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The Politics of Abortion and Maternal Health: A Discussion Paper

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Abstract

Abortion should be legally allowed for women because it can save mothers from childbirth-related complications and death. Legal abortion is one of the safest methods to terminate a pregnancy when there is a risk to the mother's health by childbirth or severe deformity of the fetus or it is unwanted. Unfortunately, approximately half of all abortions worldwide mostly in nations where abortion is severely restricted and are performed in dangerous settings. These risky abortions are a significant contributor to maternal morbidity and disability. Limiting a woman's access to an abortion does not stop abortion; rather, it just encourages more risky procedures. There are various obstacles to safe abortion, but a few of them are the law, restrictive health regulations, a lack of qualified medical personnel, and the stigma associated with the procedure. For the sake of public health, abortion should be accessible, and any legal framework should be as tolerant as feasible to encourage access. Both medical and surgical methods of abortion are safe and effective (in the first trimester, via manual or electric vacuum aspiration). Even though induced abortion is still widely practiced in countries such as Kenya, it is severely controlled. Having an illegal abortion puts women at risk of serious complications or even death. Briefly, abortion is a legal right for a woman to take place if there is a risk to the health of a pregnant woman or is a severe deformity or intended conception

Keywords: Abortion, policy, safety, laws, termination of pregnancy, maternal mortality

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Introduction

Abortion means ending the pregnancy before the child is born. It may take place naturally or intentionally. Abortion is one of the harmless processes when childbirth causes severe injuries to the mother's health.¹ In the literature, miscarriage is used for spontaneous abortion while induced abortion is referred to as a purposeful abortion or medical termination. Abortion as an intervention is either a medical or asurgical invasive procedure. According to one survey, 88% percent, 10 %, and 1.1% of abortions have undergone in the first, second, and third trimesters respectively.² According to the World Health Organization (WHO), globally about 56 million abortions happen every year. In Iran, abortion is legally allowed in clinics and hospitals and is considered as referrals for safe abortion, about 64% of abortions take place in hospitals, and 24% of abortions take place in homes.³ According to the USA's (United States of America) reproductive health survey, the abortion rate is 37 per 1,000 people in countries, which forbid abortion; it is 34 per 1000 in those legally allowing it. In the

developed world abortion laws often consider it the right of a woman.⁴ In Norway, abortion is considered a human natural right for mothers, in 1978 women were allowed to decide whether to terminate their pregnancies up until the end of the 12th week, whilst induced abortions between week 13-22 need approval by a commission.⁵ Abortion is effective when done through safe methods and precautions; however, risk will be developed when done with unsafe precautions.³

Often religious people and men are against abortion. They think abortion is the killing of the human fetus. According to the anti-abortion standard fetus is a human in nature and a human has the right to live, therefore a fetus has the right to life. A woman cannot decide to override the life of a fetus hence abortion is wrong.⁶ While science dictates that abortion is not murder because a fertilized egg is a group of cells lacking anatomical structure, it has no capacity to survive outside the womb, and may not have the capacity to feel, hence it can't be human. We do not know that this fertilized egg will produce one or more individuals, we cannot call a

fertilized egg or embryo a “child”, so abortion should be legal.⁷

The Global Stance on Abortion

Globally in 2008, some 86 million out of 208 million pregnancies were unintentional and one-fifth of the pregnancy were terminated with abortion.⁸ In June 2016, the supreme court of the USA approved a revolutionary bill on the availability of abortion facilities, which stipulated that hurdles should not be enforced to pregnant women looking for an abortion. The Bombay high court in India considered abortion as the women’s basic right, to decide whether not to get pregnant or stay pregnant.⁹ The court in India set a panel of doctors to decide about termination of pregnancy after 20 weeks if required to save the mothers health and allow other auxiliary staff including nurses to handle abortion in the immediate situation. According to the WHO, unavailability of safe, appropriate, and cheap abortion, care is a serious public health issue. Abortion is considered to be safe and effective if it has done following WHO guidelines.¹⁰

According to science, a fertilized egg is a group of cells lacking anatomical structure and may not be a human. According to Columbian social protection law, abortion should not be labeled as a crime and would no longer be a criminal offense in three situations, uncertainty pregnancy causes a risk to the mother’s health, if the fetus or embryo had severe deformities, or if the pregnancy was the consequence of rape, or undesirable conception.¹⁰ Canada is the first country, which completely decriminalizes abortion in 1988, but abortion in rural areas is not available, therefore women seeking an abortion must travel to the USA. Abortions based on mental health were made legal in the UK in 1938, became more freely available after the 1967 Abortion Act, while in China, abortion is legal and free upon request making it is one of the freest abortion policies in the world.¹¹

