

“CONCEPT OF INDUCED ABORTION IN OUR SOCIETY: A PRIMARY STUDY FROM PAKISTAN”

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Abstract

Abortion is perceived differently in society. Basically abortion is of two types Induced Abortion and Spontaneous Abortion. Spontaneous Abortion means naturally abortion and Induced Abortion means to abort child with the willing of husband, family or herself. The focus of the study was on Induced Abortion. The sample size was 100 (75 patients and 25 LHVs). Researchers divided respondents in two categories “Patients and LHVs”. Because of lack of time and lack of resources, data was collected just from Family Health Centers of Lahore. Mostly respondents (Patients) were belong to middle class with lower education level and had low income therefore they could not afford the expenses of their children so they had aborted their children. Most of respondents (Patients) preferred abortion in case of rape because society does not allow such child and a few respondents (Patients) practiced Sex Selective Abortion. The respondents (LHVs) also told that mostly cases were practiced due to poverty and lack of awareness about family planning methods. These issues can be reduced if government should develop solid policies to restrict abortions and there is a need for proper education about the side effects of abortion because mostly the couples are unaware about the after effects of abortion. The preference of male baby over female baby should be eliminated by promoting the importance of female baby over male baby because mostly people had induced abortion to abort female baby.

Key Words: Abortion, Induced Abortion, Spontaneous Abortion

1. Introduction

1.1What is Abortion?

Abortion is the termination of a pregnancy by the removal or expulsion from the uterus of a fetus or embryo, resulting in or caused by its death. The term abortion most commonly refers to the induced abortion of a human pregnancy, while spontaneous abortions are usually termed miscarriages. An abortion that occurs naturally without any medical intervention when there is a physical problem with a pregnancy is called a spontaneous abortion. An abortion that is the result of any procedure done by a licensed physician or someone under the supervision of a licensed physician to purposefully end a pregnancy is called an induced abortion. (Lader,1966)

Sex-selective abortion referred to as son preference or female reselection. The methods of sex-selection are practiced in areas where male children are valued over female children. Sex-selective abortion refers to the targeted abortion of female fetuses; the fetus' sex may be identified by ultrasound but also rarely by amniocentesis or another procedure. (Zubair, 2006)

1.2 History of Abortion

Over several centuries and in different cultures, there is a rich history of women helping each other to abort. The State didn't prohibit abortion until the 19th century. In 1803, Britain first passed antiabortion laws which then became stricter throughout the century. The U.S. followed as individual states began to outlaw abortion. By 1880, most abortions were illegal in the U.S., except those "necessary to save the life of the woman."

Abortion became a crime and a sin for several reasons. A trend of humanitarian reform in the mid-19th century broadened liberal support for criminalization, because at that time abortion was a dangerous procedure done with crude methods, few antiseptics, and high mortality rates. But this alone cannot explain the attack on abortion. For instance, other risky surgical techniques were considered necessary for people's health and welfare and were not prohibited. "Protecting" women from the dangers of abortion was actually meant to control them and restrict them to their traditional child-bearing role. (Lewis, 1900)

1.3 Illegal Abortion

Illegal abortion was mostly frightening and expensive. Although there were skilled and dedicated laywomen and doctors who performed safe, illegal abortions, most illegal abortionists, doctors, and those who claimed to be doctors cared only about being well rewarded for their trouble. In the 1960s, abortionists often turned women away if they could not pay \$1,000 or more in cash. Some male abortionists insisted on having sexual relations before the abortion.

Typically, the abortionist would forbid the woman to contact him or her again. Often she wouldn't know his or her real name. If a complication occurred, harassment by the law was a frightening possibility. The need for secrecy isolated women having abortions and those providing them.

In the 1950s, about a million illegal abortions a year were performed in the U.S., and over a thousand women died each year as a result. Poor women and women of color ran the greatest risks with illegal abortions. In 1969, 75% of the women who died from abortions (most of them illegal) were women of color. Of all legal abortions in that year, 90% were performed on white private patients. (Calderone, & Mary, 1960)

1.4 Legal Abortion

In the 1960s, inspired by the civil rights and antiwar movements, women began to fight more actively for their rights. A few states liberalized abortion laws, allowing women abortions in certain circumstances (e.g., pregnancy resulting from rape or incest, being under 15 years of age) but leaving the decision up to doctors and hospitals. Costs were still high and few women actually benefited.

