UNIT 4 UNSAFE ABORTION AND CONTRACEPTION

Structure

4.0 OBJECTIVES

After going through this unit, you will be able to:

- define and differentiate between a safe and unsafe abortion;
- state the causes and consequences of an unsafe abortion;
- explain the prevention strategies for avoiding an unsafe abortion;
- discuss different types of contraceptive methods and the suitability of each; and
- identify the role of teachers in creating awareness about contraception and safe abortion.

4.1 INTRODUCTION

As you have read in the last unit, a pregnancy, especially in an unmarried adolescent, is often an unwanted one. In such a situation, it is only to be expected that the young girl would try to get rid of the pregnancy. Due to the problem of unavailability of proper services for the abortion and due to the legal and social aspects, she often has to resort to help from quacks and poorly qualified people. These people will help her to abort the pregnancy but without appropriate hygiene and safety, resulting in many problems and complications.

In this Unit, you will learn the difference between a safe and an unsafe abortion. You will also be able to understand the causes and consequences of an unsafe abortion. Further you will know about different ways in which a pregnancy can be prevented so that the situation of an abortion does not arise. Your role as a teacher and your responsibility in raising awareness about these issues will also be a part of this unit.

4.2 DEFINITION AND MAGNITUDE OF ABORTION

Abortion will continue to exist as long as women face unwanted pregnancies, and unwanted pregnancies will continue to occur until women gain the power to determine their sexual behaviour. An abortion is the termination or end of a pregnancy before completion of 24 weeks of pregnancy. At times it occurs spontaneously (on its own) and is often termed a 'miscarriage' but at other times it is induced and the term 'abortion' is used. The reasons for an induced abortion are many – the most common one being an unwanted pregnancy due to various reasons. There may be medical reasons for a termination of pregnancy to take place e.g., a foetal deformity or medical problems with the mother. Abortion is a major cause of maternal death and accounts for 8.9% of maternal mortality every year (RGI 1998). In India, it is estimated that about 6 million abortions take place every year, of which 2 million are spontaneous and 4 million are induced. Of the induced abortions, nearly 5-6 lakhs are legal and the rest are estimated to be illegal abortions. Globally, unsafe abortions account for 13% of maternal deaths (WHO: World Health Day–Safe Motherhood–1998) (http://mohfw.nic.in)

Definitions:

Safe abortion:

A safe abortion is one in which the procedure for terminating a pregnancy is performed by a trained medical professional in a safe and hygienic environment. It is not necessarily legal if the criteria for legality are not being fulfilled.

Unsafe abortion:

An unsafe abortion is "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both." (WHO Definition).

Legal Abortion:

Abortion is called legal if the law of the country permits it. In India, abortions

were illegal and amounted to homicide till 1971 (as per provisions under IPC 1860 and CPC 1898). Medical Termination of Pregnancy Act (MTP Act) was passed in 1971 and came into force with effect from 1st April, 1972. Under the MTP Act, the following are strictly specified:

• Maternal/Fetal conditions under which MTP can be done

• Place where it can be done

• Persons who can do it.

The Medical Termination of Pregnancy (MTP) Act allows abortion on certain well-defined grounds. MTP can be carried out in a hospital or a health care centre that has been approved by the government and has the required facilities and manpower. A qualified doctor who has been trained in Obstetrics and who is registered for the purpose can perform it. MTP can be carried out up to 20 weeks of pregnancy but the best period for safe abortion is up to 12 weeks of pregnancy. However,

Abortion following pre-natal sex selection is not legal.

PCPNDT Act

The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT) provides for the prohibition of sex selection, before or after conception. Its purpose is to prevent misuse of technologies such as ultrasound that enables determining the sex of the baby before birth. It is illegal to test the sex of the foetus for the purpose of eliminating the girl-child. The law provides for an imprisonment, which may extend to three years and fine up to Rs. 10,000 for the first conviction.

4.3 CAUSES FOR UNSAFE ABORTION

As long as there are unwanted pregnancies, there will be abortions. An adolescent pregnancy may be identified late. Abortions performed at later stages of pregnancy carry higher risks of complications. The reasons for an unsafe termination may be due to the lack of suitable facilities or due to social pressures that do not allow access to such facilities even if they are available.

4.3.1 Unmet Needs

Even though the MTP act made abortion legal in 1972, the incidence of unsafe abortions has not decreased. The causes for this can be listed as follows:

- Availability: Enough centres are not available
- Accessibility: The centres that are available are not easily accessible.
- Affordability: The cost may be prohibitory. An adolescent may not be able to afford the services.
- Acceptability: The available services are often not acceptable to the adolescent due to an unfriendly environment.

