using contraception and regard contraception as superior to induced abortion in most respects.

- The data reveals the social processes involved in
obtaining an induced abortion and dealing with PAC. It was found that the husband is usually involved in the decision to have an induced abortion -- in accompanying the woman for the induced abortion, in discussion of PAC, and in seeking treatment for them. Interestingly a woman wanting to have an induced abortion usually discusses it with her husband. However if she is suffering from a spontaneous abortion she usually confides in her mother-in-law, sister-in-law or mother.

• The most common procedures for these abortions is pills and MVA (manual vacuum aspiration). These take place at non-governmental organisations’ (NGO) clinics.

• As many as one-half of these abortions are performed by personnel that are not fully trained or in conditions that fall short of desired hygienic standards.

• The abortions are expensive, averaging Rs.1,145 or more, which covers consultation fees, drugs, tests and transport.

• Among the post-abortion complications the most common is excessive bleeding (84%) followed closely by excessive pain (80%).

• Delays in receiving treatment for post-abortion complications are common, amounting to 17 days for women with induced abortion.

• Only one-quarter of the women with an induced abortion report receiving family planning counselling.
The objectives of this study were to obtain reliable estimates of the prevalence of induced abortion, the extent of post-abortion complications and to document the range of costs, information on abortion providers, abortion methods and conditions under which induced abortions are performed in Pakistan. The information was obtained from two independent sources:

1. Health professionals

2. Health facilities

The themes in the questionnaire for health professionals were:

• Common methods for terminating unwanted pregnancies

• Characteristics of typical woman seeking an induced abortion

• Common providers of abortion services

• Average costs of induced abortion
• Common providers of services for post-abortion complications

• Estimates of medical complications due to an induced abortion and estimates of cases likely to be hospitalised

• Use of family planning at time of unwanted pregnancy

• Respondent’s views about counselling and abortion law

The aims of the health facility survey questionnaire were:

• To estimate the number of post-abortion complications cases arriving in facilities for care.

• To assess the quality of post-abortion care, counselling and family planning services in the facilities.

This report has some interesting findings:

• Health professionals perceive that nearly three quarters of women seeking a voluntary pregnancy termination are using a family planning method that failed.

• The contraceptive (intra-uterine contraceptive device) methods that fail are oral pills and condoms. Withdrawal, IUCD and injectables are also mentioned, perhaps suggesting poor quality of family planning services -- including lack of back-up support for contraceptive failure.
• The common abortion methods generally used are classified under surgical, oral and vaginal (drugs or instruments). Dilatation and curettage (D&C) (72%) and evacuation and curettage (E&C) (32%) are the most common surgical methods reported by health professionals. Oral methods are hormonal drugs (44%), herbal teas (18%), anti-malarial drugs (33%) and "hot" dietary items (16%). Insertion of a range of objects into the vagina including laminaria (61%), (IUCD) (44%), sticks (43%), medical instruments (14%), and swabs (44%) are mentioned as well.

• The majority of women with PAC are treated at public facilities rather than at private facilities because of lesser costs involved.

• Higher level facilities both in the public and private sectors have a good range of services available to provide quality PAC care. Private sector equivalents of tehsil headquarter hospitals (THQ) and rural health centres (RHC) also show good coverage of staff, whereas public THQ and RHC show a marked understaffing of key personnel. This is an area of concern for improving access to care for women in rural and semi-rural areas through the public sector.

• From the perspective of availability of counselling services at the health facility, family planning and proper nutrition are the main counselling services provided to PAC patients. Information on hazards/dangers of unsafe abortions is offered by only 10% of the health facilities interviewed.
• With regard to the current abortion laws (in Pakistan abortion is illegal except to save the life of the woman), the major recommendation is for relaxation of the abortion laws for specific situations such as congenital/foetal abnormalities, rape and incest.


