

EDITORIAL

Unexpected findings

By Ayesha Khan

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It is a common misperception that many topics pertaining to sexual and reproductive health are taboo in Pakistan. Adolescents surprise us by demanding more accurate information about their sexual development.

Government schools surprise us by their willingness to include relevant information and life skills training in their school curriculum. And now recent research into voluntary induced abortions, commonly believed to be illegal and against Islam, reveals that the practice is widespread and women are ready to talk about it.

Field researchers studying these experiences approached sites in northern Balochistan with great trepidation. Even with the help of community-based contacts, the researchers were not confident that they would be able to speak to women in a remote district where segregation norms are strongly enforced and the prevalence of contraceptive use is lower than in any other province. After only two days of work in the field, however, it became clear that the challenge in researching abortion here was to find cases of women who had never had an induced abortion — rather than identifying women who had.

Women interviewed reported a dozen or more pregnancies and no access to family planning facilities throughout their years of childbearing. Risking their lives and health by choosing to terminate unwanted pregnancies through unsafe providers appears to be a reasonable action in the face of risking their lives and health even more through relentless childbearing. Balochistan has a maternal mortality ratio of 786 per 100,000 live births, while the overall national figure is 276, according to the Pakistan Demographic and Health Survey 2006-7.

An expansive and colourful language has been built up around the practice of induced abortion that reflects the diversity of women's experience across Pakistan. Terms commonly heard in urban Karachi, Sukkur, Multan and Lahore are 'bacha girana' or 'bacha zaya karvana', phrases that carefully avoid much condemnation. 'Hamal zaya ho gaya' or 'safai karayee' are euphemisms that prevail among educated women too. In urban settings, there is less condemnation of the practice.

In rural Sindh and rural Punjab, however, the language is unequivocal: 'bacha zaba karana hai' translates as the slaughter of a baby. (The word used for 'zaba' in rural Hyderabad is 'kohaya'.) In rural Muzaffargarh, women say 'bacha qatal karwaya', i.e. the baby has been murdered.

The reason for this language, according to researcher Saeeda Gopang, may be that rural women in both provinces believe that abortion is wrong. "In rural Sindh it was difficult to find cases of induced abortion and then interview the women because they felt that they have done something wrong," she said. In Muzaffargarh women both believed it was wrong and also openly talked about having had induced abortions, citing poverty and health issues to explain their decisions.

The prevalence of induced abortion is widespread even though it is perceived as criminal among rural communities. Gopang found cases in Sukkur of women who had decided independently to have induced abortion and only informed their family afterwards. By contrast, women in urban settings don't consider induced abortion in a negative light as rural women do.

Among healthcare providers, including untrained midwives (dais) as well as nurses and doctors, the phrase 'safai karvana', a reference to the evacuation of the uterus, is a euphemism that avoids any reference to the foetus. The term also refers to the medical procedure of D&E (dilation and evacuation) that is carried out to empty the uterus due to a wide variety of reasons, not just to end an unwanted pregnancy.

Hospitals have their own interesting methods to record cases of induced and unsafe abortion that come to them with serious complications. For example, alongside a medical typology of abortions that includes 'missed', 'threatened' or 'incomplete' (all of which refer to natural pregnancy losses), there can be found in some hospitals a 'criminal' category that refers to induced abortions. The cases of women who come to hospital with severe sepsis (infection) as their post-abortion complication may automatically be recorded as 'criminal' on the assumption by the healthcare provider that only an induced abortion of the backstreet variety could lead to sepsis. On the contrary, evidence gathered by speaking to women in various communities suggests that women who experience spontaneous miscarriages may also suffer such infections, leading to hospitalisation. The reason for this is that they initially sought treatment from an untrained provider in an unhygienic setting.

The pregnancy-related challenges faced by women in Pakistan are among the most severe in the world. At the

same time, though, interacting with women in communities across the country gives us the opportunity to learn from them and understand the nuances of how they negotiate these challenges. As a result we are faced with a situation where it is easier for many women to risk an unsafe abortion than it is for them to access and use modern contraceptives.

The problem of access to safe services, including contraceptives and post-abortion care, has not yet been solved by the government, despite the fact that our population programme is almost as old as Pakistan itself. Nearly all women know of at least one method of contraception, but only 30 per cent are practising any form of family planning.

While numerous accusations of incompetence can be levelled against the government for failing to deliver an effective programme, the state has made some positive changes. For example, a revision to Article 338 of the Pakistan Penal Code has made it possible for a woman to seek an induced abortion in order to save her life or for "necessary treatment".

The government is also recognising the importance of post-abortion care as integral to the provision of maternal health services. It is supporting efforts spearheaded by healthcare providers from civil society to train hospitals to offer quality support to women who suffer complications from unsafe abortions, and provide them with guidance to avoid unwanted pregnancies in future. These efforts are led by organisations such as the National Committee on Neonatal and Maternal Health, and the Society of Obstetricians and Gynaecologists of Pakistan, whose doctors having become leading advocates for improved post-abortion care.

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