

## Abortion Practices: Rhetoric and Reality in Contemporary Bangladesh

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### **Abstract**

*Despite the law's severity, the over" incidence of abortion, especially induced unsafe abortion, in Bangladesh is increasing. According to Family Planning International Assistance Programs in Bangladesh, twenty five percent women dies from unsafe abortions. So it is important to scour causes and consequences of unsafe abortion, and to develop effective policies, strategy and tactics for reducing need for abortion, improving post abortion care, reducing death from abortion sophistication, and implementing policies to make safe services more available. This is a study on abortion practices of the some selected places both urban and rural in Bangladesh taking 162 respondents. Data were collected with the help of case study, documentation. Test variables were Frequencies of abortion, total number of pregnancy, etc. The relation ( $r = .61$ ) between frequency of abortions and total number of pregnancy is significant at .01 levels. Besides this, this paper attempts to find out the causes of abortion, its nature and magnitude. This paper links a comparison of abortion policies of some selected countries and on the basis of religion especially.*

### **Introduction**

Abortion specially induced abortion has attained high public visibility in many countries, both developed and developing In some contexts, public concern has been voiced primarily because of the alarming high levels of maternal mortality and morbidity that have resulted from unsafe illegal abortion. In others, the visibility has resulted more from public debate concerning the legal status of abortion and role of the State in permitting or denying access to induced abortion.

For millennia, women and girls have found themselves' facing unwanted pregnancies; across time and culture, they have often turned to abortion. Today, it is estimated that 780,000 unsafe abortions are performed annually in Bangladesh. Of these 8,000 results in mother's morality (July 10,2005 Daily Star). They are induced for a wide variety of reasons, including economic factors; personal circumstances such as an absent partner or unfinished schooling, health considerations, and social and cultural factors. The decision to

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terminate a pregnancy may be simple and straightforward or more complex and difficult, depending on the clients' social, legal and personal context.

Because of legal and social restrictions, however, safe and humane abortion is not always available.

\* Instead, millions of women and girls seeking to control their fertility resort to dangerous procedures. Data from Nigeria and Latin America suggest that 4 out of every

10 procedures result in severe complications: this risk is particularly grave for those in rural areas (Makinwa- Adebuse et al .1997 : Singh and Wolf 1994

### **Definition of Abortion**

The word "Abortion" comes from Latin word "Abort", which means the termination of pregnancy before the natural birth.

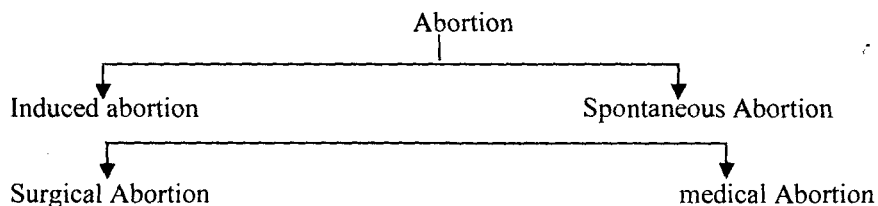
According to Macmillian Family Encyclopedia -

"The termination of a pregnancy before the fetus is developed enough to continue life outside the uterus is termed an abortion. It usually occur before the 28 1h week of pregnancy"

We can say that the abortion is the termination of pregnancy before 28h weeks of conception.

### **Typology of abortion**

The classification of abortion can be showed in the following diagram:



Miscarriage or Spontaneous abortion if it ended spontaneously without medical intervention and was less than seven months duration.

On the other hand, if the pregnancy duration was less than seven months and pregnancy was terminated through medical on other means such as the use of RU -486 or some other medication, it is classified as an induced abortion. (Source: Internet).

### **Methodology of the study**

This research is based on primary and secondary data collected through different ways. Moreover, some secondary sources like books publications, journals, articles, reports and assorted other documents have been used as supplementary evidences. The methods employed at various stages of collecting primary and secondary data are described here under.