In 1970, New York State went further, with a law that allowed abortion on demand if it was done in a medical facility by a doctor. Women who could afford it flocked to the few places where abortions were legal. The Court held that through the end of the first trimester of pregnancy, only a pregnant woman and her doctor have the legal rights to make the decision about an abortion. (Head, 2007)

1.5 Abortion after Legalization

Although the decision did not guarantee that women would be able to get abortions when they wanted to, legalization and the growing consciousness of women's needs brought better, safer abortion services. Women health care workers improved their abortion techniques. Some commercial clinics hired feminist abortion activists to do counseling. Local

women's groups set up public referral services, and women in some areas organized women-controlled nonprofit abortion facilities.

Although legalization greatly lowered the cost of abortion, it still left millions of women in the U.S., especially women of color and young, rural women, and/or women with low incomes, without access to safe, affordable abortions. During the late 1970s and early 1980s, feminist health centers around the country provided low-cost abortions that emphasized quality of care, and they maintained political involvement in the reproductive rights movement. By the early 1990s, only 20 to 30 of these centers remained. (Tietze&Lewit, 1972)

1.6 Eroding Abortion Rights

When the Supreme Court legalized abortion in 1973, the antiabortion forces, led initially by the Catholic Church hierarchy, began a serious mobilization using a variety of political tactics. In the 1980s, rapidly growing fundamentalist Christian groups, which overlap with the New Right and "right- to-life" organizations, were among the most visible boosters of the antiabortion movement. These antiabortion groups talk as if all truly religious and moral people disapprove of abortion.

The antiabortion movement's first victory, a major setback to abortion rights, came in July 1976; Young women's rights have been a particular target of the antiabortion movement. As of early 1997, 35 states have these laws; 23 states enforce them. In some states, a physician is required to notify at least one parent either in person, by phone, or in writing. Health care providers face loss of license and sometimes criminal penalties for failure to comply. Antiabortion forces have also used illegal and increasingly violent tactics, including harassment, terrorism, violence, and murder. Since the early 1980s, clinics and providers have been targets of violence.

The antiabortion movement continues to mount new campaigns on many fronts. Most recently, it has aggressively put out the idea that abortion increases the risk of breast cancer. Despite the lack of medical evidence and the fact that the scientific community does not recognize any link, the antiabortion movement continues to stir up fears about abortion and breast cancer.

1.7 Legal but out of reach for many Women

We have learned that legalization is not enough to ensure that abortions will be available to all women who want and need them. In addition to a lack of facilities and trained providers, burdensome legal restrictions, including parental consent or notification laws for minors and mandatory waiting periods, create significant obstacles. In other words, for millions of women, youth, race, and economic circumstances together with the lack of accessible services--especially for later abortions--translate into daunting barriers, forcing some women to resort to unsafe and illegal abortions and self-abortions.

1.8 Laws

1.8.1 History of Abortion Law

In 1803, The Abortion Law Reform Association (ALRA) was established; its aim was to campaign for the legalization of abortion. In 1837, The Ellenborough Act was amended to remove the distinction between abortion before and after quickening. In 1861, The Offences against the Person Act: performing an abortion or trying to self-abort carried a sentence of life imprisonment. In 1929, Infant Life Preservation Act: this created a new crime of killing a viable fetus (at

that time fixed at 28 weeks) in all cases except when the woman's life was at risk. However, it was not clear whether it would be legal to terminate for the same reason before 28 weeks.

In 1923-33, Fifteen per cent of maternal deaths were due to illegal abortion. During the 1930s, women's groups and MPs were deeply concerned about the great loss of life and damage to health resulting from unsafe, illegal abortion. The Conference of Co-operative Women was the first organization to pass a resolution (1934) calling for the legalization of abortion. The Abortion Law Reform Association was established in 1936. In 1936, The Abortion Law Reform Association (ALRA) was established; its aim was to campaign for the legalization of abortion. In 1938, Dr. Alex Bourne was acquitted of having performed an illegal abortion. This set a case-law precedent. In 1939, The Burkett Committee, which had been set up by the Government in 1936, recommended clarification that doctors could perform an abortion to save a woman's life. Unfortunately World War II interrupted any implementation of its findings.