_Pregnancy and Post-Abortion Complications in Pakistan: Choices of Contraception versus Abortion: Insights from Women, Husbands and Health Care Providers_

Population Council, Sindh and Punjab, December 2003, pp. 61

This study was conducted in seven rural and urban communities of two provinces of Pakistan i.e. Punjab and Sindh. Two categories of respondents -- the health care service providers and the community members were selected for in-depth interviews.

The objective of the study was to find why people resort to induced abortion rather than using contraceptives as a means of controlling fertility.

The investigation showed that most of the respondents are aware of family planning programmes; have past experience of using contraceptives; are currently using both traditional and modern methods and have still gone for induced abortions for mainly the following reasons:

• Economic factor both for the induced abortion i.e. one time expense for a 'curative method' and for not using contraceptives - a regularly used 'preventive method'
which requires the family to have a steady income.

- Women often opt to have an abortion because of the non-availability or inefficient services and facilities of family planning.

- Method failure or discontinuation of contraceptives due to their side effects.

- Abortion is seen as an easy, quick, available and tolerable method of fertility regulation.

- A number of socio-cultural forces operative against women lead to induced abortions. For example, social custom of dowry, traditional rivalry among various female kins, like mother-in-law and sister-in-law, domestic violence, bride price and exchange marriages are found to be reasons for induced abortions. Grown-up sons and married children are the reasons of some mothers to get their pregnancies aborted. Cases of pre-marital and extra-marital relationships resulting in pregnancies and getting them terminated are also reported. There is one case of aborting an unwanted female child i.e. female foeticide.

Nine categories of health service providers are interviewed - private practitioners, traditional birth attendants (dais), lady health visitors (LHV), lady health workers (LHW), family welfare workers (FWW), family planning (FP), community workers, dispensers, MBBS doctors, and hakims (traditional healers). They say that although both traditional and modern methods are used to
terminate pregnancies, manual vacuum aspiration (MVA) seems to be the most appreciated method. The report also says that educated men facilitate women’s effective participation in fertility control and there is need for improving the services and facilities.

Women who undergo an induced abortion are familiar with family planning programmes and most of them are users of traditional and modern methods of contraceptives. But there is a considerable shift in their current use of methods -- a decrease in the use of temporary methods and a significant increase in women who adopt the permanent method of female sterilisation.

5. Shirkat Gah and Women Living Under Muslim Laws

Time to Speak Out: Illegal Abortion and Women’s Health in Pakistan

Special Bulletin,
December 1996, pp. 34

This special bulletin is compiled by Shirkat Gah in collaboration with WLUMIL. It is based on information gained from diverse sources both local and international that deals with the issue of abortion with specific reference to Pakistan.

The question of abortion was first placed in its international context through excerpts from the 1994 United Nations International Conference on Population and Development’s Programme of Action and the Allan Guttmacher Institute’s publication ‘Hopes and Realities’ (1995). The local context was provided by an overview of reproductive health and population policies in Pakistan, prior
to moving into details regarding the abortion situation in the country: research studies, socio-economic factors, methods, laws and recommendations.

6. Fariyal F. Fikree, Sarah Saleem and Neelofar Sami  
Gender Perspectives on Induced Abortion: Knowledge and Attitude - A Community-Based Study in Karachi  
Population Council and AKU, Karachi, November 2002, pp. 67

This report is based on a community-based study conducted in two low socio-economic settlements located in district central of Karachi. The research was carried out to assess gender differences in attitudes towards use of modern methods of contraception for avoiding large family size and seeking termination of an unwanted/unplanned pregnancy. Assessment was also made about health care providers’ knowledge concerning abortifacient methods, and adverse health consequences incurred as a result of unsafe induced abortions.

The purpose of the research was to inform and advocate the need for initiating a national debate on unsafe abortions among policy makers, programme managers, public health/other health professionals, and women’s advocates.

