

Training in Sexual Health Research
Geneva 2005

GFMER Scholarship

**Unsafe abortion: A silent epidemic among
poor women in Rosario, Argentina**

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Introduction

Unsafe abortion is defined as a procedure for terminating an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both (1). Although unsafe abortion is entirely preventable, it remains an important cause of maternal mortality and morbidity in the developing world. Women who resort to unskilled providers put their health and life at risk. If contraception is inaccessible or of poor quality, many women will seek to terminate unintended pregnancies, despite restrictive laws. The practice of abortion in a particular country reflects culture, social and economic status, religious beliefs and the law. The evidence demonstrates that rates of unsafe abortion and abortion mortality are higher where laws are more restrictive (2). Worldwide unsafe abortion accounts for 13% of maternal deaths. In Latin America it is the most common cause of maternal mortality (3). There are several reasons accounting to unsafe abortion in Latin America: people's growing desire to have smaller families, the unmet need for family planning services, the fact that contraceptive methods are not 100% effective and unwanted sexual relationships. Unwanted pregnancies specially affect adolescent women, single women, women with several children and women over 40 years (4).

In Argentina, the maternal mortality ratio is 35/100000 live births, and it is estimated that 31% of maternal mortality is due to unsafe abortion (5). Its occurrence tends to be unreported or under-reported because it is stigmatized and censured by ideological, cultural and religious reasons. In our country maternal mortality is relatively low (although it shows deep differences between regions) and the other causes of mortality have been substantially reduced, so the number of deaths due to unsafe abortion accounts for a significant proportion of maternal deaths, being in our country the main cause.

Some authors say that the number of deaths due to complications from unsafe abortion is severely underestimated throughout the region. They estimate that the actual number of abortion related death in Latin America is between 5000 and 10000 each year. Thus, compared to the estimated 4 to 6 million annual induced abortions, the abortion related mortality rate would range from 83 to 250 deaths per 100000 abortions. They also estimate that one of every three to five unsafe abortions leads to hospitalization in Latin America (6). Many family planning programs emphasize on contraception. Meanwhile many women consider abortion as an option for contraceptive failure, but also as a means of fertility control. Poverty and social status are tied to access to contraceptive advice and appropriate, safe technology. Poor women may seek unsafe abortion as an inexpensive option. Safe abortion, even in illegal circumstances, can be purchased for those able to afford it. The trauma associated with unsafe abortion is a part of a chain of injustice that characterizes the lives of poor women in developing countries. Criminalization does not prevent women for having abortion, it only makes them have it in bad conditions (7). Although rape and incest are socially unacceptable many countries will not provide abortion even in those circumstances (8). This is an issue of human rights and women's empowerment and unsafe abortion must be addressed as a part of health policy.

Family planning services should reach women at risk. To be effective and acceptable, family planning programs must directly confront sexual and reproductive needs of the couples (9).

Previous research on unsafe abortion

In Latin America

Several studies have been done in Latin America and in the developing world to understand the determinants and consequences of unsafe abortion: the social and cultural environment in which these practices take place, the role of family planning services and education among

women with high risk of seeking unsafe abortion. Unsafe abortion can be estimated from hospital data, demise certificate and retrospective questionnaire. Each of these different sources and technical approaches show advantages and deficiencies, but used together may allow a good approximation of the magnitude and deep causes of the problem.

In Fortaleza, Brazil, a study has been conducted on the determinants and medical characteristics of abortion among women admitted to two public maternity hospitals (10). In relation to medical aspects, 66% of women reported using misoprostol to induce abortion. This substance is obtained from private pharmacies. In this study women with a certainly induced abortion were significantly younger, more often unmarried, had fewer living children and were more likely to have experienced one or more previous induced abortions.