**Population and unit of analysis**

Data were collected from both urban and rural areas in Bangladesh. All the Clients who resorted abortions in Debhatta Thana under Satkhira district and Marie Stopes Clinics at Elephant Road and Mohakhali under Dhaka city comprised the population of this study. Every individual having abortions from this places has considered as a unit of analysis.

**Sampling**

In the study, Purposive sampling technique was used.

**Sample size**

The sample size constitutes 162 in which 142 data were collected from documentation and 20 from case studies.

**Techniques of Data Collection**

Data for this study were collected through such techniques as:

- a. Case studies.
- b. Documentation

**Case Study**

In order to have an in-depth experience about unsafe abortions, the case study method was used. Because it can enable us to explore, reveal and understand problems, issues and relations which other techniques might fail to take into accounting. Actually to get a deep insight about abortion practices, case study method was applied to gather data with regard to causes and consequences of unsafe abortions, to determine the present status and conditions of the respondents and, in the long run, test the hypothesis.

**Data Processing and Analysis**

After the completion of fieldwork research, data were processed and analyzed in accordance with the outline laid down for the purpose at the time of formulating the research proposal.

**Encoding and Tabulation**

After, completion of editing and coding, the filled in schedules were sent to the computer with tabulation plan for processing.

**Data Analysis**

Data analysis refers to the computation of certain measures along with searching for pattern of relationships that exist among different variables. However, the collected data were presented through percentage, mean, correlations etc.

**Limitation of the study**

Research is a complex, complicated and. scrutinizing activity based on scientific knowledge and competence. But in this research, I, the investigator, am a new

and quack researcher. So, some problems and limitations are, therefore, inevitable in the way of conducting for such a task.

However, the problems and limitations, which I faced at the time of conducting study, are given below:

- (i) This study was conducted on a small sample size. It fails to cover most of the abortions clients' vision, impression and relevant information. So it is quite impossible to generalize on the entire abortion clients of Bangladesh.
- (ii) Abortion clients come off from higher prestigious families may not be cooperative to supply proper information. Most of the time they hide their information.
- (iii) Respondents in the rural area are sometimes illiterate and so may not be able to provide available information in most cases.
- (iv) Lack of sufficient literature about abortion in Bangladesh is also one kind of limitation of this study.

### **Causes of Abortion**

About five million women in U.S. A. become pregnant every year. Half of those pregnancies are unintended and 1.2 million end in abortion. The most common reasons a woman chooses abortion are:

- She is not ready to become a parent.
- She can not afford a baby
- She does not want to be a single parent
- She is too young or too immature to have a child.
- She has all the children she wants
- She or the fetus has a health problem.
- She was a victim of rape or incest.

But Bangladesh has a gradual different background of resorting abortion from that of U.S.A or industrialized countries where abortion is legal in contrast to Bangladesh. The study reveals a vivid picture of various reasons for resorting abortion through case study and interview schedule. We can explain the causes of abortion in context of our country by dividing two categories:

#### *(a) Causes of premarital abortion*

(b) Causes of post-marital abortion. (a) Causes of premarital abortion: Under the umbrella heading of the causes of Pre marital abortion, most broadly we can identify three factors that are given below:

1. Religion: Bangladesh is one of the Muslim countries in the world where literacy rate is low, superstition and orthodoxy is rooted in and even birth control is not almost approved and used. Our religion never permits pre-marital sex. So, the matter of premarital abortion is prohibited in religion and ethics.

But the matter of grave is that although pre-marital sex is unwanted, unintended and unexpected, in spite of that it is gradually increasing and introducing in our country, partly as a result of globalized world. As a result, the maiden mother finds no way to live her child but ultimately abort it.

Our case study supports that; The respondent became very afraid after confirming the news that she had become pregnant As nobody will wish to get marry her and the society may boycott her family. So, her mother and the respondent took decision to undergo abortion.

2. Society: Our society is also conservative, guided and headed by many religious and ethical norms, values, traditions that hardly permit pre-marital sex. Sometimes, society boycotts the family of the maiden mother As a result, premarital pregnancy tends to undergo abortion.
3. Law: Under the Bangladesh penal code of 1860, induced abortion is permitted only to save the life of mother otherwise not. As pre marital sex is not acknowledged in our law, so, maiden mother is bound to undergo abortion.

