Academy of Romanian Scientists *Volume 5, No. 1, 2016, pp. 53-63*
Annals Series on Biological Sciences Online Edition ISSN 2285-4177

ORIGINAL PAPER

ANTHTROPOLOGICAL ASPECTS of MATERNAL DEATHS CAUSED BY ABORTION IN ROMANIA

Ecaterina STATIVA[1], Andrei KOZMA[2], Calin POPOVICI[3]

[1]*Phd, Senior researcher I – National Institute for Mother and Child Health*, Romania
[2]*Phd, MMD, DHC – Academy of Romanian Scientists, National Institute for Mother and Child Health*
[3]*Researcher assistant - National Institute for Mother and Child Health*, Romania

Abstract. Pregnancy affects the health and life of millions of women worldwide – yearly millions of women suffer from pregnancy-related complications and nearly half a million of them die. WHO experts warn that most of these deaths could be avoided. In middle and low income countries the causes of maternal mortality are linked to the direct complications of pregnancy, including complications resulting from abortion. This paper aims to highlight certain anthropological aspects of maternal deaths caused by abortion through the prism of the antropo-socio-demographic characteristics of women who died in Romania during 2006-2014 in Romania. The authors make also an analysis of the evolution of maternal mortality, especially by abortion through a mixed longitudinal study including analysis of data from the period 1966-1989 period with increased frequency of maternal deaths due to illegal abortions. The source of the data can be found both in the documents present in the files of maternal death and in the published statistical data. Maternal mortality in Romania in the past 50 years exhibited specific developments. Up to 1966, the maternal death rate was similar in other countries in the region. Today, analysing the cause of most of these deaths are abortions performed in unsafe conditions, sometimes even illegal ones – unregulated officially. One conclusion is that the decrease of mortality caused by unsafe abortions is the easiest way to prevent maternal death. Ensuring a wide access to contraception - has real economic benefits in relation to the costs of health care for women so, that they recover their health or even save the lives of women after unsafe abortion attempts. Also, counselling women after an abortion on can obtain same benefits. In order to adopt the best policies that might lead to an improved access of women to health services decision makers should encourage research in this area. It is necessary to conduct studies so as to identify the existing barriers to the use of preventive services in the health field of human reproduction.

Key words: Maternal mortality, anthropological aspects, unsafe abortions, contraception, preventive services, maternal education.

Introduction

Pregnancy is not a disease. However, it affects the health and life of millions of women throughout the worldwide. Every year millions of women suffer from pregnancy-related complications and half a million of these women die [1].

After having conducted various studies, WHO experts warn that most of these deaths could be avoided without excessive costs, only by acting in the direction of preventing abortions performed in unsafe conditions, sometimes even illegal ones – unregulated officially. In developing countries, every 8 minutes a woman dies after such an abortion. Unsafe abortion is defined by the WHO as "*a procedure for putting an end to an unintended pregnancy carried out by someone lacking the necessary skills and / or performed in an environment which does not comply with a minimal medical standard*".[2]

The legalisation of abortion on request is a necessary first step, but it is not enough to reduce unsafe abortions and improve women's health, as in many countries, where abortion has been legalised for many years, pregnant women's access to competent care remains limited because of other barriers - economic or cultural. [3]

Unsafe abortions expose to danger women who, when confronted with an unwanted pregnancy, induce their own abortion or appeal to people lacking the required qualifications, for complex reasons, be they religious or economic or other reasons related to gender equality. Haemorrhages, infections and intoxications are the most frequent causes of death caused by this category of abortions. Conversely, legal abortion, especially in industrialised countries, has become one of the safest current medical procedures with minimal risk of morbidity and death.[2]

In the last decade the frequency of maternal deaths from any causes decreased dramatically all over the world. Maternal deaths have become rare events in countries with high income per capita, but are still frequent in countries with a middle or low income per capita. [1]

In middle and low income countries the causes of maternal mortality are linked to the direct complications of pregnancy occurring during pregnancy, childbirth or the postpartum period, including complications resulting from abortion. In countries where maternal deaths are rare events deaths are related to disorders and diseases pre-existing pregnancy and which have been aggravated by pregnancy. From the perspective of gender equality, access to safe abortion is a fundamental right of women, regardless of the place where they live. *"Today the underlying causes of morbidity and mortality from unsafe abortions are not blood loss and infections, but rather apathy and contempt for women." [4]*

This paper aims to highlight certain anthropological aspects of maternal deaths caused by abortion through the prism of the socio-demographic characteristics of women who died in Romania during 2006-2014 in Romania.

