REPORT

A study of morbidity of induced abortion data from women belonging to Karachi, Pakistan

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Abstract: The purpose of this study was to evaluate the morbidity of induced abortion in relation to facilities, service providers and social responses of general population of women, from Karachi, Pakistan. Cross-sectional survey, conducted from February to December 2010, through a researcher-administered questionnaire from 61 randomly selected women, who underwent for Induced Abortion, aged 18-50 years. The questionnaire included open and closed ended questions, regarding demography, facilities, service providers and various complications observed. Overall, 98 immediate health problems were reported by 40 (65.5%) of the respondents, 153 late adverse effects or chronic by 46 (75.4%); while 101 mental complications had been reported by 45 (73.8%) of the 61 aborting women; respectively. Private clinics surfaced as the most frequently adopted source as reported by 40.7% of the respondents. Two third majorities had the procedure in satisfactory, good hygienic conditions by skilled professionals. Around 59% of the aborting women were aware of the religious perspective of the subject. Marked incidence of complications had been registered, regardless of type of method adopted, hygienic condition of the procedure or skill of the provider. Although, awareness of religious perspective of the subject was there, still quite a lot opted for abortion. This suggests that strong socioeconomic factors influence women to take peril of such an attempt. It also reveals the existence of a big gap for the awareness services for educating the risks involved to the women's health. Study revealed that services are easily accessible; without any legal, religious or social barriers. Semi or un-educated women, mostly from low socioeconomic sector are opting the procedure in majority, being less aware and stalwartly influenced by environmental factors; hence excessive availability of abortion services should be revisited. Lack of deep awareness of the consequences also contributes for deteriorating future reproductive and mental health. Awareness and counseling services for aborting women, for their health risks, as well as about human perspective of the issue, needs to be initiated, for better management of their reproductive health and rights.

Keywords: Induced abortion, morbidity, mortality, family planning, abortion complications.

INTRODUCTION

Induced abortion was introduced and is in practice since long, as a mean of fertility control, along with contraception, in Pakistan, like other developing countries, following footsteps of developed countries. Induced abortion is reported to perilously affect a woman's health. It can reduce her chances to have further parturition and increases maternal and prenatal mortality (Sullivan *et al.,* 1998). International experiences with the collection of abortion data in population surveys has been relatively unsuccessful in many areas of the world, thus strong recommendations are being presented for a substantive research and for a dire need to educate the women for fair and comprehensive information as they execute their autonomy (Cates, 1979). It also been explicitly mentioned in many articles that existing sparse data and smaller studies are often with intertwined conclusions (Cates, 1979). However, according to recently available Pakistan Population Council Report 2007, estimated induced abortion annual rate is 29 per 1000 women of reproductive age (Guttmacher, 2013). Out of six (Guttmacher, 2013) or seven (Sathar *et al*., 2007) pregnancies; at least one ends up in abortion. An estimate showed about 197,000 women were treated for complications resulting from induced abortion in public or private hospitals, annually; where as 65% women who have had an induced abortion were aged 30 or above, while 80% had three or more children (Guttmacher, 2013, Sathar *et al*., 2007). Twenty one percent of young women who seek abortion are already married (PRB, 2006).

Smaller urban hospitals and clinics based studies found that young women comprised of 3.3% to 20% of those who sought abortion or treated for complications (Khan and Pine, 2003). In presence of variations in existing data, it is of utmost importance to evaluate the accurate status of this foremost health issue on a regular basis and correlate findings among various studies. Compared to the

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large-scale epidemiological studies; the present study is a small-scale preliminary study; primarily designed to find the magnitude of complications, their relativity to available services and service providers and social responses; therefore estimated rates could differ from earlier related studies. Although some earlier researchers did mentioned, due lack of responses by women for various social reasons, the actual incidence could be much higher (Sullivan *et al*., 1998, Guttmacher, 2013, PRB, 2006). Irrespective of legal, social or religious codes, and associated risks, women from various backgrounds do choose abortion (Sathar *et al*., 2007). Prevalence of induced abortion existed; whether family planning services were common or not (Saleem and Fikree, 2001b).

