

Women's Experiences And Perspectives Of Induced Abortions In Urban Slum Areas Of Karachi, Pakistan

Zain Iftikhar

&

Shagufta Nasreen

Centre of Excellence for Women's Studies
University of Karachi

Abstract

Unsafe abortion is one of the leading causes in developing countries where the rate of obtaining an abortion is high due to financial issues and the desire of a male child. This paper is extracted from a study about roles of midwives in unsafe and induced abortions in the urban slums of Karachi city. The objective of this paper is to discuss the causes of induced abortions and to explore the experiences of women having induced abortions. The study was conducted through interviewing schedule based upon open and close ended questions. The interview guide included questions about the causes of abortions, problems faced by women during the process, and effects on their social and economic aspects of their lives. Results show that the major reason of induced abortion is poverty, including others like large family size and family pressure due to economic burden, male child preference, social stigmas and sometimes due to partner choice. Findings of the study suggest that abortion is a traumatic experience which involved intentional death of an unborn child. It has also been discovered that women experience abortion, felt grief, shame, sorrow, and depression. The study concludes that induced abortion is used as a contraceptive method by poor women. As they are performed in unhygienic and illegal methods, they become a health risk which affects women lives socially, economically, physically and psychologically. The findings of the study will help in understanding the problems faced by women having induced abortions. Additionally, it would also assist in developing gender based reproductive health programs in developing countries.

Keywords: Unsafe Abortion, Contraceptives, Women's Health, Developing Countries.

تلخیص

ترقی پذیر ممالک میں زچگی میں اموات کی ایک اہم وجہ غیر محفوظ اسقاط حمل ہے جس کی مختلف وجوہات ہیں مثلاً معاشی مسائل، اولاد نرینہ کی خواہش وغیرہ۔ زیر نظر مقالہ ایک تحقیق سے اخذ کیا گیا ہے جو کہ کراچی کی کچی آبادیوں میں غیر تربیت یافتہ عملے/ ڈاکٹر اور دائیوں سے کروائے گئے اسقاط حمل پر مبنی ہے۔ اس تحقیق میں غیر امکانی نمونہ بندی کے تحت ۲۰۰ خواتین سے انٹرویو کیے گئے جنہوں نے اسقاط حمل کروایا تھا۔ اس تحقیق کا مقصد یہ معلوم کرنا تھا کہ اسقاط حمل کی وجہ سے خواتین کو کیا مسائل درپیش ہوئے اور ایسا کرنے کی وجوہات کیا تھیں۔ غایت اور غیر غایت شدہ سوالات پر مبنی مصاحباتی شیڈول تشکیل دیا گیا جس کے ذریعے ان کی سماجی، معاشی

اور ذہنی صحت، اسقاط حمل کی وجوہات اور اس کے اثرات کے متعلق معلومات جمع کی گئیں۔ تحقیق کے نتائج کے مطابق اسقاط حمل کی بنیادی وجہ غربت ہے۔ مزید یہ کہ ایسی خواتین نے اسقاط حمل کروایا جن کو خاندانی منصوبہ بندی کی سہولیات میسر نہیں تھیں یا اس کا استعمال صحیح طور پر نہیں کرسکیں۔ جواب دہندگان کے مطابق اسقاط حمل کے بعد ان خواتین میں افسردگی، یاسیت، ڈپریشن اور شرمندگی جیسے احساسات پائے گئے۔ نتائج سے یہ اخذ کیا گیا کہ زیادہ تر غریب خواتین جو مناسب خاندانی منصوبہ بندی کی سہولیات میسر نہ ہونے کی وجہ سے غیر قانونی اور غیر محفوظ اسقاط حمل کرواتے ہیں اور اس سے ان کی جسمانی اور ذہنی صحت متاثر ہوتی ہے۔ اس کے ساتھ ساتھ سماجی و معاشی مسائل بھی پیدا ہوتے ہیں۔ یہ تحقیق غیر محفوظ اسقاط حمل سے پیدا ہونے والے مسائل کو سمجھنے اور ایسی پالیسیاں بنانے میں مددگار ثابت ہوگی جو خواتین کی تولیدی صحت کے متعلق بنائی جاتی ہیں۔

کلیدی الفاظ: غیر محفوظ اسقاط حمل، مانع حمل، خواتین کی صحت، ترقی پذیر ممالک

Introduction

Health is a foremost concern of every woman in the world. It is one of the main targets of Sustainable Development Goals (SDGs) relating to reproductive and maternal health (WHO, 2019). A key indicator of reproductive health is maternal mortality. It is one of the major causes of death among women occurring mostly in developing and underdeveloped regions. The situation is not different when it comes to Pakistan, where health indicators show slow progress for mother and child health conditions (WHO, 2019). To reduce health risks, WHO suggest two important methods, one access to modern methods of contraception and two high quality cares before, during and after childbirth. One of the oldest methods used for birth control is abortion, however it can be a health risk ultimately causing death when performed under unsafe conditions. A survey of Population Council (Rehan, et al., 2004) reported that an estimated 890,000 induced abortions occur annually, which means that 1 out of 6 pregnancies is terminated by induction of abortion mostly in an unsafe manner in Pakistan. Moreover, about 197,000 women are treated each year for complications resulting from unsafe induced abortions.

Abortion is intended intrusion by a doctor during pregnancy, however it may become unsafe if performed by untrained birth attendants and in unhygienic conditions. It is estimated that during 2010-2014, about 55.7 million abortions took place worldwide every year (Sedgh G, et al. 2016) and 25.1 million abortions were not done according to WHO standards, yet 97% were performed in developing countries. In Asian region the incidence is high, over half of estimated unsafe abortions occurred in Asia (WHO, 2019). In Pakistan, statistics for unsafe abortion is scarce, because recent national reports about health and demography are silent about it, however, studies estimated that there were 2.2 million abortions in Pakistan in 2012, i.e. an annual abortion rate of 50 per 1,000 women (Sathar, 2014). Community based small-scale studies document the practice of induced abortions for unintended pregnancies, but they are small scale and generalization is

difficult (Khan, 2013). Therefore, this study explores the reasons of seeking induced abortions and what are the experiences of women intending induced abortions. How does it effect on their lives and what are the problems they face after the process? The study will not only broaden our understanding about the reproductive rights issue but will also help in gaining more knowledge about advocating for treatment for unsafe abortions and provision of safe health services to women.

