

Research Article

Breaking the Silence: Unveiling Healthcare Providers' Attitudes and Perceptions towards Abortion and Their Knowledge of Abortion Laws in Pakistan

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ABSTRACT

Background: Abortion, a common gynecological procedure, is often stigmatized, affecting healthcare providers' attitudes and practices. These professionals are key to delivering abortion services, post-abortion care, and reproductive healthcare. Their understanding of abortion laws and attitudes toward the procedure significantly impact their approach to reducing maternal morbidity and mortality, as well as complications from unsafe procedures.

Objectives: This study aims to investigate the attitudes, perceptions, and knowledge of healthcare providers regarding abortion and its legal framework.

Methodology: This was a descriptive study conducted between July to December 2021, in various obstetrics Gynecology facilities of Karachi using survey questionnaire enquiring about knowledge, attitude, belief towards abortion and knowledge of abortion laws in Pakistan.

Results: The data was analyzed by SPSS version 22.0. Ninety obstetrician and gynecologists participated in the survey from different healthcare facilities in Karachi. Survey shows that only n=27 (30%) of the respondents demonstrated awareness between abortion and miscarriage, while n=60 (66.7%) knew about the global prevalence of abortion and n=69 (76%) of the participants were aware of the global burden of the maternal deaths from unsafe abortion.

Conclusion: The study shows limited knowledge of healthcare providers regarding current abortion laws and clinical guidelines.

Key Words: Induced Abortion, Attitudes, Perceptions, Healthcare Providers, Pakistan Abortion Laws.

INTRODUCTION

Abortion is a prevalent aspect of sexual and reproductive healthcare, with approximately 73 million procedures performed globally each year, according to the World Health Organization (WHO). This staggering figure represents about 61% of unintended pregnancies that are intentionally terminated. The geographical distribution of these abortions reveals a concerning disparity, with the vast majority (97%) of unsafe procedures taking place in developing countries. Furthermore, nearly half (45%) of all induced abortions are considered hazardous, posing significant risks to women's health and well-being.

The consequences of these unsafe practices are dire, contributing to a substantial proportion of maternal mortality worldwide. Estimates suggest that between 4.7% and 13.2% of annual maternal deaths can be attributed to complications arising from unsafe abortions. The primary driver of these tragic outcomes is the persistence of restrictive abortion laws and the stigmatization surrounding the procedure, which forces women to seek clandestine, unregulated, and often life-threatening alternatives, commonly referred to as "backstreet abortions." The lack of access to safe, legal, and comprehensive reproductive healthcare services perpetuates this cycle of risk and harm, underscoring the

urgent need for policy reforms, education, and support to safeguard women's health and rights.

The only time a pregnant woman can legally have an abortion in Pakistan is if her life is in imminent danger [6]. Chapter XVI, Section 338 of the Pakistan Penal Code (Act XLV of 1860) defines abortion as Isqat-i-Hamal (whoever causes a woman to miscarry when fetal organs have not yet formed, unless it is in good faith for the purpose of saving the woman's life or providing her with necessary treatment) or Isqat-i-Janin (whoever causes a woman to miscarry when fetal organs have formed, unless it is in good faith for the purpose of saving the woman's life or providing her with necessary treatment, then it is deemed to cause Isqat-e-Janin). The "ta'zir" penalty, which refers to someone who causes Isqat-e-hamal and is punished with imprisonment for three to ten years, and the "diyat" penalty, which refers to someone who causes Isqat-e-janin and requires compensation to be paid to the victim's heirs, are both penalties for providing illegal abortion [7,8].

Primary challenges, such as a lack of understanding and awareness and unsafe procedures, among service providers, makes it difficult to reduce maternal mortality in Pakistan caused by unsafe abortions. Health care professionals (HCP) may face personal, ethical and moral issues, lack knowledge about country specific legal status of abortion services, and taboos surrounding abortion. Improving education, making abortion services more accessible in a safe environment, and reducing harm to women's lives all depend on overcoming these challenges. Healthcare practitioners in Pakistan face challenges in providing safe abortion services due to the stigma associated with induced abortion and the unclear abortion regulations in the country. Therefore, it is critical to understand the perceptions of healthcare providers about induced abortion and legal regulations in the country.