The report throws light on significant gender differentials regarding reasons for conceiving an unwanted/unplanned pregnancy. For example, more men than women mention method failure and lack of knowledge about FP methods. On the other hand, many more women than men remark "don’t know" as there perceived
reason for conceiving an unwanted pregnancy; whereas nearly equal proportions of men and women mention non-use of FP methods.

The study suggests that although abortion is considered a major sin, induced abortions are accepted -- to conform to family norms when confronted with an unwanted/unplanned pregnancy. Significant gender differentials are apparent on a variety of abortion-related issues such as reasons for opting for abortion, contraceptive use prior to the unwanted pregnancy, and post-abortion care. Knowledge of appropriate use and efficacy for specific contraceptive methods and awareness of back-up support for method failure is poor, which suggests improvements in quality of family planning programmes including instituting couple counselling and back-up support for method failure.

7. Dr. N. Rehan

*Unsafe Abortion, Magnitude and Perceptions*

Family Planning Association of Pakistan, Karachi, Lahore and Peshawar

1998, pp. 50

This study is a comprehensive overview of the abortion situation in Pakistan. It was conducted in one teaching hospital, one maternity hospital and a number of abortion clinics in three provincial capitals, Lahore, Karachi and Peshawar.

The objectives of the study were to find out the magnitude of unsafe abortion, characteristics of those seeking abortion and a profile of abortion clinics.

It was carried out from October to December 1997. Five
hundred and fifty six women who got their pregnancies terminated during this period were interviewed.

The study contains detailed descriptions of abortions at teaching and maternity hospitals, abortions at abortion clinics and attitudes of health care providers towards abortion.

Main findings of the study are:

• Knowledge on the extent of morbidity due to induced abortion is scarce

• There exists only a superficial understanding of why women opt for abortion rather than preventing pregnancy. According to this study, there are two major reasons for resorting to abortion: too many children (59%) and contraceptive failure (25.5%).

• Induced abortion is not restricted to adolescents but also occurred within marriage to limit family size.

• Induced abortion is prevalent both where family planning services are available and contraceptive prevalence is high, as well as where family planning is not common.

• The prevalence of induced abortion could only be studied among gynaecological or obstetric patients admitted in teaching and maternity hospitals, because the denominator for cases interviewed at abortion clinics was not available.
• Induced abortion constitutes 2.3% of all gynaecological admissions. The abortion ratio i.e. number of abortions per hundred deliveries in this study is 1.03.

• In this study 32.2% of women seeking abortion are married and over 35 years of age and 43.2% of these women have given birth to more than 5 children.

The study concludes with some concrete recommendations:

• Since 89.4% of women seeking abortion are not aware of the complications of abortion, there is a need to highlight this issue.

• Most abortion clinics as well as hospitals are using D&C as the sole method of pregnancy termination. New methods of pregnancy termination, both surgical as well as medical should be introduced to those service providers who are already providing abortion services.

• The abortion clinics with large clientele in each city should be identified and mutual trust developed through frequent visits by medical/paramedical personnel. Once their confidence has been gained they can be persuaded to use modern techniques of abortion.

• Emphasis should be placed on improving the technical expertise of existing service outlets.
• Since it is very unlikely that government will take any immediate steps in this direction, the major responsibility rests on the shoulders of NGOs and medical professionals themselves to take on the issue.

• The ground realities call for liberalisation of abortion laws.

8. Set of five papers presented at the Second Annual Conference of the Population Association of Pakistan

Pakistan’s Population Stabilisation Prospects
October 31 - November 2, 2001, Islamabad, Pakistan.

i. Prof. Dr. Ghazala Mehmud, Dr. Nazneen Akhtar and Z. Mushtaq.

The Incidence and Outcome of Induced Abortion at Pakistan Institute of Medical Sciences, Islamabad

A study was carried out on 764 patients who were admitted with abortion related complications from October 1999 to September 2001 to Maternal and Child Health Centre, Pakistan Institute of Medical Sciences, Islamabad. Of these 764 patients, 708 were identified as spontaneous, and 56 as septic abortions.

