Abortion:

Realities & Responsibilities

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1

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Abortion is controversial but we must discuss the issues here because it is happening, and is more widespread than we care to admit. If we truly care about life, then we must understand what is going on: why do abortions occur? what happens after a woman has or attempts an abortion?*

This report relies mainly on research findings from a nationwide study on abortion coordinated by the UP Population Institute (UPPI) with partner agencies in different parts of the country, including Metro Manila, Metro Cebu, Davao City and Tuguegarao. The study, the most comprehensive yet so far for the Philippines, was conducted in 1994, with preliminary results released during a workshop in 1996. Additional results have been released in a publication, Clandestine Abortion: A Philippine Reality (Perez et al. 1997).

Abortion and Philippine Laws

Abortion is illegal in the Philippines and is not permitted under any circumstance. Article 256 of the Revised Penal Code of the Philippines prescribes heavy penalties for both intentional and unintentional abortion, including women who "practice abortion upon herself or shall consent that any other person should do so."

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* Throughout this paper we mean induced abortion when we use the term "abortion".

The 1987 Constitution of the Philippines effectively blocks any amendments to the Penal Code's provisions on abortion because of Article II, Section 12, which states: "It (the State) shall equally protect the life of the mother and the life of the unborn from conception." In principle, legalizing abortion would require a referendum to amend the constitution.

In 1999, Congressman Roy Padilla Jr. of Camarines Norte filed House Bill 6343 seeking to allow abortion in special cases (e.g., rape, congenital defects in the fetus or cases where the mother's life is endangered). It is unlikely that the bill will be passed but it has stimulated discussions on abortion.

Who Gets Abortions?
How Widespread are Abortions?

The research data challenge stereotypes of young single women getting abortions. Abortions cut across class, age, and marital status, and occur in both urban and rural areas. The UP study estimates that between 300,000 and 500,000 women obtain induced abortions annually in the Philippines. Put another way, there may be 16 induced abortions for every 100 pregnancies.

Complications from Abortions

The UP study actually started out by looking at hospital admissions for abortions. In 1994, there were about 80,000 women hospitalized for complications from unsafe abortions. Complications from abortion included life threatening problems such as uterine perforation, hemorrhage, sepsis (infection) and shock. The psychosocial consequences have also been described, and included mixed feelings of relief, guilt, remorse. In many cases, the women have to go through all these alone, without her partner.

Most of the complications resulted from abortions performed by lay practitioners, or that were self-induced.

Methods

There are many different abortion methods used in the Philippines:

Plants and plant preparations, e.g., *makabuhay, Essencia maravilosa*. Many of these plants probably do induce contractions of smooth muscles, such as those in the uterus. Sometimes, people think the plants work because their menstruation "returns". In reality, the menstruation was probably only delayed.

We cannot conduct research to assess the efficacy of these plants since abortion is illegal in the Philippines.

Physical methods. Massage and abdominal pressure are applied by the hilot, or sometimes by the pregnant woman herself. This is a terribly painful method and is dangerous, especially in more advanced pregnancies. The physical pressure is used to induce uterine contractions but these may not be enough to expel the fetus.

Insertion of catheters (sonda). Women have been known to insert hangers, brooms, *walis tingting*. These often lead to infections.

Dilation and curretage (D&C or raspa). Usually, this is done with women who had already began the abortion, in which case it is called completion curretage. There are, however, clandestine clinics that use D&C to induce an abortion.

Menstrual regulation (MR). This involves the use of suction or vacuum aspiration to terminate a very early pregnancy (usually the first few weeks).

Drugs. There are many western drugs that people use to attempt to induce an abortion. These include medicines such as quinine, an antimalarial; methylergometrin, a uterine stimulant and methotrexate, an anti-cancer drug. With some of these drugs, an abortion is actually a side effect. In other cases, the western medicine used may even have the opposite effect on a pregnancy. Bricanyl (generic name: terbutaline) is perceived as an abortifacient in large doses but in reality, the drug actually delays labor rather than inducing an abortion.