Objectives

The primary goal of this survey was to evaluate the understanding, perspectives, and convictions of healthcare providers in Pakistan regarding induced abortion and the country's current abortion laws. Specifically, the study aimed to gauge healthcare providers' knowledge of Pakistan's abortion laws, their attitudes toward induced abortion, and their

beliefs about the circumstances under which abortion is acceptable or unacceptable. By examining these factors, the survey sought to identify potential gaps in healthcare providers' knowledge and attitudes that may impact the delivery of abortion services and contribute to the high rates of maternal morbidity and mortality associated with unsafe abortion practices in Pakistan.

METHODOLOGY

A comprehensive survey was carried out among healthcare providers across diverse health facilities in Karachi. The data collection process involved the distribution of self-filled survey forms to the study participants. The survey was conducted between July and December 2021, specifically aiming doctors working in Obstetrics and Gynecology from various institutions. The survey form included questions regarding knowledge attitude and beliefs towards induced abortion as well as knowledge of abortion laws in Pakistan. Written Consent was taken from study participants on consent form attached with survey forms. Confidentiality of respondents were ensured and survey forms were collected in a designated box with a top slit for form submission.

The data was kept confidential and was kept in password protected computer, which was only accessible to primary researcher. The data was analyzed by SPSS version 22.0. Descriptive analysis was performed for all the variables, frequencies and percentages have been reported for categorical variables.

Sampling Technique: Simple random technique

Inclusion Criteria: Healthcare professionals working in Obstetrics & Gynecology Department with minimum qualification of Graduation (MBBS), Postgraduate Trainees, Consultant or Specialist in Obstetrics & Gynecology.

Exclusion Criteria: Healthcare Professionals other than doctors were excluded from the study like LHV, Nurses and Paramedical Staff etc.

RESULTS

Ninety (n= 90) doctors from OBGYN Departments with graduate and post-graduate medical degrees, having an average experience of 1 to 5 years, were interviewed across hospitals, NGOs, and research institutes (see Table 1).

Only n=27 (30%) of the respondents demonstrated awareness of the distinction between abortion and miscarriage, while n=60

(66.7%) were knowledgeable about the global prevalence of abortion.

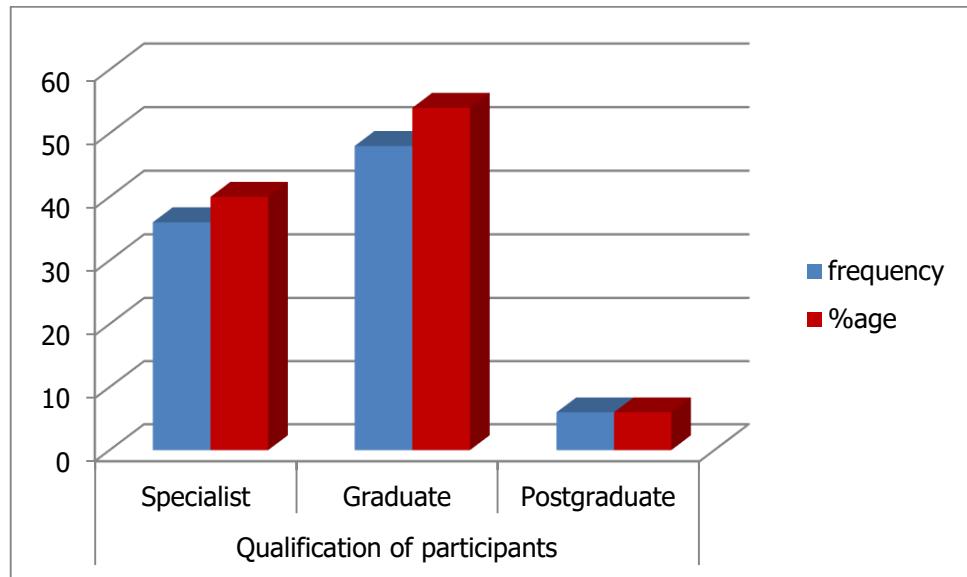


Fig 1. Showed the Qualification of Participants Involved

Moreover, n=69 (76%) of the participants were aware of the global burden of maternal deaths attributed to unsafe termination of early pregnancy.