The source of the data can be found both in the documents present in the files of maternal death and in the published statistical data.

Definitions.

According of the 10th Revision of the WHO regarding the International Classification of Diseases, **maternal death** is defined as the *death of a woman during pregnancy or within a period of 42 days since the termination of pregnancy, irrespective of the duration and location of pregnancy, through any cause determined or aggravated by pregnancy or its management, but not brought about by accidental or incidental causes.*

Using the International Classification of Diseases, maternal deaths are sub-divided into four categories:

- Deaths from **direct obstetrical** risk are those deaths resulting from obstetric complications (pregnancy, childbirth, puerperium), interventions, omissions, incorrect treatments, or induced by a chain of events arising from any of the above-mentioned factors.
- **Deaths from abortion** are a special case of deaths caused by direct obstetrical risk, given by the stage of pregnancy at which the decease occurred, i.e. up to 26 weeks. Since many of the deaths from abortion are self-inflicted, performed in unsafe conditions, in countries like Romania, all these types of deaths are treated separately and not under maternal deaths from direct causes.
- Deaths from **indirect** obstetric risk are a consequence of a disease pre-existing pregnancy or of an illness which coincided with the pregnancy, having no obstetric causes, but which could be aggravated by the physiological modifications of pregnancy.
- Collateral deaths also known as "accidental deaths" are those deaths occurring during pregnancy or post-partum, but are not correlated with pregnancy

The current situation of maternal deaths and deaths caused by abortion in Romania.

Maternal mortality in Romania in the past 50 years exhibited specific developments. Up to 1966, the maternal death rate was similar to that of the overall European trend, like that of the other countries in the region.

After the enforcement of the pro-natalistic policy through the Decree 770/1966 and the legislation related to the banning of abortion on demand and progressively of modern methods of contraception, we were witnessing an accelerated increase of maternal deaths as a consequence of unsafe abortions. The said decree and the subsequent measures aiming to outlaw abortion on demand and contraception were abrogated in December 1989.

In the 23 years since 1966 to 1989, the frequency of maternal deaths caused by illegal abortions in Romania gradually increased from 64 cases in 1966 to 545 in 1989 [8]. Figure 1