One widely used drug, misoprostol (Cytotec) is actually a drug used to prevent ulcers but has abortion as a side effect. Because its use as an abortifacient is illegal, the drug is used on a trial and error basis, which then creates problems.

Another drug called RU486 (Mifepristone) is now legal in China and a few European countries.

Providers

Providers include the hilot, midwives and doctors. In other cases, women "self-medicate", asking friends for advice and then applying the methods on themselves.

Reasons for Abortion

There are a variety of reasons for abortion. Quite often, the reasons are structural: economics, work policies, gender relations. Many of the induced abortions occur in older women who already have several children, rather than in young single women.

The relationship between abortion and fertility control is clear: many of the women were not using any contraceptive method at all. Strikingly, there are also women who became pregnant because of contraceptive failure, thus underscoring the importance of providing accurate information so that couples can choose a method of contraception that will not fail them.

Sometimes, society's moralism itself pushes women to have induced abortions. Even the Penal Code recognizes this in the way it states the penalties for abortion: "Any woman who shall commit this offense (abortion) to conceal her dishonor, shall suffer the penalty of prision correcional in its minimum and medium periods." Society stigmatizes single mothers, sometimes even punishing them severely. Pregnant unmarried students face the threat not just of ridicule from classmates, but of expulsion by school authorities.

The Abortion Experience

The UPPI study included qualitative research that yielded important information on how women make decisions about abortions, as well as the experience of abortion itself. Several points need to be stressed here:

A. The decisions are not arbitrary and are often prolonged and turbulent, sometimes resulting in delays before obtaining the abortion, which further increases the risks.

There are many touching stories about what women go through as they try to decide on an abortion. During a research dissemination workshop on abortion research, Rose Sanchez of Davao City shared a story from one mother. The woman apologized to her fetus before getting the abortion, explaining that she had to do it because she had to feed her other children.

B. Abortion may actually consist of several experiences, as different methods are tried, moving from one ineffective method to another.

People will try medicinal plants first, or massage, and then move on to other methods such as western medicines.

C. The difficulties in obtaining an abortion include problems after the abortion, particularly dealing with insensitive and judgmental health providers. One recent study conducted in Nueva Vizcaya found that more than half of the health professionals considered the women who came in with induced abortions as criminals. There were also reports

of the health providers withholding anaesthetics during treatment, sometimes to "teach" the women a lesson.

D. Women have to rely on their own social support systems. These systems usually consist of other women, who try to provide care and support. Men are often absent in these systems.

Perceptions of Abortion

There are varying perceptions and definitions related to pregnancy and abortion. The Roman Catholic hierarchy considers human life to begin at conception or fertilization, which is when the sperm and ovum unite. The biomedical definition is different, defining an embryo to begin its existence upon implantation in the uterus. This implantation, called nidation, takes place about one week after fertilization.

Popular concepts of fertilization and pregnancy are different from biomedical and Catholic religious definitions. The first trimester of pregnancy is often called *paglilihi*, or "conceiving". During this period, many Filipinos still consider the uterus' contents to be "only blood" (*dugo lang*). An abortion at this stage is described as *pampabalik ng regla*, restoring menstruation.

What Can Be Done?

Abortion is widespread even with, and maybe because of existing laws. Further criminalizing abortion will not be

useful. To be more concrete, we have seen how widely Cytotec (misoprostol) is used, despite the Department of Health's crackdown several years ago by imposing strict requirements on obtaining the drug. In Manila, the blackmarket price for the drug is P50 each and in areas outside Manila, they can go up as high as P250 each.

Abortions occur in the most restrictive conditions. Increasing the penalties will only mean higher fees and more clandestine practices, putting many more lives at risk.

Given that, let us look then at what we might be able to do:

1. Provide adequate information on contraception. We have seen that many women obtaining abortions were either not on any contraceptive method or had experienced contraceptive failure. Contraception, to be effective, must include information on the correct use of various methods.