Recommendations are made on information regarding cultural perceptions and concepts of abortion and on reasons why poor women fail to adopt available family planning methods. An ethnographic study among urban Aymara women in Bolivia suggests that they want to regulate their fertility and that social and cultural norms support fertility regulation. However the norms also make such regulation difficult to achieve. One barrier is a deep suspicion towards modern medicine and medical practitioners, who are not seen as reliable sources of information. This suspicion is reinforced when the quality of health services is inadequate. Among these women the level of acceptability of the most modern methods is low. Many would prefer to use traditional methods, even when use of these methods entails considerable sacrifice and risk of conflict with their partners, unwanted pregnancies, and recourse to unsafe abortion (11). The authors recommend to provide culturally sensitive services and to involve men.

Several studies have been done to understand the relationship between abortion and contraception. In one of these studies in Chile the aim was to determine the preventive effect of a sustained family planning intervention on women previously identified as having a risk of abortion. The authors say that, despite the increased outreach of family planning programs, abortion continues to exist and has played an important role in fertility decline. Nevertheless, the relationship between abortion and contraception continues to be poorly understood (12). An exploratory and descriptive study on the social determinants of abortion, including the methods used, the role of religious beliefs, the decision making process and the contraceptive behavior was carried out in the Dominican Republic (13). The data were collected through structured interviews with women seeking services at two maternity hospitals mostly for post-abortion complications. They gathered information on socio-economic and demographic characteristics, reproductive history and contraceptive behavior. The design of the study made it impossible to distinguish between spontaneous and induced abortions. This study treated all cases as if they were induced. About 80% of women said they were presently in a marital union and 84% of the women had had children. They seemed very committed to regulating their fertility, and they had considerable contraceptive experience, but their contraceptive practices were very ineffective. The study findings show that one of the major determinants of unwanted pregnancy and abortion is precisely a lack of adequate information and comprehension of the characteristics, correct use, side effects, and other elements about contraceptive methods. Women seem to begin to regulate their fertility using a modern method, but for some reason their experience is not satisfactory and they switch to traditional methods that are much less effective, and the risk of unwanted pregnancies and abortions increases.

In Argentina

Unsafe abortion is a silent epidemic in Argentina. It comes up to light time to time when a woman dies as a consequence of complications of unsafe abortion, and the news appears in the mass media due to the legal obligation to denounce it to the police. Many of these women belong to the poor sectors of society and this is one of the ways they choose to regulate their

fertility. Abortion is practiced also by the higher social classes, but in safe conditions; nevertheless it is still clandestine. An intense national debate is taking place in the country. A law project to decriminalize abortion was sent to the parliament. The national Minister of Health gave his agreement to the decriminalization of abortion regarding the high account of maternal mortality due to this cause. The Catholic Church has a strong position against the widespread use of preservatives, the inclusion of sexual education at school and the massive access to family planning methods. Many advocacy groups and NGOs are supporting positions to decriminalize abortion and journalists, intellectuals and health care professionals are giving their agreement throughout the mass media. A recent research about abortion in this restrictive legal context studied the views of obstetricians and gynecologists in Buenos Aires and the metropolitan area. The authors interviewed 467 individuals working at public hospitals. Focus groups with 60 of them and interviews with the heads of the departments were done. The majority believed that abortion was a serious public health issue, physicians should provide abortions legally, abortion should not be penalized to save the woman's life or in cases of rape or fetal malformations, and women having illegal abortions and abortion providers should not be imprisoned. About 40% thought abortion should not be penalized if it is the woman's autonomous decision. Those who were better disposed towards the decriminalization of abortion cited a combination of public health reasons and the need for social equity. The women's health and rights movement should do advocacy work with this professional community on women's needs and rights, given the prominent role they play in reproductive health care provision and in the public sphere (14).