Obtaining abortion either medically or secretly has distinctive effects on every aspect of women life. The illegality and religious intolerance forced women to undertake it in back alleys. Many women were aware of the method of ending pregnancies for centuries (Wahlberg, 2007). The methods of performing abortion has been recorded in Chinese history about 4500 years ago. In pre-history of Greek era abortion was one of the finest solutions to terminate pregnancy or to control population (Mcfarlane, 1993). It has been a controversial issue throughout ages and religious barriers, social pressure; political confinements have governed it since centuries. Regardless of the stigma associated with induced abortion, Guttmacher Institute fact sheet 2018 shows that during 2010–2014, an estimated 56 million induced abortions occurred each year worldwide, the highest annual rate of abortion in 2010–2014 was in the Caribbean, estimated at 59 per 1,000 while in Asia, the average abortion rate is 36 per 1,000 women. The case of Pakistan is not different when it comes to Pakistan.

Geographically, Pakistan is a developing country of South Asia, where a multiple problem adheres; Poverty is one of the major problems. Over 50% of the population lives below the poverty line. Another and foremost issue is the Population explosion. According to the (UNFPA Pakistan) in 2035 Pakistan's population will be 260 million (Mahsud-Dornan S. (2007). Pakistan adhere the mostly young population which is consist on female population (Mustafa, et al., 2016). Due to constant imbalance in population graph, women lag in many significant decisions, specifically, education, choice of marriage, health concerning issues and many more. Total fertility rate is per woman is 3.3 which is high as compared to India (i.e. 2.3) and Bangladesh (i.e. 2) per woman (UNFPA, 2017). Indicates that the women have no control over their bodies, so they underwent pregnancy complications. A study conducted by (Rashid et.al., 2017) explores the increase rate of women fertility evidence that women are unaware of sex protected methods therefore, about 80% women do not practice advanced birth control techniques. Due to lack of knowledge and less access, women could not maintain their reproductive health and suffers pregnancies issues. One of the pregnancy complications is post abortion and its complexities (Rashid et al., 2017).

Pakistan is a developing country with social and economic issues and population explosion. Low literacy and high fertility rate devastate the health of women. Lack of awareness of women regarding contraceptive use and lack of choice to control their

bodies subsequently result in unintended pregnancies. As discussed above, lack of recent and comprehensive national data about induced abortions, the key motivation of this study is to enhance understanding problems and experiences of women having induced abortions.

Review of Literature

Health is a fundamental right of every human being and it plays an integral part in the biological life of man and women. Healthy life is a symbol of a good and satisfied life. However, the ignorance of health issues particularly “reproductive health” is a major concern for developing and underdeveloped countries. Lack of quality health services and unmet needs of advanced contraceptives is reported by International health and development organizations (Guttmacher Institute, (2017). Sexual and reproductive health is placed at the centre of global development agendas and it is recognized that failure to meet these needs intensifies poverty and gender inequality. The concern is high in developing countries where data shows that marginalized and disadvantaged groups of the society especially women face serious health issues such as maternal deaths, unintended pregnancies, unsafe abortions and other related problems. The issue of induced abortion can be discussed from different perspectives, such as health perspective, human rights perspective, legal perspective and cultural and religious perspective. In this part of the paper these aspects are discussed one by one.

Unsafe abortion is a name of risky and life-threatening problem that exist in various parts of the world. Unsafe abortion is a procedure of preventing pregnancy by untrained health providers and it mostly prevails in developing countries. According to World Health Organization (WHO), hurdles that prevents safe and sound abortion includes, financial burden, lack of health services, laws and poor trained health workers (WHO, 2017). Primarily, safe abortion is not in reach of majority of women in developing countries, so they visit to unprofessional health workers and obtained abortion in clandestine manner. Secrets abortion is carried out by un-trained doctors, clinics workers, midwives and often women practices self-induced abortions. The legality of abortion is based on the reasons of occurring abortion, somehow its very complex issue. In many countries it is not yet legal to obtain abortion due to certain reasons and some countries allowed it on social and economic grounds. However, in underdeveloped countries, health particularly “reproductive health” is at risk. Unsafe abortions have dreadful impact not only on reproductive health but also on physical, social and psychology of women. Usually, the secret and unsafe abortions are proceeds by midwives. In a case reported by Yangon (et al., 2016) in Kenya reveled that abortions obtain by young unmarried females, were unsafe abortions. They were carried out by unskilled health providers in rural areas. As a result, mortality and morbidity rate was high.

A study of Malawi shows that 141,000 abortions are done in clandestine manner by health care providers as a midwives or dais and 60% women undergo abortion complications (Guttmacher Institute (2017)).

Chae (et al., 2017) investigated a study in 14 different countries such as Latin America, central and south Asia, sub-Saharan Africa, Caribbean and North America identified the indicator of women obtaining abortion. The prime reason to have an abortion based on age, ethnicity, family size, marital status, and socio-economic status. Majority concerned was the limitation of childbirth. Large number of women who seeks abortion were unmarried and young, they think that child would interrupts in their work or other may raise issue of financial burden. Aghaei (et.al.2017) study of existing scientific studies about illegal abortion analyze that abortion laws have been varying across the globe. It has been banned in some countries but can be obtained under some circumstances. Denial access to safe abortion primarily is a topic of concerned to health in developing regions. In countries where abortion is completely ban or permitted legally under such condition, women obtain clandestine abortion which is danger for maternal life. Study emphasize that maternal mortality is high because of illegal abortions. The study concludes that it is documented by earlier studies that illegal abortions are performed by unskilled person and harmful conditions. The main cause for illegal abortion was desired family size especially in those countries where it is banned (Aghaei et al., 2017).

This paper gives an overview of the determinants of spontaneous abortions in highly-inbred, low-income population subgroups in Karachi, Pakistan. Attempts have been made to provide a balanced perspective by simultaneously assessing the effect of consanguinity and inbreeding along with other important and more frequently assessed predictors of spontaneous abortion.

Since above discussion shows that unsafe abortions are performed regardless of restrictive laws and cultural barriers in many parts of the world, it is important to study the consequences on women's health. Gerds (2013) conclude that unsafe abortions can lead to genital injuries, hemorrhage, post abortion complications in addition to long-term health risks such as infertility or ultimately death due to unsafe abortion. Similar findings were reported by Foumsou et al. (2017) in Chad where clandestine abortion is widespread, the birth control tools were far away from chad women, so they tend to be induced abortion secretly and proceed to the hospital services due to severe complication, one of the major complication is excessive loss of blood (62.1%) reported in three hospitals of Chad. The methods used for induced abortions had prolonged effect on women's social, psychological and reproductive health. Varkey (2000) reports reproductive health complications and excessive bleeding due to un-safe abortions in a community-based study in India.

