



Research Study on Maternal Health and Post Abortion Care in Balochistan, Pakistan

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Report By: Ashraf Khan Kakar (Development Specialist).

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YOUTH ASSOCIATION FOR DEVELOPMENT (YAD) PAKISTAN
Main, Pains Khan Road, Quetta Balochistan

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Maternal Health and Post Abortion Care in Balochistan, Pakistan: The provincial level research study is funded by the Amplify Change, and is implemented by Youth Association for Development (YAD) in Quetta, Balochistan, Pakistan.

This report is based on the analysis of data from research study on Maternal Health and Post Abortion Care in Balochistan, Pakistan: The provincial level research study is funded by the Amplify Change, and is implemented by Youth Association for Development (YAD) Balochistan, Pakistan in Aug-2020. Data were then analyzed using indirect techniques.

This research study report is written to reach a wider audience including community elders, religious & political leaders, decision maker, legislatures, govt officials, civil society and media within the province and country wide.

Ashraf Khan Kakar

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Abbreviations:

YAD	Youth Association for Development
UN	United Kingdom
DHS	Demographic and Health Survey
PAC	Post-abortion Care
IAS	Induced Abortion Survey
PAC	Post-abortion Complications
UN	United Nations
INGO	International Non-governmental Organizations
NGO	Non-governmental Organizations
CH	Civil Hospital
CMH	Combined Military Hospital
RHC	Rural Health Centre
BHU	Basic Health Unit
CD	Civil Dispensary
MCH	Mather & Child Health Centre
PDHS	Pakistan Demographic & Health Survey
KII	Key Informant Interview
FGD	Focus Group Discussion
PPH	Postpartum Hemorrhage

Executive Summary:

Unsafe abortion is a commonly neglected reproductive health care problem in developing countries, yet it poses a serious threat to the health of millions of women during their reproductive lives. Until unsafe abortion and its consequences are eliminated, complications from unsafe abortion will remain a major cause of maternal mortality and morbidity.

Pakistan is the world's sixth most populous country with a record of slow fertility decline compared to other Asian countries. In 2002, Pakistani women experienced about 2.4 million unintended pregnancies; nearly 900,000 of these pregnancies were terminated by induced abortion. Because abortion is legal only in very limited circumstances, women who seek it subject themselves to clandestine and often unsafe procedures.

Abortion rates appear to be substantially higher in the two more rural of Pakistan's four provinces. In North West Frontier Province, an estimated 37 abortions took place per 1,000 women aged 15–49 and in Balochistan the rate was 38 per 1,000. By comparison, rates were lower in the two more urban provinces: 25 in Punjab and 31 in Sindh, where contraceptive use is also somewhat higher.

In 1990, the Pakistan government revised the colonial-era Penal Code of 1860 with respect to abortion. The revisions sought to conform better to Islamic teachings regarding offenses against the human body. Under the 1990 revision, the conditions for legal abortion depend on the developmental stage of the fetus—that is, whether the fetus's organs are formed or not. Islamic scholars have usually considered the fetus's organs to be formed by the fourth month of gestation. Before formation of the organs, abortions are permitted to save the woman's life or in order to provide "necessary treatment." After organs are formed, abortions are permitted only to save the woman's life.

Muhammadan law has clear view on abortion. It describes the various valid grounds for abortion. Quran says, killing is great sin. Muslim views on abortion are also shaped by the Hadith as well as by the opinions of legal and religious scholars. In Quran there is no direct instructions found regarding the abortions, but there is no permission of abortion but some time it varies case to case and to safe the mother live regarding any issue the abortion is allow. Muslims regard abortion as wrong and haram (forbidden), but many accept that it may be permitted in certain cases. All schools of Muslim law accept that abortion is permitted if continuing the pregnancy would put the mother's life in real danger. This is the only reason accepted for abortion after 120 days of the pregnancy.

Unsafe abortion in Pakistan contributes significantly to avoidable illness and death. Studies documented that when women who have had unsafe abortions do reach health facilities, they commonly suffer from a range of post abortion complications—incomplete abortion, hemorrhage or excessive bleeding, trauma to the reproductive tract or adjacent anatomical areas, sepsis (bacterial infection) and a combination of these complications.

Abortion is a controversial subject in Baluchistan Pakistan through history on religious, moral, ethical, practical, and political grounds. Women who bear the brunt of pregnancy and child birth, have the least say in decision making process but want at least to have a choice in the matter. Among the four provinces of Pakistan, Balochistan confronts the highest incidence of preventable deaths among mothers, infants, and young children. Maternal deaths account for 35 percent of mortality among women of reproductive age (PDHS 2007).

The main objectives of this research study were to identify the underlying cultural, religious, social and behavioral barriers that prevent people to avail safe abortion and post abortion care services. As well as measure the available services and knowledge of community & health staff and need pertaining to unsafe abortion its post care and sequences.

Qualitative and quantitative data collection approaches have been adopted in this research study including desk review of existing literatures, gap analysis on barriers & stigma on safe & unsafe abortion & post abortion care in Baluchistan as well as country wide. Separate data collection tool developed for this study. Interviews (unstructured, semi-structured or structured) Focus Group Discussion, Observation. Inception meeting with YAD Management conducted regarding tools finalization. Data collection team was also trained on data collection tools and pilot testing done in nearby community. 6 locations (urban & Semi urban) were selected in Quetta. Where sample of 150 Community Interviews, 140 Key Informant Interviews (KII) and 10 Focus Groups taken.

The data collected from the field was processed through Microsoft excel and Microsoft word. The results of the data have been presented in the in tables, bars, graphs etc. while the qualitative data have been presented in narration in the different parts of the report.

Background/Situation Analysis

Pakistan is the world's sixth most populous country with a record of slow fertility decline compared to other Asian countries. The total fertility rate declined from about six children per women in the early 1980s to 4.4 in 2001-2003, and the trend has slowed in the past decade, falling to 4.1 in 2004-2006 and slightly further to 3.8 in 2010-2012.¹

Abortion in Pakistan

In 2002, Pakistani women experienced about 2.4 million unintended pregnancies; nearly 900,000 of these pregnancies were terminated by induced abortion. Because abortion is legal only in very limited circumstances, women who seek it subject themselves to clandestine and often unsafe procedures. Poor women, in particular, are forced by circumstances to rely on untrained providers.

The deaths, serious health complications and long-term disabilities that result from unsafe procedures place an enormous burden on the nation's health care system, as well as on the women themselves, their families and their communities. A national survey of public-sector facilities estimated that about 200,000 women were hospitalized for abortion complications in 2002.² In addition, many other women suffered complications but never reached hospitals. Current law permits abortion only to save the woman's life or, early in pregnancy, to provide "necessary treatment". Because almost all abortions take place illegally and in secret, information about abortion in Pakistan comes largely from studies of women hospitalized for abortion complications. While the evidence is limited, it is clear that post abortion complications account for a substantial proportion of maternal deaths in Pakistan.

How widespread is abortion in Pakistan?

A nationwide study estimated that 890,000 induced abortions took place in 2002.^{1,2} This amounts to 29 abortions per 1,000 women of reproductive age. Of every 100 pregnancies, 14 ended in induced abortion.

Abortion rates appear to be substantially higher in the two more rural of Pakistan's four provinces. In North West Frontier Province, an estimated 37 abortions took place per 1,000 women aged 15–49 and in Balochistan the rate was 38 per 1,000. By comparison, rates were lower in the two more urban provinces: 25 in Punjab and 31 in Sindh, where contraceptive use is also somewhat higher.¹

Because it is almost impossible to obtain reliable data on induced abortion through direct interviews with women, these rate estimates derive from an established indirect method that uses health facility data on women treated for post abortion complications and experts' estimates of the likelihood of hospitalization after abortion. Given the stigma and illegality of abortion in Pakistan, women themselves are very reluctant to admit to having had induced abortions. For

¹ NIPS, Macro International Inc. 2008 and NIPS/ICF 2013).