4.3.2 Social Causes

- A pregnancy in an **unmarried adolescent** carries with it a social stigma. The

pregnancy may have occurred due to premarital sexual activity incest, rape or sexual coercion. Whatever the reason, the socio-cultural values and taboos associated with the pregnancy force the pregnant teenager to initially try to hide it.

- According to the MTP Act, if the girl is less than 18 years of age, she requires parental consent. So when she does seek help it will not be at an authorized centre. Even if the family is aware of it, they try to keep it hidden. The judgmental and moralistic attitude of the health workers is often responsible for the parents taking the girl to an unauthorized and unhygienic place for termination of the pregnancy. Thus, help is sought late which in itself becomes a risk factor.
- A **married adolescent** may seek an abortion to terminate a female foetus **(sex selective abortions)**. Sex determination is done at a later stage of pregnancy, and since this is an illegal action, abortion will not be carried out at an authorized centre. The risks at this stage become higher for the young mother.

Activity 1

List out the causes of unsafe abortion and discuss with your colleague.

4.4 CONSEQUENCES OF UNSAFE ABORTION

Women who seek abortion at unauthorized facilities or from unskilled persons put not only their health but also their lives at risk. Although unsafe abortion is a public health problem at all ages, it is particularly so among young women. These young women often have poor access to family planning and are less likely than older women to have the contacts and money to obtain a safe abortion. Abortion-related deaths and complications are much higher in the second trimester of pregnancy.

4.4.1 Health Problems

Infections may lead to secondary infertility and reproductive tract injuries. Medical consequences of unsafe abortion are especially high and more serious for adolescents because they do not seek help in time and also because of the ways in which abortion is induced.

- Tetanus can result from the insertion of foreign bodies like sticks, rods or using unsterilized surgical instruments.
- Bleeding is very common. This is due to retained products of conception and injuries in the birth canal. It can be fatal. This complication can also result from spontaneous and or legally induced incomplete abortions.
- Local or general infections can occur.
- Injury to reproductive tract (cervix, vagina, uterus) or surrounding organs (urinary bladder, rectum, intestines).

Long-term medical complications can also occur and may leave the girl permanently unable to bear children. She may carry physical scars for the rest of her life. These complications include:

- Chronic pelvic infection
- Secondary infertility
- Subsequent spontaneous abortion
- Higher chances of tubal pregnancy
- Increased likelihood of premature labour.

These complications and consequences are more likely to occur after unsafe abortions.

4.4.2 Emotional Problems

Guilt, depression, withdrawal from society are very likely to occur in a young girl who has had to undergo an abortion. This is more marked in cases of unmarried adolescents but may also be seen in a married adolescent.

4.4.3 Socio-economic Problems

These may be very severe when the girl is unmarried and both her family and the community can shun her. The family may face ostracism, while the girl can be forced into an early marriage or she may run away from home and enter prostitution. Moreover, medical costs severely strain family resources, and this reflects adversely on any investments being made in the girl's education and development.

Activity 2

Organize a mime (drama) on unsafe abortion happening in a village, place and discuss about the problems identified.

Check Your Progress 1

a) What is an abortion?

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b) What is the difference between a safe abortion and an unsafe abortion?

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c) List five consequences of an unsafe abortion.

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4.5 PREVENTION OF UNSAFE ABORTION

As you have seen from the information given above, an unsafe abortion has many problems associated with it. It therefore seems only logical to try to prevent these from occurring. Let us see the different ways in which an unsafe abortion can be prevented.

4.5.1 Marriage at Correct Age

As decided by our legal system, if all marriages took place only after the girl and boy have attained the correct age (18 years for girls and 21 years for boys), the need for an abortion, specially an unsafe abortion would reduce drastically. A young couple would be better able to plan their family and so would avoid the risk of an unwanted pregnancy. Moreover, even if a pregnancy occurred that was not wanted or had a medical complication associated with it, an abortion could be undertaken at a proper facility where trained staff would be available and the surroundings would be hygienic.

4.5.2 Delayed Initiation of Sexual Activity

The need for an abortion arises only if there is a pregnancy – and that will only occur if there is sexual activity. So, it is very obvious, that if an adolescent can delay the initiation of sexual activity, there would not be any requirement for an abortion. If one can inform the adolescents of the risks involved with an unsafe abortion, the magnitude of this problem could be reduced appreciably. The importance of **abstinence** needs to be highlighted here.