In so far, we have discussed about the prevalence of this reproductive health issue. Regardless of the socio-religious and cultural restrictions the above discussion shows that induced abortion is used to terminate pregnancy. Controlling fertility is one of the most controversial issues around the globe, but with consistent efforts of women, they could legalize the contraceptive right and later abortion right became the personal choice of women. The struggle helped in establishing women sexual and reproductive rights and declared abortion as a right of women by the Human and Women rights bodies of the United Nations (UN) in The Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW) (UN Human rights, 2015). In addition to that, the legal status of induced abortions varies around the globe. In the United States, it was legalized in 1973 with different accessibility in different states and it has been part of the political agenda to date (Mackintosh, 2017). However, abortion is legal on the bases of some grounds in different countries. Abortion in Pakistan is legalized if harms to mother's health or to assist with pregnancies procedures but the article does not define clearly about incest, rape and the abnormalities in fetus (Pakistan Penal Code, 1860) (HRC, 2017).

Pakistan is a Muslim country and the role and influence of religion is exigent. The main source of Islamic teaching i.e. Quran declares life is sacred¹. Quran also instruct believers not to kill their children due to fear of poverty.² Rogers (1999) discuss ethics of abortions in Islamic sources discussing Quran and Hadith. Hosseini (2008) discuss the variations in Muslim belief and practices about abortions. Comprehensive illustration of origins and status of laws shows that 47 per cent members of Organization of Islamic Conference (OIC), permit abortion to save women's live, while another 18% allow it in cases of physical or mental health, fetal abnormality and/or rape and incest and 18% on request. She concludes that culture and religion has been used to justify patriarchal practices, while historical research shows that debates on women's sexual and reproductive rights existed in Islamic history (Hosseini, 2008, p 25). On the contrary, there are scholars and activists who take traditional approach regarding pro-choice or pro-life debate. Suleiman (2017) argues that life is sacred in Islam, safe contraceptive methods is preferred but terminating a pregnancy is restricted when the fetus reaches 40 days from conception, unless a pressing need exists which justifies it in the eyes of Islamic law. However, studies show that Muslim women negotiate their Islamic beliefs and justify the use of contraceptives or induced abortion (Sahu & Hutter, 2012). Similarly, Atallahjan et al. (2019) ethnographic study in KPK, Pakistan revealed that respondents were not submitting to religious decrees passively, rather their moral decisions to use fertility control methods were not limited to religious interpretations only, but included economic insecurity, socioeconomic inequities, community/public discourse, and geopolitics.

The argument is that to understand the complexity of this important reproductive health problem, we need to extend our knowledge why women choose induced abortion as a

contraceptive method and how does it impact on her physical and psychological health. Do religious beliefs influence her fertility control decisions?

Methodology

This paper is extracted from a detailed study about experiences of women having induced abortion in urban slums of Karachi. The study was conducted during 16, June 2016 to 20, February 2017 year. Obtaining information regarding practice of induced abortion is challenging because the topic is sensitive, and the topic is complex. Selection of various areas of Karachi was convenience based. Study areas were selected in coordination with organizations as well as individuals who had female community-based contacts in the urban slum areas. Some of the respondents were also selected by contacting midwives and clinics in these areas. Non-probability sampling technique was considered appropriate for the research due to lack of comprehensive data about women seeking induced abortions in Karachi. Purposive sampling method leading to snowball method to conducted 200 faces to face interviews with women who had used services of trained and untrained providers of these services. The interview guide included open ended questions about women experiences and opinion about induced abortion while closed ended questions about family background and socio-economic category of the respondents such as age, marital status, literacy level, and other relevant household details, effects on their health, family and household activities. The analysing of the complete data was comprehended by simple frequency table and chi square method by using Statistical Package for the Social Sciences (SPSS).

The study has limitations hence cannot be generalized and the results of this study are not a representative of experiences of all women of Pakistan because the data was collected in selected urban slum areas of Karachi city.

Result and Discussion

Table: 1
Reason for abortion among women seeking induced abortion

	Respondents (N=200)	%
Poverty	98	49
Large size of family	67	33.5
No more children	32	16
No access	3	1.5
Total	200	100%

The study shows that poverty is the most common reason among women who obtained abortion based on 49%. Similar findings were shown by Bankole et al. (1998) where 66.7% of women in Pakistan opted for induced abortion. In study of Guttmacher institute (2009) highlighted reason of induced abortion in four provinces of Pakistan, 54% among women have had abortion because of poverty reasons, 55% of women were having abortion because of large size of family and 25% women wants no more children, Al though in slums areas of Karachi city poverty, large size of family and no desire of another child were the most prevalent reason for induced abortion among women in Karachi low-income societies. Ahsan & Jafrey (2008) reveled that poverty and no access and availability to contraceptive are some of the other indicators that soar the percentage of women towards induced abortion in low income societies of Pakistan. In another nationwide study Guttmacher institute found (2017) 68% poor women living in low income areas underwent abortion services due to poverty. In survey "women experienced and perspective in induced abortion" found that women in underdeveloped localities terminate unwanted pregnancies in name of large size of family 33.5% which is mostly preference factor in developing countries. Sathar et al. (2014) underline that couples, who did not wanted pregnancy, often chose induced abortion. Study conducted in Karachi shows 88% pregnancies cease in name of induced abortion result in unwanted pregnancy. In a survey studies also highlighted about 16% women have had an induced abortion. Saleem & Fikree (2001) unveiled 15% women who go through abortion procedures terminate pregnancies due to no more children they want. Furthermore, literature also witnessed other provincial reason of having induced abortion is no accessibility towards contraceptive is 1.5 % which is most profound factor according to the population council found in South Asian region. Pakistan adheres to one of the lowest rate of prevalence of birth control methods or use of modern contraceptive methods.

Table: 2.1

Distribution of respondents according to trained health care provider for abortion

Was the midwife trained	Frequency	%
Yes	11	5.5
No	189	94.5
Total	200	100%

Table: 2.2
Distribution of respondents according to complications due to abortion

Complications due to abortion	Frequency	%
Caught Reproductive disease	24	12
Weakness	23	11.5
Infertility	64	32
Excessive bleeding	27	13.5
Fertility issues	40	20
Other	22	11
Total	200	100%

