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Comment to:

Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women
Vincent M. Rue, Priscilla K. Coleman, James J. Rue, David C. Reardon
Med Sci Monit, 2004; 10(10): SR5–16

Dear Editor,

The article on induced abortion and traumatic stress highlights a problem that had, for a long time, not received its due attention [1]. With an estimated 1.38 billion women in the world being of childbearing age (15–44 years) and 210 million pregnancies occurring in a year, of which 49% and 36% are unplanned in developed and developing countries respectively, interest should be revived in abortion research. About 46 million women around the world have abortions each year. Of these women, 78% live in developing countries and 22% in developed countries [2].

However, in most developing countries the consequences of women's health, social and cultural context within which induced abortions are performed and even the levels and characteristics of women resorting to abortion are unknown. There is some evidence that women use induced abortion as a means of contraception as well as for sex selection beyond its justified use in case of undesirable pregnancies or pregnancies with foetal defects [3]. Wide spread use of ultra sound or amniocentesis for sex determination and sex selective abortion has been noted in many parts of India especially Gujarat, Haryana and Punjab [4].

In India abortion has been legal for over 30 years following the enactment of the Medical Termination of Pregnancy (MTP) Act in 1971. The MTP Act permits abortion for a broad range of social and medical reasons, including to save the life of the woman, to preserve physical or mental health, or to terminate a pregnancy resulting from rape or one that will result in the birth of a child with physical or mental abnormalities. The Act also includes several provisions regarding the delivery of services in relation to the service provider and the setting where it can be performed. In spite of this, up to 90 percent of the six million induced abortions estimated to occur annually in India are illegal – provided in uncertified settings and/or by uncertified providers, or for reasons other than those specified [5,6].

Across countries and cultures women have been victim to social pressure and are often in a position to neither regulate their pregnancy nor make decisions regarding their reproductive performance. As is the case with many other areas of reproductive health, husbands and mothers-in-law appear to be the primary decision-makers with regard to abortion in many parts of India. In many cases, this decision-making structure appears to be driven by women's lack of economic independence. Even access to the most effective services is highly dependent on the involvement of influential family members [5].

The consequences of induced abortion are less known because women resorting to it do not tend to report them. However, along with several physical consequences that lead to increased maternal morbidity and mortality [7–9] many psychological consequences have also been reported [7,8,10,11]. Yet, the trauma associated with an induced abortion is of least concern to the family, community and country, especially in developing regions like India, where the more grave concerns attract attention. Women in such regions therefore continue to suffer silently.

The article, though extremely appropriate in such a scenario, has several limitations in addition to those already mentioned by the authors. Firstly, the study compares different types of subjects (heterogeneous in US consisting of whites, blacks and Hispanics, but homogeneous in Russia), in different settings (hospital and out patient clinics in US, only hospital in Russia), by different methods as already mentioned by the authors (self-administered questionnaire in US and interview by physicians in Russia). Emotional stress recalled after certain period of time may not have been adequately represented, thus making a prospective study a better alternative. Also the age limits could have been extended to include all women in reproductive group (15–44 years)

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as abortion, as well as their psychological consequences, are likely to be more in extremes of age.

Despite this the authors have successfully portrayed the traumatic stress that women undergo in different countries, as a result of induced abortion. As prevalence of induced abortion, along with its physical, psychological and social consequences, is rising in all countries, more focus should be laid on abortion research so that such challenges can be met.

Sincerely,

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