² Sathar ZA, Singh S and Fikree FF, Estimating the incidence of abortion in Pakistan, *Studies in Family Planning*, 2007, 38(1):11–12.

example, at a Karachi teaching hospital in 1997–1998, only 7% of the women presenting with post abortion complications acknowledged that their abortions had been induced.³

Some small-scale community-based studies provide measures of the prevalence of induced abortion and also support the conclusion from the national study that the level of abortion is moderately high in Pakistan. A study in an urban slum in Lahore in 1992–1993 found that 16% of a random sample of women reported having had at least one induced abortion.⁴ More recently, a qualitative 2006 study of a village in Rawalpindi district found that 20% of pregnancies resulted in abortions or “attempted abortions.”⁵

The latest Demographic and Health Survey (DHS) in Pakistan, conducted in 2006–2007, found that 24% of births were unplanned.⁶ While the level of induced abortion may not be known with precision, it is clear that the procedure is common in all regions, despite its illegality, and that it is a response to the high level of unintended pregnancy

The legal status of abortion in Pakistan

In 1990, the Pakistan government revised the colonial-era Penal Code of 1860 with respect to abortion. The revisions sought to conform better to Islamic teachings regarding offenses against the human body. Under the 1990 revision, the conditions for legal abortion depend on the developmental stage of the fetus—that is, whether the fetus’s organs are formed or not. Islamic scholars have usually considered the fetus’s organs to be formed by the fourth month of gestation. Before formation of the organs, abortions are permitted to save the woman’s life or in order to provide “necessary treatment.” After organs are formed, abortions are permitted only to save the woman’s life.

Likewise, the penalties for illegal abortion depend on the fetus’s developmental stage at the time of the abortion. Before organs are formed, the offense is penalized under civil law (*ta’zir*), by imprisonment for 3–10 years. After organs are formed, traditional Islamic penalties, in the form of compensation (*diyat*), are imposed. Depending on the outcome of the abortion, imprisonment may be imposed as well.⁶

No national study in Pakistan has estimated the incidence of abortion and its related morbidity since the 2002 study (Sathar et al. 2007). The recent devolution of federal power to the provinces, in the 18th Constitutional amendment, has empowered provincial Health and Population Welfare departments to develop their own policies and programs based on provincial realities and available evidence. As a result, providing provincial government departments with new, updated

³ Bhutta S, Aziz S and Korejo R, Surgical complications following unsafe abortion, *Journal of Pakistan Medical Association*, 2003, 53(7):286–289

⁴ Maternity and Child Welfare Association of Pakistan (MCWAP), *Reproductive Morbidity in an Urban Community of Lahore*, Karachi, Pakistan: MCWAP, no date.

⁵ Arif S and Kamran I, *Exploring the Choices of Contraception and Abortion among Married Couples in Tret, Rural Punjab, Pakistan*, Islamabad, Pakistan: Population Council, 2007.

⁶ United Nations Population Division, *Abortion Policies: A Global Review*, New York: United Nations, 2002.

estimates on the magnitude of abortion and unintended pregnancy is essential to help policymakers understand the need for expanding the provision of contraceptive services to reduce unintended pregnancy, and to improve post-abortion care (PAC) services to reduce abortion-related morbidity and mortality.

Islam & Abortion:

Muhammadan law has clear view on abortion. It describes the various valid grounds for abortion. Quran says, killing is great sin. Muslim views on abortion are also shaped by the Hadith as well as by the opinions of legal and religious scholars. In Quran there is no direct instructions found regarding the abortions, but there is no permission of abortion but some time its vary case to case and to safe the mother live regarding any issue the abortion is allow.

Generally speaking, Muslim jurists have always viewed the fetus as the precious origin of human life. The womb is perceived as a fragile vessel that carries a unique human soul, and hence deserves safeguarding and careful treatment. The Qur'an states:

“And it is not lawful for them to conceal what Allah has created in their wombs if they believe in Allah and the Last Day.” [al-Baqara (2): 228]

The “womb” is sacred, as are the bonds formed through it. In a Qudsi hadith, God says: “I am Allah, and I am ar-Rahman (the Most Merciful) who created the rahim (womb), so whoever stays connected with it (i.e., womb relations), I will connect him [to My mercy], and whoever severs ties with it, I will disconnect him [from My mercy].”[7]

In Pakistan abortion is legally permitted in case of the mother is threaten by pregnancy any social economical reason, fetal impairment may refer to, in health, any loss or abnormality of physiological, psychological, or anatomical structure or function, whether permanent or which are legally expected for abortions.

In the Islamic ethical system, life is sacred, and hence must be honored and promoted. Having children is a shared right between spouses, and hence neither spouse should obstruct that right—before or after conception—without good reason. Contraception is permissible with safer methods being preferred. Once the woman's egg is fertilized, it is impermissible to terminate the pregnancy without the mutual agreement of both parents. Once the fetus reaches 40 days from conception, abortion becomes impermissible according to most scholars, unless a pressing need exists which justifies it in the eyes of Islamic law. Once the fetus reaches 120 days, all scholars agree that terminating the gestation of a living fetus would only be allowed to save the mother's life. Otherwise, it is unlawful feticide: the killing of a soul-bearing unborn human being. The scholars also deem abortion in the case of fetal demise permissible at any point, as the soul is no longer believed to be present.

Islamic teachings on abortion

Muslims regard abortion as wrong and haram (forbidden), but many accept that it may be permitted in certain cases. All schools of Muslim law accept that abortion is permitted if continuing the pregnancy would put the mother's life in real danger. This is the only reason accepted for abortion after 120 days of the pregnancy. Different schools of Muslim law hold different views on whether any other reasons for abortion are permitted, and at what stage of pregnancy if so. Some schools of Muslim law permit abortion in the first 16 weeks of pregnancy, while others only permit it in the first 7 weeks.

However, even those scholars who would permit early abortion in certain cases still regard abortion as wrong, but do not regard it as a punishable wrong. The more advanced the pregnancy, the greater the wrong.

The Qur'an does not explicitly refer to abortion but offers guidance on related matters. Scholars accept that this guidance can properly be applied to abortion.

Sanctity of life

The Islamic view is based on the very high priority the faith gives to the sanctity of life. The Qur'an states: "Whosoever has spared the life of a soul, it is as though he has spared the life of all people. Whosoever has killed a soul, it is as though he has murdered all of mankind." Qur'an 5:32

Most Muslim scholars would say that a fetus in the womb is recognized and protected by Islam as a human life.

Protection of the mother's life Islam allows abortion to save the life of the mother because it sees this as the 'lesser of two evils' and there is a general principle in Sharia (Muslim law) of choosing the lesser of two evils.

Abortion is regarded as a lesser evil in this case because:

- the mother is the 'originator' of the fetus
- the mother's life is well-established
- the mother has with duties and responsibilities.
- the mother is part of a family.
- allowing the mother to die would also kill the fetus in most cases.

Rape, incest and adultery:

Some scholars state that abortion where the mother is the victim of a rape or of incest is permissible in the first 120 days of the pregnancy.

Others say abortion for such reasons is never permitted. Explaining the difficulty of such a case, one scholar says: I believe that the value of life is the same whether this embryo is the result of fornication with relatives or non-relatives or valid marriage. In Sharia life has the same value in all cases. Sheikh M. A. Al-Salami, Third Symposium on Medical Jurisprudence

It is reported that Bosnian women raped by the Serbian army were issued a fatwa allowing them to abort, but were urged to complete the abortion before the 120-day mark. A similar fatwa was issued in Algeria.

This demonstrates that Islamic law has the flexibility to be compassionate in appropriate circumstances.

In Egypt (where abortion is illegal) in June 2004, Muhammad Sayed Tantawi, the Grand Sheikh of Al Azhar, approved a draft law allowing women to abort a pregnancy that is the result of rape. The law would also make it legal for women to undergo an abortion more than four months after conception.

Abortion and the soul

There's disagreement within Islam as to when this happens. The three main opinions are:

- at 120 days
- at 40 days

when there is voluntary movement of the fetus This usually happens during the 12th week of gestation but many women don't notice the movement until much later - sometimes as late as 20 weeks.

A relevant hadith suggests that the moment of ensoulment is 120 days:

Narrated Abdullah: Allah's Apostle, the true and truly inspired said, "(as regards your creation), every one of you is collected in the womb of his mother for the first forty days, and then he becomes a clot for another forty days, and then a piece of flesh for another forty days. Then Allah sends an angel to write four words: He writes his deeds, time of his death, means of his livelihood, and whether he will be wretched or blessed (in religion). Then the soul is breathed into his body..." Sahih Bukhari, Volume 4, Book 55, Number 549

However, it's important to note that many scholars believe that life begins at conception, and that all scholars believe that an embryo deserves respect and protection at all stages of the pregnancy.