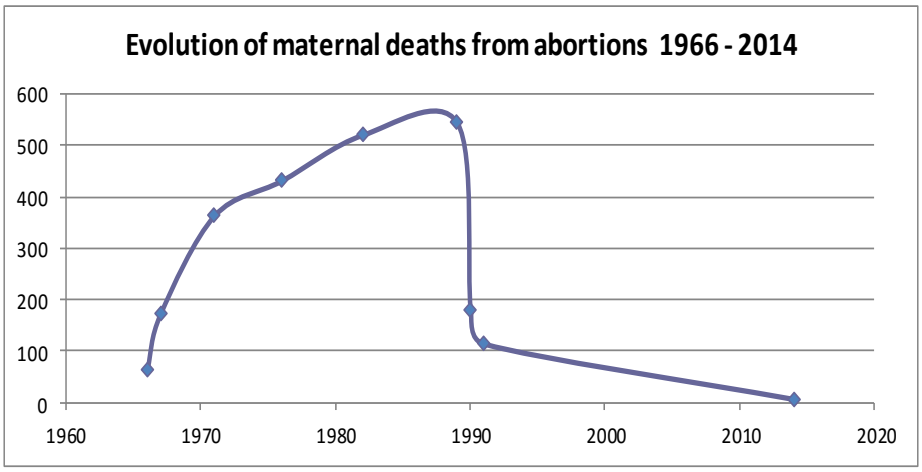

Figure 1. Evolution of maternal deaths from abortions between 1966 and 2014

The repressive measures against clandestine abortions intensified year by year, but could not discourage abortions and consequently the deaths caused by abortions continued to increase. According to statistical records in this period in Romania about 10,000 women died from complications resulting from empirically practiced abortions [7]. Moreover, the empirical methods used for termination of pregnancy inflicted probably in many women the damage of the uterine cervix, chronic infections and severe anaemia, which in its turn (namely severe anaemia) increased the risk of postpartum haemorrhage and accompanying infections so that the women who survived remained infertile, frequently gave birth prematurely to dead children or low birth weight infants. The exact figures are not known as to this morbidity, meaning that, in Romania, there were no data indicating the incidence of post-abortion morbidity. [7]

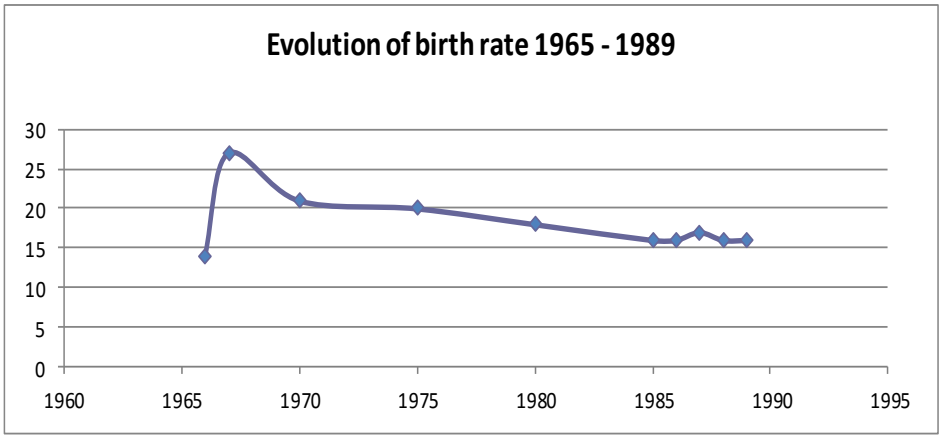

Figure 2. Evolution of birth rate between 1965 and 1989

Although it was a very repressive pro-natalistic policy, its effects on the increase of the birth rate were not notable. After an initial doubling of the birth rate in 1967, from 14.3 to 27.4 % it began to decline gradually reaching 16 % in 1989, a rate very close to the one preceding the imposition of the pro-natalistic decree (Figure 2). WHO experts believe that the outlawing of abortion and contraception was not a pro-natalistic measure, but as it subsequently turned out an anti-natalistic one; by the fact that following the deaths there were fewer women with childbearing potential, there were fewer healthy women who could have children, the children being in these cases born prematurely, or died at birth or in the first year, or were either unwanted or abandoned (Figure 3). [5, 6]
In a nutshell, in the society in question we had fewer healthy citizens for the future. In all the documents on this issue, Romania's dramatic pro-natalistic experience is mentioned as a telling example.