The needs of research on unsafe abortion

The literature shows that unsafe abortion is a major reproductive health problem and the cause of untold suffering for many women around the world. Women resort to abortion in various cultural, social and service availability contexts. It also shows that reproductive and sexual health research must be planned in its social, cultural and behavioral contexts, to gain a better insight into the relationship between abortion and contraceptive behavior. In Argentina many estimate that the incidence of unsafe abortion is increasing. Reasons for this increase are attributed to a variety of changing trends, including desire for smaller families, shifts from rural to urban residence, increase in non marital sexual activity and delay of motherhood. Nevertheless, published studies could not be found on such sensitive issues in the country, except the only one which is mentioned above (14). Unsafe abortion accounts for 31% of maternal mortality in Argentina, but death is not the only tragic cost. Many more women survive the experience and suffer lifelong from consequences of serious complications: sepsis, hemorrhage, uterine perforation, cervical trauma, leading to problems of infertility, permanent physical impairment and chronic morbidity. Important issues such as the complexity of the relationship between contraceptive needs and behavior and the use of induced abortions remains unexplored in this particular contexts. The socio-demographical characteristics of these women, the identification of social, cultural and gender barriers to accessibility, the perceived quality of family planning services and the attitudes of the medical staff must be considered and investigated.

The local context

Rosario has approximately 1 million inhabitants and 45% of the population is not covered by social security. It is estimated that approximately 40% of the population do not get enough money to cover the basic necessities of housing, education, health care and nourishing. This people mostly attend their health care necessities in the public health care services. There are two public health systems in the city: one depends on the municipal government and the other depends on the provincial government. The municipal government assigns 25% of its budget

to the local health care system. This system includes 28 Primary Health Care Centers, 2 Maternity Hospitals, 3 General Hospitals, 1 Pediatric Hospital and 1 Emergency Hospital. Since 1997 there is a Family Planning Programme which has expanded accessibility to contraceptive methods through the Primary Health Care Centers and the Maternity Hospitals. Nowadays 22000 women use monthly oral contraceptive methods and 2500 women use intrauterine device each year in these services. In these services, 300000 condoms are distributed each year (15).

Since 2003, five Centers for Counseling in Sexual and Reproductive Health has been held in five hospitals to improve accessibility of women and couples, and specially adolescents, to information, education and family planning services. Despite these services, there is an important number of induced abortions with complications which demand for attention in the municipal hospitals. The impact of the family planning services in decreasing unsafe abortion has not been measured. The absolute number is approximately 600 complicated induced abortions each year and they are distributed as follows:

- Maternidad Martin: 250 hospitalized abortions/4000 live births per year*
- Hospital Roque Saenz Peña: 330 hospitalized abortions/2000 live births per year*

* Unsafe abortion is estimated from hospital data by adjusting the abortion live birth ratio for the expected percentage of spontaneous abortions (3.4%) that occur at 13-22 weeks' gestation.

Framework

The contraceptive behavior of women and couples implicates a decision-making process which includes aspects such as: social and cultural environments, accessibility to education and information, previous residence of the individuals belonging to migrating communities (urban or rural areas), religious beliefs and gender roles. Society assigns a high positive role to motherhood, so gender norms should affect women seeking for contraception: sexuality should be seen linked to reproduction, so the woman's decision to control the number of pregnancies should not be considered appropriate, affecting her adherence to contraceptive methods. Although the family planning methods are available, the women's experience with health services and providers is influenced by several aspects that might discourage them to access to the methods they really need and prefer. Many women seeking abortion are married or live in stable unions and already have several children. In these cases, they do not take their decisions alone and the position of the partner is substantially important. The use of traditional contraceptive methods, which are less expensive but more unsafe, such as withdrawal and periodic abstinence and also condoms, require not only men's consent but also their active participation in contraception decision - making and practice. If women take such kind of risks for their health and life when they seek for clandestine abortion, it could be that there is a strong willingness to regulate fertility. The public health sector must respond to this willingness assessing the quality of services offered and improving their capacity to properly meet the demands of women and couples. Preventing unintended pregnancies and unsafe abortion is a high priority for improving women's reproductive health and to preserve their right to a safe sexual life.

General objectives of the research

The general objective of the project is to describe the phenomenon of unsafe abortion in the population of women at reproductive age who demand for attendance in municipal hospitals in Rosario as a direct consequence for the complications of these practice.

Specific objectives

- 1) To identify social, cultural, ideological and gender barriers that prevent women to access to family planning services.
- 2) To describe the attitudes of the health care staff that might influence the accessibility and adherence to the contraceptive methods.
- 3) To determine the adhesion to modern contraceptive methods in women seeking for abortion.

