

Socio-Economic Factors Of Abortion In District Layyah

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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 through questionnaire just from DHQ and Family Health Centers of Layyah. 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. 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.

Key words: Abortion, Socio-economic factors of abortion, Layyah

Introduction

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) "About 25 percent of Pakistani women would prefer to stop having children or wait for family planning". Said the report. The report said "80 percent of women having three or more children were going for abortions in the absence of family planning and modern contraception methods in Pakistan." The abortions affect women, without attempting to cover whether or not an abortion kills a human baby. There are many studies written on that subject. For the purpose of this paper, an abortion means induced abortion. One of the biggest arguments for induced abortions is for the sake of the mother. If this is a legitimate argument, then the quality of life that the mother experiences after having an abortion should be greater than if she

had chosen not to terminate her pregnancy. It is not argued that induced abortions have some negative effects on women; however, the extent of those effects is debated. (Sarah Barnes RN 23 Dec 2010).

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)

Short-term side effects

Some of the facts about the most common abortion procedures and their short term side effects are not well known. The most common method of abortion is the surgical method vacuum aspiration. For this abortion, the cervix is stretched with dilators. When it is open enough the doctor inserts a tube by hand into the uterus. He attaches a syringe to the tube and the fetus is pulled apart and suctioned out into a collection container. The complications that can occur with this are excessive bleeding, abdominal swelling, pelvic infection, uterine perforation, cervical tears, incomplete abortion, and in extreme cases death. Another common method of pregnancy termination is medical treatment (Bygdeman, 2010). Women's Health, a pro-choice website, stated that the short-term severe complications occur in less than 1% of women who have abortions . The site does not talk about the long-term effects of abortion beyond 2 to 3 weeks . Suppose they are right that less than 1% of women

suffer physical complications from an abortion. This is still thousands of women per year who have had their lives ruined.

Long-term side effects

Abortions have long-term side effects as well. If a woman does not suffer from short term physical problems this does not mean she is not affected by the abortion. In fact, the long-term effects may be more devastating than the short term. Let us look at some specific side effects.

Substances abuse

Women who have had an abortion are more likely to have substance abuse problems than women who are not pregnant or who have given birth to their child. There was an exception made for women who continue to live with the father of their aborted baby. They are not at an increased risk. Doing a study like this has many variables; however, even after a control range of these variables there remained the link between abortion and substance abuse. Women are more than twice as likely to abuse drugs if they have had an abortion, this is not to say that everyone who has had an abortion has a drug addiction. However,

substance use enables women to forget, to feel better, or even just to function..The gravity of this risk is huge. However, few women are informed of this risk before having an abortion. The dilemma of an unplanned pregnancy will be insignificant when compared to the emotional (Pedersen 1974)

OBJECTIVE OF THE STUDY

The main objective of the study will to explore the socio-economic factors effecting on aborted women health in city of District Layyah, but the specific objectives will be to,

- 1.Explore the socio-economic factors of abortion.
2. Explore the mental illness of aborted women

METHODOLOGY

Various tools and techniques engaged for the data collection, analysis and discussion of the data are present here this research was quantitative in

nature. District Layyah was taken as universe. Only Patients, their families and Lady Health Visitors were included in sample and sample was taken from District Layyah Sample size was 100 and convenient sampling technique was used for taking sample. Survey method was used for which structured and unstructured questionnaire was designed. The pre-testing was done to check the workability of questionnaire on five respondents, after pre-testing little modification, which was considered necessary were made. During data collection some respondents behave the researcher roundly and why you collecting data, some were reluctant to share the information's, some said, what our benefit is? But most of them behave the researcher in a good manner and ready to give the information. After the processing of coding the data was entered and analyzed with the help of statistical package for social science (SPSS).

ANALYSIS OF THE DATA

Quantitative analysis was used for presenting and interpreting the Numerical data.

| Variable | Frequency | Percentage |
|-------------------|------------|---------------|
| Age | | (%) |
| 16- 20 years | 1 | 1.0 |
| 21-25 years | 13 | 13.0 |
| 26-30 years | 42 | 42.0 |
| 31-35 years | 22 | 22.0 |
| 36-40 years | 22 | 22.0 |
| Total | 100 | 100.00 |
| Education | | |
| Literate | 58 | 58.00 |
| Illiterate | 42 | 42.00 |
| Total | 100 | 100.00 |
| Profession | | |
| Housewife | 71 | 71.00 |
| Jobbing | 29 | 29.00 |
| Total | 150 | 100.00 |