In 1952-61, ALRA campaigned unsuccessfully for bills to legalize abortion. Support for reform grew. In the fifties, support for reform grew. During the 1960s, fertility control became more widespread with the growth of the women's movement and availability of the contraceptive pill. In 1967, The Abortion Act (sponsored by David Steel, MP) became law, legalizing abortion under certain conditions; it came into effect on 27 April 1968. Since its passage in 1967 the Abortion Act has been unsuccessfully challenged several times by anti-choice ("pro-life") organizations which aim to restrict access to abortion.

In 1975, The National Abortion Campaign (NAC) was established to protect the 1967 Act and campaign for its improvement. In 1990, the Human Fertilization and Embryology Act introduced controls over new techniques which had been developed to help infertile couples and to monitor experiments on embryos. Despite attempts to use this law to restrict abortion rights, the 1990 Act lowered the legal time limit from 28 to 24 weeks, which is the currently accepted point of viability. It also clarified the circumstances under which abortion could be obtained at a later stage. In 2003, NAC and ALRA merged to form Abortion Rights. (Henry, 1929)

1.9 Countries Where Abortion is Illegal

Roughly one-third of the world's women live in countries with strict abortion legislation, where women are not allowed abortion under any circumstances, or only in cases of rape, incest, or where the woman's life or health is in danger. Here are some specific examples from a few countries where abortion is illegal.

1.10 Types of Abortion

There are many types of abortions:

1.10.1 Complete Abortion

One in which all the products of conception are expelled from the uterus and identified.

1.10.2 Habitual Abortion

Spontaneous abortion occurring in three or more successive pregnancies, at about the same level of development.

1.10.3 Incomplete Abortion

Incomplete abortion is with retention of parts of the products of conception.

1.10.4 Induced Abortion

Induced abortion is that brought on intentionally by medication or instrumentation.

1.10.5 Therapeutic Abortion

A therapeutic abortion is done to save the life of a pregnant woman, preserve a pregnant woman's mental or physical health, terminate a pregnancy that would result in a child with a fatal congenital disorder, or selectively reduce the number of fetuses born as the result of a high-risk multiple pregnancies.

1.10.6 Elective Abortion

An elective abortion is an abortion performed for any other reason most commonly occurring after contraceptive failure results in an unplanned pregnancy.

1.10.7 Threatened Abortion

A condition in which vaginal bleeding is less than in inevitable abortion and the cervix is not dilated, and abortion may or may not occur.

1.10.8 Inevitable Abortion

A condition in which vaginal bleeding has been profuse and the cervix has become dilated, and abortion will invariably occur.

1.10.9 Infected Abortion

Infected abortion associated with infection of the genital tract.

1.10.10 Missed Abortion

Missed abortion retention in the uterus of aborts that has been dead for at least eight weeks.

1.10.11 Septic Abortion

Septic abortion associated with serious infection of the uterus leading to generalized infection.

1.10.12 Spontaneous Abortion

Spontaneous abortion is occurring naturally due to some diseases or weakness.

1.11 Advantages of Legal Abortion

Besides the tremendous benefit to society of ensuring that every child is a wanted child, legal abortion has clearly been a significant factor in saving women's lives and health:

- A large majority of legal abortions replace abortions that had been performed illegally, and often unsafely, before the change in laws.
- Deaths from abortion have declined dramatically in all countries where abortion has been legalized. The risk of death from abortion has fallen steadily, and is now miniscule. The chances of dying in childbirth are now about 10 times greater.
- The chances of complications caused by childbirth are close to 30 times greater than complications caused by abortion. Abortion is nearly twice as safe as a penicillin injection.
- Where abortion is legal and readily available, women obtain abortions earlier in pregnancy when health risks to them are lowest.
- One-third of all legal abortions are on women for whom the health and social consequences of unplanned childbearing are the greatest teenagers and women over 35.

- o Legal abortion protects women suffering from serious or life-threatening illnesses and genetic disease that could be passed onto their children with devastating consequences.

When women can control their reproduction, it leaves them free to pursue higher education and careers, and to plan their lives and families. Women should not be expected to sacrifice their personal and economic freedom to have babies they don't want.