All women with suspected induced abortion were interviewed to find out the status of person who did the abortion (abortionist), abortifacient/instrument used for inducing abortion and to assess factors associated with illegal abortion. A record was also made of the age, parity, gestational age, terminal
complications, maternal morbidity and mortality.

The study reveals some very interesting findings and concludes with the recommendation that ‘maternal health risks can be reduced by taking preventive steps such as educating TBA and paramedical health workers, training physicians in the management of abortion and its complications, family planning education and provision of its services to all fertile women and public awareness of the abortion law’.

ii. Dr. Naushin Mahmood

_Trends and Variations in Unwanted Childbearing among Pakistani Women._

The analysis of empirical trends in unwanted fertility rate during the past decade has shown an increase in the early part of the transition which is expected to decline in later years with greater adoption of contraceptive use and reduction in overall fertility.

As this has not happened, the study recommends that policies and programmes aimed to promote contraceptive use need to be strengthened and directed towards eliminating or at least mitigating the obstacles to contraceptive adoption. In this context, programmes directed to promote spousal co-operation and communication and men’s involvement in family planning are of special significance. Moreover the trends and variation examined in this study indicate the need for focused efforts to prevent a further rise in unwanted fertility rate and likely increases in abortions as fertility transition moves further. Such
efforts are of special relevance because they provide direct health and socio-economic benefits to women, their children and families at large.

iii. Dr. N. Rehan, Dr. Attiya Inayatullah and Iffat Chaudhary

Unsafe Abortion (Magnitude and Perception).

The findings of this study suggest that despite its restrictive legal status, induced abortion is fairly prevalent in the country and a large proportion of married women are using induced abortion as a method of contraception.

In general, people lack knowledge about the correlation between contraception and abortion and the complications of induced abortion.

It gives concrete suggestions for improving the situation e.g. extensive information, education and counselling (IEC) campaigns highlighting the issue and improving the technical expertise of existing service outlets.

iv. Neelofar Sami, Fariyal F. Fikree, Shiraz Hashmi and Sarah Saleem

Unwanted Pregnancy and Induced Abortion - Perspectives of Men and Women in Low Socio-Economic settlements of Karachi, Pakistan

This report focuses on a qualitative study conducted in two squatter settlements of Karachi. The objectives of the study were to explore the gender differences in
family planning, unwanted pregnancy and religious perspectives.

In conclusion the report says that family planning is considered for limiting the family size either for the purpose of health of women or due to financial constraints. The difference in the views of men and women can be explained in context of the roles they play. Women have to take care of the family so for them, health of the family is most important. On the other hand, men have to earn and bear the expenses of the family.

Sub-standard quality of family planning services and husband’s opposition are the main factors for non-use of contraceptives resulting in an unwanted/unplanned pregnancy.

People generally believe that it is a sin to go for termination of pregnancy but they rationalise it according to their own circumstances if they face an unwanted pregnancy.

The report recommends that family planning services should concentrate not only on improving the quality but also making it acceptable for people to appreciate spacing and not limiting family size as the meaning of family planning.

Involving men in family planning programmes is important not only for its success but more importantly for the issue of counselling couples together.
v. Dr. Mohammad Akram Pervez  
*Induced Abortions in a Rural Community*  
*Outskirts of Lahore.*

This is a report based on a study on abortions undertaken by the Maternity and Child Welfare Association of Pakistan in a rural community during 1997-99.

Pregnancy was tested in 1691 women who had missed their periods by a week, and if confirmed, the outcome of their pregnancy was examined.

Some of the most pertinent facts highlighted in the report are that 86.2% pregnant women (who had an average of 2.5 living children) wanted the pregnancy to continue, 12.8% (who had an average of 5.4 living children) said they did not want their pregnancy, and 1% (who had an average of 5.3 living children) did not answer the question.