4.5.3 Preventing Pregnancy

The young are always willing to experiment. It may be difficult for many of them to keep their hormones under control and sexual activity may begin at an early age – whether within a marriage or outside it. This could then naturally result in a pregnancy and the need for an abortion. So it is better to prevent a pregnancy from occurring, rather than dealing with the complications of an unsafe abortion. Adolescents therefore need to know about contraception and the sexually active ones need to practice contraception.

4.6 CONTRACEPTION

As the name suggests, contraception means **'control of conception'**. In other words it is the prevention of conception and pregnancy. You have already learnt about how conception takes place earlier. If any of the stages of conception can be prevented, pregnancy cannot occur. Different contraceptive methods act at different points in this process. Some methods prevent ovulation from occurring; others destroy the sperm in the female genital tract. Some methods prevent the contact between the sperm and the ovum by acting as barriers, while others may prevent implantation of the fertilized ovum from occurring. Contraception may be temporary, permanent or emergency depending on the requirement of the couple. Let us discuss each in detail. Before proceeding further, it is important to know that ALL contraceptive methods have failure rates – even if they are very small. The only 100% sure method of contraception is **abstinence. There is NO failure rate with this method.**

4.6.1 Temporary Methods

These are the methods that are temporary and reversible. They can further be subdivided into methods used by males and those used by females.

a) **Male condom**

This is a temporary method for males.

Fig. 4.1: Male condom

A condom is a latex sheath that covers the penis during sexual intercourse and acts as a barrier i.e., it prevents union of the sperm with the ovum. Its biggest advantage is that it prevents against the spread of HIV and STIs also. No other contraceptive does this. If used correctly and consistently, the failure rate is very low – about 3%. However it requires correct storage and use in order to be effective. The use of a condom is dependent on the male partner and may require negotiation skills from the female. There may be tearing of the condom by finger nails in a new user. There are no side effects of this method.

b) **Withdrawal method**

This is also known as 'coitus interrupts' which is a temporary method for males. It involves withdrawal of the penis before ejaculation. It requires a very high degree of motivation on the part of the male and has a very high failure rate for pregnancy prevention. It also does not protect against HIV, STIs.

Fig. 4.2: Female condom

c) **Female condom** the female condom is a thin sheath worn by a woman. It has two rings – the smaller one goes into the vagina and lines the cervix and the larger one stays outside. It entirely lines the vagina and helps to prevent pregnancy by preventing union of the sperm and ovum. It has the advantage of providing protection against STIs including HIV. It is an effective method of contraception for the adolescent girl as it is under her control. The drawback however is its cost and difficulty in availability.

d) **Diaphragm** (http://www.medterms.com)

This is a barrier method of contraception for female that is available by prescription and must be sized by a health professional to achieve a proper fit. The diaphragm has a dual mechanism to prevent a pregnancy. A dome-shaped rubber disk with a flexible rim covers the cervix so sperm cannot reach the uterus and a spermicide applied within the diaphragm before insertion kills sperm. They are not a very convenient option for adolescents since a professional is required for dispensing them. They do not protect against STIs and HIV.

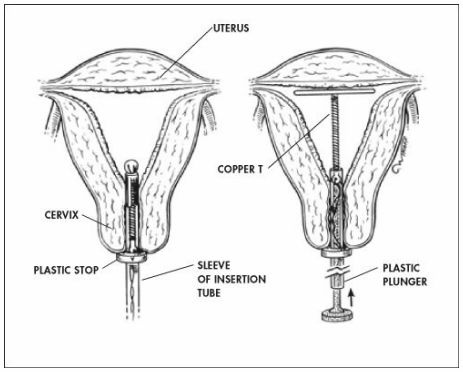

Fig. 4.3: Uterus with IUD

e) **IUD (Intra Uterine Device)**

This is a device that is placed inside the uterus by a qualified person and helps in prevention of fertilization. Some devices like the Lippes Loop are inert whereas these

days the Copper T is more frequently used. There are different varieties e.g., Copper T 380A (T Cu 380A) or the Multiload (ML Cu 375). These release small amounts of copper that is toxic to the spermatozoa. In addition there is a reaction in the lining of the uterus that does not allow implantation to occur. (http://www.contraceptionjournal.org). All IUDs have a life and will become ineffective as contraceptives after that. The life of T Cu 380A is ten years and that of ML Cu 375 is five years. (Pathfinder International manual). Their failure rate is just 1% per year. They are therefore effective contraceptives but do have certain disadvantages. They do not protect against HIV, STIs. They are also not advised for a young adolescent girl.