Women of slum areas identified that majority of abortion providers was inexperienced and lack in modern facilities and medical services that put women live in danger. Women who go to midwives (*dais*) to obtain abortion experienced life time complication as it shown in the study (table-2.1 & 2.2). These results relate with Guttmacher study (2017) in Malawai that indicated women who achieve abortion by local health worker faced unpleasant health complication. According to an earlier study of Guttmacher, (2009) in Karachi 32% women seek abortion by dais where guarantee of safe abortion is not accompanied. In a survey of induced abortion among women explored health condition in which infertility rate remained high. Ahman et al. (2000) estimated globally, major disease deteriorated health after abortion is infertility it can cause damage in Fallopian tube and establishing of pregnancy will never occur. Reproductive issue caused by induced abortion endure second highest includes multiple problems. Atrash and Hogue, (1990) comprehends some severe reproductive issues like sterility, menstrual disorder, psychiatric problems, tubal pregnancies, birth defect and stillbirth. Haddad et al, (2009) pointed out other complication among women is excessive vaginal bleeding, infection in urinary tract, necrotic bowel, genital trauma, and sepsis perceived to be most severe health condition, the continuation can cause death in women. A research done in Karachi (Khan, 2013) demonstrated 68.5% women reported excessive vaginal bleeding for post abortion complication. However unsafe induced abortion also creates several health complications among women who obtained abortion by untrained and unskilled health worker to terminate unwanted pregnancy. A study conducted by Reardon (2018) emphasizes psychological disorder which is one of the other complications that derailed post abortion health. Furthermore, Reardon 2018 also found women who experienced psychological disorder that is result of multiple abortion. A study conducted by (Wong, 2008) found that women who underwent multiple abortion faced severe complication including Asher man's syndrome (scarring of uterine cavity), menstrual abnormalities, infertility and repeated miscarriage. In mean while author also discovered among 200 women majority seek abortion through untrained health care providers residing in slum areas of Karachi city, according to an estimation of (Guttmacher, 2013) found 41-49% abortion provided by lady health worker, untrained nurses and traditional dais and result in drastic effects on health.

Table: 3
Place of performing abortion and post abortion complication among women

Place of abortion	Number of women	Percent of women	Post abortion complication percent
Home	132	66	43.5
Clinics	63	31.5	38
Hospitals	3	1.5	17
Back alley centers	2	1	1.5
Total	200	100	100%

The place of providing abortion to abortion seekers includes homes, clinics, hospitals and back alley centers. Post abortion complications among women is high in those who seek abortion at home, where hygiene environment, medical equipment's and professional abortion provider was not available, however, due to financial problems women opt untrained health care providers who provide abortion services at their own homes. Sama et al. (2016) found mostly abortion performed in developing countries are carried out in rural areas by a person who lacks basic facilities, skill or environment that does not guarantee the minimum medical standards. WHO (2017) studies suggest 25 million unsafe abortion took place every year and about 31% abortion are less safe they were majorly performed by trained provider using outdated tools and techniques or by untrained provider using drugs to terminate pregnancy. Moreover, about 14% abortion are unsafe performed by untrained person by using dangerous methods as a result experienced post abortion complication includes partial abortion, hemorrhage, vaginal complications, cervical problem and uterine injury, and infections. In the survey women describe the places they had acquired abortion (Table-3), highlights that 66% women clearly indicate they were at home of abortion providers, although the post abortion complication (PAC) 43.5% were the outcome of abortion provided at homes.

Table: 4
Abortion methods performed by midwives in inducing abortion

Method	Used of Herbs (N=200)	%
Inserting herbs	35	17.5
Oral herbs	36	18
Inserting Drugs	25	12.5
Injecting Instruments	16	8
Belly message	41	20.5
Ingesting substance	36	18
Hitting abdomen	11	5.5
Total	200	100%

Table 3 shows that women experiences of abortion in slums areas found abortion providers used dangerous methods to terminate unwanted pregnancy that damage women's life. Methods of performing abortion includes inserting herbs in to vagina, oral herbs to place in mouth, inserting medicine in vagina, injecting pointed instruments to rupture the cervix, hard and rough message on belly, ingesting of poisonous chemical substances like bleach and hitting abdomen with wooden object to discontinue pregnancy. Haddad, et al. (2009) found in developing countries, unsafe abortion is performed in highly hazardous manner like ingestion of toxic drinks including bleach, turpentine and mixture of animal manure, injecting pointed objects like coat hanger and chicken bone. Other folk methods involve placing herbal preparation in to vagina like henna or placing improper medication. Furthermore, studies also found untrained health providers provide abortion by improper performing of dilation and curettage in insanitary condition. External methods include jumping and hitting to abdomen. Finding of survey demonstrate abortion methods among women vary from women to women. Most of the midwives performed belly message in intrusive manner to terminate unwanted pregnancy. Other and most vibrant methods of providing abortion among women is use of oral herbs prescribed by midwives like henna, castor oil, yeast and saffron are taken orally by women to discard a baby, ingestion of poisonous substance like bleach, is founded a prescribed method by midwives. WHO (2019) analysis the rate of abortion is high in developing countries contribute about 25% all of abortion are unsafe and performed in dangerous manner. In developing countries around 7 million women admitted into the hospital as an outcome of unsafe abortion. Furthermore, (Table-4) finding also suggest inserting herbs into the vagina, injecting pointed objects or instruments and hitting on the abdomen by wooden objects are others important methods performed by midwives.

Table: 5
Health before and after abortion of women in the survey

Conditions		N=200	%
Normal	Weakens	45	22.5
Healthy	Reproductive issues	32	16
Active	Sexual problem	109	54.5
Strong	Psychological issues	14	7
Total		200	100%

In a survey (Table-5) women's health condition before and after abortion found before abortion's health was normal, healthy, active and strong and after an abortion health condition includes weakened, reproductive issues, sexual problems and psychological health issues. WHO (2017) suggested before the preceding abortion a formal counseling is mandatory, women who are seeking abortion should be aware of her health condition. Physician must have detailed examined her and know her pregnancy status. However, the possible complication based on the type of abortion a medical or surgical abortion and

depends on the weeks of pregnancy. In this study, 54.5% woman experienced sexual problems after abortion and most them were active and smart. Moreover, women who undergo abortion complication 22.5% faced weakness issues. According to National Health Services report compiled in (2020) discover obtaining abortion does not affects the chance of future pregnancy nor mental health neither breast cancer. A chance of being infertile can increase, if womb infection developed and it can have damaged Fallopian tube and treatment is not easy and quick. In fact, post abortion complication deteriorates women post health condition which includes weakness and reproductive issues. In a research article on women health (Carlsson,2018)(2018) studies found out women who underwent medical abortion experienced infection which is due to bacterial vaginosis (BV) if left untreated can cause infertility in women.

Table: 6
Mostly abortion is obtained in slum areas among women

	N=200	%
Yes	179	89.5
No	21	10.5
Total	200	100%

Table 6 shows that women obtaining abortion mostly lived in urban slum areas where majority lives under poverty. According to Guttmacher institute (1999) a huge number of abortion prevailed in rural or low-income societies and common factor is illiteracy. Chae et al., (2017) analyses the fundamental reason of abortion are spacing children, partner choice, socioeconomic issues, too young to have children and family objection. And all the above reasons attained in developing countries where poverty exist and due to multiple reasons women underwent abortion. However (Table-6), reveals women in poor locality are compelled to have abortion and majority exists in slum where obtaining abortion is not a big deal

Table: 7
Is abortion a form of contraceptive a myth among women?