Who are the women having abortions?

If the women hospitalized for abortion complications are typical, most women who have induced abortions in Pakistan are married and already have more children than the average Pakistani

woman wants.⁷ In one study, 70% of women were aged 25–39; in another study, 78% were aged 25–34.⁸ The average age of the women reported in several studies was just under 30.⁹ Moreover, almost all the women were married.¹⁰ ¹¹This pattern is typical of many Asian countries: Most abortions occur among currently married, older women and not among unmarried adolescent women.

The number of living children that women already have when they decide to abort is quite high, and since Pakistani women want an average of 3.1 children,⁶ the women who seek abortions most likely have already had more children than they wanted. Some studies of post abortion care patients have found that the average is around four children. Other studies show that about 50% or more of women hospitalized for post abortion complications had five or more living children.^{7,8,12}

With regard to other possible contributing factors, evidence to date does not indicate that either women's education or their contraceptive-use behavior influences whether or not they resort to induced abortion. In fact, some studies show that the educational profile of women who have induced abortions is similar to that of the female population in general.¹²

What are the consequences of unsafe abortion?

Unsafe abortion in Pakistan contributes significantly to avoidable illness and death. Studies documented that when women who have had unsafe abortions do reach health facilities, they commonly suffer from a range of post abortion complications—incomplete abortion, hemorrhage or excessive bleeding, trauma to the reproductive tract or adjacent anatomical areas, sepsis (bacterial infection) and a combination of these complications.^{3,8–11,12} ¹³Excessive bleeding may have life-threatening consequences, such as anemia or shock. Perforations and lacerations may occur to the vagina, cervix or uterus and may involve injury to adjacent areas, such as the bowel, requiring surgery with full anesthesia. Hysterectomy (removal of the uterus) may be required, leaving the woman permanently infertile. If not treated in time, sepsis can lead to peritonitis

⁷ Caster line J and Arif S, *Dealing with unwanted pregnancies: insights from interviews with women*, Research Report, Islamabad, Pakistan: Population Council, 2003, No. 19.

⁸ Tayyab S and Samad N, *Illegally induced abortions: a study of 37 cases*, *Journal of the College of Physicians and Surgeons Pakistan*, 1996, 6(2):104–106

⁹ Jamil S and Fikree FF, *Incomplete Abortion from Tertiary Hospitals of Karachi, Pakistan*, Karachi, Pakistan: Department of Community Health Sciences, Aga Khan University, no date.

¹⁰ Siddique S and Hafeez M, *Demographic and clinical profile of patients with complicated unsafe abortion*, *Journal of the College of Physicians and Surgeons Pakistan*, 2007, 17(4):203–206.

¹¹ Rashida G et al., *Abortion and Post-Abortion Complications in Pakistan: Report from Health Care Professionals and Health Facilities*, Islamabad, Pakistan: Population Council, 2003.

¹² Rehan N, Inayatullah A and Chaudhary I, *Characteristics of Pakistani women seeking abortion and a profile of abortion clinics*, *Journal of Women's Health & Gender-Based Medicine*, 2001, 10(8):805–810.

¹³ Jamil S and Fikree FF, *Determinants of Unsafe Abortion in Three Squatter Settlements of Karachi, Pakistan*, Karachi, Pakistan: Department of Community Health Sciences, Aga Khan University, 1998

(inflammation of the abdominal lining), septicemia (blood poisoning), kidney failure and septic shock, all of which can be life-threatening.

In 2002, an estimated 197,000 women were hospitalized for complications of unsafe abortion.¹ This amounts to 6.4 hospitalizations per 1,000 women aged 15–49. High as this figure is, it likely represents only a portion of the actual number of women experiencing complications. For instance, Pakistani experts estimate that only around half of poor women who need treatment for severe complications of abortion reach hospital-based care.¹² More affluent women are considered to be more likely to obtain care for abortion complications—about four in five who need hospital-based care receive it. In addition, women who are poor and live in rural areas are considered to be least likely to obtain care when they have complications.^{1,2}

A few small-scale facility-based studies have given us a partial, incomplete picture of the true extent of the tragedy of death resulting from an unsafe abortion. They show that even when women do reach hospitals, perhaps one in 10 die. During a 21-month period in 1997–1998, for example, 10% of women admitted to a large teaching hospital in Karachi for post abortion care died of complications.³ Septicemia was the most common cause of death.

Unsafe abortion is also the cause of a substantial proportion of maternal deaths occurring in hospitals. A 1999–2001 university hospital study found that 11% of all maternal deaths that occurred in the hospital during this period were caused by complications resulting from unsafe abortion.¹⁴ In an earlier hospital study (1992–1994), unsafe abortion caused 15% of maternal deaths.⁸

These studies likely reveal only the tip of the iceberg. Little is known of the fate of the women who need treatment but do not receive it. In addition, other important consequences of unsafe abortion have not been studied in Pakistan—in particular, long-term disabilities, infertility and the economic costs to individuals, families, the health care system and society.

Who performs abortions, and how are they done?

Both formally trained health personnel and traditional practitioners perform abortions in Pakistan, often under unsafe conditions. Who performs the abortion and how safe it is often depend on where a woman lives and how much she can afford to pay for the procedure?

Poor rural women are much more likely to obtain abortions from untrained providers than are nonpoor urban women. As part of the 2002 national study, more than 100 knowledgeable health professionals, drawn from all four provinces, considered how women's economic status and residence influence access to formally trained abortion providers.² They estimated that, on average, only 7% of poor rural women obtained their abortions from doctors, while 42% went to dais (traditional birth attendants). By comparison, an estimated 49% of nonpoor urban women

¹⁴ Mahmud G and Mushtaq Z, *The Incidence and Outcome of Induced Abortions at One of the Hospitals of Islamabad*, Islamabad, Pakistan: Population Association of Pakistan, 2001.

had doctors perform their abortions, while only 9% went to dais. Among poor women who lived in urban areas, an estimated 34% went to dais.

According to the 2002 survey of health professionals, the price of an abortion varies greatly, depending on the type of provider and the woman's ability to pay.¹² The prices highlight the inequity in Pakistani women's access to safe abortion: More affluent women can afford expensive, safer abortion procedures, while poor women must make do with untrained personnel whose care is less expensive but often riskier and more harmful.

Going to a trained health care provider for an abortion is no guarantee of safety, however. Many women who experience complications have had abortions performed by doctors or nurses. At a large teaching hospital in Karachi in 1997–1998, 30% of women receiving care for abortion complications told researchers that a doctor had performed their abortions, and 36% said a nurse or lady health visitor had done the procedure. Dais had performed the abortion for 32% of the women. Only 2% had a self-induced abortion. In urban squatter settlements in Karachi, women listed private hospitals, clinics and dais' homes as the most common places to obtain abortions.¹⁶

Abortions can be obtained in clandestine clinics, at least in large urban areas and provided one can afford the cost—but again, they are not always safe.¹³ Of 32 clinics studied in 1997 in three provincial capitals, 10 clinics were run by female doctors, 13 by lady health visitors, six by other types of nurses and three by paramedics. Although most clinics employed trained personnel, only seven were properly equipped to carry out abortions safely. Providers typically performed dilatation and curettage procedures. They almost never used manual vacuum aspiration, a less invasive procedure.

Abortions seem to take place at a fairly early gestational age. Among women receiving post abortion care at a large teaching hospital in Karachi, 43% of the abortions had taken place in the first eight weeks of gestation and another 39% took place between the ninth and 14th weeks.³ Nonetheless, 18% occurred at 15 weeks or later, when the probability of severe complications is elevated. The study of clandestine abortion clinics found that abortions at such clinics took place at an even earlier gestational age, on average.¹³

In general, what we know about how abortions take place in Pakistan is limited to information obtained through facility-based investigations. Since women who either have no negative health consequences or who endure illnesses without treatment are not reached through facility-based studies and are very unlikely to have reported their abortion experiences in the few existing community-based studies, the patterns of abortion procurement described here may well present an incomplete picture.