#### **Causes of post marital abortion**

- ❖ Older age of the respondents: If the respondent is aged person, then she doesn't like to have a baby.
- ❖ Mother's occupation and beauty: Those women are engaged in long time job or profession, they don't wish to have the child because of losing their jobs As in Bangladesh, maternity leave is very short - about four months where as in Norway it is one year. Sometimes, a few mothers resort abortion for keeping their beauty such as models, actress etc.
- ❖ Economic factor: The couple who are not well established or lacking a job are not willing to have a children. Ultimately, this kind of pregnancy ends in abortion.
- ❖ Son preference: Many clients resort abortion when they come to know through ultrasonograph that a female child is in conception.
- ❖ Education and family size: Educated mothers try to keep their family small, but in case of unwanted pregnancy they undergo abortion.
- ❖ Forget to take contraceptive: Sometimes, clients forget to take contraceptive before intercourse. Thus, she becomes unwanted pregnant which ends in abortion.
- ❖ Pregnancy interval: When pregnancy intervals are shorter, but women become pregnant accidentally, they resort abortion.
- ❖ Women violence: Due to physical torture, pregnant women may hurt and this wound sometimes leads to destroy fetus. Then both induced and spontaneous abortion may be required.

- ❖ To save mothers life: In order to save mothers life, sometimes induced abortion may be undergone.
- ❖ Diseases: Due to various diseases such as HIV, clients resort abortion.
- ❖ Unwanted pregnancy: the reason behind the abortion. Each year, women around the world have 75 million unwanted pregnancies. This happens mostly because the couple was not using contraception. The reasons women cite for a pregnancy being unwanted include rape, lack of control over contraception, young age or not being married, too many children, an unstable relationship, health problems etc.
- ❖ Lack of information about contraception: Due to lack of sufficient information about contraception and access to a range of methods and services, many women become unwanted pregnant and ultimately resort abortion. An estimated 350 million couples around world lack information about contraceptive ness and access to range of methods and services, this is true for underdeveloped countries like Bangladesh.

Table no -1

## Age of the Respondents

| Age (in years) | Frequency        | Percent      | ValidPercent |
|----------------|------------------|--------------|--------------|
| 14-18 Years    | 13               | 8.0          | 8.0          |
| 19-23 Years    | 47               | 29.0         | 29.0         |
| 24-28 Years    | 40               | 24.7         | 24.7         |
| 29-33 Years    | 31               | 19.1         | 19.1         |
| 34-39 Years    | 13               | 9.0          | 9.0          |
| 39-43 Years    | 18               | 11.1         | 11.1         |
|                | <b>Total 162</b> | <b>100.0</b> | <b>100.0</b> |

Source: survey 2002/2003

Age is an important demographic factor. Age distribution of the abortion clients is shown in the table no -1. This table shows that the highest no of respondents (29%) resorted abortion at the age between 19-23years. Nearly 24.7 % respondents in 24-28 years and lowest number of abortions are carried out 14-18 years of age. This study shows that most of the abortions are carried out in a younger age as some women wish to abort pregnancy due to being students, lacking a good job and to keep family size small. On the other hand, about 11.1 % of the respondents had undergone abortions at the age of 39- 43 years as they became grandmothers and older.

Table no- 2 Occupation Of The Respondents

| Pattern of Occupation   | Frequency  | Percent      | Cumulative Percent |
|-------------------------|------------|--------------|--------------------|
| Housewife               | 117        | 72.2         | 72.2               |
| Garments factory worker | 16         | 9.9          | 82.1               |
| Student                 | 11         | 6.8          | 88.9               |
| Maid servant            | 6          | 3.7          | 92.6               |
| Private service         | 5          | 3.1          | 95.7               |
| Teacher                 | 2          | 1.2          | 96.9               |
| Nurse                   | 1          | .6           | 97.5               |
| Govt. Service           | 1          | .6           | 98.1               |
| Tailor                  | 1          | .6           | 98.7               |
| Day laborer             | 1          | .6           | 99.3               |
| Sex worker              | 1          | .6           | 100.0              |
| <b>Total</b>            | <b>162</b> | <b>100.0</b> |                    |