	N	%
Yes	59	29.5
No	141	70.5
Total	200	100%

In this study, researchers found that women abortion as a contraceptive is unacceptable; (table-7) clearly indicates majority of women do not consider abortion as a contraceptive or a birth control method, commonly practice abortion across the globe and more specifically in developing countries where abortion is not yet legal. In another study (Dreweke, 2014) elucidate that contraceptive is a method to prevent pregnancy from

fertilization and abortion is defined as a termination of established pregnancy. In a study (Rowlands 2007) unveiled abortion is oldest method of birth controlling and its obtaining is never being avoided since ages, even in modern societies, abortion is used as a supplementation instead of contraception or when birth control measure become failed. In an article (Ahman et al., 2010) declared rate of fertility is decreasing. It clearly highlights the limitation of size of family is preceded by unsafe abortion in countries where abortion is prohibited.

Table: 8
Concept of obtaining abortion as a sin among women living in slum

	N	%
Yes	89	44.5
No	111	55.5
Total	200	100%

In the respective survey researcher find the consideration of abortion as a sin among women living in the slum declared “no” obtaining abortion is not a sin, in fact (Matary and Ali, 2014) Islam declares abortion as a sinful act because killing a piece of soul is justifies as immoral act, according to Quranic verses “killing a soul under fear of sustenance is justifies as a great sin and preventable in Islam.” Even though in developing countries particularly, Pakistan most of the population is Muslim, (Nyazee, 2014) clearly declare the status of abortion in respect to with Pakistan penal code that remains unclear, even doctors and abortion professional do not proceed abortion because its vague situation. However, illegal abortion has been performed in clandestine manner.

Table: 9
Using of contraceptive and other birth control methods among women

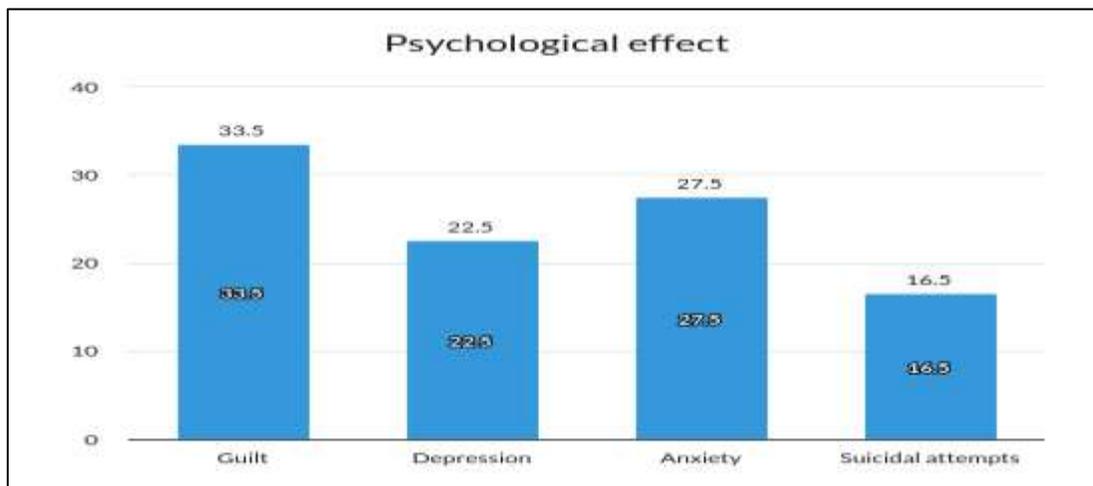
	N=200	%
Too expensive	45	22.5
Not aware of contraceptives	65	32.5
Contraceptives side effects	67	33.5
No access	6	3
Husband against of other birth control methods	12	6
Shame and social stigma	5	2.5
Total	200	100%

In the survey regarding the consideration of contraceptives and other birth control methods in prevention of pregnancy includes high cost of birth control methods, no awareness regarding use of contraceptives, side effects, no access towards contraceptives, unlike by partner or husband, feeling of shame and social stigma, (Table-9) Researcher

explored women living in slum areas do not use other method rather than abortion because contraceptive has lot of side effects. In a study conducted by (Blanco,1988) found 27% couples in developing countries uses modern form of contraceptive methods and about 33 million legal abortion and 27 million illegal abortion performed yearly, similarly (Sedge et.al 2016) described in developing countries the core reasons of not using other form of contraceptive is side effects of contraceptives on health and not having awareness regarding using of contraceptives. Survey suggests that high prices and no ease of access to contraceptive restrains women to use any form of contraceptive. (WHO,2018) investigate, in developing countries unmet need of contraceptive is due to poverty or too much high prices of contraceptives and limited access, particularly among young generation. Furthermore, in the same report WHO also discovered that social cause and gender biasness is some of the other reasons of not using contraceptive among women's.

Table: 10.
Effect of abortion on psychological health among women

	N=200	%
Guilt	67	33.5
Depression	45	22.5
Anxiety	55	27.5
Suicidal attempts	33	16.5
Total	200	100%



Women who obtained an abortion somehow experienced mental and psychological consequences, (Table-10) shows the impact of abortion on women's psyche includes guilt, depression, anxiety and suicidal attempts. The complication of post abortion devastates reproductive, sexual, physical and psychological health.(Clarkson,1989) elaborates

women who are enforced to abortion undergoes guilt condition in means of mental health. In the survey researcher found guilt (33.5) percent is the most common issue among women followed by anxiety and depression. Another study (Lundell et al., 2013) concludes young generation who are less educated and need more counselling were at high level of depression and anxiety symptoms. Furthermore, suicidal attempts were the least opt psychological element found among women. (Hirakawa and Ishii, 2020) argue that women who attempt suicides had thought about it before or after abortion and named them as a bipolar disorder who has attempted suicide once in a lifetime.

Discussion

Abortion is mostly obtained by will to get rid of upcoming generation. Despite its illegality abortion is obtained at high level by untrained or inexperienced person. Abortion can also be attempted by women herself by inducing pointed instrument and taking different substances.

Since 1973 medical abortion was legal in United States. (Hill, 2004) when Roe v. Wade case moved further, the political debate on abortion continues. Till that time women used to obtain abortion by illegal means. The controversy on abortion received strong emotion and feeling. However, the attitude, behaviors and emotion regarding abortion is negotiated across the globe.

Attitude towards abortion in some people is quite extreme and neutral. (Hollis and Morris 1992) investigated majority of the abortion attitude are somehow extreme and the intermediate level of abortion is found only in 28.9% people. In a study (Murray & Dale, 1973) highlighted the obtaining abortion is largely deals with the sexual attitude and social behaviors of the living society. Societies are the gloomy picture regulate the sexual behaviors and attitude towards opinion regarding abortion. Determining of sexual behavior and attitude in the society becoming difficult day by day.