Why do women have abortions?

Given the health risks, the illegality and the stigma, why do so many women have abortions? While unintended pregnancy is the primary reason women seek abortions, studies have probed the underlying reasons for the unwantedness of those pregnancies. Poverty and having had all the

children they want are the two most common factors cited by women as their reason for deciding to terminate a pregnancy.^{7,10,13} In a 2002 study in three of Pakistan's four provinces, 54% of women who had had abortions said that they could not afford to have another child,⁷ and 55% said that they had "had enough children"; 25% said that it was "too soon" to have had another child (women could give more than one reason). Similarly, in low-income areas of Karachi, Balochistan and other part of the country "too many children," "poverty" and "unemployed spouse" were the most common reasons why women sought abortions.^{15, 16}

In 1997, clients at clandestine abortion clinics in three provincial capitals reported a somewhat different mix of reasons for abortion.¹³ While 64% said their primary reason was "too many children," which is consistent with both of the major reasons mentioned above, other reasons were also cited. For example, 20% said their contraceptive method had failed; nearly all of these women—96%—had been using traditional methods. Some 5% cited "medical reasons" as the primary rationale for their abortions. "Premarital affairs" were mentioned by 9% of women, and "extra-marital affairs" by 1%, confirming that in Pakistan relatively few pregnancies occur outside marriage.

These findings suggest that many married women and their husbands have difficulties obtaining contraception or using it effectively, and that abortion is often used as a back-up when unintended pregnancies occur. The predominantly economic reasons for abortion speak to the burden that adding another child to the household can place on some Pakistani families. This same rationale could motivate wider contraceptive use if effective family planning methods were more available and their use were more acceptable.

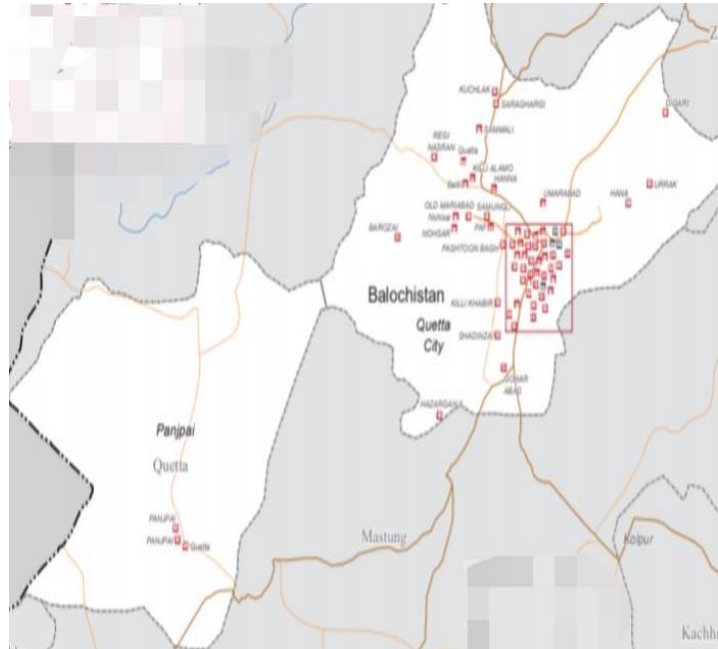
Introduction:

Pakistan is experiencing peak interest in the provision of safe abortion services and treatment for unsafe abortion related complications. At this stage, it is useful to review the knowledge that has accumulated to date about induced abortion in our context as a means to achieving clarity on how best to reduce unsafe abortion-related complications among women. There is a relatively large body of literature based on medical studies in hospitals around the country regarding the management of cases. Khan (2009) provides a useful review of the major findings of medical research, covering 27 studies.¹ There is a small set of community-based research into induced abortion in Pakistan based mainly on work in rural and urban Punjab and Sindh. This paper presents community studies conducted during the period 1969-2010 (Box-1) and includes selected findings of the latest community-based survey, the Induced Abortion Survey (IAS) 2010 which was conducted by the author and a team based at the Collective for Social Science Research. Findings pertaining to the profile of abortion-seekers, reasons for induced abortion, methods and providers used, and treatment for post-abortion complications (PACs), are presented. The purpose of the review is to provide suggestions for future research and potential advocacy messages.

Abortion is a controversial subject in Baluchistan Pakistan through history on religious, moral, ethical, practical, and political grounds. Women who bear the brunt of pregnancy and child birth, have the least say in decision making process but want at least to have a choice in the matter. Abortion in Baluchistan remains a heavily stigmatize issue and facing barriers on which any discourse inevitably becomes a debate regarding at son morality. It's not easy to talk about abortion but women across the province have an unmet need for safe abortion. It has been banned frequently and otherwise limited by law. majority of people in Balochistan as well as in Pakistan are of the view that they have been instructed by the view of holy prophet that should bear as many children that they can enhance it is incumbent upon to contribute in the increase of population of the Uma up to their potential thus the Pakistan cultures values norms oppose the abortion. However, abortions continue to be common in many areas in Baluchistan Pakistan. The stigma prevails in Baluchistan Pakistan and not admissible in community. As per the study to related to this, it come to known that there are different facts and figures regarding the safe/unsafe abortion and maternity health. Various efforts are made time to time by development sector and health department to induce make legalize the abortion practice protect the women and girls from unsafe abortion. Abortion and family planning have been practiced from prophet era but this practice gets modified time to time and globally many laws and methods were introduced against the maternity health and safe abortion. Continuously, Abortion is a stigma for Muslim. UN, INGOs and local NGOs served their services for to promote and sensitize the communities about the safe abortion, they trained many health staff but still there is need to aware the society about the legalization side for this regard.

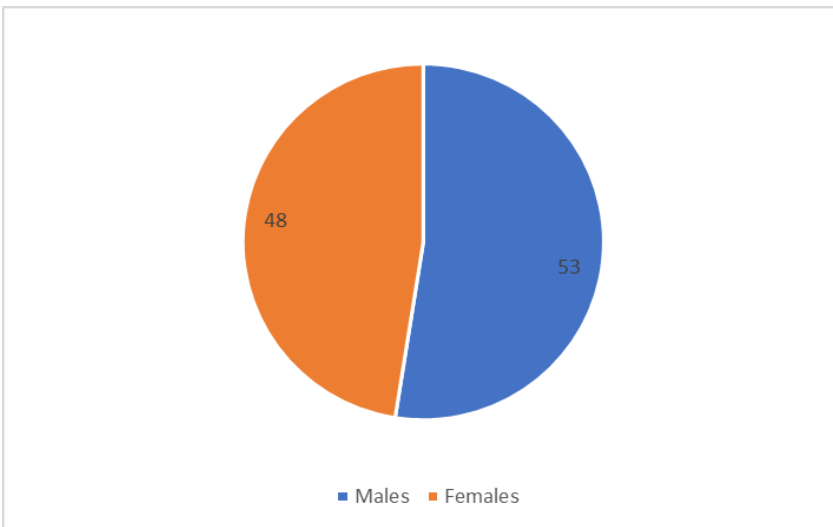
District Profile of Quetta:

Quetta (Pashto: کوټه Kwaṭa & Urdu: کوئٹہ) formerly known as Shalkot (Pashto: شالکوټ) is the provincial capital and largest city of the Province of Balochistan in Pakistan. It is also the 10th largest city of Pakistan. It was largely destroyed in the 1935 Quetta earthquake, but was rebuilt and has a population of 2,275,699 according to the census of 2017.