f) Oral contraceptive pills (OCP)

You have already read about the menstrual cycle earlier the cycle is hormone dependent. If this cycle is interfered with, conception will not take place. The combined contraceptive pill contains artificial hormones. When taken correctly, it interferes with the normal cycle to prevent pregnancy by preventing the ovaries from releasing an egg, making the mucus at the cervix (neck between the vagina and womb) thicker so that it is more difficult for sperm to enter and making the lining of the womb unsuitable for implantation of a fertilized egg. It is a very effective method of contraception with a low failure rate and is appropriate for adolescents. However, since a pill has to be taken everyday, it just may be forgotten and then the risk of pregnancy becomes high. Some girls may have certain side effects and there are certain medical conditions where the pills should not be taken. The first pill is taken on day 1 of the menstrual cycle and then it just continues throughout the month. The pack is usually a compliance pack i.e., the days of the week are written with the pills so that if a pill is missed out on some day, the person would know immediately. If one pill does get missed it should be taken immediately as soon as the person realizes and two pills may be taken together. But if this happens again, the pills will not be safe and effective for contraception in that month. However, they do not protect against HIV, STIs. They are sometimes taken even to regulate the menstrual cycle, and to reduce excessive bleeding.

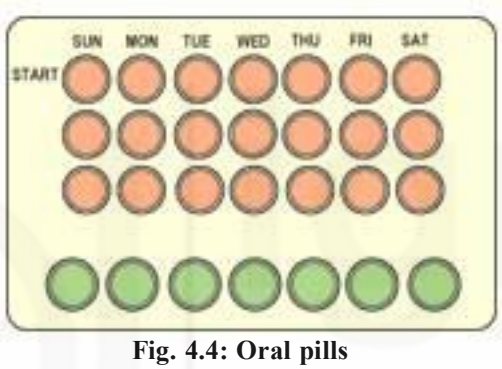

Fig. 4.4: Oral pills

g) Safe period

This is a method of natural family planning and has no side effects but has a very high failure rate. It depends on the menstrual cycle and the time of ovulation. Pregnancy can occur only on the day of ovulation, but in an adolescent, the cycle is still very irregular and therefore the exact day of ovulation cannot be calculated. So it is not a very suitable or 'safe' method of contraception.

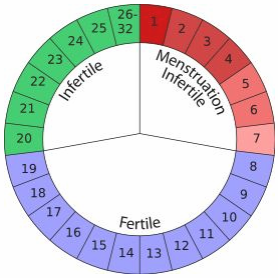

Fig. 4.5: Days cycle for month

h) **Spermicides**

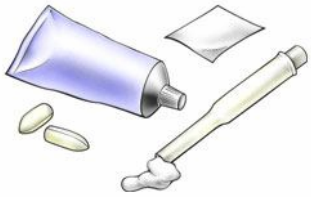

Fig. 4.6: Supermicides

These are creams and gels that contain a chemical that kills sperm. They can increase the effectiveness of certain barrier methods of contraception such as a diaphragm. However, they don't provide reliable contraception when used alone and do not give protection against STIs.

4.6.2 Permanent Methods

The permanent methods are the irreversible methods. They involve surgical procedures and so the chances of failure are extremely low and rare. Surgery can be performed either on the male or the female. A vasectomy is performed in the male and a tubectomy is done in the female. Obviously, though very effective, these methods are not suitable for the adolescent. An adolescent has to grow into an adult, have a family of his/her own and thus needs to use only the temporary methods of contraception. They do not provide any protection against STIs and HIV. However, let us see what they are.

a) **Vasectomy**

If you recall the male reproductive system, you will remember a tube called the vas deferens that is responsible for carrying the sperms to the seminal vesicles. If this tube gets cut, the sperms can no longer reach the seminal vesicles. Vasectomy is a very short procedure and does not require hospitalization. However, it is important to remember that the initial ejaculates (about 20), will contain sperms and so a barrier method will have to be used for that duration.