Table 1 shows that This table shows that 1% respondents was 16-20 years old, 13% was 21-25 years old, 42% was 26-30 years old in time of research,22% was 31-35 years old,22% was 36-40 years old, 58% respondents was literate but majority was primary pas and metric. They had no awareness about abortion and family planning

those respondents who was LHV'S know about abortion.42% respondents was illiterate. The researcher explored the very different responses to their education. Majority of the women were illiterate because most of them were poor and there was no trend to educate the girls and women and in this research 71% respondents was house

wives majority was illiterate and lived in villages. Illiteracy was the cause when women abort their children and feel no guilt. The 29% respondents

were doing job, 25% were LHV'S. 4% were linked with other profession.

| Categories | Frequency | Percent |
|------------|-----------|---------|
| 0-2 | 36 | 36.0 |
| 3-5 | 54 | 54.0 |
| 6-8 | 10 | 10.0 |
| Total | 100 | 100.0 |

This table shows that the 36% respondents had 0-2 children, 54% had 3-5 children, 10% had 6-8 children in time of research. The researcher explored that majority women had 3-5 children if they had already female babies they abort their new coming female baby. That was sex selective abortion.

Percentage and distribution of the respondents regarding to Respondents How many children have you ?

Percentage and distribution of the respondents regarding To Have you missed your baby during pregnancy?

| Categories | Frequency | Percent |
|------------|-----------|---------|
| yes | 85 | 85.0 |
| no | 15 | 15.0 |
| Total | 100 | 100.0 |

This table shows that 85% respondents had missed their babies due to abnormality and placenta. when placenta in front of uterus. 15% respondents had not missed they attempt abortions.

Percentage and distribution of the respondents regarding Do you think people abort their child when they know they have female baby?

| Categories | Frequency | Percent |
|----------------------|-----------|---------|
| Yes, to great extent | 22 | 22.0 |
| Yes, to some extent | 50 | 50.0 |
| Not at all | 28 | 28.0 |
| Total | 100 | 100.0 |

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. This table shows that 22%

respondents had abort female baby because their family don't want female baby. They had a desire of male baby. They felt guilt when a daughter born. But the 50% respondent had gone to some extent. The 28% respondent was not agree this statement they know that this type of abortion is illegal.

Percentage and distribution of the respondents regarding to

How many abortions have you had?

| Categories | Frequency | Percent |
|------------|-----------|---------|
| 0 | 7 | 7.0 |
| 1 | 55 | 55.0 |
| 2 | 32 | 32.0 |
| 3 | 6 | 6.0 |
| Total | 100 | 100.0 |

This table shows that 7% respondents had no abortion. They had miscarriage. 55% respondents had a one induced abortion. 32% had a two abortions. 6% had a three abortions. The researcher explored that majority respondents had one abortion.

Percentage and distribution of the respondents regarding to Did you feel

your life was controlled by others?

| Categories | Frequency | Percent |
|------------------------|-----------|---------|
| . Yes, to great extent | 25 | 25.0 |
| Yes, to some extent | 72 | 72.0 |
| Not at all | 3 | 3.0 |
| Total | 100 | 100.0 |

This table shows that 25% respondents said that their life controlled by their husbands and in laws. 72% respondents said that their life to some extent controlled by others. Only 3% respondents said that their life was not controlled by others. The researcher explored that majority respondent’s life controlled by others to some extent.

Percentage and distribution of the respondents regarding to was the decision made for reasons of mental health?

| Categories | Frequency | Percent |
|-------------------|-----------|---------|
| strongly agree | 29 | 29.0 |
| Agree | 50 | 50.0 |
| strongly disagree | 18 | 18.0 |
| Disagree | 2 | 2.0 |
| | | |

| | | |
|------------|-----|-------|
| don't know | 1 | 1.0 |
| Total | 100 | 100.0 |

This table shows that the 29% respondents said that they had strongly agree after abortion they was mentally disturbed.50% respondents agree to this statement.18% was strongly disagree. 2% was disagree and only 1% said don't know. The researcher explored the fact that many women suffered psychological disorders after having an abortion. Majority women who have terminated their pregnancies shows that have major depression, and anxiety disorder.

Hypothesis

The null hypothesis is then assumed to be true unless we find evidence to the contrary. If we find that the evidence is just too unlikely given the null hypothesis, we assume the alternative hypothesis is more likely to be correct. In "traditional statistics" a probability of something occurring of less than .05 (= 5% = 1 chance in 20) is conventionally considered "unlikely".

Ho: There is no relationship between gender (male/female baby) discrimination and abortion.

H1: There is any relationship between gender (male/female baby) discrimination and abortion.