METHODOLOGY

A random, cross community survey, based on researcher-administered questionnaire technique (David, 1989). This present data is a part of a survey responded by more than 300 consented women in relation to reproductive health of women. This report is comprised of primary data of 61 women who sought abortion, aged between 18 to 50 years belonged to Karachi, the largest populated, multiethnic and metropolitan city of Pakistan. The data collection extended over a period of about 1 year, from February to December 2010, from more than 61 women. After assimilation, 61 checked questionnaires being valid according to the selection criteria were included in the research. For a better control over the study, maintaining homogeneity and obtaining fair distribution for survey response; the city was divided in five areas as east, west, north, south and Bin Qasim division. Questionnaires were distributed fairly among general households of these five divisions.

The households chosen randomly from each district were designated as single strata; each stratum comprised of women from different financial and educational status; according to the set parameters. The questionnaire was divided into three parts; the first part contained demographic information and general health care for all the respondents. Second component curtails data regarding usage of contraceptive method, if any, its duration, provider, complications and general opinion about the use. The third segment of the questionnaire, asked responses from aborting women only; constituted of related information regarding induced abortion, methods, service providers, demographic correlations and complications in relation to facilities, providers and social responses. The trained interviewer ensured that each questionnaire had been responded by woman of childbearing age, selected from each household, in accordance to the set criteria. The consented interviewees were fully assured about the privacy of their particulars. They were explained in detail the necessity of accurate information, so that correct policies and planning for women's reproductive health and rights can be fairly formulated. Thus they were taken into full confidence, to get their factual opinion about such personal and sensitive issue. Questionnaire contained both open and closed ended questions. For assembling questionnaire, a probability sampling approach was employed. Answers were rated by using both Likert and semantic differential scales. Quality control measures included, having verification of correct answers at the appropriate places and application of appropriate methodology by survey incharge and subsequent clarification by research incharge was been held properly. The margin of error calculated was +/- 4.2%, with 95% of confidence ratio (David, 1989).

RESULTS

Sixty- one urban women, who sought abortion, had been included in the study. The questionnaires were distributed among age group of 18-50 years; average age estimated was 33.56 years. Higher prevalence was found among women with two or three children at the time of abortion. Majority of women who sought abortion belonged to lower middle (60.7%) socioeconomic sectors; on the other hand, this number was the least among middle class respondents (10%). Highly educated women found to be least inclined (5%) to seek abortion, while reverse was the situation among uneducated component (23%). The major reasons found for opting induced abortion, were family planning (29.5%), poverty (24.6%), serious health problems (23%) and compulsion from any member of the family (11.5). Opinion of more than half of the majority (59%) of the respondents was tended toward sanctimonious, when asked about the religious and human perspective of the procedure; while remaining did not respond. Majority of the procedures (40.7%) were performed by doctors in private clinics. Overall, 70.2% of the procedures were carried out by dilatation and curettage, while other prevailing methods reported were traditional methods (12.3% including hot drinks, doing vigorous exercise or putting some object inside the body), taking pills and by injections. According to the responses, preponderance (45.3%) of the procedures were performed in good to excellent hygienic conditions, while 26.41% defined the surroundings as average; whereas 18.9% expressed their un-satisfaction over the circumstances where induced abortion were performed. Responding on the service providers; overall, 61% of the aborting women replied that they got services from good to excellently expert service provider, 22.2% expressed them as satisfactory, and 13% termed them average; while only 3.7% declare the expertise of the provider as un-satisfactory.