Since evolution of humanity abortion is mostly occurred in all cultures religious and cast. Although it had surrounded by guilt, feeling of shame and secrecy. History is evident that abortion is performed by women herself to terminate unwanted pregnancy (Konje et.al.1992). Societies are stuck ongoing debate on the attempting of abortion, but frequent prevalence of abortion is considered one of the best tool of birth control. Socially recognizing abortion is somehow complex however denial of abortion is not accepted. After legalizing of abortion many women intimidate abortion as harm of morality and ethics.

Another study conducted by (Hodson, 2002) pointed out that social and moral support was denied because of abortion, respect to miscarriage within society had to be supported

morally. (Zoja 1998) argue that the societies belief pregnancy as joy so the denial of abortion is not supported. Other literature(Moulder,1998) claimed that social attitude and morality support the idea to protect the baby. A book written by (Rando 1986) "Parent loss of a child" emphasis that abortion is an avoided loss of parents. Further explained the avoided loss is not defined socially even though it is unresolved grief of parents. Similarly, in other study (Williams, 2001) investigate that women who have aborted electively experienced grief reported to have loss of control, anxiety, dependency and sometimes death.

Additionally, women's perspectives and experiences interfere in the events of life that lead to women in isolation mode according to past abortion. Women who underwent abortion experienced never forgets the previous abortion. Women's evaluations and experience affect some aspects of life. Factors contributing like socio-economics, health and psychology depends on the level of desire of pregnancy and can be accomplished by counseling.

Conclusions

The literature is evident that experienced and perspective regarding abortion are various and intense and have multiple reactions and responses. The way women experience entirely depends on the socio-economic, physical health psychology and reproductive aspect of women life. Understanding the pain and emotions of abortion seekers is unjustifiable. The narratives of women experience unsafe abortion are dreadful which cannot be denied.

The foundation of all the above contributing factors is the illegality of abortion that bound women to obtained abortion medically. Methods appealing to women are unadvisable, that are conducted to cease the pregnancy. The local untrained health professional and workers considered it as a family business. The ongoing legacy of midwife's harms women life.

Abortion carried out in slums areas need social and moral support way to get abortion services in clandestine way mean. Contraceptive and the use of birth control methods is one of the biggest social stigmas due to male dominancy. Pakistani society based on male superiority and women inferiority. The down and dump position of women obligated her to refrain herself from pregnancy and its outcome.

Pakistani women on large scale are unsound economically and are more dependent on male partner or spouse; even though, they are not confident to take decision eventually is less privilege section of society. The patriarchal society tends to women be more subjugate than men. Women are considered as a reproductive machine and large size of

family practices common here. In matter of fact, women completely rely on husbands on her health-related issues. However, the legalization of abortion can overcome the deteriorated situation of women.

Recommendations

- The government should legalize safe abortion to prevent the curse of back street abortion by untrained health provider.
- Sexual education should give properly to couples whether married or unmarried to forbid the method of unsafe abortion.
- Reproductive health education should be introduced to every men and women at government institution before marriage or sex to prohibit the abortion.
- In developing countries where unsafe abortion is rampant, contraceptive and other birth control measures should be access in every poor and low-income people.
- Government should educate midwives or local health workers in providing abortion services to get rid of severe complication of unsafe and induced abortion.

References

- Abdinasab, M., Dehghani, Firouzabadi, R., Farajkhoda, T. & Abdoli, A. M. (2017). Lack of Association between Cu T-380A Intrauterine Device and Secondary Infertility in Iran. *International Journal of Fertility & Sterility*, vol.10:4, pp.343-349. <https://doi.org/10.22074/ijfs.2016.5085>
- Aghaei, F., Shaghghi, A. & Sarbakhsh, P. (2017). A Systematic Review of the Research Evidence on Cross-Country Features of Illegal Abortions. *Health Promotion Perspectives*, vol.7:3, pp.117-123.
- Ahsan. A. & Jafery, S.N. (2008). Unsafe Abortion: Global Picture and Situation in Pakistan. *Journal of the Pakistan Medical Association*, vol.58:2. Retrieved from JPMA.org.pk/article-details/1562
- Åhman. E., Dolea, C. & Shah, I. (2000). The Global Burden of Unsafe Abortion in the Year 2000. Retrieved April 03, 2020, from https://www.who.int/healthinfo/statistics/bod_abortions.pdf
- Al-Matary, A. & Ali, J. (2014). Controversies and Considerations Regarding the Termination of Pregnancy for Foetal Anomalies in Islam. *BMC Med Ethics*, vol.15:10. <https://doi.org/10.1186/1472-6939-15-10>

- Ataullahjan, A., Mumtaz, Z. & Vallianatos, H. (June 01, 2019). Family Planning, Islam and Sin: Understandings of Moral Actions in Khyber Pakhtunkhwa, Pakistan. *Social Science & Medicine*, vol.230, pp.49-56.
- Atrash, H.K. & Hogue, C.J.R. (1990). The Effect of Pregnancy Termination on Future Reproduction. *Baillieres Clinical Obstet Gynaecol*, vol.4:2, pp.391-405. [https://doi.org/10.1016/s0950-3552\(05\)80234-2](https://doi.org/10.1016/s0950-3552(05)80234-2)
- Bankole, A., Singh, S. & Haas, T. (1998). Reasons Why Women Have Induced Abortions: Evidence from 27 Countries. *International Family Planning Perspectives*, vol.24:3, pp.117-152.
- Bankole, A., Singh, S. & Haas, T. (1999). Characteristics of Women Who Obtain Induced Abortion: A Worldwide Review. *Guttmacher Institute*, vol.25:2, pp.66-77. Retrieved from <https://www.guttmacher.org/journals/ipsrh/1999/06/characteristics-women-who-obtain-induced-abortion-worldwide-review>
- Behera, Deep Anjali & Bharat, Shalini & Gawde, Nilesh. (2015). Induced Abortion Practices in an Urban Indian Slum: Exploring Reasons, Pathways and Experiences. *Journal of Family & Reproductive Health*, vol.9, pp.129-135. Retrieved from https://www.researchgate.net/publication/285426167_Induced_Abortion_Practices_in_an_Urban_Indian_Slum_Exploring_Reasons_Pathways_and_Experiences
- Bela Ganatra, Caitlin Gerdts, Clémentine Rossier, Brooke Ronald Johnson Jr, Özge Tunçalp, Anisa Assifi, et al., (2017) Global, Regional and sub regional Classification of Abortions by Safety, 2010–14: Estimates from a Bayesian Hierarchical Model, vol.390:10110, pp.2372-2381,
- C, blanco. (1988). Access to Birth Control: A World Estimate. *Profamilia*, vol.4:12, pp.17-24. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12281360>
- Carlson, I., Breeding, K. & Larsson, P. (2018). Complications Related to Induced Abortion: A Combined Retrospective and Longitudinal Follow-Up Study. *BMC Women's Health*, vol.18, p.158. <https://doi.org/10.1186/s12905-018-0645-6>
- Chae, S. Desai, S. Crowell, M. & Sedge, G. (2017). Reasons why Women Have Induced Abortions: A Synthesis of Findings from 14 Countries. *Contraception*, vol.96:4, pp.233-241. <https://doi.org/10.1016/j.contraception.2017.06.014>