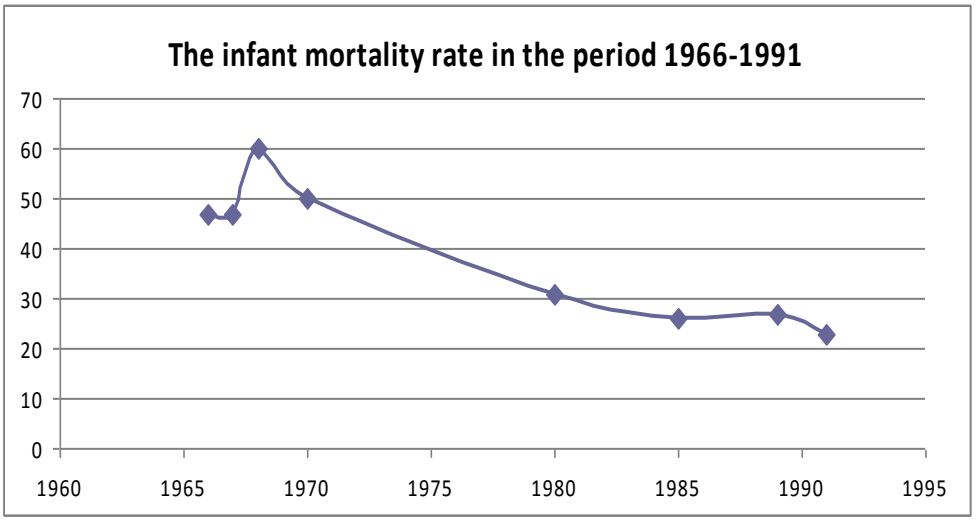

Figure 3. Evolution of the infant mortality rate in the period 1966-1991

Analysing the infant mortality rate in the period 1966-1991 one can see that after 1989 the deaths from abortions began to fall significantly. From 1989 to 1990, the deaths decreased by 67 %, i.e. from 545 to 181 deaths. Subsequently, maternal deaths from abortion declined progressively, as can be seen in Figure 3.

It is worth mentioning that in the case of an unwanted pregnancy and after the liberalisation of abortion, women continued to resort to unsafe abortion. Statistical data show that until 2004, there were annually hundreds of induced abortions. It was only in 2005 that induced abortions were measured by "double digits", not exceeding 100 – something in the range of tens (Table 1).

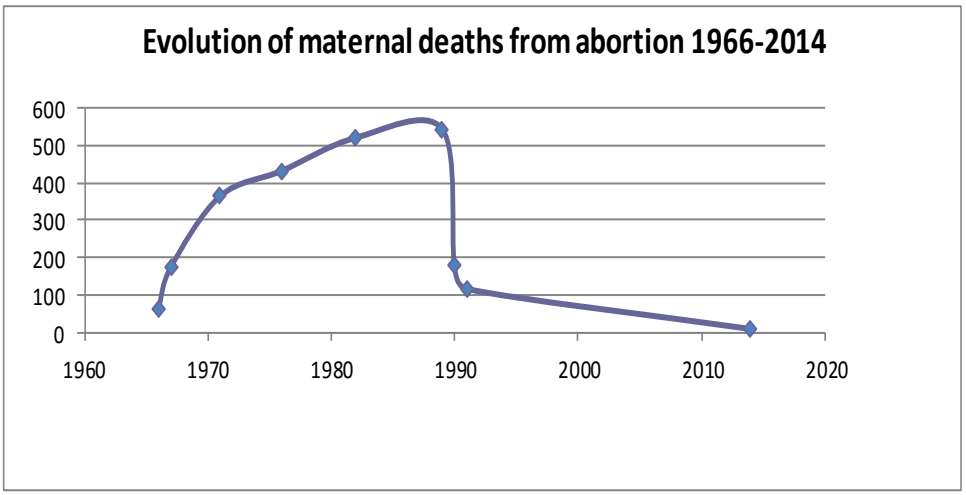

Figure 4. Evolution of maternal deaths from abortion 1966-2014

Table 1. Dynamics of induced abortions 1990-2011

Years	1990	1995	1997	2001	2004	2005	2007	2009	2011
Number of induced abortions	1181	364	395	200	101	41	48	53	83

Source: *Cristea C, Scortan, A, 2012, Asistenta gravidelor si evident intreruperilor cursului sarcinii in 2011 comparativ cu 2010, Ministerul Sanatatii, Institutul National de Sanatate Publica, Centrul National de Statistica si Informatica in Sanatatea Publica*

This also explains the fact that up to 1998 maternal mortality was still dominated by deaths from abortions and only thereafter the situation was reversed. Thus, in 1990, deaths by abortion were more than 2.2 times higher than those caused by obstetrical risk. Starting from 1998 the ratio was reversed, the deaths from direct obstetrical risk exceeding those from abortion.