Source: survey 2002/2003

In the study, information was collected about current employment. Data in table 2 indicate that highest 72.2 % of the respondents were housewives who do not participate in income generating activities outside the household and the remaining 27.8 % were employed (except 6.8 % of students). Among employed categories, garments factory workers constitute highest, maidservant, private service holder and Government service holders were respectively 3.6%, 3.1% and 6%. *On the basis of case study we can say, most of the housewives do not use contraceptive regularly as sometimes forget to take pill. Thus unwanted pregnancy ends in abortion.* Students (6.8%) may not wish to hamper their education and sometimes take resort abortion.

Table no -3 : Education of The Respondents

| Level of Education | Frequency  | Percent       | Valid Percent | Cumulative Percent |
|--------------------|------------|---------------|---------------|--------------------|
| Illiterate         | 29         | 17.90         | 17.90         | 17.90              |
| Can sign           | 4          | 2.47          | 2.47          | 20.37              |
| Primary            | 32         | 19.75         | 19.75         | 40.12              |
| Under Secondary    | 43         | 26.54         | 26.54         | 66.66              |
| Secondary          | 33         | 20.37         | 20.37         | 97.03              |
| Higher Secondary   | 17         | 10.50         | 10.50         | 97.53              |
| Bachelors          | 4          | 2.47          | 2.47          | 100.0              |
| <b>Total</b>       | <b>162</b> | <b>100.00</b> | <b>100.00</b> |                    |

Source: survey 2002/2003

Education is a key determinant of life style and status an individual enjoys in society. It affects all aspects of life, including demographic and health behavior. Education attainment has strong effect on reproductive behavior, contraceptive use, fertility and mortality etc. Education makes man conscious. The table shows that 17.90 % of the respondents were illiterate. The highest 26.54 % of the respondents' educational status was under secondary. The table shows that

cumulative 66.66 % of the respondents came from up to secondary level. In fact, lower educated respondents are more likely to undergo abortion than higher educated respondents. As various studies have shown that education, life style, contraceptive uses are positively related.

Table no -4 : Total no of Pregnancy of the Respondents

| No of Pregnancy | Frequency  | Percent      | Cumulative percent |
|-----------------|------------|--------------|--------------------|
| 1               | 29         | 17.9         | 17.9               |
| 2               | 27         | 16.7         | 34.6               |
| 3               | 25         | 15.4         | 50.0               |
| 4               | 24         | 14.8         | 64.8               |
| 5               | 18         | 11.1         | 75.9               |
| 6               | 14         | 8.6          | 84.6               |
| 7               | 14         | 8.6          | 93.2               |
| 8               | 5          | 3.1          | 96.3               |
| 9               | 2          | 1.2          | 97.5               |
| 10              | 2          | 1.2          | 98.8               |
| 11              | 2          | 1.2          | 100.0              |
| <b>Total</b>    | <b>162</b> | <b>100.0</b> |                    |

Source: survey 2002/2003  $r = .61$ , Level = .01

Table -4 shows the total no of pregnancy of the respondents. The study finds that there is a positive relation ( $r = .61$ ) between frequency of abortion and total no of pregnancy that means the higher total number of pregnancy, the more higher of abortion rates. Data in the table indicate that the cumulative 50% of the respondents had total number of pregnancy up to 3 times. On the remaining (50%) of the respondents had total number of pregnancy from 4 to 11 times.