Complications observed in relation to induced abortion

The table 1 elicits the reported numbers and percentages of immediate and delayed adverse effects after induced

abortion. To evaluate the situation properly, based on symptoms-defined illnesses; abortion- related morbidity had been divided, into acute physical, delayed or chronic and mental types. The present findings show that almost two third majority (65.6%) suffered from complications just after the procedure, while around three fourth majority (75.4%) complained for chronic (prolonged and intermittent) types of complications which they observed from few weeks to six months after having abortion and that even accompanied with them for up to 23 years or more (as being reported). Data also exhibit that more than two third majority (73.8%) reported mental complaints.

The findings suggest, an average of 2.45 acute, 3.3 chronic and 2.2 mental types of complications had to endure by each respondent. Thus, it could be deduced from the reported responses that, this procedure itself carries higher degree of risks and culminate in various acute, chronic and/ or mental problems.

The table-2 highlights the frequency of health problems experienced by the women after having induced abortion. Among acute physical category (fig. 2.1) the most common complication, encountered was local infection (26.5%) followed by excessive vaginal bleeding (24.5%) and fever (16.3%). According to the respondents statements the infection was treated by complete antibiotic course. Approximately 12.2% complications were of reproductive tract infection or pelvic inflammatory disease (extracted from the symptoms and consequences reported by the respondents like leading to hospitalization, treatment type, its duration and respondent's revelations for the inability to conceive again). Overall 4% of complaints were about intestinal complications in cases of inappropriate handling, 5% constituted cases of incomplete abortion for which women underwent repeated surgical interventions. Responses revealed that although most of these procedures (40.67%) were performed in the private clinics by skilled person and under good hygienic conditions; health hazards could not be lessened.

Table 2 explicitly gives information about frequency of remote and chronic health consequences of induced abortion. The most striking common phrase was "we have been facing vague illnesses since we have had abortion", repeatedly reported by 11.17% of the women. In general 13.1% complaints were about continuous pain in bones (a symptom which should be investigated for any underlying cause), while period irregularities made up of 15% of the problems, which were expressed as amenorrhea, oligomenorrhea or dysmenorrhea (fig. 2.2). History of raised blood pressure and headache together constituted 18% of the total complications; following a cardiac evaluation warranted. On an insight look at the other effects encountered by the complainant, it could be determined that these women found to be more prone to develop relevant or irrelevant diseases (subjective health problems comprised of 19% of the entire bulk of morbidity), as all these complications were found in 41% of aborting women. Complaint of continuous generalized weakness (13.1%) needs a serious attention, too, as being a teasing discomfort to daily-life and requires a separate detailed evaluation. Whilst comparing the data it could be determined that altitude of abortion-related, morbidity rises with the passage of time, as immediate harmful effects had been reported by 65.6%, while remote health problems were reported by 75.4% of the complainant (three forth of the total aborting women). In spite of the fact that highest number of the procedures were known to have been performed in private clinics (declared as the source of choice by most of the women from all strata) by skillful hands under good hygienic conditions, finding of more than two third events of health complications should be an alarming sign for all stake holders.

An overview of the mentioned mental problems frequency data, reveals that irritability had been the most commonly reported complaint (33.7%) that respondents had been suffering since having induced abortion, which affect their daily lives. 17.8%% complaints were of depression and 15.8% of a decline in their sex desire. Changes in husband's behavior encompassed 8.9%, while feeling of fear comprised 6.9% of total complications. This change in mental threshold in mothers had also badly affected other children (5.9%), as per respondents (fig. 2.3).

Complications and its association with service providers

Table 3 shows the quality of services given to the aborting women by various providers and their consequences; whether complications were observed or not. The finding shows green star clinics as the worst source, which were found with 100% adverse effects to all women who rendered their services. More than half majority (66.66%) who obtained services from private clinics (doctors) suffered complications. Approximately 85% among those, who had render services from lady-health workers, also got health problems. It is obvious from the data that use of either service, the proportion of abortion-related morbidity was higher and all type of service facilities gave rise to complications.

