



Abortion: A Study Based on Case-Studies of South 24-Parganas, West Bengal

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Abstract: Abortion is a public health issue. Abortion may be induced or spontaneous, but influences an individual's life in many aspects and the society at a larger context. This study is an attempt to understand the socio-cultural aspects of abortion which influence women's abortion seeking behaviour and their pathways of seeking services. The paper is based on six different case studies covering both spontaneous and induced abortion. It also tried to explore the possible situation. It has thrown light on how the abortion seeking behaviour of the individuals are influenced; it is also an effort to explore the different factors with the preference for traditional unqualified providers and the reasons for accessing this type of service. Finally the paper has been synthesized with some suggestions and recommendations for further research.

Keywords: abortion, induced abortion, spontaneous abortion, service provider, reproductive health, high risk

I. Introduction

From time to time, the perspective of abortion has changed worldwide with respect to social and political structure. Abortion is considered as a sensitive issue; perhaps it has become the 'most divisive women's health issue' for policy makers and planners (Babu, Nidhi, & Verma, 1998). Different religious views also influence abortion and the various action pertaining to it (Duggal & Barge, 2004). The reason behind it lies on the multifaceted effect of abortion on the structure and functions of our society. Yet abortion is not merely an issue of political and legal conflict but of social, cultural and moral conflict as well (Jesani & Iyer, 1993). Studies on spontaneous abortion reveal the beliefs, attitudes and practices of the family as well as the women who have undergone spontaneous abortion. In addition, studies on women undergone induced abortion reveal the abortion seeking behaviour of the beneficiaries and their families. Typically both are linked to a set of myth and beliefs, therefore various taboos are associated with their actions.

The alarming effect of induced abortion, also known as 'sex-selective' abortion is clearly reflected when 2001 and 2011 census is compared. Children under 6, there are only 914 girls per 1000 boys whereas 927 girls per 1000 boys were found in the last census, i.e. 2011 census report (Contractor, 2011). A qualitative study based on eight different studies of different geographical area has pointed out the different reasons for abortion seeking behaviour; for example- abortion as an instrument to limit the family size and maintain spacing of the children, non-use as well as failure of contraceptives, different perceptions regarding the use of contraceptives, abortion perceived as a safe instrument, abortion as an instrument for desired sex composition of children, abortion as a measure to better economic situation, physical and psychological violence etc (Visaria, Ramachandran, Ganatra, & Kalyanwala). Additionally, complications of spontaneous abortion also contribute to maternal morbidity; an estimated five percent of pregnancies in India end in spontaneous abortion (Banerjee, Andersen, & Warvadekar, 2012). Undoubtedly, abortion study has occupied the importance in the area of public health.

II. Objective

The objective of the study is primarily intended towards providing a better understanding of the abortion seeking behaviour of the married respondents who have undergone either type of abortions. The assumption used here is that there are different socio-cultural factors associated to that particular action, therefore the attitudes and experiences in different medical abortion services vary. Besides this, the study intends to give an in-depth understanding of the different trends associated with abortion.

III. Methodology

The study was conducted in two villages, namely- Ramnagar and Dulalpur of Bishnupur Block II, South 24 Parganas, West Bengal. Respondents were identified with the help of the local health worker of that particular

block. To understand the above mentioned objectives, about thirty three women were selected for the interview. The recall period was followed as two years at the most. Snowball sampling technique was used to reach the desired number of respondents to form the sample. Only those women who were married and consented to be interviewed were included for the in-depth interviews. The focus of the study was to ensure collection of qualitative data regarding the respondents' experience. Therefore the sample size was kept limited. A semi-structured interview schedule was used as a tool to collect the data.

IV. Findings and discussion

Findings from the in depth interviews reported here yield considerable insight into the context of abortion and its related issues among women in the study area. Contrary to general impressions about abortion seeking behaviour and services, the study evidenced the strong decision making role of the women regarding this particular issue. It is an effort to add depth and contextuality to the particular issue; six different case studies have been presented below.

Case -1

Interviews revealed that myths and superstitions influence the perception regarding abortion and different actions associated to it.

I have been married to Mr. Abusuddin since a year; 'everything is fine, I don't have anything to complain'. (Runa Bibi, Muslim, 18 years old, works as daily labour in bidi making, Dulalpur, South 24 Parganas) Later from her grandmother it came out that Runa used to work for bidi making in Abusuddin's house. As time passed by they started liking each other and developed a relationship. Later they got indulged into a physical relationship; Runa became pregnant but she feared to face the worst situation and felt shameful and ultimately kept quiet for five months. When the situation became worse, she had to confess. Both the families could not accept the relationship. The Gram Pradhan was involved in the situation and finally they got married. Ruma gave birth to a premature low birth weight (LBW) baby-boy.