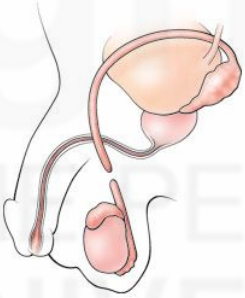

Fig. 4.7: Vasectomy

b) **Tubectomy**

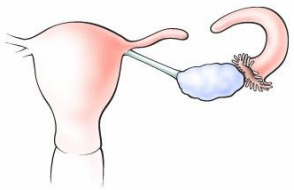

Fig. 4.8: Tubectomy

This involves cutting and tying of the fallopian tubes in the female. If you recall the female reproductive system and conception, you will remember that after ovulation, the ovum is carried from the ovaries through the fallopian tubes and this is where fertilization occurs. If the tubes on both the sides are cut, neither will the ovum be transported nor will fertilization occur.

4.6.3 Emergency Contraception

It should be clearly understood that this method is only to be used in an **Emergency**. For no reason should this be used as a routine contraceptive. Adolescents should be encouraged to practice abstinence and if this is not possible then should lead a responsible sex life so that the need for any emergency contraception does not arise.

Emergency contraception could be of two types –

- Emergency contraceptive pills (ECPs)
- IUD

a) **ECP:** These are high dose hormone tablets that need to be taken as soon as possible after unprotected intercourse has taken place – within 72 hours and a repeat dose after 12 hours (Yuzpe regimen). The sooner they are taken the better it is. They are useful in cases where a sexual assault has taken place and even in situations where a contraceptive accident has occurred e.g., a broken or slipped condom. Their mode of action depends on the time of the menstrual cycle at which they have been taken. They may either prevent ovulation, fertilization or implantation. They certainly reduce the risk of an abortion and thus are useful for adolescents who have had an unplanned and unprotected sexual encounter but it is important to understand the disadvantages of these pills. They do not protect against HIV, STIs and do not provide any ongoing protection against pregnancy. Also they are not 100% effective and if pregnancy has occurred, they will not cause an abortion.

Fig. 4.9: ECP

Fig. 4.10: Cu-T

b) IUD: This involves the insertion of an IUD immediately after unprotected intercourse. An IUD will cause a local reaction in the lining of the uterus and make it unfriendly for an implantation to occur, thereby reducing the risk of a pregnancy.

However, it is important for any adolescent who has had the need to use EC that responsible sexual behaviour is the most important thing and a contraceptive providing dual protection is preferable.

Activity 3

Discuss with your peers about safe contraception methods.

Check Your Progress 2

a) What strategies may be used to avoid an unsafe abortion?

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b) Name three contraceptive methods that are suitable for adolescents.

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c) State 'True' or 'False':

i) Emergency contraceptive pills are the best form of contraception available. (T/F)

ii) Oral contraceptive pills have to be taken every day. (T/F)

iii) An IUD protects against STIs and HIV. (T/F)

iv) The 'Rhythm' method of contraception has a very high failure rate. (T/F)

v) Abstinence is the only 100% sure method of contraception. (T/F)

4.6.4 Myths of Contraception

There are a lot of young people who have the wrong information about contraceptives and where to get them. Here is a collection of some myths about contraceptives from all over the world.

Myth: Since they are taken daily, oral contraceptives accumulate in a woman's body.

Fact: Pills dissolve in the stomach just like other medicines and do not accumulate in the body.

Myth: An IUD can leave the uterus and travel through a woman's body.

Fact: The device almost always stays in the uterus until it is removed by a health worker. If it does come out it will come out through the vagina. To be sure the IUD is in place, women are advised to check for their IUD strings following each menstrual cycle.

Myth: A condom can get lost in a woman's body.

Fact: Because of its size, a condom is too big to get through the cervix.

Myth: Condoms reduce sexual pleasure.

Fact: Using condoms does not reduce sexual pleasure.

Myth: Taking birth control pills makes you fat.

Fact: Some women may experience minor weight gain, depending on the woman and the pill she is taking.

Myth: A girl that takes the pill must be promiscuous.

Fact: A young woman who takes the pill is acting responsibly and protecting herself against pregnancy. Additionally, the pill is often prescribed for other medical reasons, such as to make a woman's menstrual cycle more regular or to relieve the symptoms of premenstrual syndrome.

Myth: Wearing two condoms will provide extra protection.

Fact: Using more than one condom creates friction and can cause them to rip.

4.7 ROLE OF TEACHERS

Unsafe abortions are a major cause of maternal morbidity and mortality. They are preventable if the adolescent can be made aware of the dangers she may faces in such a situation. However, the source of information for most young adolescents comes from the peer group – a poorly informed source. Hence, there are a number of misconceptions that the young people have. As a teacher, you can be a source of correct information for them. You can encourage them to inculcate responsible sexual behaviour.