Ho: There is no relationship between psychological disturbance and abortion.

H1: There is relationship between psychological disturbance and female baby abortion.

Ho: There is no relationship between financial limits and abortion.

H1: There is relationship between financial limits and abortion.

Ho: There is no relationship between family pressure and abortion.

H1: There is relationship between family pressure and abortion.

Ho: There is no relationship between religious influence and abortion.

HI: There is relationship between religious influence and abortion.

Ho: There is no relationship between satisfaction level of patient and abortion.

HI: There is relationship between satisfaction level of patient and abortion.

Testing of Hypothesis

| Categories of correlation | | psychological_disturbance | gender_discrimination | family_pressure | religious_influence | satisfaction_level | physical_complection | financial_limits | abortion_factor |
|---------------------------|---|---------------------------|-----------------------|----------------------|----------------------|-----------------------|----------------------|------------------|-----------------|
| psychological_disturbance | Pearson Correlation Sig. (2-tailed) N | 1 100 | | | | | | | |
| gender_discrimination | Pearson Correlation Sig. (2-tailed) N | .335** .001 100 | 1 100 | | | | | | |
| family_pressure | Pearson Correlation Sig. (2-tailed) N | .518** .000 100 | .171 .090 100 | 1 100 | | | | | |
| religious_influence | Pearson Correlation Sig. (2-tailed) N | .174 .083 100 | .044 .666 100 | .058 .566 100 | 1 100 | | | | |
| satisfaction_level | Pearson Correlation Sig. (2-tailed) N | .138 .172 100 | -.178 .076 100 | .052 .604 100 | .015 .883 100 | 1 100 | | | |
| physical_complection | Pearson Correlation Sig. (2-tailed) N | .110 .277 100 | -.111 .270 100 | .201* .045 100 | .214* .033 100 | .421** .000 100 | 1 100 | | |

| | | | | | | | | | |
|------------------|---------------------|------|-------|------|---------|-------|-------|-------|-----|
| financial_limits | Pearson Correlation | .084 | .207* | .145 | .205* | -.184 | -.045 | 1 | |
| | Sig. (2-tailed) | .406 | .039 | .149 | .041 | .067 | .656 | | |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| abortion_factor | Pearson Correlation | .053 | -.155 | .066 | -.266** | .182 | .175 | -.119 | 1 |
| | Sig. (2-tailed) | .599 | .124 | .517 | .008 | .069 | .081 | .238 | |
| | N | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

** . Correlation is significant at the 0.01 level (2tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Acceptance of Hypothesis

Ho: There is no statistically significant positive correlation between psychological disturbance and abortion.

H1: There is a statistically significant positive correlation between psychological disturbance and abortion.

Psychological disturbance: $p < 0.05$

The alternative hypothesis accepted, psychological disturbance have statistically significant positive correlation on abortion. And null hypothesis rejected.

Ho: There is no statistically significant positive correlation between gender discrimination and abortion.

H1: There is a statistically significant positive correlation between gender discrimination and abortion.

Gender discrimination: $p < 0.05$

The alternative hypothesis accepted, gender discrimination have statistical significant positive correlation on abortion. And null hypothesis rejected.

Ho: There is no statistically significant correlation between family pressure and abortion.

H1: There is statistically significant correlation between family pressure and abortion.

Family pressure: $p < 0.05$

The alternative hypothesis accepted, family pressure have statistically significant correlation on abortion. And null hypothesis rejected.

H0: There is no statistically significant correlation between religious influence and abortion.

H1: There is a statistically significant correlation between religious influence and abortion.

Religious influence: $p < 0.05$

The alternative hypothesis accepted there is a statistically significant correlation between religious influence and abortion. And null hypothesis rejected.

H0: There is no statistically significant correlation between satisfaction level and abortion.

H1: There is a statistically significant correlation between satisfaction level and abortion

Satisfaction level: $p < 0.05$

The alternative hypothesis accepted “satisfaction level have significant influence on abortion”. And null hypothesis rejected.

H0: There is no statistically significant correlation between physical complication and abortion.

H1: There is a statistically significant correlation between physical complication and abortion.

Physical complication: $p < 0.05$

The alternative hypothesis accepted “physical complication have significant influence on abortion”. And null hypothesis rejected.

H0: There is no statistically significant correlation between financial limits and abortion.

H1: There is a statistically significant correlation between financial limits and abortion. Financial limits: $p < 0.05$

The alternative hypothesis accepted “financial limits have significant influence on abortion”.

And null hypothesis rejected.

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.

According to previous study of 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.

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