1.12 Literature Review:

Abortion is a dead secret of our society. Although abortion remains one of the crucial philosophic, religious and medical dilemmas of our time, it has become almost too dangerous to grapple with. It touches our most sensitive nerves. For, abortion involves the ultimate control by woman over her procreativity. In a large sense, each woman who decides whether or not a fetus shall become a child affects the population charts a process strikingly evident in Japan, where legalized abortion has cut the birth rate in half. (Abortion by Lawrence Lader)

Study was conducted 32 abortion clinics in three provincial capitals of the country by Choudhary, (2004) and Inayatullah, (2004) and it was found out that. All 452 women who had their pregnancies terminated between October and December 1997 were interviewed. Except for 39 women (8.6%), all study subjects were married. A majority of the women (36.6%) were aged 35 years, 61.0% had given birth to 5 children, and 40.2% were illiterate. The predominant reasons for abortion were "too many children" (64.4%), contraceptive failure (20.3%), premarital affairs (8.6%), medical reasons (5.4%), and extramarital affairs (1.3%). Nearly two thirds of the abortions were induced by inadequately trained persons. Only 22% of the abortion clinics met the World Health Organization (WHO) standards required for safe termination of pregnancy. At all these clinics, the procedure used to terminate the pregnancy was dilatation and curettage (D&C). Only one clinic was using manual vacuum aspiration (MVA). Induced abortion seems to be fairly common among married women of high parity, advanced age, and low educational status. [21]

Kolstad,(1963) made an intensive investigation of 712 cases after abortion in Norway. Not one death resulted from operation. Although 10.35 showed some post- operative complications, only 2.7 % could be considered serious. It was concluded that the frequency and degree of all complications were no more than those after childbirth. Menstrual disorders and frigidity, for example, appear in less than 1 % of women. "Induced abortion is a comparatively harmless operation during the first 12 weeks of pregnancy and Lindahl followed 1, 013 cases with complete medical checkups over a period of one to five years after abortion. Only one death could be associated with the operation. Immediate serious complications were found in only 3.6% of all cases.

Indiana University's Institute of Sex Research did a qualitative study on complications of abortion. Although their sample was small-about 440 cases the results were strikingly similar to those in Scandinavia. Only 6.6% had sever, 6.8 % moderate and 3.2 mild complications.

Amer,(1963) was found that reliable estimates of fetal losses are possible only after the 8 week and that the peak of fetal loss occurs during 8th week 11th week of pregnancy. This probably is a decrease from an even higher earlier rate of fetal loss, and total fetal loss was estimated to be as high as 295 pr 1000 conceptions.

Jafarey,(1989) did a qualitative study on married women to know the awareness level of contraceptive method which found that 96% ever-married women who knew of at least one modern method of contraception, 49 % had used a method at least once, 30 % are current users of a contraceptive method and 22 % used any method of contraception

and also found out that lower contraceptive rate led to a rise in abortions rates. Contraceptive rates that were higher in Punjab, 33%, and Sindh, 27 % more developed provinces had lower abortion rates when compared with Balochistan, 14 %, and Khyber-Pakhtunkhwa (formerly known as NWFP), 25 %, where abortion rates were higher.

Pakistan Demographic and Health Survey (2007).conducted a field survey. the survey findings revealed that 43 % of married women, who did not intend to use contraception, gave the following reason to justify their choice; fear of side effects, opposition by husband or family and married women, almost 70 %, were getting abortions and also revealed that current maternity mortality ratio was 276, which basically mean that for every 100,000 live births, 276 women died. Consequently, one maternal death occurred every 30-40 minutes in Pakistan.

Population Council, (2004a) conducted a study based on cases of induced abortion. The findings showed that every year, an estimated 890,000 induced abortions occur in Pakistan. More specifically, for every 1,000 women, 29 get an abortion. And also found out that the correct medical terminology for a fetus that is expelled before 24 weeks (168) is an induced miscarriage, regardless of the circumstances. Despite the use of the word abortion in judicial and Islamic laws, which recognize any expulsion of the fetus, before or after 120 days, as an abortion.

Population Council, (2004b) found that an unsafe abortion can cause many medical complications and in some cases it leaves women permanently disabled. Almost 11 per cent of induced abortions resulted in death in 2002, where an estimated 197,000 women were hospitalized for complications from unsafe abortions. The findings also indicated that some women suffered from bareness.

Boil, (1965) was found out that the retrospective reports of live births and stillbirth were fairly complete, but the reports of early fetal deaths were deficient, equaling only a fifth of the rate for prospective cases. The rate of stillbirths was 31/ 1000; the rate of abortion was 105/ 1000. The ratio of early to late fetal death was 72/35.

Huntington, (1998) found out during 30 days study, 19% Patients were admitted for the treatment of Induced Abortion and estimated Induced Abortion rate in Egypt of 14.75 per 100 pregnancy.