The Position of Abortion in Pakistan

Most healthcare professionals in Pakistan, as well as the public and policymakers, are unaware of the shift in the legal status of abortion. Up until 1997, a woman could only get an

abortion to save her own life. This was changed in 1997 to bring the law into compliance with Islamic law as prescribed by the Holy Quran and Sunnah. As a result of legal revision, abortion is now permitted early in a pregnancy, not just to protect the woman's life but also to provide required care. Few people are aware of the change in the law that has made it easier to perform an abortion in the first trimester of pregnancy.¹² The right of women to have an abortion of her choosing throughout the first 120 days of pregnancy is a legal right, according to the charge of inquiry for women, which was established in 1997 to observe laws to close injustices against women and was presided over by a Supreme Court judge.¹³

Laws for Abortion in Pakistan

The Penal Code of Pakistan takes into account two stages of pregnancy when deciding whether to consider abortion illegal. It covers the subject of causing miscarriage (abortion) in sections 338, 338A, 338B, and 338C. These two violations called *isqaṭ-ḥamal* and *isqaṭ-janīn*. According to Sections 338 B and C, anybody who aborts a

child whose extremities have developed for any additional cause the mother's life is subject to paying *Dyad* (blood money) and may receive a sentence of up to seven years in jail.¹⁴ This statement specifies that if the abortion carried out with the woman's consensus, a sentence of three years is possible; otherwise, a punishment of up to ten years will be contemplated.¹³ If done to offer medical therapy, abortion during the earliest stages of pregnancy is legal.

About two-thirds of all women worldwide currently live in nations that allow abortion on demand or for a variety of societal, financial, or causes. Nonetheless, the greater part of women who look for abortions continues to do so under concealed conditions.

Religious Aspect on Abortion

Abortion is illegal after the fetus has fully developed and been endowed with a soul, according to all Muslim jurists. Additionally, it is an offense against a whole, alive human being, with the exception of the life of the mother being at risk; this is based on the legal precepts that "the mother is the origin or root, whereas the embryo is a branch," and

that "a greater evil (in this case, the death of the mother) should be warded off by the lesser evil (the death of her fetus)".¹³

Lesser judges permit abortions when "expert" doctors believe the fetus is seriously malformed or is unlikely to live after birth. Imam al-Ghazali states abortion is unlawful and draws a clear line between abortion and contraception. The severity of offence is getting worse as the pregnancy progresses. According to the Hanafi thought, abortion is legal before 120 days if there are good reasons for it. A tiny percentage of judges have argued that abortion is legal if both spouses seek it; a smaller number permit it with the wife's consent only for remedial causes but favor consent from both partners.¹⁵

Acceptable justifications include the mother's poor health, the possibility of a difficult or obstructed delivery, previous challenging pregnancies needing a Caesarean Section, and the possibility that the mother is presently nursing a baby and is unable to provide milk for another child. The majority of jurists do not support financial abortions, and everyone opposes using abortion as

a form of birth control. A minority of judges permit abortion up to 80 days into the pregnancy, whereas the majority only approve it during the first 40 days.¹⁰

Conclusion

Briefly, safe abortion should be encouraged. Awareness and education regarding abortion is important because most woman fear the procedure, whilst every woman has the right to decide whether have a child or not.⁹ Implications of abortion in society need to be assembled within socio-historical and gendered spaces and established through many dialogs that impact the awareness and treatment of the issue in that society. In societies with influential repressive anti-abortion customs, the adult population knows little as to how these norms are counter-attacked. Sometimes feminist approach is effective in the opposition of religious and patriarchal norms that can be substituted through adult community abortion education.

This discussion paper suggests that awareness-raising efforts need to be addressed at all levels so that people can establish their own "thought opinions" as opposed to simply copying what others

say. The open debate of bioethical concerns through seminars, conferences, and workshops is necessary to promote contact between professionals, academics, researchers, students,

policymakers, etc. While creating legislation or rules and regulations about bioethical issues, ethicists, scholars, and religious experts should be asked for their views.