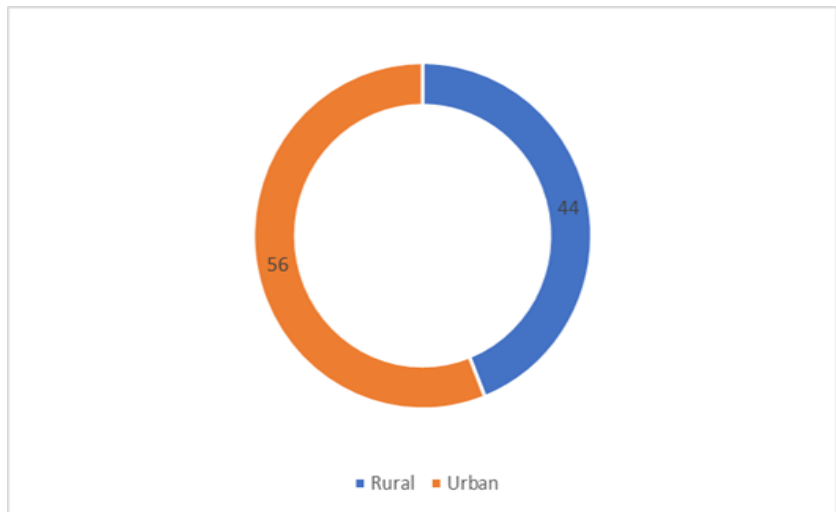
Quetta District is a multicultural and multi-linguistic area. The principal ethnic groups in the district are Pashtoon, Baloch, Brahvi, Hazara and Punjabi. The Kasi, Bazai and Mashwani are sub-tribes residing in the area. Balochi, Pashto, Urdu, Punjabi, Brahvi, Sindi, Siraki, Hindko and Persian are the languages spoken in the district.

Population Structure:



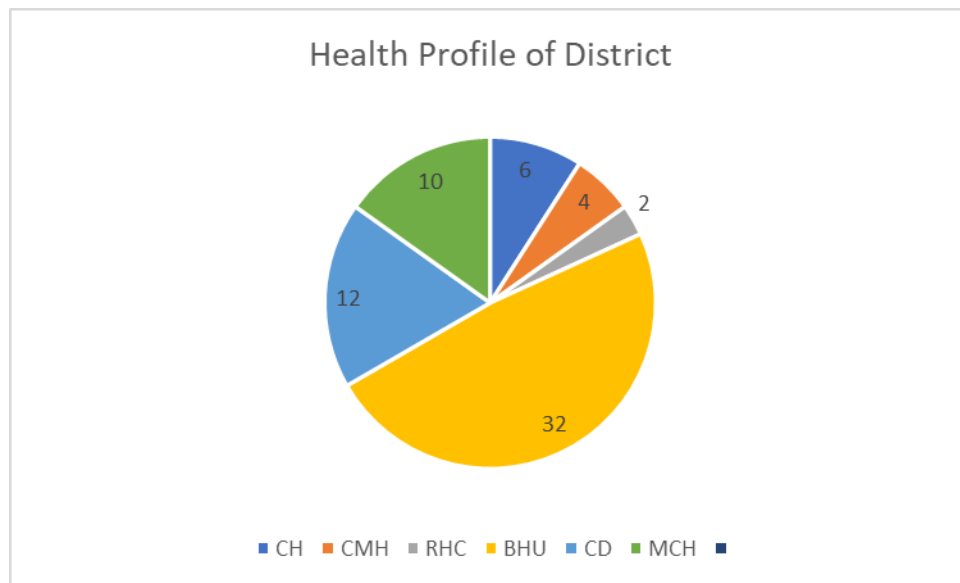
Gender (C 2017)	
Males	1,193,913
Females	1,081,755
Transgender	31
Total	2,275,699

Urbanization (C 2017)	
Rural	1,274,494
Urban	1,001,205



Source: Pakistan Bureau of Statistics (web), U.S. Bureau of Census: Demo base Pakistan (web).

Health Facilities in District:



Objectives of the study: Among the four provinces of Pakistan, Balochistan confronts the highest incidence of preventable deaths among mothers, infants, and young children. Maternal deaths account for 35 percent of mortality among women of reproductive age (PDHS 2007).

The main objectives of this research study were to identify the underlying cultural, religious, social and behavioral barriers that prevent people to avail safe abortion and post abortion care services. As well as measure the available services and knowledge of community & health staff and need pertaining to unsafe abortion its post care and sequences.

Research Study Methodology:

I. Data Collection:

Qualitative and quantitative data collection approaches have been adopted in this research study:

- Desk review of existing literatures, gap analysis on barriers & stigma on safe & unsafe abortion & post abortion care in Baluchistan as well as country wide.
- Interviews (unstructured, semi-structured or structured)
- Focus Group Discussion.
- Observation.
- Case Studies.

II. Development of Data Collection Tools:

For the purpose of qualitative & quantitative data collection a separate closed, open ended and multiple-choice questionnaire developed for community interviews, key informant interviews (KII) and focus group discussion (FGD) in the light of project document & its objective to collect maximum information regarding the research study. Where questioner was reviewed & finalized by YAD management and team. (Enclosed)

III. Inception Meeting with YAD Management:

A detailed consultation with YAD chief of Program, Programme Manager and team regarding the development of research tools, sample selection and research team selection was conducted before assessment. The survey schedule was developed and share with YAD, which indicated the time required, team members involved and resources required.

IV. Training Workshop for Data collection team:

A comprehensive training workshop was arranged on July 03, 2020 at YAD head office. The data collection team & YAD project staff were trained on data collection tools, upon the request of some of the participants a detailed illustration of tools in Urdu were provided

for facilitation and interpretations and reference. The participants were also trained to take care of local tradition, norms and values while collecting data specifically with females.

The data collection teams collected data from the nearby community by consultant for pilot testing. After pilot testing the team recommended some amendments in the tools, their experiences and learnings were incorporated in the tools.

V. Study Sampling:

In this research study probability (random) sampling and non-probability (non-random) sampling method adopted. As research study focused on Quetta city (urban & Rural) so cluster sampling was done and data collected in following areas of the city: Brewery, Seryab Road, Nawa killi, Jinnah town, Jan Muhammad road and killi Ismail.

VI. Study Sample Size:

In this research study 150 community interview, 140 key informant interview (KII) and 10 focus group discussion (FGD) conducted on different location of Quetta city. Thw whole study was supervised by the consultant and YAD project team. Sample size details is below:

Community Interview		Key Informant interview		FGD	
Male	Female	Male	Female	Male	Female
62	88	65	75	3	5

VII. Data analysis methods:

For qualitative data analysis following methods used:

- Qualitative content analysis
- Discourse analysis
- Narrative analysis
- Grounded theory

For quantitative data analysis following methods adopted:

- Descriptive statistics (e.g. means, medians, modes)
- Inferential statistics (e.g. correlation, regression, structural equation modelling)

The data collected from the field was processed through Microsoft excel and Microsoft word. The results of the data have been presented in the in tables, bars, graphs etc. while the qualitative data have been presented in narration in the different parts of the report.

VIII. Research Study Samples:

During the focus group discussion majority of the participant stated that there are so many causes of abortion which includes unintended pregnancies, failure of contraceptives, maternal morbidity, early age marriages & consequences of early pregnancies, poverty,

lack of awareness etc. As far abortion and post abortion complications and services are concerned, the opinion of most of the participants were that there are so many social-cultural & behavioral as well as religious barriers & practices and myths that prevent people of termination their unwanted pregnancy.

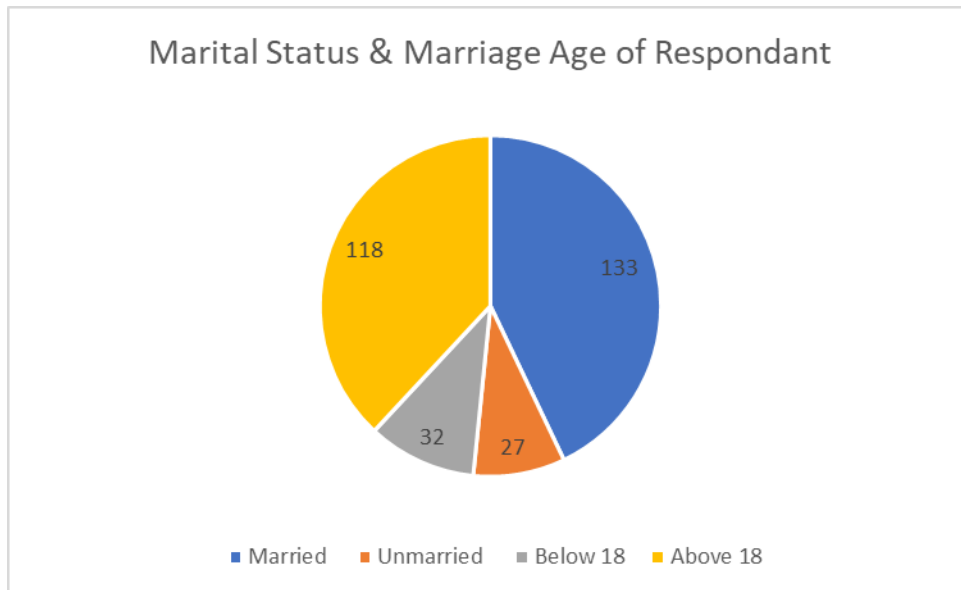
In other hand, lack of basic facilities, access to health facilities, quality services and PAC services, lack of essential training of healthcare service providers as they have insufficient technical & legal knowledge leads to unsafe abortion and its complications.