Population selected

Women at reproductive age who have experienced the particular situation of unsafe abortion and seek for attendance after complications at two municipal maternity hospitals in Rosario, Argentina. The sample of women interviewed will be stratified by age (14 to 18 years and 18 to 49 years) and by marital status.

Methodology

In order to achieve these objectives, the proposal includes a descriptive and explanatory design, for investigation of motivations, beliefs and values that may have a major influence on behavior. This requires qualitative techniques and the data analysis is partly done during data gathering. The researcher's ongoing analysis and interpretation guides subsequent data collection.

To investigate the client/provider interactions which might affect accessibility, observational methods will be applied.

Methods selected:

a) Structured questionnaire:

This type of questionnaire will be used to describe the socio-demographic characteristics of the population of women who attend hospitals after unsafe abortion. This questionnaire will be applied to approximately 100 women. The implementation of this methodology requires training of interviewers to apply the survey questionnaires.

These topics to be included in the questionnaire are the following:

1. age
2. place of birth (urban or rural area)
3. marital status
4. number of alive children
5. educational level
6. employment status
7. use of contraceptive methods
8. primary health care center of reference

b) In-depth interviews:

This technique will provide explanatory insights on their gender roles, cultural and religious beliefs, and sexual behavior. Probability sampling is not appropriate for in depth investigation of small number of individuals using qualitative techniques. The selected cases must be considered as "typical" of a certain cluster of characteristics.

In-depth interviews have the following potential advantages regarding the objectives of the study (16):

- they can provide understanding of the social and cultural context in which decisions are taken and behavior occurs,
- because of their flexibility, they do not preclude discovery and further investigation of the unexpected,

- they can elucidate complex sequences of events and decisions (as for instance they may occur in health seeking behavior),
- they can probe deeper into the factors underlying decisions or attitudes.

The interviewer is prepared with a number of topics to be investigated but has not a list of precise questions. The emphasis will be on getting the respondent's own perspectives and on gaining a rich description of the context and situations in which these events and actions are taking place. The main value of in-depth interviews is its ability to provide insights into the contexts in which behavior occurs and the broader structural determinants of it. These interviews produce a very large amount of information for each respondent. Accordingly sample sizes are often small, typically in the range of 10 to 60 respondents. In this study the in depth-interviews will be done with a minimum of 10 individuals to a maximum of 30 individuals or until the data collection shows that no new information of importance is encountered (saturation of information). To ensure that the selected respondents are broadly representatives in terms of education, family size and socioeconomic level of the group from which they are selected, typical cases will be included in the sample to be interviewed. The individuals will be interviewed at hospital, so a reasonable degree of privacy has to be ensured. The in-depth interviews will be done by trained researchers, who are quite involved with the objective of the study and can elucidate, while gathering the data, complex sequence of events and decisions.

c) Observational methods:

In order to investigate the accessibility to family planning services of this population of women, it may be of research interest to assess the qualitative aspects of client-provider interactions. In this case it is necessary to measure the precise information, counseling or warnings about side-effects of each method that are given to users, based not only in what is said, but on nonverbal behavior of both parties.

The simulated client technique:

It has been applied most often in reproductive health research for the investigation of client-provider interaction. In this case, client/field workers are sent to family planning services to request information. Then, after the visit, they are interviewed by the researchers to give information about the characteristics of the interaction. In Rosario, the family planning services are held especially in the primary health care centers, where the population with no social insurance goes for attendance. This technique will be applied specifically to those centers frequently requested by the women included in this survey.

Ethical issues

In social science research, ethical procedures are established in order to protect the individual's physical and mental integrity, to respect the moral and cultural values and religious and philosophical convictions and other fundamental rights including respect for privacy and the opportunity to pursue the highest attainable level of health care. Researchers need to be aware of the dangers of exposing the subject to potential psychological or social harm or inconvenience. In the case of patients being recruited at health centers or hospitals, it is necessary to reassure patients that their willingness to participate in the study has no implications for the health care or advice that they are seeking (17). Of course the confidentiality of information they provided at the enquiry should be respected.