- Dreweke, J. (2014). Contraception Is Not Abortion: The Strategic Campaign of Antiabortion Groups to Persuade the Public Otherwise. *Guttmacher Institute*, vol.17:4. Retrieved from <https://www.guttmacher.org/gpr/2014/12/contraception-not-abortion-strategic-campaign-antiabortion-groups-persuade-public>
- Elisabeth, L., Åhman, Iqbal H. Shah. (2010). Contraceptive Use, Fertility and Unsafe Abortion in Developing Countries. *European Journal of Contraceptive and Reproductive Health Care*, vol.15:2, pp.S77–S82. <https://doi.org/10.3109/13625187.2010.533004>
- Emelonye, AU., Pitkäaho, T., Aregbesola, A. & Vehviläinen-Julkunen, K. (2017). Women's Perceptions of Spousal Relevance in Childbirth Pain Relief in Four Nigerian Hospitals. *Sexual & Reproductive Healthcare: Official Journal of the Swedish Association of Midwives*, vol.12, pp.128-132.
- Foumsou, L., Dangar, G., Choua, O., Damthéou, S., Gabkika, B., Tarda, O. & Njiki, R. (2017). Problematic of Clandestine Induced Abortions in Three Maternity Hospitals of Chad. *Open Journal of Obstetrics and Gynecology*, vol.7, pp.937-943.
- Gerdtz, C., Vohra, D. & Ahern, J. (2013). Measuring Unsafe Abortion-Related Mortality: A Systematic Review of the Existing Methods. *PLoS One*, vol.8:1, p.e53346. doi: 10.1371/journal.pone.0053346.
- Guttmacher Institute (2013). *Unsafe Abortion and Post Abortion Care in Pakistan*. Retrieved from <https://www.guttmacher.org/fact-sheet/unsafe-abortion-and-postabortion-care-pakistan>
- Guttmacher Institute (2017). Complications from Clandestine Abortions, Malawi. Retrieved from <https://www.guttmacher.org/infographic/2017/complications-clandestine-abortions-malawi>
- Guttmacher Institute (2017). State Facts about Unintended Pregnancy: Illinois. Retrieved from <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-illinois>
- Guttmacher Institute. (2009). Abortion in Pakistan. Retrieved from <https://www.guttmacher.org/report/abortion-pakistan#>
- Haddad, L. B. & Noor, N.M. (2009). Unsafe Abortion: Unnecessary Maternal Mortality. *Reviews in Obstetrics & Gynecology*, vol.2:2, pp.122–126.

- Hessini, L. (July 01, 2008). Islam and Abortion: The Diversity of Discourses and Practices. *Ids Bulletin*, vol.39:3, pp.18-27.
- Hill, Amanda. (2004). The Relationship between Attitudes about Abortion and Cognitive Complexity. *UW-L Journal of Undergraduate Research VII*. Retrieved from <https://www.uwlax.edu/globalassets/offices-services/urc/jur-online/pdf/2004/hill.pdf>
- Hirakawa, H. & Ishii, N. (2020). Abortion and Suicide Attempt. *The Lancet*, vol.7:3, pp.217-290. [https://doi.org/10.1016/S2215-0366\(19\)30519-X](https://doi.org/10.1016/S2215-0366(19)30519-X)
- Hodson, P.A. (2002). Woman's Right to Choose Counselling. *Journal Family Planning Reproductive Health Care*, vol.28, pp.174-175.
- Hogan MC, Foreman KJ, Naghavi M, Ahn SY, Wang M, Makela SM, Lopez AD, Lozano R, Murray CJ (2010) Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5. *The Lancet*, vol.375:9726, pp.1609-1623.
- Hosseini-Chavoshi, M., Abbasi-Shavazi, M.J., Glaze brook, D. & McDonald, P. (2012). Social and Psychological Consequences of Abortion in Iran. *International Journal of Gynecology & Obstetrics*, vol.118, pp.S172-S177.
- Human Rights Committee (HRC) (2017). Pakistan Alliance for post abortion care. Retrieved from http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/PAK/INT_CCPR_CSS_PAK_27664_E.pdf
- Hussain, R., Ashford, L. & Sedge, G. (2016). *Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method*. Retrieved from <https://www.guttmacher.org/report/unmet-need-for-contraception-in-developing-countries>
- Hussain, S. (2015). Reasons for Low Modern Contraceptive Use – Insights from Pakistan and Neighboring Countries. Retrieved from https://www.researchgate.net/publication/275517815_Reasons_for_Low_Modern_Contraceptive_Use_-_Insights_from_Pakistan_and_Neighboring_countries
- Khan, A. (2013). Induced Abortion in Pakistan: Community-Based Research. *JPMA. The Journal of the Pakistan Medical Association*, vol.63. pp.S27-32. Retrieved from https://www.researchgate.net/publication/259585080_Induced_abortion_in_Pakistan_Community-based_research

- Konje, J., Obisesan, K. & Ladipo, O. (1992). Health and Economic Consequences of Septic Induced Abortion. *International Journal of Gynecology & Obstetrics*, vol.37, pp.193-197. doi:10.1016/0020-7292(92)90380-2
- Kumari, N., Dutta, M. & Shekhar, C. (2017). Post Abortion Contraceptive Behavior among Indian Women. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, vol.6:5, pp.2021-2025.
- Mackintosh, E. (2017). Abortion Laws Around the World: From Bans to Personal Choice. CNN News. Retrieved from <http://edition.cnn.com/2017/01/25/health/abortion-laws-around-the-world/index.html>
- Mahsud-Dornan S. (2007). Pakistan, Population Programs and Progress. *The Ulster Medical Journal*, vol.76:3, pp.122–123. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2075591/>
- Mcfarlane, D. R. (January 01, 1993). Induced Abortion: An Historical Overview. *The American Journal of Gynecologic Health*, vol.7:3.
- Moulder C. (1998). *Understanding Pregnancy Loss. Perspectives and Issues in Care*. London, UK: Macmillan.
- Mustafa, S., Sadiq, M., Khan, A. & Jameel, K. (2016). Women Education in Pakistan: Is the Level enough for Empowerment? *International Journal of Scientific & Engineering Research*, vol.7:8. Retrieved from https://www.researchgate.net/publication/321081476_WOMEN_EDUCATION_IN_PAKISTAN_IS_THE_LEVEL_ENOUGH_FOR_EMPOWERMENT
- Naqvi, K. Z. & Edhi, M. M. (2013). The Horror of Unsafe Abortion: Case Report of a Life-Threatening Complication in a 29-Year Old Woman. *Patient Safety in Surgery*, vol.7:1, pp.33. <https://doi.org/10.1186/1754-9493-7-33>
- National Health Service. (2020). *Risk Abortion*. Retrieved from <https://www.nhs.uk/conditions/abortion/risks/>
- Nouhjah, S., Zamani-Alavijeh, F., Heydarabadi, A. B. & Hozaili, M. (2017). Which Outcomes do Women Expect to Achieve after Undergoing Induced Abortion. *Electronic physician*, vol.9:2, pp.3741–3750. <https://doi.org/10.19082/3741>
- Pakistan Penal Code (1860) <http://www.pakistani.org/pakistan/legislation/1860/actXLVof1860.html>