While during key informant interviews it was observed that 43% of the KII were un aware of abortion law of Pakistan, while 31% were unaware about law details. Opinion of most of the KII were different about induced abortion. As for medical treatment of abortion most of the KII stated that there is no proper guidelines and medication for termination of pregnancies nor they have given any type of advance training regarding abortion and post abortion care service.

Study Results:

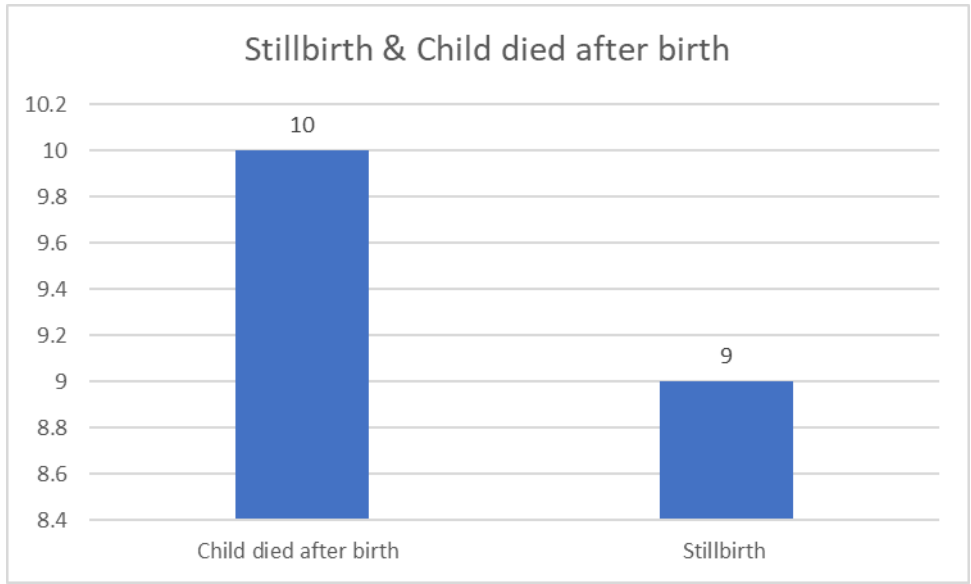
1. Marital status and marriage age of respondents of the study:

The below chart shows that 40% of the respondents got married in early age. The age which is considered as the age of physical & mental growth of a person. Early pregnancies and its consequences lead to miscarriage, stillbirth, PPH, abortion/unsafe abortion and in some cases, it becomes source of death for a mother.



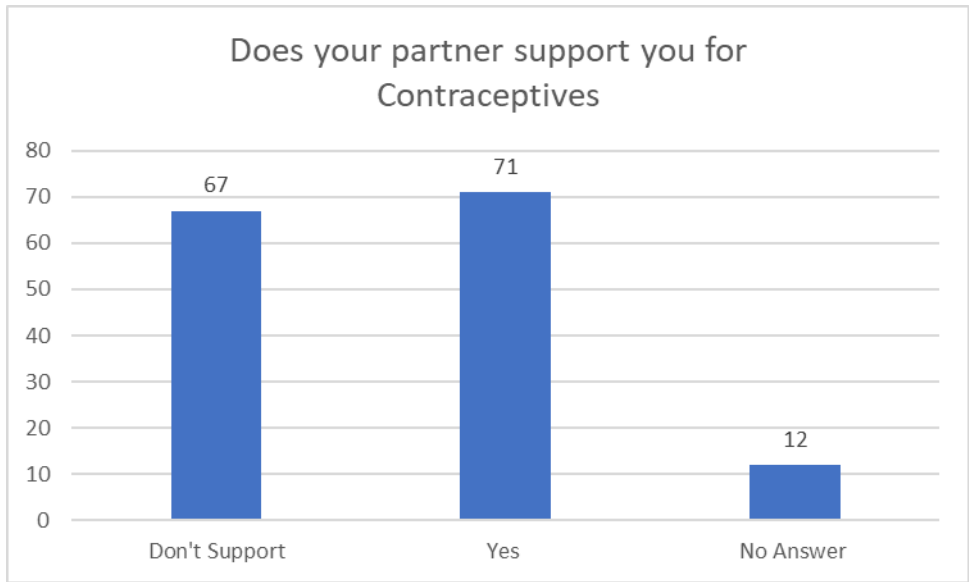
2. Have you given any stillbirth child or a child who died after birth.?

10 of the respondents shared that their child died just after birth and 9th of respondents shared that they had stillbirth and faced serious complications during its delivery.



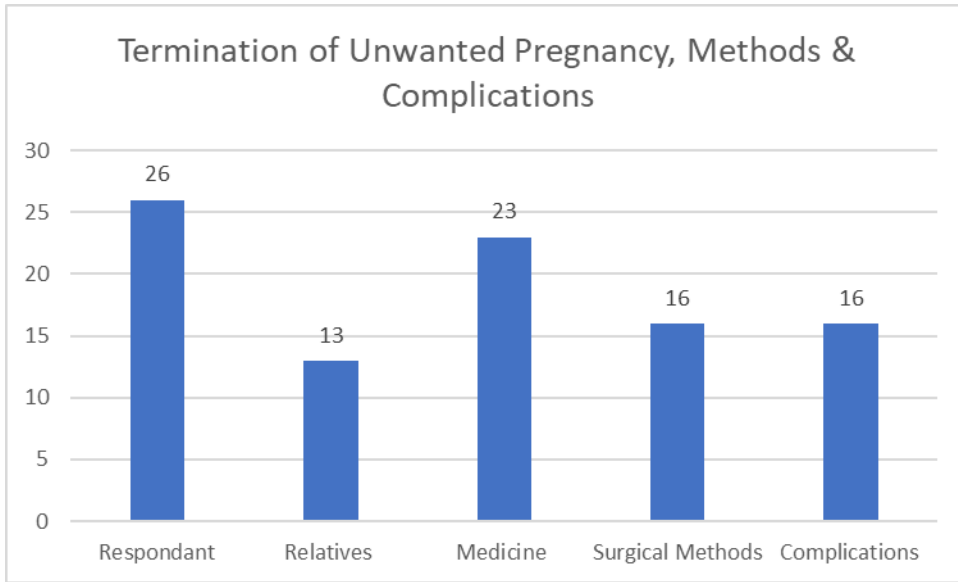
3. Does your partner support you for the usage of contraceptives?

67% of the respondent shared that they don't use any contraceptives methods to avoid pregnancies because it is immoral, un-Islamic and it has side effects like obesity.