In terms of perspectives, n=54 (60%) of the respondents were unable to justify the statement "keep your abortion laws off my body," and n=78 (86.7%) believed that the fetus possesses all human rights.

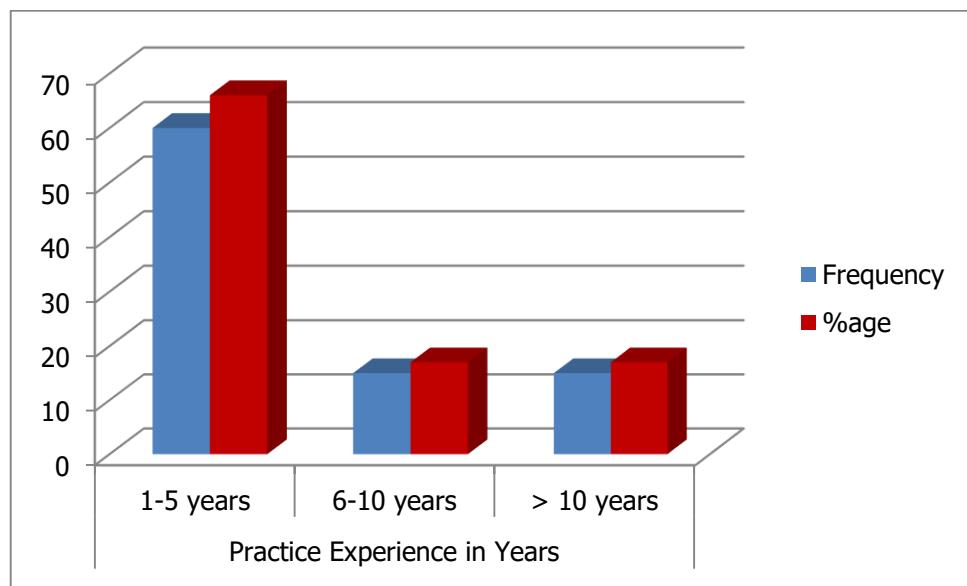


Fig 2. Showed the Practise Experience of Participants Involved

The term "menstrual regulation" (MR), which denotes the termination of an early pregnancy by using Manual Vacuum Aspiration (MVA) or medical treatment, was unfamiliar to the

majority. Almost, n=42 (46.7%) of respondents believed that MR is a method used to address menstrual irregularities (See Table 2).

Table 1. Showed the Participants Knowledge Regarding "Abortion"

	n	%
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Do you think there is a difference between the terminologies used in Abortion and Miscarriage?	Yes	27	30.0
	No	63	70.0
Globally the approximate number of abortions in developed world are:	15-20 million / year	12	13.3
	60-70 million / year	60	66.7
	50-60 million / year	18	20.0
Globally the burden of maternal death because Of unsafe termination	Enormous (11 — 13%)	69	76.7
	Less than 5%	3	3.3
	Don't Know	18	20.0
"Keep your abortion laws off my body". Do you think this statement is justified?	Yes	36	40.0
	No	54	60.0
Menstrual Regulation (MR) is used:	To treat menstrual irregularity	42	46.7
	For termination of pregnancy	12	13.3
	For induction of abortion	6	6.7
	None Of the above	30	33.3

A significant majority of healthcare professionals n=78 (86%) lacked awareness regarding the laws and regulations pertaining to abortion, (including Islamic rights of inheritance in relation to the fetus) (See Table 3).

Regarding terms related to abortion and Pakistan's abortion laws, only n=33 (36%) of the participants were acquainted with the meaning of "Isqat-e-Hamal" with most of them incorrectly assuming that it refers to the permissibility of abortion before fetal organ development. In the context of Pakistan's

abortion laws, n=51 (56.7%) of respondents did not know about that "Tazir" law in Pakistan (whoever causes Isqat-e-hamal shall be liable to punishment as "Tazir" with imprisonment of 3 to 10 years). Additionally, half of the surveyed healthcare professionals were unaware of the meaning of "Diyat" (the compensation payable to the heirs of victim in cases of miscarriage of child whose organs have been formed).

Furthermore, n=51 (56.7%) answered that pregnancy should not be terminated even in cases resulting from rape.