The fewest deaths from abortion over the last 24 years occurred in 2012, i.e. 3 cases. Then the number of maternal deaths increased again and stabilised for the next two years, respectively 6 deaths annually (Table 2) [8].

Between 2006 and 2010 we note that most of the women who died from abortion came from rural areas, the number of deaths being from 2 to 5 times higher in rural areas, during this time frame (Table 3).

The majority of the women who died belonged to the age group of 20-39 years (Table 4).

Table 2. Evolution of maternal deaths from abortion 2006-2014

Years	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of deaths	12	11	9	8	11	6	3	6	6

Source: *Buletine informative Analiza mortalitatii materne in Romania CNSISPB, 2006-2014 (Newsletter Analysis of Maternal Mortality in Romania)*

Table 3. Maternal deaths from abortion according to mother's residence

Years Residence	2006	2007	2008	2009	2010	2011	2012	2013	2014
Urban	2	5	4	3	3	3	2	3	2
Rural	10	6	5	5	8	3	1	3	4
Total deaths	12	11	9	8	11	6	3	6	6

Source: *Buletine informative Analiza mortalitatii materne in Romania CNSISPB, 2006-2014 (Newsletter Analysis of Maternal Mortality in Romania)*

Table 4. Maternal deaths from abortion by age group of the mother

Years Age groups	2006	2007	2008	2009	2010	2011	2012	2013	2014
Under 20 years	1	1	0	1	0			1	
20-39 years	11	8	7	5	11	6	2	5	6
40-44 years	0	2	2	2	0		1	-	
Total deaths	12	11	9	8	11	6	3	6	6

Source: *Buletine informative Analiza mortalitatii materne in Romania CNSISPB, 2006-2014 (Newsletter Analysis of Maternal Mortality in Romania)*

Part of maternal deaths occurs at home or on the way to the hospital. According to the data in Table 5, what should be worrying us is the fact that both the percentage and actual number of deaths that occur outside health care facilities has increased in the last 2 years under consideration.

As to the education level of the mothers who died after an abortion the information was insufficient. Among the documents found in the maternal death files the records referring to the schools graduated by mothers were often missing. The available evidence indicates that most women had low levels of education, more specifically primary school or secondary school. But there were also a few cases of highly educated women, i.e. post-secondary or higher education (Table 6).

Table 5. Maternal deaths from abortion by place of death

Years Place	2006	2007	2008	2009	2010	2011	2012	2013	2014
Hospital	10	10	7	6	9	5	3	4	2
Outside the hospital	2	1	2	2	2	1	-	2	4
Total deaths	12	11	9	8	11	6	3	6	6

Source: *Buletine informative Analiza mortalitatii materne in Romania CNSISPB, 2006-2014 (Newsletter Analysis of Maternal Mortality in Romania)*

Table 6. Maternal deaths from abortion by the mothers' schooling level - distribution expressed in percentage

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Illiterate and primary school	50%	18.2%	-	-	9.1%	50%	33.3%	-	16.7%
Secondary school	16.7%	18.2%	55%	12.5%	-	-	-	16.7%	33.3%
Vocational school	8.3%	-	11.6%	37.5%	27,3%	-	-		
High school	-	-	-	-		16.7%	-	16.7%	
Post-secondary and Higher education	-	18.2%	-	12.5%	9.1%	-	-		
Unspecified	25%	45.4%	66.7%	37.5%	54.5%	33.3%	66.7%	66.6%	50%

Source: *Buletine informative Analiza mortalitatii materne in Romania CNSISPB, 2006-2014 (Newsletter Analysis of Maternal Mortality in Romania)*

The analysis of the causes of death due to abortion reveals that most deaths were caused by empirically induced abortions, therefore performed in unsafe conditions (Table 7). Even if this fact seems offensive for Romania with liberalised abortion and available contraceptives, behind this phenomenon there are many hidden things which act as obstacles preventing the use of these services.