DISCUSSION

The health problems associated with induced abortion has been a major topic of debate for many years (Kretowicz, 1984). International reviews and studies clearly demonstrate that induced perilously affect a woman's health. It can reduce her chances to have further parturition and increases maternal and prenatal mortality (Sullivan *et al*., 1998, Kretowicz, 1984). The findings of this study, are in line with and endorses these globally described facts. A number of international researches

Table 1: Summary of complications of induced abortion

Population sample size and number of respondents with history of complications	Nos.	Percentage (%)	Total no. of complications by the reporting women	Average no of complications per woman
Number of women with Induced Abortion History (N)	61	-	-	-
Women with history of Acute Complications (N1)	40	65.5	98	2.45
Women with history of Delayed AEs or Chronic Complications (N2)	46	75.4	153	3.32
Women with history of Mental Complications (N3)	45	73.8	101	2.24

Table 2: Number of respondent women & Percentage Distribution of different types of complications, following Induced Abortion

Acute Complications	Number of complications	Percentage (%)
Local infection	26	26.5
Heavy bleeding (v)/ hemorrhage	24	24.5
Reproductive tract infection	12	12.2
Incomplete abortion	5	5.1
Fever	16	16.3
Difficulty in micturation	7	7.1
Intestinal complications	4	4.1
Ruptured Uterus	2	2.0
Hysterectomy	1	1.0
Septicemia (only the ones that required hospitalization/ ICU support)	1	1.0
Total Acute Complications	98	27.8
Delayed AEs* or Chronic Complications	Number of complications	Percentage (%)
Periods irregularities	23	15.0
Raised blood pressure	12	7.8
Pain in bones	20	13.1
**Misc. Serious Complications	16	10.5
Headache	15	9.8
Body ache	18	11.8
Generalized Weakness	20	13.1
***Subjective illnesses	29	19.0
Total Delayed Adverse Effects / Chronic Complications	153	43.5
Mental Complications	Number of complications	Percentage (%)
Irritability	34	33.7
Depression	18	17.8
Amnesia	9	8.9
Fear	7	6.9
Mental Trauma	2	2.0
Change in libido	16	15.8
Change in husband behavior	9	8.9
Bad affects on children/ Negative attitude	6	5.9
Total Mental Complications	101	28.7
Grand Total of All complications.	352	100

*AEs = Adverse Effects

**Miscellaneous serious delayed/ chronic complications (being grouped together due to lesser frequency) include cases of secondary infertility, miscarriages, anemia, asthma, hepatitis, low blood pressure, hernia, fibroids, renal infection, leucorrhea, etc.

***Subjective complications include vertigo, itching, numbness, obesity, complaints of life long illnesses, etc., after undergoing induced abortion.