Table no -5 : Duration of pregnancy of the Respondents

| Pregnancy duration | Frequency  | Percent    | Valid Percent | Cumulative Percent |
|--------------------|------------|------------|---------------|--------------------|
| 5 weeks            | 3          | 1.9        | 10            | 2.0                |
| 6 weeks            | 36         | 22.2       | 24.3          | 26.4               |
| 6+ weeks           | 12         | 7.4        | 8.1           | 34.5               |
| 8 weeks            | 37         | 22.8       | 25.0          | 59.5               |
| 10 weeks           | 25         | 15.4       | 16.9          | 76.4               |
| 10+ weeks          | 8          | 4.9        | 5.4           | 81.8               |
| 11 weeks           | 2          | 1.2        | 1.4           | 83.1               |
| 12 weeks           | 4          | 2.5        | 2.7           | 85.8               |
| 14 weeks           | 6          | 3.7        | 4.1           | 89.9               |
| 16 weeks           | 10         | 6.2        | 6.8           | 96.6               |
| 18+ weeks          | 1          | .6         | .7            | 97.3               |
| 20 weeks           | 3          | 1.9        | 2.0           | 99.3               |
| 22 weeks           | 1          | 1.6        | ~7            | 100.0              |
| Total              | 149        | 91.4       | 100,0         |                    |
| Could not say      | 14         | 8.6        |               |                    |
| <b>Total</b>       | <b>162</b> | <b>100</b> |               |                    |

Source: survey 2002/2003



Data contained in Table 5 show that the highest 25% of the respondents had undergone abortions during 8th weeks, nearly 24 % during 6<sup>th</sup> weeks, and .7% during 22nd weeks. Generally, about half of the abortions are carried out within two months, according to Hospital and clinic Sources. In our study, cumulative 59.5 % of the respondents had undergone abortions with in 8th weeks. Some respondents suffer from indecision for resorting abortions. So they undergo abortion at late especially from 10 -22 weeks.

Table no -6 : Frequency of Abortion

| Abortion Rate | Frequency | Percent | Cumulative Percent |
|---------------|-----------|---------|--------------------|
| 1             | 112       | 69.14   | 69.14              |
| 2             | 41        | 25.3    | 94.44              |
| 3             | 7         | 4.32    | 98.76              |
| 4             | 2         | 1.23    | 100.10             |
| Total         | 162       | 100.0   |                    |

Source: survey 2002/2003

Table 6 shows the frequency of abortions by the respondents. Data contained in the table show that 69.1 % of the respondents had undergone abortions for 1 time, 25 % for 2 times and 1.23 % for 4 times. About two thirds (69.14%) of the respondents resorted abortions for one (1) time.

Table no – 7 : Whether Respondents faced problems or not after Abortion

|       | Frequency | Percent | Cumulative Percent |
|-------|-----------|---------|--------------------|
| Yes   | 86        | 53.1    | 53.1               |
| No    | 76        | 46.9    | 100.0              |
| Total | 162       | 100.0   |                    |

Source: survey 2002/2003

The table 7 shows that whether the respondents faced any problem after abortion or not. Data indicate that more than half (53.1%) of the respondents faced any problem after abortion. Abortion is a complicated matter. So, sometimes, respondents suffer from difficulties. Besides, due to lack of money, many clients abort from local, unhygienic and unsafe clinic and hospital that leads to morbidity and even sometimes to death.

One of the Family Planning Workers provided some information about a tragic story of a woman who resorted abortion. According to her: The woman went to a 'Dai' for terminating her unwanted pregnancy The Dai' was not trained and expert She (Dai) inserted a narrow object (stick) into her uterus and suddenly began bleeding. After seven days, she died from over bleeding. Thus, many women die from unsafe abortion in Bangladesh especially rural areas due to lack of legal status and available service of abortion.

Table no -8 : Types of Problems faced by the Respondents After Abortion

| Problems           | Frequency  | Percent      |
|--------------------|------------|--------------|
| Abdominal pain     | 73         | 45.06        |
| Bleeding, Vomiting | 3          | 1.85         |
| Not applicable     | 86         | 53.09        |
| <b>Total</b>       | <b>162</b> | <b>100.0</b> |

Source: survey 2002/2003

Although abortion was legalized in developed countries long ago U.K legalized it in 1967, Japan in 1974, and India in 1972. Since abortion was legalized in Great Britain, many women from other countries have traveled to England for a safe, legal abortion. In 1987, there were 18,100 abortions performed on non-resident women. As abortion is not legal in our country, so women resort unsafe, illegal abortion which is a threat to their equal empowerment and reproductive rights. Even the places from where the women undergo abortion are not sanitary, quack and unhealthy. So, women suffer from various complications and difficulties after abortion. Our study finds that 45.06 % of the respondents suffered from abdominal pain and 1.9% from bleeding. *From case study, we also find that they also suffered from infections in the vagina and birth passages after abortion.*