Table 2. Showed the Health Professional's Attitudes towards Abortion

		n	%
A multiparous married woman, with 8 weeks of gestation has been a drug which is 100% teratogenic to fetus, will you:	Terminate the pregnancy	36	40.0
	Refuse her for termination	6	6.7
	Refer her elsewhere	12	13.3
	Others	36	40.0
If you involve males in Reproductive Health advices do you think it will:	Decrease the unwanted pregnancy	21	23.3
	Increase contraceptive prevalence	9	10.0
	Both a and b	60	66.7
The woman who comes for post abortion complications the attitude of health provider should reflect her/his:	Religious belief	6	6.7
	Judgmental	42	46.7
	Non-Judgmental	27	30.0
	Don't Know	15	16.6
Which comes closer to your view about Abortion:	Abortion should be generally available to those who want it	3	3.3

	Abortion should be available, but under stricter limits	30	33.3
	Abortion is against law except rape/incest]to save life	45	50.0
	Abortion should not be permitted at all	3	3.3
	Don't Know	9	10.0
Do you personally believe that having an abortion is	Morally wrong in nearly all circumstances	12	13.3
	Morally wrong in some circumstances	63	70.0
	Not a moral issue	9	10.0
	Don't Know	6	6.7
When do you feel life begins?	At the time of implantation	9	10.0
	Between 6 —8 weeks of gestation	36	40.0
	At Fertilization	42	46.7
	Don't Know	3	3.3
Should a father have a say in an abortion:	Yes	45	50.0
	No	36	40.0
	Don't Know	9	10.0
Is Abortion Murder?	Yes	51	56.7
	No	24	26.7
	Don't Know	15	16.7
According to Islamic Laws. the abortion is permissible:	If fetus is severely deformed	36	40.00
	Before 120 days of pregnancy	3	3.33
	If mother's life is endangered	42	46.67
	All are true	9	10.00

Regarding abortion laws in Pakistan, n=63 (70%) of healthcare professionals responded that abortion can be performed if fetal organs have not yet formed. While n=42 (46.7%) of respondents answered that abortion is justified if it is necessary for medical treatment and n=51 (56.7%) responded that abortion is permissible in cases of fetal malformation (See Table 3).

In terms of the option for termination in cases where a woman has taken a teratogenic drug, n=36 (40%) of HCP expressed support for it. Moreover, n=60 (66.7%) of the respondents agreed that involving male members in reproductive health advice could contribute to reducing unwanted pregnancies and increasing contraceptive usage.

Regarding the provision of care for post-abortion complications, n=42 (46.7%) of the healthcare providers were found to exhibit judgmental attitudes. About n=45 (50%) responded that abortion is only permissible in cases of rape/incest or to save the life of the

mother, considering it be against the law. Furthermore, 70% (n=63) considered abortion to be morally wrong in some circumstances. Approximately n=42 (47%) of the HCPs responded that life begins at fertilization, and n=45 (50%) of the respondents thought that the husband's/partner's consent is required for the decision to abort. Notably, n=51 (56.7%) of the health professionals viewed abortion as equivalent to "murder" which is statistically significant, while n=42 (46.7%) responded that Islamic laws permit abortion if the mother's life is at risk (See Table 4).

DISCUSSION

The high maternal death rate in South Asia is largely attributable to sexual violence, rape, undesired pregnancies, and unsafe abortions [9]. The estimated abortion rate is 29 per 1,000 of reproductive-age women in Pakistan. Each year 890,000 unwanted pregnancies are terminated through induced abortion in Pakistan. Unsafe abortions also cause 6 out of

1,000 Pakistani women to end up in the hospital every year [10].

There are seven reasons why abortion can be legal according to the UN: To safeguarding mother's life that includes her physical or mental health, fetal abnormalities, socioeconomic status, and upon woman's request [11]. There is still some uncertainty regarding the provision of abortion in the event of rape. Whereas the Government of Pakistan legalized abortion in 1996 through a presidential order and updated its abortion regulations in 1990, enabling it to save the women's life or give essential treatment [12]. Criminalizing abortion causes a number of problems, including a longer wait time for the procedure, fewer options for post-abortion care (PAC), higher costs, increasing mental anguish, and social stigma [13-14].