- Rando T. (1986). *Parental Loss of a Child*. Champaign, IL: Research Press.
- Rashid, S., Sohail, S. & Munim, TF. (2017). Family Planning Methods; Knowledge, Perceptions and Ever Use of Modern Family Planning Methods among Childbearing Women in Tertiary Care Hospital. *Professional Medical Journal*, vol.24:8, pp.1142-1146.
- Rehan, N., Inayatullah. A. & Chaudhary, I. (2004). Characteristics of Pakistani Women Seeking Abortion and a Profile of Abortion Clinics. *Journal of Women's Health and Gender Based Medicine*, vol.10:8, pp.805-10.
- Rogers, T. H. E. R. I. S. A. (April 01, 1999). The Islamic Ethics of Abortion in the Traditional Islamic Sources. *The Muslim World*, 89, 2, 122-129.
- Romans-Clarkson SE. (1989). Psychological Sequelae of Induced Abortion. *Aust N Z J Psychiatry*, vol.23:4, pp.555-565. <https://doi.org/10.3109/00048678909062625>
- Rowlands, S. (2007). Contraception and Abortion. *Journal of the Royal Society of Medicine*, vol.100:10, pp.465-468. <https://doi.org/10.1177/014107680710001015>
- Saleem, & Fikree, F. F. (2001). Induced Abortions in Low Socio-Economic Settlements of Karachi, Pakistan: Rates and Women's Perspectives. *Journal of Pakistan Medical Association*, vol.51:8, pp.275-9. https://jpma.org.pk/article-details/2728?article_id=2728
- Sahu, B. & Hutter, I. (2012) 'Lived Islam' in India and Bangladesh: Negotiating Religion to Realise Reproductive Aspirations, *Culture, Health & Sexuality*, vol.14:5, pp.521-535.
- Sama, C. B., Aminde, L. N. & Angwafo, F. F., 3rd (2016). Clandestine Abortion Causing Uterine Perforation and Bowel Infarction in a Rural Area: A Case Report and Brief Review. *BMC Research Notes*, vol.9, p.98. <https://doi.org/10.1186/s13104-016-1926-5>
- Sather, Z., Singh, S., Rashida, G., Shah, Z. & Niazi, R. (2014). Induced Abortions and Unintended Pregnancies in Pakistan. *Studies in Family Planning*, vol.45:4, pp.471-491.

- Sather, Z.A., Singh, S. & Fikree, FF. (2007). Estimating the Incidence of Abortion in Pakistan. *Studies in Family Planning*, vol.38:1, pp.11-22. <https://doi.org/10.1111/j.1728-4465.2007.00112.x>
- Sedge, G., Barak, J. & Singh, S. et al. (2016). Abortion Incidence between 1990 and 2014: Global, Regional and Sub Regional Levels and Trends. *Lancet*. Vol.388, pp.258-267.
- Suleiman, Omar. (2017). Islam and Abortion Debate. Retrieved from <https://yaqeeninstitute.org/omar-suleiman/islam-and-the-abortion-debate/#.XbgbwpozbiU>
- UNFPA (2017). World Population Dashboard <https://www.unfpa.org/data/world-population-dashboard>
- United Nation Human Rights (2015). Sexual and Reproductive Health and Rights. Retrieved from https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf
- United Nations Committee on the Elimination of Discrimination against Women: *General Recommendation 24: Article 12 of the Convention (women and health)* (20th Sess., 1999), Retrieved from <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24>
- Population Council (2004) Unwanted Pregnancy and Post-Abortion Complications in Pakistan: Report of Findings from a National Study, Population Council, Islamabad, October 2004. <http://www.popcouncil.org>.
- Varkey, P., Balakrishna, P.P., Parsad, J.H., Abraham, S. & Jospeh, A. (2000). The Reality of Unsafe Abortion in a Rural Community in South India, *Reproductive Health Matters*, vol.8:16, pp.83-91,
- Vincent, M. & Barton, D. (1973). Attitudes of Unmarried College Women toward Abortion. *Journal of School Health*, vol.43,pp.55-59. doi:10.1111/j.1746-1561.1973.tb01840.x
- Wahlberg, (2007). Memories after Abortion. Gothenburg, Sweden. Redcliff Publication.
- Wallin, Lundell, I., GeorgssonÖhman, S., Frans, Ö. et al.(2013). Posttraumatic Stress among Women after Induced Abortion: A Swedish Multi-Centre Cohort Study. *BMC Women's Health*, vol.13:52. <https://doi.org/10.1186/1472-6874-13-52>

WHO (2019) Preventing Unsafe Abortion, <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

WHO (2014) Clinical Practice Handbook for Safe Abortion. Geneva: *World Health Organization*; RE-ABORTION. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK190097/>

Williams, Gail. (2001). Short-Term Grief after an Elective Abortion. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, vol.30:2, pp.174-83. <https://www.researchgate.net/deref/http%3A%2F%2Fdx.doi.org%2F10.1111%2Fj.1552-6909.2001.tb01533.x>

World Health Organization (2017). Worldwide, an Estimated 25 Million Unsafe Abortions Occur Each Year. Retrieved from <https://www.who.int/news-room/detail/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortions-occur-each-year>

World Health Organization. (2018). *Family Planning/Contraception*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

Yegon, Kiprotich.erick, Kabanya, Mwaniki. Peter, Echoka, Elizabeth, Osur, Joachim. (2016). Understanding Abortion - Related Stigma and Incidence of Unsafe Abortion: Experiences from Community Members in Machakos and Trans Nzoia Counties Kenya. *Pan African Medical Journal*. Retrieved from <http://www.panafrican-med-journal.com/content/article/24/258/full/>

Zoja E. (1998). *Abortion: Loss and Renewal in the Search for Identity*. London, UK: Routledge.

Zain Iftikhar is a Ph.D Scholar in the Centre of Excellence for Women's Studies, University of Karachi, Karachi, Pakistan.

Dr. Shagufta Nasreen is an Assistant Professor in the Centre of Excellence for Women's Studies, University of Karachi, Karachi, Pakistan.