Table no -9 : Where The Respondents Performed First Abortions

| Places                  | Frequency  | Percent    |
|-------------------------|------------|------------|
| Private Clinic          | 82         | 50.62      |
| Family Planning Officer | 40         | 24.70      |
| Nurses Home             | 20         | 12.35      |
| Dai's House             | 12         | 7.40       |
| Hospitals               | 5          | 3.08       |
| Pharmacy                | 3          | 1.85       |
| <b>Total</b>            | <b>162</b> | <b>100</b> |

Source: survey 2002/2003

The table shows the places where the Respondents performed their first abortions. About 50% of the respondent resorted abortions from private clinic where the respondents face unhygienic abortion practices due to lack of money and legislative limitations. In many cases, the private clinic owners do not maintain any registration. In urban, most clients take resort abortions from private clinic where less experienced nurses handle abortions. On the other hand, in rural areas, most of the clients go to Family planning Officers (24.70%), nurses houses (12.35%), Dai's houses (7.40%) and Hospitals (1.85%). In Rural areas, the practices of abortions are extremely unhygienic. Clients who resorted abortions from nurses and Dai's houses suffer from various complications.

### Abortion on the basis of Bible and Quran:

In religion, the issue of abortion is much debated. Many passages referring about this issue in the Bible such as given below:

**Stewardship:** Train, and protect a child. Abortion defenders often argue that, if the mother does not to have the child, she may abort it. But a mother has the right to not want her child. Psalm: 127:3-5:128: 3-5.

God says to love our children.

Young women should be fought to love their children. Abortion does fit the Bible definition of murder. Titus 2:4.

Respect for wife. Don't kill as innocent child. Exodus 23:7; proverb 6:16,17.

The famous quotation is "Be grow and multiply". It is obviously a stringent statement of Bible against abortion.

In Islam religion, infanticide is strictly prohibited. Amin and Hossain in the book "Womens reproductive rights and the politics offundamentalism" argue - Islam allows for a range of interpretations in productive matters. The Quran is ambiguous on the subject of contraception. You can even find passages that seemingly endorse abortion.

In Islam law, abortion is addressed in the "personal Statutes" of the Quran. Although the different schools of Islamic law differ somewhat in their interpretation, there are some commonalities. Islam forbids the killing of the soul, but the various schools of Islamic law disagree as to when a foetus acquires a soul. Islam, however, permits abortion when the pregnancy endangers their mother's life, regardless of gestation duration.

### **Abortion rationale on based on the definition of death:**

In almost cases, an infant is born alive In most jurisdictions in North America, Europe and elsewhere, death is defined as a lack of electrical activity in the brains cerebral cortex. If this is the end of human life, one might use the some criteria to define the start of human life. One might argue that fetal life becomes human life when electrical activity commences in the cerebral cortex One could then argue that a fully informed woman should have access to abortion at any point before the point that human life begins. According to author Richard Carries -*The fetus does not become truly neurologically active until the fifth month (an event we call quickening)*. In this view, abortion before fifth month can be undergone legally and scientifically which is almost used in many states and provincial medical associations in North America.

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**Comparison of Abortion policies of three selected countries:**

Broadly speaking, the abortion policy of a country is the products of the social, political, economic and religious context in which it is embedded. More specially, the nature of abortion laws and policies depends upon their legal heritage, that is, the legal system to which the country adheres and upon the ways in which laws are interpreted and enforced.