In order to distinguish induced abortion from forensic medical point of view vaginal cytology was studied in 300 women, 100 of which had had a clinical diagnosis of abortion. Result: (a) a cytological diagnosis is possible in the cycle, in pregnancy, and before and after abortion; (b) non-septic spontaneous abortion is characterized by an increasing and, after the abortion, high number of basophilic cells and of mucous, and a low number of eosinophils, increasing at first after 8 days. These results were confirmed by experiments with rats. Conclusion: cytology can give an evidence but not proof in distinguishing between spontaneous and induced.

Pakistan Council-Pakistan,(2003) conducted a study in all provinces both urban and rural communities and was analyzed that 890, 000 induced abortions occurred annually in Pakistan and 89% discussed with husband the possibility of termination of pregnancy (interview with 189 women who had abortion) and it was estimated that mostly in 66% abortions were made jointly by husband and wife and the reason of abortion was mostly to limit family size or space births, and for financial reasons. It was also estimated that 196,671 women were hospitalized for complications of induced abortions and rural poor and the urban poor were more likely to seek abortions under unsafe conditions.

A study of 2 groups was conducted by Borglin and Willert, (1961) and it was revealed that 41 cases of suspected or known illegal intervention and 31 cases in which no criminal intervention was suspected and abortion occurred. Ti is

suggested that there is a possibility of illegal abortion in 10 out of 11 cases if histamiase and pregnanediol values are normal, criminal intervention is suspected clinically and there is no incompetence of internal of the cervix.

Among a group of 3000 Women interviewed for a psychological research project on contraceptive behavior, about 500 women admitted having had one legal abortion and 107 women (3.5%) indicated having had more than one previous abortion. The women having had no abortion, one abortion and two or more abortions are being compared in terms of social and psychological variables, including social status and level, social norms of abortion, integration, and degree of social disorganization.

Singh, (2008) it was estimated 382,000 induced abortions were performed in Ethiopia, and 52,600 women were treated for complications of such abortions. There were an estimated 103,000 legal procedures in health facilities nationwide 27% of all abortions. Nationally, the annual abortion rate was 23 per 1,000 women aged 15-44, and the abortion ratio was 13 per 100 live births. The abortion rate in Addis Ababa (49 per 1,000 women) was twice the national level. Overall, about 42% of pregnancies were unintended, and the unintended pregnancy rate was 101 per 1,000 women.

L, (1964) was found that 304 patients admitted to the gynecological department in the Copenhagen area. 74 cases of legal and 90 of spontaneous abortion were used as controls for the study of 132 illegal abortion cases. The incident of abortion was much higher in the 15 to 19 years age group and 70% of that group had illegal abortion. There were twice as many illegal abortions for single group when compared to the married group.

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Kamal, (1985) found that 1271 women admitted for management of Abortion and its complications, 18 died. All these deaths were among those with Induced Abortion. In this group 16.66% cases had no evidence of infection and in them death was due to traumatic shock.

Akhtar, (1989) found that a total of 1301 abortion cases were admitted during 1 year in all the 8 facilities selected for the studied of these, interviews and clinical exports could be completed for 1271 cases only. A total of 852 women (65.5%) had had Induced Abortion and other 419 women (34.5%) had had Spontaneous Abortion.

Begum, (1991) found that Maternal Mortality was undesirable high in Bangladesh, the rates range between 4.8 and 7.8 per 1000 Life Birth and many of these deaths were caused by Abortion related complications.

This literature review highlights problems particular to adolescents that can't be ignored. In one survey of 15-24 year-olds in Addis Ababa, half of the 976 young women interviewed reported having been pregnant and 76% of these women told interviewers that they had a spontaneous (2%) or an induced abortion (74%). Another unpublished thesis proved this finding not uncommon, among 1663 young women interviewed; almost 70% responded that they had an abortion. Another multi-year maternal mortality review conducted at a teaching hospital in Addis Ababa proved the grave outcomes among young women, 14% of the maternal deaths in that study were women under twenty.

Teenagers, who account for about 30% of all abortions, are also at much higher risk of suffering many abortion related complications. This is true of both immediate complications and of long-term reproductive damage. Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervixes are still "green" and developing.

1.13 DATA ANALYSIS

This chapter deals with the analysis, explanation and discussion of data which has been collected from two categories of the respondents Patients and Lady Health Visitors through interview schedule. Our respondents are all females. The data is presented in tabulated form to explain the research.

