"Unwanted Pregnancies in the Philippines: the Route to Induced Abortion and health consequences"

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ABSTRACT

JUSTIFICATION

Illegal or clandestine abortion has been a neglected issue until the present in spite of the fact that reproductive health rights have been on the agenda since the ICPD conference in 1994 and reaffirmed at the ICPD+5 worldwide conference. Although an estimated 19 million unsafe abortions take place worldwide each year, insufficient information at the country level perpetuates the invisibility of the problem of unsafe abortion and results in governments giving it little priority in policy decisions to improve services for post-abortion care and to expand contraceptive services to reduce unplanned pregnancy.

In countries like the Philippines where induced abortion is against the law, women nevertheless seek an abortion rather than give birth to children they cannot care for or that would cause them to be disgraced in the eyes of society. Induced abortion, often unsafe, is one method that Filipino women use to meet their reproductive goals.

The general secrecy surrounding induced abortion because of its illegality does not mean, however, that it is not possible to study the subject or that there have not been efforts to measure the magnitude of the problem (Singh et al., 1997), or to document the various aspects of the practice of induced abortion (Ramosa-Jalbuena et al., 1978 and 1988; Raymundo et al., 1996 and 2001; Perez et al. 1997). We know from previous studies that Filipino women who decide not to continue a pregnancy are not unique, special or different from the average woman in other countries. Evidence for 1994 indicates that Filipino women of all social classes and backgrounds are having induced abortions (Raymundo et al., 2001). Nationally, the estimated annual abortion rate in the mid-1990s was 25 per 1,000 women of reproductive age, a rate that corresponds to 400,000 induced abortions per year. The rate varies by region, with Metro Manila having the highest prevalence with 41 per 1000 (Singh et al., 1997). Findings from a more recent study show an increase in the abortion rate from 25 in 1995 to 27 in 2000 per 1000 women in reproductive ages (Juarez et al, 2004).

Evidence of national surveys indicate that Filipino women increasingly want fewer children than they have and rely heavily on traditional methods, in particular withdrawal and periodic abstinence -about half of married women use contraception and 40% of users rely on periodic abstinence or withdrawal (AGI, 2003). Furthermore, the trend (from the Demographic Health Surveys) indicates that the use of traditional methods by currently married women aged 15-49 increased from 15% in 1993 to 20% in 1998. It is well-known that traditional methods have a high probability of resulting in an unplanned pregnancy and possibly, a greater likelihood of resulting in an abortion to prevent an unplanned birth (AGI, 2003).

The increase in the abortion rate, the high prevalence of traditional methods and its rising trend, cannot be seen in isolation from the political atmosphere that surrounds the issue of women's reproductive health. The positions taken by the Catholic Church and the government are pro-life and endorse "natural" family planning (traditional methods), and together reduce access to modern contraception. The research study on which this paper is based was designed with the following objectives: to measure the incidence of induced abortion; to investigate the circumstances in which induced abortion occurs and women's decision making process; to increase understanding of the reasons women have abortion and to assess the relative importance of barriers to effective contraceptive use; and to provide more concrete national information on the health and other consequences of unsafe abortion. Current information on unsafe abortion, and the process and circumstances of how clandestine abortions occur will provide important guidance and input into policy and programs to improve women's reproductive health and rights.

OBJECTIVES OF THE PAPER

For many countries where clandestine abortion occurs, including the Philippines, little is known about the process women experience in obtaining abortions and how these processes relate to experience of complications. For example, abortions that occur in late gestation have a higher risk for women's health, however, there is little information on how long women wait to seek an abortion. Do women involve the partner responsible for the pregnancy in the decision making? How persistent are women in terms of the number of attempts made to obtain an abortion? What consequences do these decisions have on the health of the women? And how many are unsuccessful in their attempt to terminate a pregnancy?

The aim of this paper is to present new national data to answer these questions by documenting the process women experience in obtaining abortions and assess the level of complications experienced. The paper will cover the following topics: 1) an assessment of the quality of reporting of abortion, through the use of different data collection techniques; 2) a description of the socio-demographic profile of women who reported seeking an abortion; 3) an identification of key elements of the process of abortion seeking such as gestation at the abortion, involvement of the husband or other family or friends in the decision-making process and reasons for the abortion; 4) a description of the common abortion methods and sources, and degree of persistence as measured by the number of attempts made to obtain an abortion; and 5) the health consequences of unsafe and clandestine abortions. The analysis will prioritize urban/rural differences, as conditions and abortion options are very different by type of place of residence.

DATA AND METHODOLOGY

The data on which this paper is based is a 2004 national household-based survey of women of reproductive age that was specially designed to investigate the process of abortion seeking behavior and health consequences. Between February and August 2004, a total of

3500 women aged 15-49 were interviewed (including both single and married women). A stratified multi-stage sampling design was used, with regions and urban/rural location as strata, and the sample will provide estimates at the national, regional and urban/rural levels. The survey obtained information on several topics including: respondent's demographic and socio-economic characteristics; pregnancy, fertility and fetal loss histories; contraceptive knowledge, attitude and practice; experience of unwanted pregnancies and abortion; and detailed information on the process of abortion seeking behavior and its consequences.