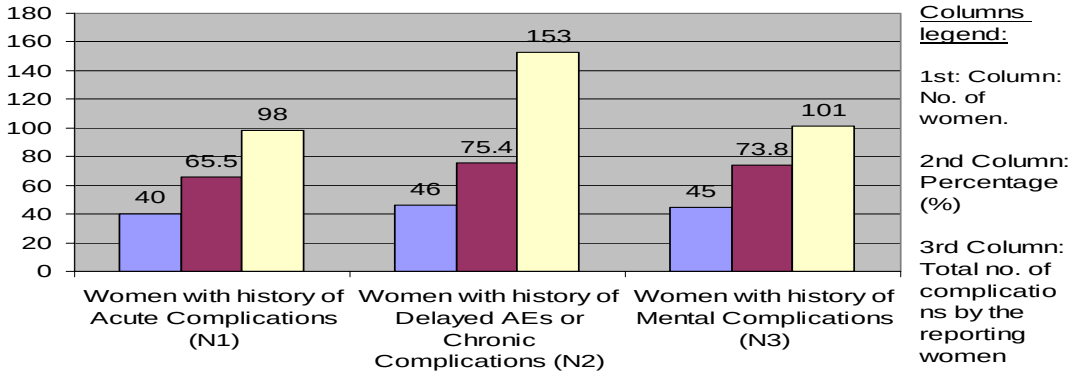
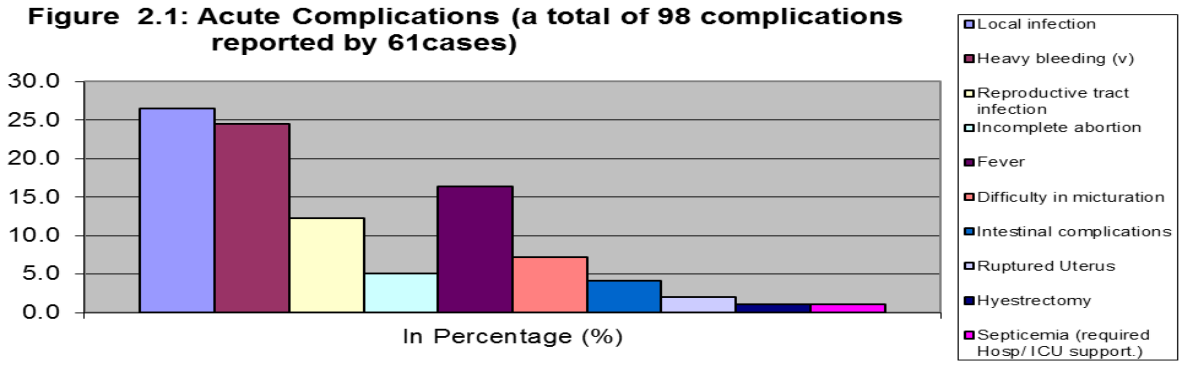
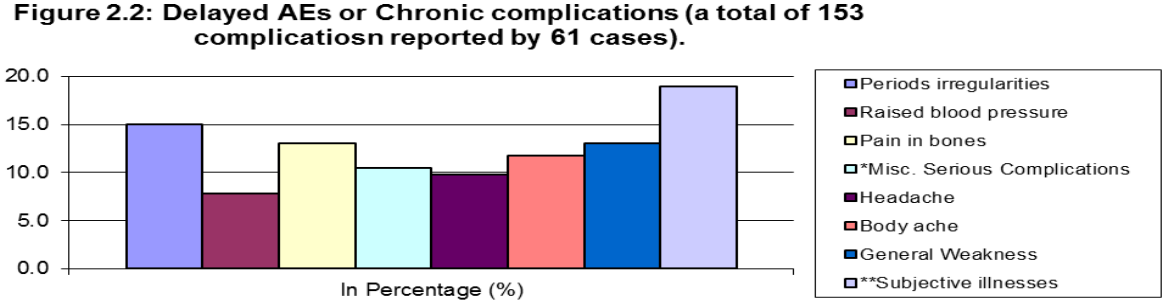


Fig. 1: Population Sample of 61 women who aborted; along with responses for the history of each type of complications, following Induced Abortion.





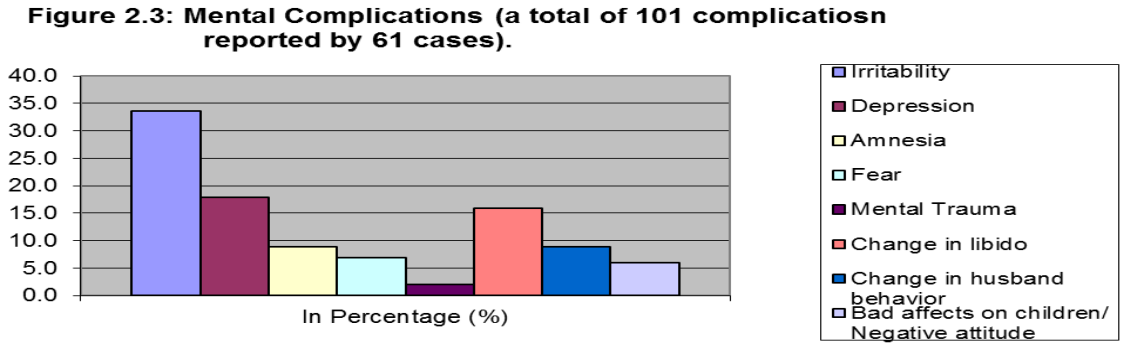


Fig. 2: Number of Respondent Women & Percentage Distribution of different types of complications (Acute, Delayed AEs / Chronic and Mental complications), following Induced Abortion.

