

MISCARRIAGES AND INDUCED ABORTIONS! THE PLIGHT OF RURAL WOMEN

(A case study of Punjabi village)

In a society like Pakistan, women are valued solely as wives in their child bearing capacity. Unfortunately, responsibility of reproduction coupled with gender inequality and discrimination harms women's health directly or indirectly throughout their life and particularly during their child-bearing span. Socio-cultural constraints along with poverty and social injustice keep women ignorant of their reproductive rights and so prevent them from enjoying good health and attain an identity of their own unbound by their sexual and mothering roles. Unequal relationship between husbands and wives hamper women to have control on their own bodies, participate in decision making regarding fertility regulation and protect themselves against unwanted pregnancies.

For the first time, in 1994 International Conference on Population and Development, organized by United Nations in Cairo, all governments recognized the need to advocate the reproductive rights for all men and women to be informed and to have an access to safe, effective, affordable, legal and acceptable methods of family planning of their choice. International Conference on Population and Development defined the concept of safe motherhood as, " Services based on the concept of informed choice, should include education in safe motherhood, prenatal care, maternal nutrition, adequate delivery assistance, referral services for pregnancy, child birth and abortions complications, post-natal care and family planning. All births

should be assisted by trained persons". Unfortunately, reliable data are lacking which could reflect and indicate the neglect of women's comprehensive needs. The 4th World Conference for women in the Beijing in 1995 also highlighted the importance of research to understand better the determinants and consequences of induced abortion. The present study is an attempt to understand why women choose to induce abortion as method to control their fertility, and where do they go for treatment when faced with miscarriage or induced abortion.¹

METHODOLOGY

The data analyzed in this paper were collected from village "Burhan" in Hassanabdal Tehsil of Attock district in the Punjab province. The total population of the village according to the census in 1998 is about 8004 persons. Due to time constraint a socio-economic survey was conducted from 80 households and the total population of the selected households was 616 persons comprising 56% males and 64% females. The survey used a stratified sample of the entire village in which entire universe was divided into middle, upper and lower classes and then yielded a sample of 43 married females of reproductive age for detailed interviews.

The principal objective of the study was to estimate the causes and consequences of spontaneous and induced abortion. In order to better understand the women's knowledge and their beliefs related to miscarriages and abortion and its impact on their health, this study was carried out. To obtain such information, structured and unstructured interviews were undertaken. Specific questions were asked concerning the respondent's knowledge and views about spontaneous abortion or miscarriage as well as its treatment through traditional methods and faith healing, and various injurious methods employed at home for the termination of pregnancy and management of the post-abortion complications *interalia*. Additional information was collected on demographic and socio-economic characteristics of the respondents, including measures of economic status, family composition, years of schooling, number of living children and women's degree of autonomy, and the extent of her decision-making power in various domains of

everyday and family life. It was assumed that all these variables accurately reflect the stage of the respondent's ability to express and formulate reproductive intentions and their authority to make reproductive decisions.

The findings revealed that women in Burhan have limited knowledge of their reproductive health problems and 65 percent women suffered miscarriages (spontaneous abortion) in comparison to 35 percent women who did not have any miscarriage. According to the views of respondents to miscarry one baby is equal to bear 10 healthy children.

Results and Discussion

Unfortunately, reliable data, based on scientific research, on the incidence of abortion is somehow inadequate and sketchy and does not address the socio-cultural factors related to the problem. According to the Pakistan Family Planning and Reproductive Health Survey 2001, approximately 23 percent of ever married women had experienced at least one, or more miscarriages and only 3 percent admitted to have had one or more induced abortions in their life. Nafis Sadik, Executive Director of UNFPA, explains that, "For too many women, choice and opportunity are largely unknown experiences. They are consigned to a life determined by tradition, by fate, and by decisions made by others, most of whom are men²".

When women do not or cannot use conventional family planning methods, they resort to abortions as a method of family planning and this strategy is widely used amongst women across all societies and cultures. According to the information provided by the Allan Guttmacher Institute (1999), women in developing countries who are under going abortion are usually married, live with their partners, and already have two or more children. Abortion to them provides an easy solution to terminate unwanted pregnancies, regulate fertility, and space births.