Of the total pregnant women 66 or 4.2% had induced abortion. These women had an average of 6 living children each.

It was also seen that 68.2% of the abortions were conducted by dais or nurses and the rest by dispensers, doctors, hakims, quacks, LHV, or self induced.
This paper presents the findings of a small study which was conducted to establish whether women would respond, in the cultural milieu of Pakistan, to such a sensitive issue. Following the positive response in this initial study, the researchers conducted an in-depth interview of 30 women who had undergone an induced abortion.

The paper highlights the fact that Pakistani women living in low socio-economic settlements of Karachi seek voluntary termination of their pregnancy in complete cognizance of its dire consequences, as a result primarily of their determination not to have more children than they and their families can care for. The economic loss in treating women with abortion complications and in terms of women’s economic productivity must be recognised by the government. The paper suggests that measures should be put in place to prevent unwanted pregnancies by providing quality contraceptive services.

10. Shirkat Gah

*Woman’s Health: Road to Safety*


This is an information booklet on the abortion situation in Pakistan. It gives an overview of abortions internationally
and in the country, abortion laws in the world, legal and illegal abortion, safe and unsafe abortion, methods of abortion and some guidelines for doctors and health workers, and women wanting to have an abortion.

11. Qudsia Mehmood and Aamna Khalid. Abortions: a Dilemma, a Reality
Supported by Leadership Development Mechanism (LDM) Pakistan and The David and Lucile Packard Foundation, four provinces of Pakistan. pp. 63

This study chronicles the real life stories or testimonies of women who have had one or more abortions during their married lives. Literate and illiterate, urban and rural women from all four provinces of Pakistan are interviewed for this study.

The objectives of the study were:

• To invite the attention of the concerned circles towards the rising incidence of abortions in Pakistan

• To examine the health facilities available to women requiring interventions for interruption of pregnancy

• To analyse the psychological and physical impact of abortion on women

• To study the attitude of family members, relatives and doctors in case of abortion or loss of a baby

• To determine the role of men in a women’s issue
The booklet contains a total of 47 testimonies which give crucial insights into the issues around induced abortions in the country.

According to this research the major reasons for abortion are:

• Unwanted pregnancy
• Poverty
• Lack of awareness about own body, RH and FP methods on part of both husband and wife
• Lack of skills in using FP methods
• Lack of decision making power among women
• Unwillingness of male partner for using contraceptives/vasectomy
• Frequent pregnancies
• Early marriages
• Lack of health facilities
• Lack of skilled and trained staff
• Lack of access to health facilities and skilled and trained staff
• Malnutrition among females
• Heavy workload
• Psychological stress
• Family disputes
• Husband’s death
• Sex selection

The physiological impact of abortions includes:
• Increased body weight
• Swelling on feet and stomach
• Backache
• Pain in joints
• Pain in legs
• Weakness
• Anaemia (low Hb)
• High/low blood pressure
• Vaginal discharge
• Nausea
• Dizziness
The social impact of abortions is:

- Women do not receive any moral support from their in-laws, husbands and/or parents
- Some of them remain in isolation
- Women are normally blamed for being responsible for abortion


A study was carried out in village Tret, 26 kms. from Islamabad and off the main road, situated in between a typical urban and a typical rural area in district Rawalpindi. The main objectives of the study were:

- To explore how contraception and induced abortion are perceived as options for avoiding unwanted births by Pakistani men and women, and to what extent they deliberately choose one over the other and why
- To understand the language and ways of talking about reproductive behaviour, with Pakistani women and men

The study aimed to explore the decision-making process surrounding fertility choices; and describe a birth which is ‘unwanted’ or ‘mistimed’. Subsequent to experiencing one
or more wanted and/or unwanted pregnancies, investigation was carried out as to how choices are made about using contraception and induced abortion as options for avoiding an unwanted birth.