mentioned that induced abortion has been opted as a means of fertility control (Sullivan *et al*., 1998, Cates, 1979, Entwisle and Kozyreva, 1997, Saleem and Fikree, 2001a). On reviewing the profile of the women seeking abortion, this study somehow, maintains this statement as the prevalence of induced abortion were found in women with 2 to 3 children at the time of abortion. As reported in other studies, too, (Saleem and Fikree, 2001a, Pervez *et al*., 2010, Casterline and Arif, 2003, Korejo *et al*., 2003, Saleem and Fikree, 2001b) majority of the aborting women belonged to lower socioeconomic sector. This study also substantiates these findings, as showing preponderance of aborting women had been in lower middle (60.7%) and lower (16.4%) socioeconomic sectors. While least participation (10%) being registered by middle and upper-middle class women. In this study, higher socio-economic class had bare minimum participation; therefore, only 3.3% aborting women from this class partake. Low educational level has been determined as one of the associated factor for induced abortion, and the incidence have always been mentioned comparatively higher in this class and low among highly educated women, both in national and international researches (Pervez *et al*., 2010, Gazdar *et al*., 2012, Raatikainem *et al*., 2006). This study also demonstrated this fact; as highly educated women (graduate to master's level) were minimum (5%); while uneducated and matriculated women had been in majority (26% & 23%, respectively) to seek abortion. A previous study declared that private clinics and doctors are the primary and foremost source for abortion services; the next category being the lady health workers (although some misinterpretation of women had also been mentioned) (Gazdar *et al*., 2012). This study also corresponds to the same findings, as major proportion of procedures were carried out in private clinics by the doctors (40.7%), followed by lady health workers whom constituted 22.03% among the service providers; while 15.25% of the procedures had been handled by traditional birth attendants (Dais). In another study done in rural community found dais and nurses as the first choice service provider (Pervez *et al*., 2001). In the present study, according to 30.2% of respondents, the condition of the abortion service area was good, 35.9% declared it satisfactory and 15.1% had procedure under excellent circumstances. According to a number of studies done nationally, dilation and curettage were the premier method to obtain induced abortion (Saleem and Fikree, 2001a, Gazdar *et al*., 2012, Rashida *et al*., 2003). This study verify the same findings, as for women, who adequately reported the type of procedure, 70.2% of them were performed by dilatation and curettage, traditional methods constituted 12.3% and pills and injections made up comparatively smaller proportion of all abortions.

The present study has a unique perspective of presenting opinion of aborting women regarding the procedure they opted, which in the best of our knowledge, is not been reported yet. Although, they had gone through elective abortion, 59% of them found to be aware of the religious viewpoint of the subject, which indicates the probability of intimidation by certain leading factors in the surrounding that overshadowed the original belief and prompt women to take risk of this procedure.

In this study, amongst reported rationales for elective abortion, family planning (29.50%), poverty (24.6%) and serious health problems (23%) marked the very causes. In almost all studies conducted in Pakistan these options has been indicated as the major reasons to opt abortion (Guttmacher, 2013, Saleem and Fikree, 2001a, Gazdar *et al*., 2012, Mehmood and Khalid, 2006). However, induced abortion is equally prevalent; in areas where family planning services are available or are not common (Rehan *et al*., 2001). It indicates presence of vast access for abortion services in Pakistan. In this study, a large fraction of aborting women (49.12%) sought abortion at or around 8th week of gestation, while 22.80% of abortions were performed, at or less than 4 weeks of gestation. This higher percentage shows an increase in availability of early abortion services. As mentioned earlier, irrespective of adopting any type of measure and service, the proportion of abortion-related morbidity was registered in more than two-third of incidences; while a related local study revealed it as 30% (Gazdar *et al*., 2012); but it did mentioned the lack of actual responses, due to social stigmas.