No society has been able to eliminate induced abortions as an element of fertility control. Induced abortion is the oldest, and according to some experts, and perhaps the most widely

used method of fertility control. Worldwide, about 55 million unwanted pregnancies (between one fifth and one third of all pregnancies) are terminated each year by induced abortions. Of these abortions about half are illegal and occur primarily in the third world. The rest are legal and performed in the developed world.³

This study reemphasized the fact that investment in female education is essential to ensure their reproductive health. The study revealed the ignorance of poverty-stricken women who stated "*parchawan*" (some kind of evil possession or evil eye) as major cause for miscarriage. In their opinion, young married women, pregnant women and unmarried girls are more prone to get a *parchawan*. Gender inequality and low socio-economic status of these women has confined them to homes and deprived them of opportunities for formal education, access to information and proper health care services. As a result, women develop interesting beliefs. For example, the majority thought that when young married girls get *parchawan* then they encounter problem in conception and if they conceive only daughters are born. If a pregnant woman gets *parchawan* then she will start bleeding and abortion will take place. It may also cause pre-mature delivery and still birth. If she gives birth to a child, he or she will die within 40 days. She can not produce a normal and healthy child because of being possessed by an evil shadow.

Research findings revealed that 58 percent women who miscarried thought that they were caught by the *parchawan*. While others (42 %) who had no miscarriage and belong to upper class were better aware of medical science and had no belief on sources of *parchawan*. The respondents further elucidated different sources of getting a *parchawan*. They believe that it can be contracted from evil things like *Jin* or other supernatural beings and also through animals and birds. It can be inflicted by coming closer to an infertile woman, or woman who miscarried. Strangely, they thought that the evil shadow can catch a fertile woman if she visits the deceased house where dead body is given ritual bath and if a pregnant woman passes

near the foot of dead body then there will be more chances of getting *parchawan*. The respondents also reported some other intentional means of transferring evil shadow. If a woman having *parchawan* wears "*taveez*⁴" or "*phatak*⁵" around her waist and meets another pregnant woman then this woman will get *parchawan* and as a consequence will miscarry her child. This is known as "*taveez larna*". Further, the woman who had miscarriage if washes her hair and the drops from her hair fall on another pregnant woman then she will get *parchawan* too.

The study elucidates the plight of rural women who resort to unscientific methods of treatment as they believe that *parchawan* can't be treated through medicines. *Parchawan* is treated through "*Phatak*" which is a kind of silver pearl and it is tied around the waist of pregnant woman for various purposes like, to give birth to a healthy child, to avoid miscarriage and to have a male child. "*Phatak*" is used for curative, constructive as well as destructive purposes. It is taken from the shrine known as "Mullo" near Hazro village. Woman wearing "*Phatak*" is not allowed to visit the house of other pregnant woman because if "*Phatak*" touches her body it will cause miscarriage. If it touches the newborn he or she dies within 2 or 3 days.

There may be other reasons for miscarriage but generally women say that it is not due to any defect in woman's body but due to *parchawan*. The women who miscarried believe that "*phatak*" may be harmful for others and that is why amulet is better for the cure of *parchawan*. Women mostly get *taveez* from the shrines of Golra Sharif and Sang Jani. They have to visit the shrine monthly and the amulet should be taken by the women during the nine months of pregnancy. Women are recommended to soak amulets in water and then drink this amulet soaked water daily. After childbirth *taveez* is then tied with the arm of the baby during the 40 days.

The women also use home remedies to avoid miscarriage. A thorny plant known as "*Tamya*" which is mostly found in the graveyard is used during the whole period of pregnancy. It is grinded and then soaked in water overnight.

Some women also paste this powder over their bodies. Two respondents also told that they went to the "Mullo Wali Ziarat"⁶ and took bath and left their old clothes and all accessories like jewellery, hair clips etc at the shrine because these things may carry *parchawan* or evil shadow again. After this they ate some sweet thing as one is expected to do so. Then they came back to their house and conceived within a month. They were also given oil by the *pir* and both husband and wife were advised to massage their bodies before going to bed. Before taking bath they should not meet any person. It is evident from the data that *parchawan* is a transferable shadow which is inflicted unintentionally as well as intentionally as a result of enmity or ill will.