The safety of the world's 73 million annual abortions depends on the fact that their health care providers follow the guidelines recommended by the World Health Organization. Nevertheless, most induced abortions (about 45 percent) occur in developing countries. Inadequacies in access to safe abortion services, low socioeconomic status, stigma, and perception of healthcare providers have a collaborative role in making abortions practices unsafe [15]. Our research showed that 86 percent of healthcare providers did not know what the abortion rules and regulations were in the country. Loi et al. found similar results in their systematic review, demonstrating that many healthcare providers were unaware of the abortion laws in their country [16].

Decisions on the provision of safe abortion services are also heavily influenced by the religious views, ethical principles, and values of healthcare providers. About 57% of people who took part in our survey were of the opinion that, for moral and religious grounds, pregnancies caused by rape should not be aborted. Research has demonstrated that most medical professionals are in favor of abortion when rape or incest is involved [17-19].

Sixty percent of the doctors and nurses who participated in our survey did not agree with the statement "keep your abortion laws off my body," which represents women's body autonomy. The opposite is true in another survey, in which 97% of women considered themselves harassed while they accessed abortion in spite of legal rights in country [20]. To address this issue, the new recommendations by the World Health

Organization is, that abortions be made available to women and girls upon request, without the need for consent from any third party [14].

Nearly half of the respondents were influenced by religious beliefs, and half of the participants in a study on Pakistani abortion laws held the view that the procedure should be reserved for married women [21].

Regarding the question about "human rights of the foetus," 86% said that the unborn child has complete human rights. The healthcare providers in South Africa have similar beliefs about fetal rights, despite the country's less strict abortion regulations compared to Pakistan [22,23]. The majority of healthcare providers (87%) in our survey did not know that there were several schools of Islamic law, and many others did not fully agree to the concepts like "isquat-e-hamal," "Isquat-e-Janin," "Tazir," and "Diyat." When it comes to providing safe abortion services, it is essential that healthcare providers have a thorough grasp of abortion legislation and the interpretation of these laws. Unsafe abortions may be a last option for women if clinicians are unclear or refuse to give these services [24].

Despite the fact that "Menstrual Regulation (MR)" terminology and its interpretation is not regulated in Pakistan, 46.7% of the study participants thought it could fix menstrual irregularities. On the flip side, "menstrual regulation" was generally well-received in Indonesia since, according to local belief, fetal life does not begin until after 120 days of pregnancy [25].

It is unfortunate that many women do not receive post-abortion care (PAC) for complications because of the stigma associated with abortion and the negative attitudes held by healthcare practitioners [26]. When treating women experiencing problems after an abortion, 46.7% of HCPs had judgmental behavior, according to our study. Religious views were the main factor contributing to judgmental attitudes, according to a research of Pakistani nurses and midwives [27], which showed that only 60% of them had positive attitude toward PAC. Similarly, a research in South Africa found that medical professionals have negative opinions about abortion because of their religious beliefs and traditional ideologies about sexuality and gender roles in motherhood [28]. Results from our survey shed insight on gynecologists' and obstetricians' perspectives on abortion and

their familiarity with the relevant national legislation. Because women's access to safe abortion procedures and subsequent medical treatment depends on accurate legal information. Improving HCPs' knowledge of abortion laws through curriculum-based, comprehensive education is essential for addressing this issue[29]. When people aren't well-informed on the abortion laws of their country, they may not be able to easily get safe abortion services. Launching nationwide mass media campaigns that raises awareness about the health dangers associated with unsafe induced abortions is advocated as a means to lessen the morbidity and mortality associated with these unsafe practices. It is also critical to have easy access to contraception services, safe abortion procedures, and post-abortion care to improve women's health and reduce the harm caused by unsafe abortions.

CONCLUSION

The study's results reveal a substantial deficiency in healthcare providers' understanding of current abortion laws and clinical guidelines, creating a significant obstacle for professionals tasked with deciding whether to provide abortion services. This knowledge gap can have severe implications, as denying care to women seeking abortion may drive them to pursue hazardous, unregulated methods, putting their lives at risk. The lack of awareness about abortion laws and guidelines compromises healthcare providers' ability to deliver comprehensive, safe care, ultimately perpetuating the cycle of unsafe abortion practices and associated morbidity and mortality.

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