

Women's attitudes to safe-induced abortion in Iran: Findings from a pilot survey

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Abstract

Aim: To explore attitudes to safe-induced abortion among pregnant women in Iran.

Background: In Islamic teachings, abortion is generally forbidden. However in specific circumstances, abortion may be permitted and currently, in Iran, the law allows termination of pregnancy only if three specialist physicians confirm that the pregnancy outcome may be harmful for the mother during pregnancy or after birth.

Design: Pilot, descriptive survey.

Methods: A 15-item structured questionnaire focusing on attitudes to safe-induced abortion was developed and pilot tested. Participants were pregnant women who were referred to the Legal Medical Centre (July–December 2015) to obtain permission for abortion. On obtaining their informed consent, the women were asked to respond to each item if they agreed (Yes) or disagreed (No). Only their age, education, employment, marital status and religion were obtained.

Results: Of the 80 survey participants referred for a safe-induced abortion, 90% were carrying fetuses with a diagnosed congenital malformation and 10% were experiencing complications of pregnancy that endangered their health. The majority of women (85%) perceived abortion to be dangerous to health; 86% indicated that partners should be involved in decision-making about abortion, while 83% believed that public health officials should have complete control of abortion law.

Conclusions: There is a need to improve women's and couples' awareness and practice of effective contraceptive methods. Further research is needed to better understand the complex issues that lead to unintended pregnancies and abortions considering religious beliefs and cultural and legal contexts.

KEYWORDS

abortion, contraception, family planning, induced abortion, Iran, legislation, Muslim women, nursing, pregnancy, survey

1 | AIM

To explore attitudes to safe-induced abortion among pregnant women in Iran.

2 | BACKGROUND

Abortion is a controversial issue and an induced abortion is defined as "the intentional termination of a pregnancy by medical or

surgical means before the foetus can be viable" (Motaghi et al., 2013, p. 594). Rules about abortion vary between countries, but almost all major religions consider life sacred, which commences with conception and forbids abortion under normal circumstances (Hedayat, Shooshtarzadeh, & Raza 2006). In countries where Islamic law and teachings are upheld, termination of pregnancy for non-life-threatening reasons is generally not permitted (Hedayat et al., 2006).

There are, however, specific circumstances where abortion may be permitted (Haidar, Rispler-Chaim, Hung, Chandrasekharan, & Ravitsky 2015) and in Iran, a predominantly Muslim country, induced abortion is permitted by law only where the foetus has been diagnosed with "congenital disorders that is profoundly debilitating or incompatible with life, or when there are serious social" or economic "hardships entailed in carrying a child to term" (Hedayat et al., 2006, p. 656). This therapeutic abortion legislation provides a mechanism to safeguard and uphold "the spirit of Islam's emphasis on respect for life" and not "making religion a burden on people" (Hedayat et al., 2006, p. 656). According to current Iranian law, permission for termination can only be granted prior to the 20th week of pregnancy (Samadirad, Khamnian, Hosseini, & Dastgiri 2012) and only if three specialist physicians confirm that the outcome of pregnancy may be harmful for the "mother/family during pregnancy or after birth" (Samadirad et al., 2012, p. 1).

In Iran, the induced abortion rate is estimated to be 8.9 per 1000 women aged 15–44 years (Motaghi et al., 2013), the annual rate of abortion is estimated to be 73,000 with 7.5 abortions per 1000 married women (Ranji, 2012). These statistics together with inconsistencies in the reporting of induced abortion in Iran (Motaghi et al., 2013) highlight the need for research about attitudes to abortion to inform recommendations for health education, policy and practice about pregnancy and abortion.

3 | DESIGN

Pilot, descriptive survey.

4 | METHODS

Approval was granted by the Legal Medicine Centre (LMC) and the Urmia ethics committee (Number 424). The survey was conducted between July - December in 2015 in the LMC in Urmia, Iran. Participants were women aged 18 years and above who were referred to the LMC to obtain legal permission to undergo safe-induced abortion. A 15-item structured questionnaire was developed (and piloted) to elicit responses from the participants as to whether they agree or disagree to abortion. The survey was reviewed by experts (midwife clinician, doctor and nurse midwife academic) for content validity resulting in .98 validity index. The internal consistency reliability of the tool was Cronbach's alpha .88. Simple demographic characteristics were also obtained.

Why is this research/review needed?

- Abortion is a contentious health issue and rules vary between countries.
- Views and attitudes of Muslim women towards safe induced abortion remains unknown.

What are the key findings?

- About three-quarters of participants agreed that partners should be involved in decision-making about abortion; that abortion is dangerous to women's health; and that public health officials should have full control of abortion law.
- The physical and mental health of the mother and foetus are additional factors influencing choices made about abortion.

How should the findings be used to influence policy/practice/research/education?

- Family planning education programmes are necessary to prevent unintended or unwanted pregnancy.
- Community awareness programs about the availability of legal safe abortion services in Iran will prevent women seeking unsafe abortions and associated health consequences.

The women who were referred to the LMC were approached to explain the purpose and nature of the survey. On obtaining their informed consent, the women were asked to respond to each of the survey items.

5 | RESULTS

Eighty participants completed the survey all were of Muslim faith. The mean age was 30.05 years (range = 17–44), 34 had little or no education, 70 were not employed outside the home and mostly in their third pregnancy. Of the 80 women, 22% were of consanguinity marriage (a member of their extended family). Ninety per cent were referred as foetuses were diagnosed with congenital abnormality and 10% were referred for complications of pregnancy which endangered their health.

Attitudes to abortion are reported in Table 1. About three-quarters of participants agreed that partners should be involved in decision-making about abortion; that abortion is dangerous to women's health; that public health officials should have full control of abortion law; that abortion should be performed where the foetus has suspected mental or physical abnormalities; and that where abortion is performed, this should occur during the first trimester.

TABLE 1 Women's attitudes to safe-induced abortion ($n = 80$)

Question items	Yes (%)	No (%)
1. The women's partners should be involved in abortion decisions.	86	14
2. Abortion is dangerous to women's health.	85	15
3. Public officials should have full control of abortion laws.	83	17
4. Abortion should be performed in foetus suspected of mental or physical abnormality.	76	24
5. Abortion should be performed during the first trimester.	72	28
6. Abortion should be performed in women who have been raped.	56	44
7. Abortion centres should be widely available.	56	44
8. Abortion charges should be inexpensive.	55	45
9. Abortion should be performed if the pregnancy is a threat to marriage.	55	45
10. Abortion should be performed in unmarried women.	47	53
11. Abortion is a method of birth control.	34	66
12. The women have the right to terminate their pregnancy.	32	68
13. Abortion should be performed if pregnancy interferes with educational and career goals.	27	73
14. Abortion should be performed for whatever reasons.	26	74
15. Abortion should be performed in married women who do not want to have more children.	20	80

6 | CONCLUSIONS

Abortion is a contentious health issue and findings provide insights into attitudes of Muslim women towards safe-induced abortion. Views and attitudes may differ across cultures and countries and these will be underpinned by religious and cultural practices and beliefs, law, human rights and ethical issues. The physical and mental health of the mother and foetus are additional factors influencing choices made about abortion. Knowledge of cultural beliefs and practices as well as contextual factors such as marriage between relatives is important for informing health education, policy and practice. While Iran's family planning programme are deemed to be one of the most successful (Ranji, 2012), further research identifying cultural beliefs and preferences pertaining to abortion across cultures is necessary to develop a broader knowledge base about abortion across the population and to identify acceptable public health education interventions to reduce the need for abortion.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the author(s).

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE (<http://www.icmje.org/recommendations/>)):

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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