In countries where abortion is illegal, such as the Philippines, underreporting of events in surveys is generally a major constraint in carrying out research on the subject. For this reason, the design of the questionnaire has been a central part of the research; it incorporates different approaches that will serve to minimize underreporting and to provide a means of assessing the representativeness of the data and quality of the reporting of abortion. Three approaches were used, the first two in the face-to-face interview, and the third in a self-administered part of the interview: a) the collection of information on all pregnancies through a birth history and a fetal loss history; b) direct questioning on the experience of abortion and its circumstances and c) questions on abortion that the woman completed on a single page, placed in an envelope and sealed, then returned to the interviewer (we refer to this method as the "sealed envelope"). The data obtained from these three approaches will be compared to assess the quality of the reporting of abortion. We will also discuss how these measures relate to the independently measured incidence of abortion mentioned above, which uses indirect estimation techniques and is not affected by the kinds of reporting issues discussed above.

In addition to using different data collection approaches, we sought to improve reporting of unwanted pregnancies and abortion in the face to face direct questions on abortion, by designing a battery of questions that take the respondent through the different stages of the process from first recognizing that a pregnancy was unwanted, to seeking an abortion. To illustrate the wording and step by step ordering of the questions, we list some of them below:

> Q601 Thinking back on your life, were you ever pregnant when you did not want to be?
> Q602. Has there ever been any time when you were pregnant and you felt that the pregnancy would have caused difficulties for you because of your own circumstances or others' opposition to the pregnancy, even though you may have desired it?
> Q603 How many times has this happened to you?
> Q604 What were the reasons you did not want that pregnancy at that time?
> Q606 Thinking about this pregnancy, were you or your partner using something to avoid or delay getting pregnant in the month you became pregnant?
> Q607 What method(s) were you using in the month you became pregnant?
> Q608. What is the order of this pregnancy?
> Q609. Did you or someone else *consider* doing something to stop that pregnancy?
> Q610. Did you or someone else *ever do or use anything* to stop that pregnancy or any other pregnancy?
> Q611. How many times did you or someone else do or use anything to stop a pregnancy?

The first part of the paper will present an assessment of the quality of reporting of abortion based on these 3 different methods. Abortion seeking behavior and health and social

consequences will be explored based on over 60 questions. Differences in reporting and actual abortion seeking behaviors and consequences will be analyzed according to demographic and socio-economic characteristics of women, as we expect to find significant differences according to age, parity, marital status, and socio-economic status in terms of the type of process that women use to obtain an abortion, and possibly in their levels of underreporting.

A limitation of the paper is the fact that the detailed data on the abortion-seeking process and its consequences, must necessarily be based on the face-to-face interview, on those women who reported seeking an abortion in answer to direct questions. Direct questioning, even using the step by step approach discussed above, is expected to obtain lower reporting of abortion than the "sealed envelope" or self-administered method. Nevertheless, we consider that even if it is incomplete, that the data presented will be of value for policy makers and service providers for two key reasons: we will be able to assess the quality of reporting from the different data collection approaches used, and will show whether underreporting differs according to women's characteristics; and secondly, information on unsafe abortion is crucial to help reduce this important cause of morbidity and mortality.

Demographic and statistical techniques will be used in the analysis. At present we have a preliminary data set without sample weights. Based on the progress of work at this point, we anticipate that the final file for analysis will be ready by November 2004, and indepth analysis will begin then, in time for completing the paper for PAA.

RESULTS

Preliminary results, not weighted, show that, of a total of 3500 respondents, 21% (N=715) of women reported that they had an unwanted pregnancy. Of these women, one-third (36%, N=259) considered stopping the pregnancy, and 24% (N=174) attempted to stop the pregnancy. However, based on the "sealed envelope" or response obtained from the self administered questions, 70% of those who had an unwanted pregnancy (N=499) report attempting an abortion. Women who attempted to stop a pregnancy are quite similar in profile to all women of reproductive age. A few differences are found, however: those who reported attempting an abortion in response to direct face to face questions were slightly older than the general population of woman 15-49 (<25= 19% vs 29%; while 35+= 46% vs 36%); they were less educated (<elementary education= 32% vs 25%); more likely to report that they were currently married (married = 90% vs 78%); less likely to be currently working (working = 65% vs 72%). This preliminary exploration of the data also indicates that the women who attempted to stop their pregnancy were more likely to have been contracepting at the time they became pregnant (62% were using, compared to 45% of currently non-pregnant women), had a larger number of children (>4+children=56% vs 31%); and were also likely to live in urban areas (69% vs 55%) that the general population.

Comparison of women who reported attempting an abortion in response to direct questions to those who reported seeking an abortion in the sealed envelope question (the shy respondents when asked directly) shows similar profile, with the exception of level of education and their place of residence. Based on the preliminary unweighted data, women

who reported attempting an abortion in response to direct questions were more likely to live in urban areas and to be less educated than the sealed envelope respondents. These initial comparisons show that the smaller group of women who are more willing to report their abortion attempt are, overall, quite similar to those who are more likely to conceal their abortion, this resemblance supports using the information for the more selective group to better understand the conditions and consequences of induce abortion.

IMPLICATIONS FOR POLICY

These preliminary findings point to the need for better access to family planning services, for the promotion of modern contraceptives as well as better counseling and information on the correct use of contraceptive methods. Post-abortion contraceptive counseling and provision of a method would need to be reinforced, and more attention to high parity women is needed.

We expect that results on the health consequences of unsafe abortion procedures will be helpful in raising awareness and knowledge among key stakeholders on the extent of clandestine abortion and the burden suffered by women stopping unwanted pregnancies, and that this information will stimulate policies and programs to improve prevention of unplanned pregnancy and reduction of unsafe abortion, thus, improving the reproductive health of women.

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