Informed consent

Its purpose is to protect the rights of the study participants. The consent process must provide information that can be understood by the potential respondents and that is clear and

forthright. If a part of the interview is especially sensitive, it is desirable to remind individuals that this is a voluntary activity and that they can skip any questions they find objectionable.

Oral Consent for the Study on Unsafe Abortion:

“If you accept, you will participate in an interview in which you will be asked to answer questions related to pregnancies, child-bearing and use of contraceptive methods. You may refuse to answer any question and can decide to withdraw from the interview at any moment you want, without any consequences for your attendance in the hospital. Your participation is entirely voluntary.

The aim of this interview is to understand the behavior of women who are assisted in this hospital in relation to the usage of contraceptive methods to regulate their family size.

Anything you could say during this interview is confidential and will not be associated at any moment with your name or with personal data that could identify you.

The results obtained by this way will provide the health care providers and policy-makers with a more precise knowledge to achieve better services for women and couples who want to regulate their fertility.”

References

1. Unsafe Abortion – Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000 – Fourth Edition- World Health Organization – Geneva- 2004 ([Full Text](#))
2. Plata MI. Towards safe motherhood. World Health Day. Profamilia. 1998 Jun;16(31):19-24. Spanish. ([PubMed](#))
3. Romero SQ. Abortion: magnitude, management and prevention. The dark side of the moon. Kangaroo. 1994 Dec;3(2):156-8 ([PubMed](#))
4. Langer A. Unwanted pregnancy: impact on health and society in Latin America and the Caribbean. Rev Panam Salud Publica. 2002 Mar;11(3):192-204. Spanish. ([PubMed](#))
5. Ministerio de Salud de la Nacion – Organización Panamericana de la Salud-Indicadores Basicos de Salud – Argentina 1995 - 2000
6. Frejka T, Atkin LC. Induced abortion as a cause of maternal mortality in Latin America.
7. Notas Poblacion. 1994 Dec;22(60):255-68 ([PubMed](#))
8. Public health and social injustice are the key issues for the decriminalization of abortion in Mexico. Newsl Womens Glob Netw Reprod Rights. 1994 Jan-Mar;(45):17.
9. Pearson R and Sweetman C. Abortion, reproductive rights and maternal mortality in Population and reproductive rights, Oxfam focus on Gender. 1996, 45-50.
10. Ketting E. A global picture. Overview. Plan Parent Chall. 1993;(2):28-30 ([PubMed](#))
11. Misago C, Fonseca W, Correia L, Fernandes LM, Campbell O. Determinants of abortion among women admitted to hospitals in Fortaleza, North Eastern Brazil. Int J Epidemiol. 1998 Oct;27(5):833-9 ([PubMed](#))
12. Schuler SR, Choque ME, Rance S. Misinformation, mistrust, and mistreatment: family planning among Bolivian market women. Stud Fam Plann. 1994 Jul-Aug; 25(4):211-21. ([PubMed](#))
13. Molina R, Pereda C, Cumsille F, Martinez Oliva L, Miranda E, Molina T. Prevention of pregnancy in high-risk women: Community intervention in Chile. In: Mundigo AI, Indriso C, eds. Abortion in the developing world. London, Zed Books, 1999: 57-77
14. Paiewonsky D. Social Determinants of Induced Abortion in the Dominican Republic- Abortion in the Developing World. Mundigo and Indriso Editors. World Health Organization. 2001. p.131
15. Gogna M, Romero M, Ramos S, Petracci M, Szulik D. Abortion in a restrictive legal context: the views of obstetricians-gynaecologists in Buenos Aires, Reprod Health Matters, 2002 May; 10(19):128-37 ([PubMed](#))
16. Secretaria de Salud Publica. Municipalidad de Rosario. Boletín de Estadística. 2003
17. Campbell O, Cleland J, Collumbien M, Southwick K. Social Science Methods for Research on Reproductive Health. World Health Organization. Geneva. 1999
18. Campbell O, Cleland J, Collumbien M, Southwick K. Social Science Methods for Research on Reproductive Health. In Chapter 6- Ethical issues- p. 77. World Health Organization. Geneva. 1999.