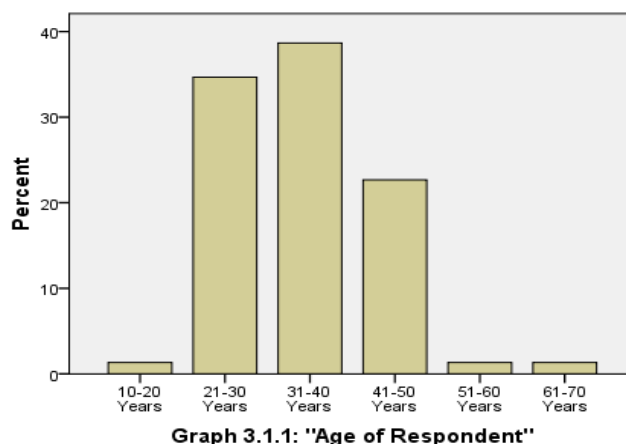
1.13.1 PATIENTS

1.13.1.1 Age of Respondents

Table

	Patients	Frequency	Percentage
Valid	10-20	01	1.3
	21-30	26	34.7
	31-40	29	38.7
	41-50	17	22.7
	51-60	01	1.3
	61-70	01	1.3
	Total	75	100.0

1.13.1.1 Graph



Respondent of the study belonged to different age groups. 38.7% respondents (Patients) with the frequency of 29 were between the ages of 31-40 years, 34.7% respondents (Patients) with the frequency of 26 were between the ages of 21-30 years, 22.7% respondents (Patients) with the frequency of 17 were between the age of 41-50 years, 1.3% respondents (Patients) with the frequency of 1 is between the age of 10-20 years, and same percentage and frequency of respondents (Patients) were between the age of 51-60 years and 61-70.

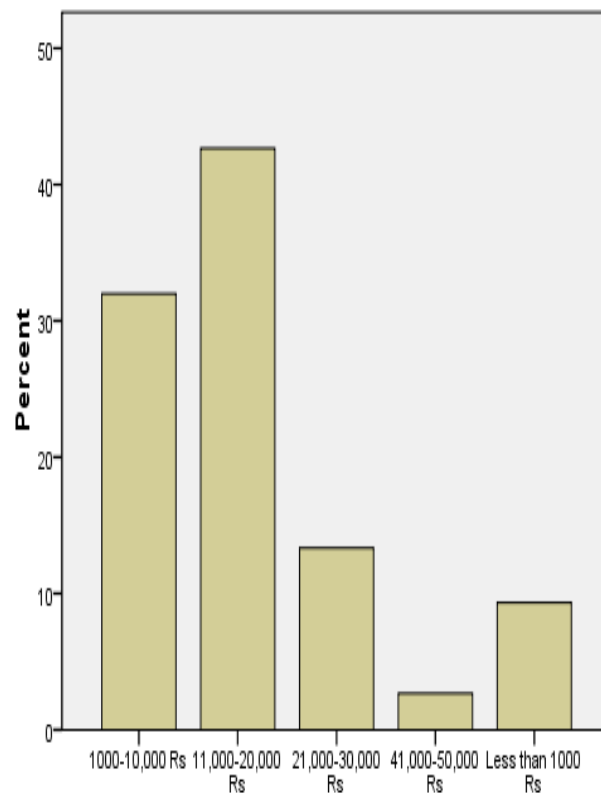
Respondent of the study belonged to different age groups. Majority of respondents (Patients) were between the ages of 21-40 years. It is clear that mostly our respondents (Patients) were belonging to young ages. Only 1 respondent (Patient) was between the ages of 10--20 years, and only 2 respondents (Patients) were between the age of 51-60 years and 61-70 years.

1.13.1.2 Family Income of Respondents

Table

Income	Frequency	Percentage
Valid 1000-10,000	24	32.0
11,000-20,000	32	42.7
21,000-30,000	10	13.3
31,000-40,000	00	00.0
41,000-50,000	02	2.7
Less than 1000	07	9.3
Total	75	100.0

1.13.1.2 Graph



3.1.2: "Family Income of Respondent"

This table describes the income of respondent collected data shows that about 42.7% majority of respondents (Patients) with the frequency of 32 had total income between 11,000-20,000, while 32% respondents (Patients) with the frequency of 24 had total income between 1000-10,000, 13.3% respondents (Patients) with the frequency of 10 had total income between 21,000-30,000, 9.3% respondents (Patients) with the frequency of 7 had total income less than 1000 and only 2.7% respondents (Patients) with the frequency of 2 had total income between 41,000-50,000. Majority of respondents (Patients) belonged to middle class family and few respondents (Patients) had total income less than 1000 they do daily labor work and only 2 respondents (Patients) belonged to upper class family.