4.7.1 Awarensess

The young adolescent is always curious about the changes taking place in his body and the tendency to experiment is very high. High risk behaviour is another important feature of the adolescent character. Coupled with a lack of proper information, getting confusing messages from the media around, often ends up in an adolescent finding herself/himself in a difficult situation. Unwanted pregnancies

occur and the confused, uninformed, scared and lost adolescent does not know what to do. Once again, adults usually fail to empathize with the adolescent and instead of helping out, compel the girl to look for unsafe measures to deal with the pregnancy.

As a teacher who is in constant contact with the adolescent group, you can build up good interpersonal relations with them. You can become the source of information that they need so urgently. First and foremost, it is important that you make them aware of their rights and responsibilities. They need information about the changes taking place in their bodies, and if they have a trustworthy source of information, they have the confidence to approach you when needed. The message of abstinence is a very important one that should reach them. They need to understand that their desire for sex is normal, but that it is a good idea to wait for the right time and person. Also, they need to know the various forms of contraception that are available in the market and what is suitable for them in case they do enter a sexual relationship. Boys should be made aware of their responsibilities in a relationship. If an unwanted pregnancy does come up – due to any reason, you can refer them to the right place. For that you too need to be aware of the places in your locality that offer safe abortion services in an 'adolescent friendly' manner.

4.7.2 Care and Support

Care and support is what any adolescent needs at a time when she finds herself with an unwanted pregnancy. Pregnancy often occurs within a marriage, but the teen is not willing to go through with it. This is the time of maximum need for the young girl and it turns into a time with minimum care and help coming her way. In the situation of an unmarried adolescent the responsibility of the pregnancy lies wholly with the girl, and the boy also does not give her any support. At such a time you can be a pillar of support to the young girl. You can help her avoid complications associated with the unsafe abortion and also use this opportunity to explain the use of contraceptives.

4.8 LET US SUM UP

This unit has dealt with one of the consequences of an unwanted pregnancy – an unsafe abortion. The problem is more pronounced in the adolescent age group since the pregnancy here is more often than not, an unwanted one. You have read about the consequences of an unsafe abortion and also learnt the ways in which this can be avoided. Marriage after attaining the correct age, pregnancy when desired, delayed initiation of sexual activity and responsible use of contraceptives have been discussed. The various contraceptive methods available today have their suitability according to the age group and requirement of the individual. If enough information is available, then making a choice is not difficult. Your role as a source of correct and adequate information has been explained and also how you can help out if an unwanted pregnancy does occur.

4.9 KEY WORDS

Ectopic Pregnancy : When implantation of the fertilized ovum occurs at a place away from the uterine wall – the most common site being the Fallopian Tube. It is also known as a 'Tubal' pregnancy.

Chronic pelvic infection : An infection of the reproductive tract that is of a long standing nature.

Secondary infertility : Infertility is the incapability to have babies. Secondary infertility means that there was an initial phase of fertility that has been followed by infertility, usually due to infections that develop due to unsafe abortions.

Spontaneous abortion : When a pregnancy aborts on its own i.e., without any attempt to induce an abortion. Also known as a 'miscarriage.

Premature labour : When delivery occurs before the completion of the entire duration of pregnancy (about 40 weeks). The baby delivered has a lesser chance to survive.

4.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

a) An abortion is the termination or end of a pregnancy before completion of 24 weeks of pregnancy.

b) A safe abortion is carried out under hygienic and safe conditions by a qualified person, whereas an unsafe abortion is "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both" **(WHO Definition).** A safe abortion need not necessarily be legal.

c) An unsafe abortion may lead to: Infections, injury, excessive bleeding, infertility, death, depression and suicide. Effects may be immediate as well as long term.

Check Your Progress 2

a) Marriage at the right age, delayed initiation of sexual activity and correct and consistent use of appropriate contraceptives.

b) Abstinence, condoms, oral contraceptives (as per doctors advise)

c) i) False

ii) True

iii) False

iv) True

v) True

4.11 REFERENCES

1) Adolescent Sexual & Reproductive Health: A Training Manual for Program Managers The CATALYST Consortium

2) MoYAS Manual on Adolescent Health and Development for Facilitators

3) Pathfinder International Manual.

Web resources:

- http://mohfw.nic.in
- http://www.advocatesforyouth.org/teens/health/contraceptives/mythsfacts.htm [July 11, 2003]
- http://www.aiims.ac.in/aiims/events/Gynaewebsite/ma_finalsite/report/1_1_2.htm
- http://www.medterms.com
- in-depth learning.org.in
- http://www.contraceptionjournal.org.