Ruma spoke out, 'my mother in law started misbehaving with me and never used to let me touch my son. One day while I was working in the kitchen, I heard my baby crying and came running. But my mother in law did not allow me to go near him until I finished all my kitchen work. When I came back, I found my baby lying silently'. Ruma broke down in tears and continued; 'After the death of my son, fear got embedded in my mind and I started getting bad dreams. So when I conceived once again, my family members gave me a 'Tabiz' (a type of lucky charm) so that no harm could come to me. It had imposed a type of restrictions on me; I wasn't supposed to go to any 'Asauj' (grief ceremony) or be near anyone who was in 'Asauj'. When I was carrying for two months, my sister in law who had a new baby of couple days and was suffering from 'Asauj' unintentionally entered my room; that night I started bleeding and had a spontaneous abortion. Later on my relatives also explained to me that I am paying for all the curse of the elders while I got married and having such tragedies in my life.

Case -2

Interviews with women also suggested that strong preference for male child, decision making role of the husbands and poor economic condition are critical factors which influence the occurrence of abortion -

I had eloped with Insan and got married at an early age of 14 years. I got pregnant on the same year and continued to have a good relationship with my husband. But after the delivery of my first daughter, he turned to be very harsh towards me and started listening to his mother and at the same time started ignoring me. Two years after my daughter's birth, I became pregnant again. During my second pregnancy, my husband misbehaved with me and used to beat me. The baby boy died after an hour of the delivery. I never adopted any family planning method and had lost my menstrual cycle once more by the ninth month. The pregnancy test proved that I was carrying. When I was in my early second trimester, my husband beat me up and I started bleeding. It continued for two to three weeks but I wasn't allowed to consult any doctor. I never adopted any family planning method. After this spontaneous abortion, I had started taking 'Sukhi' pills for five to six months but when my husband came to know about it, he opposed and I stopped taking it, fearing about him misbehaving with me. I might go for just one more male child which is also preferred for betterment of my economic condition and then willing to go for any type of family planning method. (Asmina Bibi, Muslim, 22 years old, illiterate, annual family income about Rs.14000)

Case -3

It is also noted that abortions which took place later in the pregnancy have put the women at higher risk of post abortion complications and reproductive health problems-

I have a love marriage but both the families had opposed to this marriage. I had attempted suicide and Bapi went against his family. Later both the families accepted our marriage. When I was pregnant for the first time, I

wasn't sure about my pregnancy as I used to have irregular menstruation cycle. The delivery took place at home and was attended by Auxiliary Nurse Midwifery (ANM). My menstruation cycle started at the very next month of my delivery. Again by the third month after my first delivery, I started feeling giddy and started throwing up. I was in my second trimester when I fell down and had a spontaneous abortion. The bleeding continued for couple of days and wasn't stopping. Later Bapi took me to a doctor at Amtala without informing the other family members. As long as I remember, the doctor had applied something inside my uterine and had to take out some flesh from inside with an instrument and had prescribed me with some capsules of Rs.200 worth. I had to continue with the medications for couple of months until I felt better and was able to control the sudden bleeding and abdominal pain. (Latika Mistri, Hindu, 18 years old, completed VI grade, home maker)

Case -4

Women who experienced abortion reported that two main factors, i.e. cost consideration and confidential environment played an important role in choosing abortion services-

I had an arrange marriage with Mr. Kalimuddin Molla when I was 15 years old. I became pregnant within six months of my marriage. Within 13 years of marriage, I gave birth to six children; three daughters and three sons. Their ages are 13 years, 11 years, 10 years, 9 years, 8 years and 3 years, respectively. All of my deliveries were full term normal deliveries. In all the cases, the deliveries took place at home, attended by untrained dais. After the birth of my youngest son, I started taking 'Sukhi pills' as a contraceptive. Before that no one told me about family planning. Since I wasn't regular in taking my pills, I conceived once again. Cooperated by my parents and without the concern of my husband, I went and aborted my two months pregnancy. Later I convinced my husband saying that it might be difficult to run a big family and my husband agreed to the fact. The cost for the abortion service was Rs. 700 which my parents had provided for me. It was easy and economical to go to the local hospital for the same service but we preferred to go to the private doctor as they were more comfortable and had a lady doctor there. My parents were ready to pay more to provide me a confidential environment for abortion service. (Ajmira Bibi, 28 years, Muslim, illiterate, daily labour)

Case -5

Yet another factor that is lack of awareness about better medical facilities for abortion care was also pointed out, influencing the abortion seeking behaviour-