The fact that induced abortion adversely affects women's health has been recognized both in national and worldwide researches (Sullivan *et al*., 1998, Cates, 1979, Guttmacher, 2013, Kretowicz, 1984, Saleem and Fikree, 2001a, Casterline and Arif, 2003, Rehan *et al*., 2001, Gazdar *et al*., 2012). Generally, women are either unaware or are not educated enough for the associated complication with the procedure (Rehan *et al*., 2001). The reported rates of associated complications were up to 74% (Casterline and Arif, 2003). In the present study, regarding query for experiencing any health problem following induced abortion, and if so, the type of problem; the responses were organized in three categories as acute, delayed/ chronic and mental health problems, based on the description in patient responses. Among the 61 respondents, overall 65.5% replied about acute natured problems, while in total 75.4% disclosed that they suffered acute problems initially leading to delayed adverse effects/ chronic problems or later suffered chronic problems without initial acute issues. Similarly, mental problems were reported by 73.8% of the respondent women. The most women suffered more than one type of acute or chronic and or mental problems. The total number of problems of acute nature were reported as 98, suffered by 40 (65.5%) out of 61 aborted women; showing approximately an average of 2.45 types of acute

Table 3: Complications and its association with service providers Number of responses for question about service provider = 59 responded out of 61 aborted women.

Type of Service providers	Number of Responses	Complications Observed as Response to complications question			
		Yes		No	
	No.	No.	%	No.	%
Pvt. Clinic/ Dr.	24	21	86.96	3	13.04
Dai (folk nurse)	9	7	77.78	2	22.22
*Domestic Method	4	-	-	4	100
Greenstar Clinics	4	4	100	-	-
Lady health worker	13	11	84.62	2	15.38
Mid wives	2	1	50	1	50
Nurse	3	2	66.6	1	33.3

*Hot drinks, doing heavy exercise or lifting heavy weight, etc.

complications to each respondent; while 46 (75.4%) women reported 153 chronic problems, it expressed at least 3.32 types of chronic problems per women. Similarly, overall 101 mental symptoms had been registered by 45 (73.8%) respondents, which mean every woman would have suffered from 2.24 types of mental disturbances. The data expresses again the requirement of immediate measures and short and long-term strategy, about such procedures and women over all health, in addition to family planning.

The most commonly reported acute problems encountered by the respondents were excessive vaginal bleeding (24.5%), local infection (26.5%), fever (16.3%) reproductive tract infection (12.2%), incomplete abortion (5.1%). About 7.1% intestinal complications occurred, most of those

required surgical intervention or prolong treatment. More than two third (75.04%) aborting women had been bearing remote illnesses since having procedure, frequently reporting disturbed periods (15%), pain in bones (13.1%), body ache (11.8%), raised blood pressure (7.8%), generalized weakness and easy fatigability (13.1%) and untreatable vague sufferings (11.17%) for which according to them they had been visiting to doctors but of no use. Those who suffered from subjective complications relate induced abortion responsible for it. Few respondents did not want to share their atrocities, as they were at the view that pregnancy is more distressing. Mental symptoms reported were irritability (33.7%), depression (17.8%), amnesia (8.9%), and feeling of fear (6.9%). The mental problems further caused suffering in the shape of home environment, which require separate detailed studies.