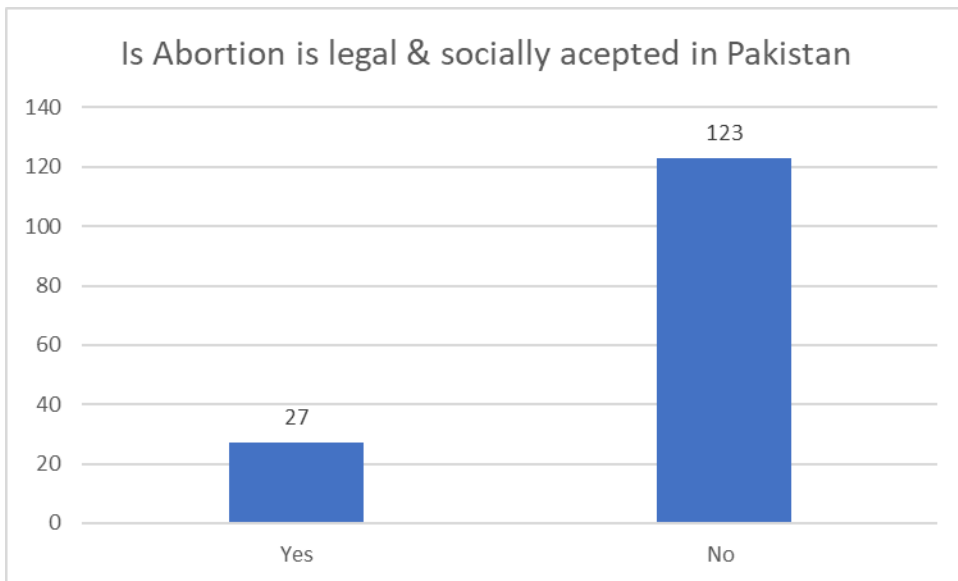
4. Have you or your relatives ever terminated unwanted pregnancy...?

The below chart shows that there is a trend of termination of unwanted pregnancy in the community. Out of thirty-nine, 16 of the patients faced minor/major health complications after termination of its unwanted pregnancy which includes, high blood pressure, body swelling, overweight, long bleeding & weakness.



5. Is abortion legal and socially accepted in Pakistan.?

27% of the interviewers said that yes, it is accepted while rest of 73% shared that abortion is a crime, sin and religiously prohibited and it is illegal in Pakistan. The below chart shows that there is lack of awareness in community.



6. Why is abortion considered immoral/unethical?

The opinion of the participants over this question was different. Some of the participants of the opinion that abortion is a sin and it is prohibited in Islam. Some stated that abortion

is yet a controversial topic in Pakistan and needs to be address at priority bases keeping in view the importance of maternal health.

Conclusion:

The combination of a relatively high national level of fertility with a relatively low level of contraceptive use and a moderately high rate of abortion indicates that many women are using abortion as part of their strategy to avoid unwanted or mistimed births notwithstanding the illegality of the procedure and the considerable health risks it entails, as evidenced by the large number of safe & unsafe abortion and its post complications each year.

- During the research study it has been observed that abortion gives a very negative & controversial feelings and considered a great sin in the society which is not only harmful for mother's physical & psychological wellbeing while it has economic effects on family as well as society as whole.
- It has been also observed that a very less portion of the population have awareness about legal & technical side of the abortion and post abortion care & its consequences.
- The trend of unsafe abortion is increasing due to cultural & religious barriers & myths and conservative mind set of the community towards abortion, uneasy access to health facilities, untrained health staff & their behavior as well as privacy & protection issues.
- Due to lack of awareness, cultural values mostly couples feel embracement/shy to discuss family planning methods and don't use contraceptives that it has side effects on their lives like obesity, irregularity in menstrual cycle etc.
- Most of the women seek remedy to abortion is likely to be especially widespread among women who fear that contraceptives will damage their health, who believe that their husbands object to family planning, or who feel that religious and social norms do not endorse contraceptive use.
- Contraceptive failure is also one of the most common reason and women are facing difficulties to obtain family planning and modern contraceptives methods they need.
- In study it is found that women of all socioeconomic levels sought abortions but that approximately half of the women obtained abortions from traditional providers with no formal training or self-induced the abortion using a variety of substances.
- Women are scared to obtain abortion early in pregnancy because of family attitudes, stigmatization and fears about privacy and confidentiality.

Young Women & Abortion:

During the study, it was also observed that young (15 to 20 age) women face unique vulnerabilities when accessing healthcare and safe abortion services because of their age and gender. The obstacles that many young women face in obtaining safe and legal abortions include restrictive laws that criminalize abortion, lack of providers willing to perform abortions, substandard conditions in healthcare facilities, fear of stigmatization for terminating pregnancy, and individual

beliefs on abortion. There is also a lack of awareness of the legal status of abortion and bias in providing services mainly within the framework of marriage.

Additionally, in many circumstances where women are legally entitled to have an abortion, safe services are not available for a range of reasons. These include health system problems such as a lack of trained providers or their concentration in urban areas, negative provider attitudes, use of inappropriate or outdated methods of inducing abortion, lack of authorization for providers or facilities, lack of knowledge of the law or lack of application of the law by providers, complex regulatory requirements, or lack of resources. Broader policy and social factors, such as regulatory or legal requirements; lack of public information about the law and women's rights under the law; lack of awareness about facilities providing abortion or the need to obtain abortion early in pregnancy; family attitudes; stigmatization and fears about privacy and confidentiality; and the perceived quality of care provided, must also be addressed if safe, legal services are to be accessible. Health professionals at all levels have ethical and legal obligations to respect women's rights.

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Recommendations:

1. Making abortion safe and accessible to the full extent of the law requires training of health personnel so that they are conversant with national laws and regulations as well as with technical procedures, ensuring equipment and supplies, and designing protocols, regulations and policies that promote access to quality abortion services.
2. The risks of unsafe abortion are not just to the woman involved. Of course, risks to her health endanger her family, but the costs of unsafe abortion are carried by the whole of the society. How many other lives could be saved if fewer medical resources were applied to safe abortion rather than to redressing the ravages of unsafe abortion.
3. Look at the length's women will go to end an unwanted pregnancy. Let our commitment be as great to ensure that women do not face unwanted pregnancies and that when they do, they do not have to put their very lives in jeopardy.
4. It is important to maintain all those cultural norms, values must be protected although, the religion and law already given the permission to induce abortion for some cases.
5. Government should understand, amend existing abortion law according to maternal health needs, and contribute to the development of regulations, policies and protocols to ensure access to quality services to the extent permitted by law and respecting women's rights to humane and confidential treatment.
6. Ready access to early safe abortion significantly reduces high rates of maternal mortality and morbidity; it prevents the costs currently imposed by unsafe abortion on health systems; it provides care for women who clearly are not yet well enough served by family planning programmes or for whom contraception has failed.

References

1. Sathar ZA, Singh S and Fikree FF, Estimating the incidence of abortion in Pakistan, *Studies in Family Planning*, 2007, 38(1):11–12.
2. Population Council, *Unwanted Pregnancy and Post-Abortion Complications in Pakistan: Findings from a National Study*, Islamabad, Pakistan: Population Council, 2004.
3. Bhutta S, Aziz S and Korejo R, Surgical complications following unsafe abortion, *Journal of Pakistan Medical Association*, 2003, 53(7):286–289.
4. Maternity and Child Welfare Association of Pakistan (MCWAP), *Reproductive Morbidity in an Urban Community of Lahore*, Karachi, Pakistan: MCWAP, no date.
5. Arif S and Kamran I, *Exploring the Choices of Contraception and Abortion among Married Couples in Tret, Rural Punjab, Pakistan*, Islamabad, Pakistan: Population Council, 2007.
6. National Institute of Population Studies (NIPS) and Macro International, *Pakistan Demographic and Health Survey 2006–07*, Islamabad, Pakistan: NIPS, 2008.
7. Casterline J and Arif S, *Dealing with unwanted pregnancies: insights from interviews with women*, Research Report, Islamabad, Pakistan: Population Council, 2003, No. 19.
8. Tayyab S and Samad N, *Illegally induced abortions: a study of 37 cases*, *Journal of the College of Physicians and Surgeons Pakistan*, 1996, 6(2):104–106.
9. Jamil S and Fikree FF, *Incomplete Abortion from Tertiary Hospitals of Karachi*, Pakistan, Karachi, Pakistan: Department of Community Health Sciences, Aga Khan University, no date.
10. Korejo R, Noorani K and Bhutta S, *Sociocultural determinants of induced abortion*, *Journal of the College of Physicians and Surgeons Pakistan*, 2003, 13(5):260–262.
11. Siddique S and Hafeez M, *Demographic and clinical profile of patients with complicated unsafe abortion*, *Journal of the College of Physicians and Surgeons Pakistan*, 2007, 17(4):203–206.
12. Rashida G et al., *Abortion and Post-Abortion Complications in Pakistan: Report from Health Care Professionals and Health Facilities*, Islamabad, Pakistan: Population Council, 2003.
13. Rehan N, Inayatullah A and Chaudhary I, *Characteristics of Pakistani women seeking abortion and a profile of abortion clinics*, *Journal of Women's Health & Gender-Based Medicine*, 2001, 10(8):805–810.
14. Mahmud G and Mushtaq Z, *The Incidence and Outcome of Induced Abortions at One of the Hospitals of Islamabad*, Islamabad, Pakistan: Population Association of Pakistan, 2001.