Individuals for the study were recruited from the general population of the selected community -- 10 married women of reproductive age, and seven married men, all of whom had at least four living children. A total of 17 in-depth interviews (10 with women and 7 with men) and two focus group discussions (one with men and the other with women) were held.

The study revealed some important findings:

• In Pakistan, as couples mostly have arranged marriages, and pregnancy out of wedlock is unacceptable, there is almost no concept of husbands and wives discussing reproductive intentions before and even soon after marriage.

• The first child is always wanted for men to prove their masculinity and women to demonstrate their fertility.

• There is a continuing communication gap between spouses. They do not think or talk about their fertility or contraceptive use or induced abortion at the start of their reproductive lives.

• Couples generally start thinking about their fertility after having children, usually after more than four children when they feel the financial constraints.
• Even after reaching this point not all couples limited their family size by using contraceptives. In many instances husbands do not allow women to use a family planning method, at other times women themselves fear side effects. Sometimes couples face the failure of a method while using it, especially condoms. Thus they fail to manage their fertility, have more than 5 to 6 children and can not meet their basic needs.

• Women are clearly in favour of using contraception to achieve their reproductive goals. However they cite non-availability of contraceptive methods at the community level and fear side effects when they fail to use them regularly. Often they rely on temporary methods and withdrawal, which frequently end in unwanted pregnancy. Another reason for women becoming pregnant is that they have unprotected sex when they assum they are protected, for example for some months after childbirth. Other reasons for unwanted pregnancies are casual attitudes of husbands in buying contraceptives, and the lack of women’s mobility and autonomy.

With women, mistimed pregnancies start earlier and unwanted pregnancies start later into childbearing. Women are prone to compromise with a mistimed pregnancy and usually carry it to full term, but seem to be more likely to seek an abortion in the case of an unwanted pregnancy. They try all available means of induced abortion, starting with home remedies (like jumping, lifting heavy loads etc.) to going to service providers. They are sometimes successful in convincing their husbands to allow them to have an
induced abortion, or go clandestinely. Women who seek an induced abortion secretly expect some verbal and physical violence from their husbands which they do not mind because rearing an extra child is more difficult.

- Men in general do not approve of contraceptives or induced abortions. However in their own personal life, and depending on their situation, when they have to make a decision, they show some leniency and expediency. Essentially they oppose contraception and induced abortion in public, but allow both if done with confidentiality.

- Men do not report induced abortions at all or report induced abortions as spontaneous abortions, also called ‘miscarriages’. The reasons for this under-reporting are that men usually do not know about the occurrence of the pregnancy which results in an induced abortion, or they do not know the exact outcome of the pregnancy (induced or spontaneous) or they possibly do not want to disclose it publicly. On the other hand women generally report more accurately on the outcome of a pregnancy.

- The study finds that induced abortion is used as a backup for contraception to control fertility in Tret. Women (and men) prefer to use family planning methods to regulate fertility because they are less expensive, socially acceptable and easier to obtain, compared to induced abortion. However when an unintended pregnancy occurs due to either method failure or misconception about the safe period women opt for induced abortion.
The researchers concluded by saying that the final explanation for the choice between abortion and contraception is a myriad of reasons ranging from availability and accessibility of services at the community level, to the most intimate of relations between men and women, to individual variation among women themselves related to their own determination, autonomy and sometimes desperation.

**Recommendations:**

The study was carried out at a site which lies in between typical urban and rural areas (semi-urban) and which is fairly adequately served in terms of reproductive health services. Such a setting is reflective of the overall situation in Pakistan. Therefore the recommendations put forward in this study are applicable to the whole country.

Some recommendations of the study are:

- Provision of more and better services, and an improvement in the array of services for family planning and for reducing the outcomes of unsafe abortion (through better post-abortion care and other safer procedures).

- More thinking and action is required to tackle the difficult areas of inter-spousal communication, women’s power in relationships in settings where women are generally uneducated and constrained in terms of choices, economic power and especially in their mobility.