Abortion and Pacific women in New Zealand

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Introduction

In New Zealand the rate of abortion for Pacific women is higher than for non Pacific women.[1] Abortion is a medico-legal procedure with significant moral and political considerations. Different individuals, groups, cultures and religions vary in their view of the beginning of human life.[2] The World Health Organisation (WHO) describes abortion as a public health problem, a human rights issue and women's private struggle.[3]

The New Zealand Ministry of Health describes abortion as an issue of access to high quality contraception.[4] The Minister of Women's Affairs felt that "alarming" abortion figures show young New Zealand women are being let down by lack of sex education.[4] Many see a strong link between the influence of religion and the rate of abortion. Others see it as a fertility control method rather than as a last resort because access to contraception is difficult. Abortion is said to be used as an important method of contraception for Pacific women in New Zealand. In a 1989 study of a Wellington abortion clinic it showed that more than half of Pacific women having abortions did not use contraceptives.[1]

This reviews why there is a higher rate of abortions for Pacific women than non-Pacific women in New Zealand. It looks at the use of abortion as a method of fertility control or as a last resort in preventing an unplanned pregnancy.

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Historical perspective

Abortion has been used over the ages as a fertility control measure. From a demographic viewpoint, abortion is one of the measures that has been shown to bring fertility rates down.[3] Pre-industrial societies used abortion to prevent unwanted pregnancies. The reasons ranged from medical and biological considerations, political, social structure, economic factors, family dynamics custom and attitudes. At the time alternatives to abortion were seen as marriage, removal of semen from the vagina, infanticide and even suicide.[5,6]

As a means of fertility regulation, abortion is as old as humanity and probably occurs in all cultures.[5] Ancient Chinese, Greek and Roman literature refer to methods of abortion. Regardless of moral or legal sanctions women have resorted to abortion in order to terminate unwanted pregnancies.[3]

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Abortion alone can reduce fertility, but the number of abortions involved is likely to be large. The risks to the health of the women, although minimal with legal abortion, and cost of medical services to the community would suggest that this is not the optimal way of controlling human fertility.

The New Zealand situation

In comparison to other low fertility countries New Zealand has a high abortion rate only exceeded by Australia, Japan and the United States.[7] Pacific women remain the most infrequent users of contraception.[8] The research neither supports or negates that abortion is used as a form of contraception. Studies have identified lack of knowledge and costs as important barriers to contraception usage.[8,9,10,11,12]

Over time the rate of induced abortion slowly decline. The higher rate of abortion for Pacific women could be part of a process of change from contraception being used as fertility control to one of contraception with abortion as back up.

Reduction in fertility and improved contraceptive practice can be associated with initial increase in legal abortion. When contraceptive services are available, it is assumed that couples will use contraception in preference to abortion.[6] However, if the abortion decision is made after conception then contraception access will be of minimal effectiveness as an approach to decrease abortion rate.

A demographic shift occurred for the Maori population in New Zealand between the 1960s and 1990 due to contraception. Maori women could expect to have six or seven children, on average. This rate was reduced dramatically to 2.2 by 1990 and was seen to be enhanced by contraceptive availability and changing socio-economic status.[13]

In the demographic transition from high to low rates of fertility (and mortality) there may be three categories: no birth prevention - high birth rates; falling birth rates accomplished primarily by induced abortion; and low birth rates achieved by effective contraception with some residual abortions to meet contraceptive failure. The latter can be hastened by a greater availability of abortion, together with provision of all methods of contraception.[14] Pacific women would fit into the second category because abortion is accessible to Pacific women but contraceptive knowledge and accessibility to contraception is limited.

More recent evidence presents a strong challenge to this theory. The idea that abortion is resorted to only after contraceptive measures have failed is now being disputed. The United States has the highest rates of abortion despite contraceptive campaigns and accessibility of contraception.[3] Another example where abortion played a major role in overall reduction of fertility is Japan. Fertility changed from a post war high of 34 births per 1000 population in 1943 to a low of 17 in 1961. The peak passed and the balance in fertility regulation shifted from abortion to contraception but now Japan has the second highest abortion rate in the low fertility countries.[6] "This supports the notion that pregnancy may have become unwanted only after conception, when the stark realities of Pacific people's life situation got an objective place in the reconsideration in where to go from here" (S.A. Finau - personal communication).

Repeat abortions

The percentage of previous induced abortions of Pacific women in New Zealand is rising.[7] This could be seen as evidence that women are using abortions as contraception. However research globally shows not only are repeat abortions evidence of reliance on abortion as a primary method of fertility regulation but also that abortion is used as a back up measure.[15] Is it possible that these women repeatedly got pregnant because they want to, then change their mind, after conception? It has been observed that Pacific women that are having a repeat abortion often come from outer islands and have limited English, or have not been well assimilated into the New Zealand culture.[16]

Access

There is a complex interrelationship between abortion and contraception. Access, availability and knowledge of contraception are seen as important determinants in the relationship between abortion and contraception. Better access to more choices of effective and safe contraceptive methods leads to a decline in abortion rates, but will never eliminate the need for abortion.[3] WHO suggests that initially, the abortion and contraception rate increase, after a period of time the abortion rate declines as access improves. Korea for example, had an intense promotion followed by an increase of the induced abortion rate but as the contraceptive rate continued to increase the abortion rate declined. This process was observed over a period of 20 years.