I had lost my mother when I was three years old and my father also passed away when I was 13 years old. My uncle and my grandfather got me married to Ansar Mallick of Ramnagar very next year. After nine months of my marriage, I conceived for the first time. Now I have two daughters (16 years and 7 years old) and two sons (13 years and 10 years old). After giving birth to my fourth child, I had started taking medicines prescribed by the quacks as a family planning method. While continuing with the family planning medications, I conceived once again. I was feeling helpless and didn't know whom to go and see. My neighbours suggested to see a doctor at Bibirhut for Rs. 60 and get an abortion but weren't sure about the doctor's chamber. Later on I went to Rashidadadi, a local untrained dai and got it aborted. (Yasmina Bibi, 31 years, muslim, illiterate, daily labour)

Case -6

The preference for traditional unqualified provider was quite high; especially for the second or higher parity women who always have the preference for male child; following the restrictions laid by professionals was another reason to avoid institutional care-

I was married at an early age, I was only 13 years old when I got married to Mr. Surat Seikh. My parents had started searching a groom for me before I reached my puberty. I had my menstrual cycle only once when I got married. By the end of the seventh month of my marriage, I conceived, I gave birth to a full term baby girl. Since it was my first pregnancy, my in-laws had taken me to the nearby private doctor. After a year and a half of my delivery, I became pregnant again. This time my in-laws also expected a son and took me to the quack. I had my younger daughter at home by an untrained dai. I thought not to conceive again and started using birth control pills. But when my family came to know about it, they asked me to stop taking them-" If you get a male child, we don't want you to have any more children". I conceived again and during my fourth month of pregnancy, one day at around 2.30 am, I started bleeding. I took 'shikor'(root) to prevent the flow but it continued. I had consulted Dr. Nantu, a local practioner (quack) who gave me medicines and the bleeding stopped only after three weeks. When asked the reason for not opting institutional care, Miskina added" How will I manage to go for the 'operation'? Even though my in-laws are there at home, they won't be able to let me rest for a longer period. Who will do all the household chores? (Miskina Bibi, 20 years, Muslim, primary educated, homemaker)

V. Conclusion

Due to the small size of the sample, it is not possible to generalize the issues related to abortion. But the attempt to bring out different issues and have a better insight to the situation, would obviously give immense

opportunity for further research in this area. The study depicts different factors played important role in different situation related to abortion seeking behaviour, attitude and practice. For the convenience of the understanding, it is presented as follows -

Understanding the root problem.....

In most of the cases, women were the sole authority to take decision regarding abortion; in some cases, the decision was made along with the husbands. A woman may make the decision to abort a pregnancy but often the decision-making role was taken by husbands, mothers-in-law or other household members. Decision makers may support a woman's choice, pressure her for an abortion or raise objection.

The preference for the 'quacks' leads to the situation of unsafe abortion, endangering the health and life of the women. Still the preference was quite high as they were usually within the reach of the women, reachable in terms of geographical location and after all relatively affordable. Therefore, respondents had developed strong linkages with the 'quacks' or local doctors to access the easy way of abortion, which, on the other hand, was cost effective. Sometimes these quacks were female service providers which again made it a better choice for the women to go for it.

Poor quality of care including poor support by the families during abortion and post abortion care, makes the situation difficult for the women to seek institutional care in regard to abortion care services. Moreover, lack of knowledge and lack of proper facilities to handle abortion care was another challenge that women in that area had to face.

....therefore effectively handling the issue-

Counseling and referral are important services that need proper emphasis while providing services. The provision of information is important in providing quality care for abortion services; for example- advising in regard to daily routine of the married couple, follow-up services of abortion care, contraceptive use, couple therapy regarding reproductive health etc. Irrespective of the type of abortion, both must ensure service delivery in a confidential environment; again pre and post abortion service, both need special attention. Spontaneous abortion needs appropriate counseling and deserves to get option on fertility treatment. Both the types of abortion have evidenced heavy bleeding and unbearable pain. Proper mapping of referral services, in case of any complications, is also very important.

To combat the poor level of awareness, it is important to expand the community-based education on women's reproductive health through right-based approach. Women along with their husbands and family members should form the target population to break down the superstitions and myths associated with abortion care to serve the community. The study prevailed that women were quite aware about the complications of abortion, but that reason did not stop them to go for abortion. Therefore this situation needs special attention too. Different stakeholders of abortion services should also be included in the target group, ensuring awareness at different level.

The stigma attached to abortion is the result of the poor perception and different superstitions; the cultural aspects of our society, like-strong preference for son still exists in families. This particular aspect affects the route of service path; women prefers to choose the easy way of consulting local doctors and try to get rid of the pregnancy, with or without determining the sex of the unborn to avoid any unfavourable situation and give poor importance to their health. This issue cannot be neglected and needs prior attention. Training and advocacy in this area should be practiced without wasting any time. Therefore the study would be helpful for local advocacy at different levels to promote safe and accessible practices of abortion services.

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