Competing interests

The authors declare that they have no competing interests.

References:

1. Kapp, N., Whyte, P., Tang, J., Jackson, E., & Brahmi, D. (2013). A review of evidence for safe abortion care. *Contraception*, 88(3), 350–363. <https://doi.org/10.1016/J.CONTRACEPTION.2012.10.027>
2. Tristan, S. B., & Gilliam, M. (2009). First trimester surgical abortion. *Clinical Obstetrics & Gynecology*, 52(2), 151–159. <https://doi.org/10.1097/GRF.0B013E3181A2B0C2>
3. Amado, E. D., Calderón García, M. C., Cristancho, K. R., Salas, E. P., & Hauzeur, E. B. (2010). Obstacles and challenges following the partial decriminalisation of abortion in Colombia. *Reproductive Health Matters*, 18(36), 118–126. [https://doi.org/10.1016/S0968-8080\(10\)36531-1](https://doi.org/10.1016/S0968-8080(10)36531-1)
4. Mercier, R. J., Buchbinder, M., & Bryant, A. (2016). TRAP laws and the invisible labor of US abortion providers. *Critical Public Health*, 26(1), 77–87. <https://doi.org/10.1080/09581596.2015.1077205>
5. Kjelsvik, M, Tveit Sekse, R.J., Litleré Moi, A., Aasen, E.M., Chesla, C.A. & Eva Gjengedal, E. (2018) Women's experiences when unsure about whether or not to have an

- abortion in the first trimester, *Health Care for Women International*, 39:7, 784-807, DOI: 10.1080/07399332.2018.1465945
6. Strong, C. (2008). A critique of “the best secular argument against abortion.” *Journal of Medical Ethics*, 34(10), 727–731. <https://doi.org/10.1136/JME.2008.024646>
 7. Rowlands, S. (2011). Misinformation on abortion. *The European Journal of Contraception & Reproductive Health Care*, 16(4), 233–240. <https://doi.org/10.3109/13625187.2011.570883>
 8. Cameron, S. (2018). Recent advances in improving the effectiveness and reducing the complications of abortion [version 1; referees: 3 approved]. *F1000Research*, 7. <https://doi.org/10.12688/f1000research.15441.1>
 9. Cook, R. J., & Dickens, B. M. (1999). Human rights and abortion laws. *International Journal of Gynecology & Obstetrics*, 65(1), 81–87. [https://doi.org/10.1016/S0020-7292\(99\)00028-4](https://doi.org/10.1016/S0020-7292(99)00028-4)
 10. Gerdts, C., Dobkin, L., Foster, D. G., & Schwarz, E. B. (2016). Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy. *Women’s Health Issues*, 26(1), 55–59. <https://doi.org/10.1016/J.WHI.2015.10.001>
 11. Chisholm, C. (2016). The Curious Case of Thalidomide and the Absent Eugenic Clause in Canada’s Amended Abortion Law of 1969. *Canadian Bulletin of Medical History = Bulletin Canadien d’histoire de La Medecine*, 33(2), 493–516. <https://doi.org/10.3138/CBMH.33.2.162-26062015>
 12. Ahsan, A., & Jafarey, S. N. (2008). Unsafe abortion: global picture and situation in Pakistan. *JPMA. The Journal of the Pakistan Medical Association*, 58(12), 660–661.

13. Ilyas, M., Alam, M., Ahmad, H., & L-Ghafoor, S. U. (2009). Abortion and protection of the human fetus: Religious and legal problems in Pakistan. *Human Reproduction & Genetic Ethics*, 15(2), 55–59. <https://doi.org/10.1558/hrge.v15i2.55>
14. Azmat, S. K., Bilgrami, M., Shaikh, B. T., Mustafa, G., & Hameed, W. (2012). Perceptions, interpretations & implications of abortions: a qualitative enquiry among the legal community of Pakistan. *The European Journal of Contraception & Reproductive Health Care*, 17(2), 155–163. <https://doi.org/10.3109/13625187.2011.637585>
15. Jafri, H., Ahmed, S., Ahmed, M., Hewison, J., Raashid, Y., & Sheridan, E. (2012). Islam and termination of pregnancy for genetic conditions in Pakistan: Implications for Pakistani health care providers. *Prenatal Diagnosis*, 32(12), 1218–1220. <https://doi.org/10.1002/pd.3987>