15. Saleem S and Fikree FF, Induced abortions in low socio-economic settlements of Karachi, Pakistan: rates and women's perspectives, *Journal of the Pakistan Medical Association*, 2001, 51(8):275–279.
16. Jamil S and Fikree FF, *Determinants of Unsafe Abortion in Three Squatter Settlements of Karachi, Pakistan*, Karachi, Pakistan: Department of Community Health Sciences, Aga Khan University, 1998.

Annex-1:

Questioner for Community Interview

Respondent information:

Name: _____ . Sex: _____ . Age: _____ . Education: _____

Profession/Occupation: _____ Location: _____ .

Contact No(opt): _____ . Address: _____

Note: Brief the interviewer about the project and purpose of this interview and take his/her consent and then proceed. If he/her refuses then quit the interview.

Q.1. Are You Married.? (Yes) (No). (if answer is no then skip question 2 to question 5)

Q.2. At what age did you get married? ___Years.

Q.3. Do you have kids.? (Yes) (No) (If Yes): Boys: _____. Girls: _____. Total: _____.

Q.4. Have you ever given birth to a child who later died...? (Yes) (No).

(If yes) ask the reason of death:

Q.5. Have you ever had a stillbirth.? (Yes) (No).

If yes then ask the reason:

Q.6. What is your understanding about reproductive health and family?

Answer: _____

Q.7. What is contraception or what do you know about contraceptives?

Answer: _____

Q.8. Does your partner support you for the usage of contraceptives? (Yes) (No)

(If no) ask the reason:

Q.9. Have you or your husband ever used any contraceptive method to delay or avoid pregnancy.? (Yes) (No). If yes then ask which method: _____.

Q.10. What is Abortion or What do you know about abortion?

Answer: _____

Q. 11. What is the difference between miscarriage and abortion?

Answer: _____

Q.12. Sometimes a woman or her husband does not want more children or not prepared for pregnancy. But she becomes pregnant. Have you ever faced this problem or you have heard about this from someone else? (Yes) (No).

If yes then which method did you or they adopted:

A. Medicine. B. Surgery

Q.13. What was your reason of abortion?

Answer: _____

Q.14. Were you forced by your family members/in laws for abortion or you did it by your own consent?

Answer: _____

Q.15. Which health facility did you go? Name the hospital. Clinic, TBA etc.

Answer: _____

Q.16. Did the staff of the facility treat you politely/decently? (Yes) (No)

If no, then ask her/him that what was the response of healthcare providers:

Q.17. Have you easily accessed the health facility? (Yes) (No)

If no then ask the reason:

Q.18. Was the staff well trained.? (Yes) (No).

Q.19. Did you face any health problem after this treatment? (Yes) (No)

If yes, explain:

Q.20. What was the response of your family members & relatives after this?

Answer: _____

Q.21. Have you felt any shame or regret? (Yes) (No)

If yes, then ask the reason:

Q.22. Have you ever seen any death case of your friends/family members/relatives due to unsafe abortion? (Yes) (NO)

(If yes) ask reason:

Q. 23. Is abortion legal and socially accepted in Pakistan. (Yes) (No).

If no, ask the reason:

Q.24. What is the difference between legal & illegal abortion.?

Answer: _____

Q. 25. Why is abortion considered immoral/unethical?

Answer: _____

Q. 26. Is there any law on abortion in Pakistan? (Yes) (No)

If yes, name the law or document:

Any other comments or suggestions:

Enumerator's Comments & Observations;

Name of Enumerator: _____

Signature: _____.

Date: ___/___/____.

Questioner for Key Informant Interview

Respondent information:

Name: _____ . Sex: _____ . Age: _____ . Education: _____
Profession/Occupation: _____ . Professional Qualification: _____
Name of Health Facility: _____ . Designation/Post: _____
Location: _____ .
Contact No(opt): _____ . Address: _____

Note: Brief the interviewer about the project and purpose of this interview and take his/her consent and then proceed. If he/her refuses then quit the interview.

Q.1. Are You Married.? (Yes) (No). (if answer is no then skip question 2 to question 5)

Q.2. At what age did you get married? ___ Years.

Q.3. Do you have kids.? (Yes) (No) (If Yes): Boys: ____ . Girls. ____ . Total: ____ .

Q.4. Have you ever given birth to a child who later died? (Yes) (No).

(If yes) ask the reason of death:

Q.5. Have you ever had a stillbirth.? (Yes) (No).

If yes then ask the reason:

Q.6. What is your understanding about reproductive health and family?

Answer: _____

Q.7. What is contraception or what do you know about contraceptives?

Q.8. Which family planning method would you propose to your patient to delay or avoid pregnancy.?

1: _____ . 2: _____ . 3: _____

Q.9. Does your partner support you for the usage of contraceptives? (Yes) (No)

(If no) ask the reason:

Q.10. What is abortion or What is your understanding about abortion?

Answer: _____

Q. 11. How would you differentiate between safe & unsafe abortion?

Answer: _____

Q.12. What is the difference between miscarriage and abortion?

Answer: _____

Q.13. What you think, why do people lose their pregnancies?

Answer: _____

Q. 14. Sometimes a woman or her husband does not want more children or not prepared for pregnancy. But she becomes pregnant. Which method will you propose to avoid these types of pregnancies?

Answer: _____

Q.15. have ever you attended any training related to abortion services? (Yes) (No)

(If yes) then name the training institute: _____

Q.16. Do you or your health facility provides abortion related services? (Yes) (No)

(If yes) which types of services (If no) ask the reason:

Answer: _____

Q.17. Is abortion socially accepted in our society/area? (Yes) (No)

If no, then ask the reason:

Answer: _____

Q.18. What health complications a woman could face after unsafe abortion?

Answer: _____

Q.19. Have you ever seen any death case of friends/family members/relatives or any other due to unsafe abortion? (Yes) (NO)

(If yes) ask the reason:

Q.20. Why most of the people are scare to avail abortion services openly?

Answer: _____

Q.21. What social/cultural problems a woman could face after abortion?

Answer: _____

Q. 22. Is abortion legal in Pakistan. (Yes) (No).

If no, ask the reason:

Q.23. What is the difference between legal & illegal abortion.?

Answer: _____

Q. 24. Why is abortion considered immoral/unethical?

Answer: _____

Q. 25. Is there any law on abortion in Pakistan? (Yes) (No)

If yes, name the law or document:

Any other comments or suggestions:

Enumerator's Comments & Observations;

Name of Enumerator: _____

Signature: _____.

Date: ___/___/___.

Questioner for Focus Group Discussion (FGD)

Objectives of the FGD:

- To identify issues, challenges, gaps, demand & needs of pre & post abortion care services.
- To identify sociocultural barriers, taboos & stigma related to women & address all these at policy level to reduce/end discrimination and decriminalization of abortion in Baluchistan.

Participants:

- General practitioners.
- Govt & other Stakeholders
- Youth
- Social activist
- Prominent community & religious clerks.
- TBAs
- Paramedics
- Any other relevant

Note: Welcome all the participants. Briefly introduce Youth Association for Development (YAD), project objectives and purpose of focus group discussion with participants.

Q.1. What do you think are the major health issues of the women in your locality/ village?

Answer: _____

Q.2. What suggestion would you propose to solve these issues?

Answer: _____

Q.3. What do you know about Mather & Child health?

Answer: _____

Q.4. What are the main causes of maternal & child/infant mortality?

Answer: _____

Q.5. What is family planning and its methods?

Answer: _____

Q.6. Is family planning necessary for mother & child health?

Answer: _____

Q.7. What is abortion?

Answer: _____

Q.8. Is abortion immoral/unethical?

Answer: _____

Q.9. Why most of the people are scare to avail abortion services openly?

Answer: _____

Q.10. What you people suggest, abortion should be legal or illegal in Pakistan?

Answer: _____