The first instance of a secular law concerning abortion occurred in England in 1803(Cook an Dickens, 1979). Before 1803, abortion was considered a common law misdemeanor and punishable only if performed after quickening The 1803 Act and its amendments paved the way for the 1861 offenses against the person Act An important judicial precedent, the case of Rex v Bourrie in 1938, clarified the 1861 by specifying instances when abortion would be "lawful". In the Bourne case, a physician was accused of performing an abortion on a 14-year old girl who had been raped. Dr. Bourne was acquitted of the offense on the grounds that continuation of the pregnancy would have caused the

**Abortion policy of three selected countries:**

**Abortion policy in UK: ground on which abortion permitted:**

|                             |     |
|-----------------------------|-----|
| To save life of the woman   | Yes |
| To preserve physical health | Yes |
| To preserve mental health   | Yes |
| Rape or incest              | Yes |
| Foetal impairment           | Yes |
| Economic or social reasons  | Yes |
| Available on request        | Yes |

*(Source: Abortion Policies; A global view, 1992, V-3, P- 15 5)*

**Abortion Policy in U.S.A.: ground on which abortion permitted:**

|                                    |     |
|------------------------------------|-----|
| To save life of the woman          | Yes |
| To preserve physical health        | Yes |
| To preserve Abortion mental health | Yes |
| Rape or incest                     | Yes |
| Foetal impairment                  | Yes |
| Economic or social reasons         | Yes |
| Available on request               | No  |

*(Source: Abortion Policies; A global view, 1992, V-3, P-161)*

Abortion policy in Bangladesh: ground on which abortion permitted:

|                             |     |
|-----------------------------|-----|
| To save life of the woman   | Yes |
| To preserve physical health | No  |
| To preserve mental health   | No  |
| Rape or incest              | No  |
| Foetal impairment           | No  |
| Economic or social reasons  | No  |
| Available on request        | No  |

(Source: *Abortion Policies; A global view, 1992, V- 1, P- 13 8*)

Abortion laws in Bangladesh originated from the Indian penal Code of 1860. This penal code (sections 312-316) permits only to save the life of the pregnant woman. This law still predominates. This law was waived temporarily in 1972 for women who are raped during the war of liberation. Despite the restrictive nature of the law, menstrual regulation services have been available in the Government family Planning Programme. But in the developed countries, abortion was legalized long before. In Bangladesh it is illegal. For this reason, Maternal death and other complications are increasing. As where abortion is illegal, abortions are usually performed in substandard and unsanitary conditions, leading to a high incidence of complications and resulting chronic morbidity and often death.

### **Recommendation:**

Laurie, Liskin shows : "Complications of illegal abortions account for 40 to 70 percent of maternal deaths in developing country hospitals and an unknown number of additional deaths outside of hospitals".

- 12% of all maternal deaths in Asia are due to unsafe abortion
- An estimated 38,000 women die each year from complications due to unsafe abortion in Asia.
- Half of the world's unsafe abortions take place in Asia, one third in Southeast Asia alone. (Source: *Unsafe Abortion: Global and Regional Estimates WHO: 1997*).

Bangladesh is a country of south Asia where unsafe abortions toll thousands of maternal deaths and morbidity. So, it is necessary to take effective strategy.

The following suggestions are compatible to reduce unsafe abortion:

- Prompt, high quality and humane medical services to treat the complications of unsafe abortion
- Safe induced abortion services where they are not against the law.
- Women should have access to confidential counseling and quality family planning information and services.

- Services should be safe and available to the full extent allowed by law.
- Education is critical for reducing unsafe abortion.

**Conclusion:**

In Bangladesh many women suffer serious health consequences and humiliation from unsafe abortion. As most of them practice abortion in unhygienic and unscientific way. On the contrary, laws and regulations in Bangladesh are still very restrictive and deny women access to safe abortion services. Where laws are restrictive, rates of unsafe abortions (and consequent maternal deaths) are usually high like Bangladesh. So, it is necessary to develop effective policies, programs and strategies for reducing the need for abortion or abortion should not be illegal in our country for the first trimester for the sake of safe motherhood, preventing maternal death and implementing women's equal power and productive rights. As, unsafe abortion is causing deaths of many women. Elimination of unsafe abortion practices will reduce maternal mortality significantly. To save women's lives, unwanted pregnancies also must be preventive and women should be protected from the undesirable and unsafe abortion consequences.

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