This shows that women's health needs, nutrition and health care are widely neglected and their access to care is much limited. While men are more likely to use formal health services, partly because they control the money needed to pay for them. Women are most likely to rely on traditional or other alternative services because they are cheaper, closer at hand and more familiar. A woman in rural setting may be unwilling to travel alone, or not allowed to go to health services without the approval of husband or another man in the family. During study it was also observed that women used injurious and illegal methods to terminate their pregnancies. Medical practitioner at hospital or health centre performed the abortion of 10 respondents (56 percent), 8 respondents (44 percent) had self-induced abortion. The methods for inducing abortion include consuming herbal concoctions or poison, insertion of sticks or any sharp object, nib of the feather of hen into vagina to induce bleeding. Some women even resorted to jumping from heights to induce bleeding, causing a miscarriage. Heavy loads, such as buckets full of water were carried on the head or stomach to put pressure on the body, especially on the uterus until it started to bleed. Women also kept poisonous tablets used for killing insects inside their vagina. Other clandestine methods include keeping a swab of cotton dipped in "Brandi" inside the vagina for 3 to 4 days. It is considered very hot so it induces bleeding. Other heat producing things like dried figs were also used by women to

induce an abortion. Beside this, women also drink specially prepared mixtures for this purpose, the ingestion of boiled mixture, which is prepared with herb known as "*Haliyo*" and milk and "Sundh⁷" boiled with milk to induce abortion. Dried dates are boiled in milk and it also induces bleeding. Surprisingly, some women reported that they used to take more than 20 tablets of paracetamol or pills used for child spacing to terminate their unwanted pregnancies.

This study indicates that regardless of the risk and negative impact on health, women employed these methods when faced with an unwanted pregnancy. They cite various reasons which persuade them to take such risks, such as non-use of contraceptives due to husband's non-cooperation, or their lack of knowledge about contraception and their misperception regarding these contraception and above all poverty as most of these women could not afford the cost associated with rearing additional children. Respondents also mentioned that closely spaced pregnancies do not allow them to breast feed a child. That's how women who prefer a gap in two pregnancies are at higher risk of induced abortions. Women who used termination of pregnancy as a method for birth spacing or limiting their family size suffered from various problems, such as excessive bleeding, severe pain in lower abdomen, fever, backache, septicemia, weakness, and injuries to the genital organs.

Women when faced with these post-abortions complications did not receive any medical treatment due to unavailability of post-abortion care services in the village. These findings suggest a greater need of women empowerment and education on numerous aspects related to their reproductive health. Despite complications, women were still willing to risk death by opting to illegal and clandestine procedures for aborting their unwanted pregnancies. These findings advocate the need to examine factors behind such behavior and highlight the compelling need of trained physicians and counselors to handle post-abortion emergencies as well as to curtail the unmet need of birth control methods.

It is evident that the relationship between the occurrence of abortion and non-use of family planning methods is very strong. The World Health Organization estimates that between 8 and 30 million unplanned pregnancies occur due to inconsistent or incorrect use of family planning methods, due to inefficiency of contraception, and most of them occur in those countries where the social policies for gender equity and gender empowerment are not implemented.⁸ The need for unsafe abortion can be eliminated through policies which are designed in the social context of women and those which are closer to social norms and traditions. Policies must deliver what they promise and must aim to raise social status of women by giving them equal opportunities of information, education and health. The issue of women's reproductive right must be given a credible thought and safe abortion provision for all women as an integral part of their reproductive rights and health care must be acknowledged by families, communities and policy makers.

In Pakistan alone 33 percent females have an unmet need for contraceptives and 7.4 percent women are currently using traditional methods for family planning.⁹ Demand for abortion only falls to zero in a "perfect contraceptive" population, where women are empowered, their rights upheld and protected by absolutely effective contraceptives used all the time except for the relatively short periods when they want to conceive are protected by lactation amenoea. But such a protection of perfect prevention is far from attainable in today's society of intolerance, illiteracy, and domestic violence. Therefore, a residual demand for abortion always exists although its magnitude varies considerably according to the level of social empowerment and economic development, coupled with contraceptive use and choice of methods.¹⁰

Eliminating unsafe abortion requires an integrated, comprehensive approach involving health workers, and civil society groups. If the reproductive health status of women is to significantly change, it is essential that policies must articulate the establishment of programs, service delivery and provide the necessary information to women and their partners, making

access to the services possible. This can only be done if the government, as well as the donor agencies, prioritize these issues, giving them serious thought while allocating the budgetary expenditures and treat them as a rights issue. NGOs, CBOs, and other civil society organizations concerned with women's rights, reproductive health etc, should also advocate and defend legal, voluntary and safe abortion provisions for all women, as an integral part of reproductive health care.¹¹

Notes and References

- 1 United Nations:1995
- 2 United Nations Population Foundation : 2002
- 3 Koblinsky, Timyan and JillGay : 1993
- 4 Local term for amulet
- 5 Local term for pearl with spiritual qualities
- 6 Name of a shrine
- 7 Local term for dried ginger
- 8 World Health Organization:1998
- 9 Pakistan Population Assessment Report : 2003
- 10 Sultana, A: 2003.
- 11 Ibid

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