1.14 Discussion

Although many researches had been conducted on Therapeutic Abortion and induced Abortion but it was key determinant to know about the feelings of patients before and after Abortion. So researchers conducted a research study on Concept of Induced Abortion in our society. Mostly respondents (94.7%) were know about Abortion and there side effects despite of this, they committed such type of crime the most common seeking abortion was poor economic condition (29.3%), due to more children (26.7%) and husband's forcement (16%). Most of respondents (47.7%) suggested that abortion is Illegal in Islam but few respondents (25.3%) suggested that abortion is legal in Islam in case of mother's life in threat and in case of rape. This situation cannot be considered unique in Pakistan. Since the issue of Induced Abortion is exploring day by day. A part from patient's personal conception, the attitude of Lady Health Visitor

also affected the patients, if LHVs will do counseling of couples and aware those contraceptive methods then abortion rate can be decreased. Another important factor that the patients were affected Sex Selective Abortion. Mostly respondents (8.4%) knew about abortion but a few respondents practiced such type of Abortion. Despite of all issues, abortion in Pakistan is still considered a sin full act. So, it cannot be possible without support of Government and society to get rid of such of type cases of Induced Abortion.

1.15 Findings

- It is concluded from the research that mostly the women b/w 20-40 years are involved in abortion practices and they are lower income level group mostly from the business, labor and private job fields.
- Lower education level and higher no of children are also a very big reason that causes them to go for abortion.
- Both the spouse normally under metric and maximum they are metric.
- The husbands are also involved in abortion cases and they feel satisfied after that knowing that abortion is a murder. But still they don't feel sham to do that.
- Mostly the couple also has their family support in case of abortion.
- Mostly the Lady Health Visitors are between the ages of 20-35 years.
- The LHVs are also from the lower income group with large family and with a very lower education level normally they get education up to matriculation.
- Their knowledge about abortion is also very low. They just know how to abort a child. They don't know about the conditions for abortions and the necessary cares for abortions.
- Normally they conduct 3-4 abortion cases per month on average.
- The reasons they have explained are economic conditions of the families, lower incomes and the fear of more children.

1.16 Conclusion:

In spite restrictive status of abortion, a large number of induced abortion a conducted in our society. It is concluded that mostly people show unfavorable behavior about abortion but still most of abortion are performed due to poverty because mostly people are belong to middle class with low education . There are many bad effect of abortion like bareness uterus infection etc. sometimes abortionists are not well educated and they do not the procedure of safe abortion they just do their job to run their houses. It is also concluded that abortion not only effect woman's physical health it also effect psychological health The women those are involved in abortion feel sham after that because abortion is prohibited by Islam despite of the case when it is very difficult to save the mother's life or when woman is insisted by her husband to abort baby. Sex Selective Abortion is most common phenomena in backward areas because they do not consider good the birth of female baby. But researchers found that most of people know about Sex Selective Abortion but they have not aborted such type of abortion only few people have aborted such type of abortion because people know that this type of abortion create discrimination in family. We can remove this type of conceptions if preference of male baby over female baby could be eliminated, special and free adult education should also be given to the families and government should develop solid policies to restrict abortions.

1.17 Recommendations

- The government should develop solid policies to restrict abortions.
- There is a need for proper education about the harmfulness of abortion. Mostly the couples are unaware about the after effects of abortion.
- Proper education, awareness, training session and guidance should also be given to the people who are involved in abortion.
- LHV should also give proper instructions to the couples who came for abortion. They should also be informed about the after effects of the abortion.
- Illegal abortion cases should also be restricted. The govt. should play its role in this regard.
- Lack of Islamic knowledge is also a big cause of abortion. The people should also be given proper knowledge of Islam and Shariah.
- Special and free adult education should also be given to the families that will decrease abortion.
- The parents of the couple should also have to play their role to reduce abortion.
- The preference of male baby over female baby could be eliminated by promoting the importance of female baby over male baby.

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