First of all abortions are free, yet there are charges. The price amounts to 200-250 lei in the public system. And not all the women can afford to spend this amount of money unblinkingly. A rural origin and a lower education level are socially disadvantaging criteria, a fact which entitles us to believe that these women come from a population with poor resources of any kind. And that is why they have recourse to less expensive alternatives in the hope that they would "get rid of the pregnancy".

Table 7. Causes of deaths from abortion 2006-2014

Years Causes of deaths	2006	2007	2008	2009	2010	2011	2012	2013	2014
Miscarriage	-	1	--	2	3	1	2		1
Induced abortion	**8**	**6**	**8**	**3**	**6**	**4**	**1**	**3**	**3**
Complications of abortion	3	1	0	-	-				
Ectopic pregnancy	-	2	-	2	1	1	-	1	-
Other abnormal products of childbearing	1	1	1	1	1		-	1	2
Total deaths	12	11	9	8	11	6	3	6	6

The data of Table 8 indicate that an abortion practiced in unsafe conditions does not automatically lead to death. Therefore women keep on practicing it and they count on the fact that eventually they will get to the hospital where the abortion will be completed in safe conditions. But it seems that not always.

Table 8. Maternal deaths from self-induced abortion in relation to empirically self-induced abortions

Year	2006	2007	2008	2009	2010	2011	2012
Deaths from self-induced abortion	8	6	8	3	6	2	1
Empirically self-induced abortions (incomplete self-induced abortions)	53 (27 in rural areas)	48 (23 in rural areas)	30 (14 in rural areas)	53 (26 in rural areas)	54 (17 in rural areas)	83 (28 in rural areas)	119 (42 in rural areas)

Another barrier may be the refusal of physicians to practice abortions on demand during religious fasts.

Regarding the *medical assistance of pregnant women* the analysis of the available records indicates that most mothers, and none after 2010, did not resort to prenatal consultations. This is "understandable" in the case of those mothers who had an unwanted pregnancy which they wanted to terminate.

Yet not all the deaths were caused by empirically induced abortion. There were deaths also after a miscarriage, an ectopic pregnancy or various abnormalities of the product of conception. It is possible that some of these

pregnancies might have been young which could explain mothers' failure to go to prenatal consultation. Documents show that most deaths occurred after the first trimester, i.e. 75 %, and only 25 % in the first trimester (the data not shown).

Can deaths from abortion, especially in the case of abortions practiced in unsafe conditions, be prevented?

The WHO believes that the decrease of mortality caused by unsafe abortions is the easiest way to prevent maternal deaths.

The reduction of unsafe abortions can be done by ensuring a wide access to contraception. However, this access must take into account the needs of all the segments of the population in order to be effective. National programs of contraception as is also the case in Romania must operate without interruptions and be easily accessible in unprivileged social environments. Accessibility to free contraception has unquestionably economic benefits in relation to the costs of health care for women so that they recover their health or even save the lives of women after unsafe abortion attempts. And the benefits extend implicitly on the welfare of families and children.

Counselling women after an abortion, whether it was conducted in safe or unsafe conditions to use a modern contraceptive method as to avoid unwanted pregnancy is one of the ways that has proven useful in most countries. Unfortunately in Romania this model of prevention is rarely used, for it is not considered a mandatory medical service after an abortion. Increasing women's access to the use of prenatal services may have an important preventive role in reducing mortality and morbidity in terms of reproductive health.

It is important that these services have also a strong educational component with respect to education and health, including reproductive health. Currently prenatal care providers do not have such a component in the basic package of services provided freely to pregnant women.

Last but not least, education as regards health, including reproductive health, should be included in school curricula, so that all students might benefit from this education. At the present time, in Romania, this discipline is optional.

In order to adopt the best policies that might lead to an improved access of women to health services decision makers should encourage research in this area. It is necessary to conduct studies so as to identify the existing barriers to the use of preventive services in the health field of human reproduction.

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