We have on file a brochure on family planning from a local NGO which says contraceptive pills are to be used during the first five days of a menstruation. This is inaccurate information, yet this was funded by no less than UNFPA. NGOs and government agencies must be careful and review the materials they distribute, or there will be more unplanned pregnancies, and possibly, abortions.

It is not enough that the information is technically correct. They must also be contextualized so that women and couples thoroughly understand how the methods work, as well as its risks (failure rates; side effects).

2. Provide information about the methods of abortion. Abortion is illegal in the Philippines, but we are ethically bound to at least provide information about the wide range of abortion methods. We have to be able to explain that some methods are ineffective, that reported "success" rates are probably coincidental, i.e., there was probably no pregnancy in the first place, just a slight delay in menstruation.

We also need to launch information campaigns on unsafe abortion methods, particularly the ones that cause infections and septic abortions. Note that education on unsafe and ineffective abortion needs to be extended as well to health professionals, who often are unaware of what is going on.

3. Identify situations where information and support programs will be most needed, including education on sex and sexuality for young people. We see that there is a need to reach young unmarried adults about abortion issues, but the research also reminds us that many abortions occur among older women who have had several children. On the average, it seems that the desired number of children is about three, and therefore the lack of access to effective contraception may result in an unwanted pregnancy and abortion. Maternity hospitals might want to consider intensifying their family planning advice to women having their second or third child.

Programs are also important for pregnant women who are thinking of abortion as an option. Finally, programs need to be put into place for women who go through abortion, offering non-judgmental counseling and support.

4. Health professionals need to be trained for post-abortion care.

   Many health professionals are not familiar with post-abortion care procedures. Laboratory tests need to be performed, and antibiotics have to be given. Completion curretage (*raspa*) is needed, together with tetanus immunization and other supportive care such as intravenous fluids, analgesics, and sedatives.

5. Post-abortion care must include counseling and family planning advice.

   Post-abortion care must include counseling. Scolding the woman or threatening her with legal action does not do anything to prevent future abortions. Providing advice on effective family planning methods would be more useful.

6. Research is needed to answer some questions about abortion. There are still many research gaps in relation to abortion. For example, why the continuing high rates of sepsis for women who take Cytotec? Is this because they may be using several methods including septic ones that introduce infections? Or is it because of the incomplete abortions?

The other information gaps are social in nature. For example, we need to look into how pregnancies become labeled as "unwanted," "unintended" and "unplanned" in the context of people's lives. The context refers to the individual, the couple, and the community.

While the research has allowed us to listen to many voices, we still find areas of silence. The research concentrated on women going through incomplete abortions. We need to look, too, at women who are able to get abortions safely and successfully.

We also need to address the many silences in the research that has been conducted. Where are the men? What are their views? And what they do when their partners become pregnant and need to consider abortion?

We need to look into the health system itself, and how it might actually contribute to problems related to abortion. If health services were more gender-sensitive and women-friendly, we might have fewer abortions, as women can gain more access to information on family planning and to social services (e.g., child care facilities).

The discussions about abortion are often dichotomized as "public health" and "morality" issues, the former left to doctors and the latter to church people. This dichotomy is artificial. As health professionals, it is our responsibility to discuss both public health and ethical issues.

Discussion Guide:

1. Conduct a survey in your community asking women if they know someone who has had an abortion, the reasons for the abortion and the methods used. (It is more difficult asking women if they themselves have had an abortion.)

2. Present the results of your survey (or the findings from the UP Population Institute study presented in this issue of Health Alert) to a group for discussion. The discussion can be used to get people's views about abortion and what responses might be appropriate.

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We are resuming Health Alert, which we published from 1985 to 1996, on a limited basis, as an occasional publication focusing on current burning issues. Each issue presents important facts and figures from scientific research and then presents references and a discussion guide for organizations that want to probe more deeply into the issues. These publications are intended to stimulate a more critical analysis of our health issues.

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