The extent to which abortion or contraception is used may be determined less by individual preference than by availability.[17] Auckland women have excellent access to abortion services compared with the rural and provincial women. However, some authors argue though that the factors which determine a large number of unwanted pregnancies in a community are almost totally independent of the availability of legal abortion, but are the result of varying social and cultural factors.[6]

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Access to abortion and contraception varies according to region, income, peer approval, legal restrictions, culture and religion. Women may not prefer abortion but may find it difficult or inappropriate to practice contraception.[17] This may be due to misinformation or active discouragement to use contraception. Stories are told of husbands of Pacific women forbid them to use contraception. Often religious convictions stop people from using contraception or even being able to discuss their sexuality.[18]

Hospitalisation rates for Pacific male and females are higher than national rates.[1] This could indicate that Pacific people are generally curative in their approach to health and illness rather than preventative. It is suggested that even in situations where contraception is readily available that abortion is chosen on hindsight rather than foresight, as a 'curative' rather than a 'preventative' measure. Many do not seek medical care until they are ill which explain why some women

see birth prevention as something to undertake when the undesired condition has already occurred.[18]

In the period 1990-1991 the fertility rates in all age groups of Pacific women were well above those recorded for all New Zealand women.[1] Because of their high fertility, Pacific women are disproportionately represented among all women receiving services at the time of childbirth.[13]

Research

Various studies have been conducted in the Pacific and in New Zealand on knowledge, attitudes and practice of contraception and abortion.[19,20,21,22] However, more research needs to be conducted to determine the requirements at the family and society level. Society may decide money is better invested in a contraceptive programme rather than provision of legal abortions, or vice versa. Women who prefer access to both may find the exclusion of one or the other unsatisfactory.[17]

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Prevalence studies world wide show contrasts in abortion use.[23] In Cuba, contraceptive failure rather than non-use explained the high level of induced abortion in a population committed to the maintenance of low fertility/family size. In the Dominican Republic it was found that abortion is considered part of a general support system in fertility regulation. In Turkey, although contraception usage is high and abortion legal, there is a high rate of contraceptive failure because of ineffective methods. Men are found to dominate the decisions relating to fertility regulation. Poor access and availability of reliable methods combined with fear if hormonal methods also leads to their high abortion rate.

All cultures have well-established opinions regarding issues related to pregnancy and childbirth. Cultural and religious beliefs can often be in conflict with modern medical technology and financial considerations.[23,24] Research is needed to provide information on patterns of sexual behaviour in different sociocultural contexts. Some see the position of women reduce their power in sexual relations and the probability that they will have unprotected sex.[18,21] The empowerment of women in contraceptive and fertility decision making is a key to improve the way in which choice and use of contraception is made. Research on the role of men in family planning has been neglected and little is known about the extent of men's participation in fertility decisions and making contraceptive choices within the relationship[23]. A study on the role of Samoan men in contraceptive decision making is being conducted (S.A. Finau, C. Tukuitonga-personal communication).

Pacific women want to know more about traditional methods of contraception and their effectiveness.[21] For example an ethnographic study in Kiribati explored the lay notions of reproductive physiology and anatomy which showed substantial influence on the way in which community members perceive, accept and use biomedical contraceptive options.[25] Traditional practices need to be tested and validated, allowing them to co-exist beside modern health to fulfil their role as an integral part in culture.[26]

Understanding of the reproductive health needs of Pacific women as well as the status of women in both their Pacific environment and in New Zealand is needed. To be successful in implementation of family planning programmes an understanding is necessary of both beliefs and practices which influence fertility and family size in past and present generations and their current attitudes and practices.[27] This research needs to be mindful that Pacific people, as do Maori, have their own cultural indexes as far as knowledge, learning, teaching and research definitions are concerned. The research should not be coloured by the interests of the dominant Western culture.[28] There needs to be research done on when women decide to conceive and to have or not to have a child.

The data regarding women's well being is sparse. Reliable quantitative data regarding women's health, legal, employment and education issues are required to accurately describe the situation of women.[29] There is also little qualitative information available about the complex cultural and social factors which influence women's status, needs and contraceptive choices. Research needs to be a change agent in addressing social and economic disadvantage. The International Conference on Population and Development sees gender equality, equity and empowerment as a key to reducing fertility rates and achieving population stabilisation world wide.[30]

Conclusion

Despite discrepancies, inaccuracies and insufficient data it would appear that Pacific women in New Zealand have a high abortion rate and low contraception usage. The transition theory suggests that abortion rates will come down as fertility decreases with increased contraception use. But experiences in some countries suggest that other factors may effect the

impact of increased contraceptive use, so as not to eliminate the use of abortion.

Abortion is seen as a lack of information, access, availability to contraception and a result of social and economic disadvantage. If we are to avoid the situation in the United States, Korea and Japan where the rates have again increased then research is needed to achieve the goal of increasing the contraception rate to bring down the abortion rate. An understanding of the complex issues surrounding abortion are required before appropriate policy decisions can be made.

New Zealand need studies aimed at understanding the dynamics of contraceptive use and the behavioural aspects of fertility regulation within various population groups. We need initiatives aimed at understanding people's perceptions and behaviours concerning family planning, reproductive intentions and choices, reproductive health care services and their availability and use, as well as other issues that may act as barriers to the achievement of an acceptable level of reproductive health. For Pacific people, this must mean research within the context of the family and the realities of each of the ethnic groups.

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