Such large percentage of acute, chronic and mental health problems shows alarming situation at the ground and need immediate attention. A detailed epidemiological study is warranted; based on which corrective measures could be taken promptly to safe guard women from such heath problems and life long-sufferings. Home environment was also adversely affected; indicating change in her social behavior or response by others at home; that contributed further worsening of the situation for the women. Around 15.8 % reported change in libido; while 8.9% complained change in husband's behavior where as 5.9% women noticed psychological negative change in other children, perhaps might be due to women's own mental and physical exhaustive behavior towards them. Overall, home environment responses were mixed; 18% showed satisfaction and 16% reported unsatisfactory environment; while 2/3 majority did not respond. The response seems more of defensive nature to their decision. 17.8% of aborting women gave history of feeling of guilt and depression immediately after having abortion. As mentioned before that most of the procedures were carried out, by expert professionals under good hygienic conditions, but the problems continued to adversely affect women health and caused prolonged sufferings. For women whose service providers were adequately reported, all of the procedures produced complications who took place in Green star clinics, 84.16% of the abortion performed by lady-health workers led to morbidity and abortions carried out by doctors in private clinics registered 83.33% complication incidents. As a matter of fact from the findings it has become evident that all service providers carries more than 80% risks of hazards, particularly surgical abortions were more likely to create complications than other ways, notwithstanding how clean the condition of abortion place and extent of expertise of the provider was. This fact was also elicited in other studies that every method, how modern it is, creates health hazard (Gazdar *et al*., 2012). As claims made in other research studies, this report also shows that moderate to severe morbidity were found higher in non-governmental settings than others (Gazdar *et al*., 2012). Surprisingly, for attempts made with using domestic methods and efforts employed by respondents themselves based on natural phenomenon (Rhythm method) were

found much safer. On taking a view of reported subjective ailments, it can be concluded, that induced abortion may increase the risk of other ailments and health problems, especially when surgically intertwined. It might act as a predisposing or psychological factor to some interrelated or unrelated complications in aborting women; hence, this observation needs a thorough and widespread cross community research under highly proficient supervision. Widespread epidemiological studies under the indigenous strategies and sources, across the country would be required to impartially determine the underlying facts and for taking required corrective measures, for women's reproductive health and rights.

CONCLUSION

Elective abortion as means of fertility control is been practiced, irrespective of legal, religious and social barriers, due to free and widespread access and media campaigns. Studies to culminate the exact level of women's health, should be carried out without interference of any biased influences through non-professional or professional groups.

More than two third masses of respondents registered complications, irrespective of use of either measure or source of services or circumstances under which procedures were performed, whether they were clandestine or not, the proportion of abortion-related morbidity was higher than predicted in previous studies. Private clinics and services from lady health workers, where health facilities were reported good and skill of the provider were satisfactory or appreciable, were found responsible for a lot of harmful effects, which are imprinted on women's body and may remain for the rest of her life. This shows that these interventions in natural processes, carries their own inherent risks, the awareness of which unfortunately, do not get the attention it deserves.

There was no obstacle reported in getting access to abortion services or any practical restriction (legal or social), hence the need to call for enhancing the access or to give legal shelter, is irrelevant to the local situation and may distract attention required for the underlying problem of severe scarcity for giving "in depth awareness" to women regarding induced abortion. This deficiency of providing correct and detailed information about the hazards, contraindications and human perspective of the procedure, resulting in high associated risks, need immediate attention. In addition, illegal activities in this regard, should be strictly handled; by taking stern action to save women's health and their right to be healthy. Incidences of extra marital affairs or free sex among young, leading to this health hazard, making only women to suffer, need another detailed study for appropriate corrective measures and proper education campaigns.

However, higher incidence of induced abortion mostly among uneducated and low socioeconomic sector; suggests its relevancy more with other factors; such as financial causes, media hype (to control family size) or some commercial-cum-political campaigns. This segment of society; in general, is more provoked by external factors and intertwined, experimented and manipulated with ease, without fear of any legal consequence. This phenomenon of unawareness has negatively influenced the fabric of family and society; that needs appropriate and immense measure to implement safe and human respect based approach, both for mother and child. It requires the deserved attention and participation from all stakeholders; national and international policy makers, medical professionals, governmental and non-governmental, socio-economic, religious organizations and civil society, under the prevailing local ground realities, without being influenced by external or commercial campaigns, for improving women health and rights.

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