

# PAC Network Newsletter

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## Study on Impact of Unsafe Abortion on MM

This study is an attempt to look into the issue of unsafe abortion and its impact on maternal mortality in Khartoum State. As Khartoum resembles the country as a whole, conclusions from this study will be expected to resemble practice in the whole country to a large extent.

The study was composed of two parts.

**The first part** was a quantitative hospital based study examining spontaneous and induced abortion in detail, including incidence, gestational age, presentation, types, mode of treatment, intra and post-operative complications and the quality

of post-abortion care (PAC) provided. The study also included women coming to hospital with complications of suspected self-induced abortion. It is important to note that all abortions were recorded as spontaneous, whether they were suspected to be self-induced, truly spontaneous or unknown. It is often difficult to differentiate between spontaneous and self-induced abortion, and some women may report the latter as spontaneous to protect themselves.

The data was collected from 726 patients admitted to five tertiary referral hospitals in Khartoum

State over a 3 month period, between the ends of October 2007 and January 2008.

**The second part** was a community-based qualitative study aiming to examine the community perceptions on abortion methods and morbidity. It was composed mainly of 3 parts, namely:

- 1-Focus group discussions (FGDs).
- 2-In-depth interviews with the community leaders.
- 3- separate interview was held with a representative of the mid-level providers who were trained in PAC.

**This study was carried out by Safe International Consultant Dr. Bashir.A.Bashir**

## Gynuity TA Visit

At the second half of last February Dr. Mohamed Cherine and Dr.Nevine Hassanein from Gynuity who visited Sudan for 2 days . They met with the key policy persons in MOH and discussed the integration of Misoprostol into the broader PAC strategy for the Sudan. They also visited 3 hospitals in Khartoum to select tow hospitals where likely the study will take place first.

## The Visit Results

- 1-The Ministry of Health agreed to approve operational research on Misoprostol use in in-complete abortion.
- 2- Safe International in collaboration with Gynuity will develop the research plan and collect statistical data from 2 hospital in Khartoum

**The baseline study is carried out by Safe International and sponsored by PPFA.**

## Photos & Comments PAC Network Annual General Meeting



**Prof. Ayse Akin Guest Speaker from turkey participated in PAC Network Annual Meeting and presented the Family Planning and Abortion Experiences in Turkey .**



**Reproductive Health Director in federal Ministry of Health Dr. Lamia Eltigani participated in the Network Annual Meeting**



**Part from Annual Meeting participants**

**Findings of two studies were presented in the annual meeting (one on unsafe abortion and other on Doctors Attitudes Towards patients presenting with miscarriage.**

**On June 22,2008 Safe International was conducted the PAC Network Annual Meeting.56 participants from PAC network members , stakeholders and representatives from Ministry of Health, WHO and American Population Council were participated in the meeting .The meeting informed participants about the activities of the network during the year.**

**The annual meeting was supported by PPFA**

## Recommendations of the Baseline Study on Impact of Unsafe Abortion on Maternal Mortality

### Recommendations to Health-Care Providers

1- Both spontaneous and induced abortion can be unsafe, whether occurring in the community or treated in hospital, if adequate measures to guard against infection are not followed. Safe abortion services must be made available and easily accessible to women who need them. The staff who deliver this service must be trained adequately in infection prevention and control and protocols must be prepared and strictly adhered to.

2-Unsafe abortion is more common among low socio-economic groups and age groups 20-29 years. More attention should be focused on these categories of women. Some women seem to know about their right of having an abortion within the law. However, more needs to be done to increase community awareness about these rights.

3-Most abortions are carried out using traditional sharp curettage. Health care providers must be encouraged and trained to treat abortions less than 12 weeks gestation medically or using the MVA. Surgical abortion using the MVA is very safe, cheap and requires no general anesthesia. It should be utilized more frequently by doctors after adequate training. Mid-level providers should also be trained and permitted to use the equipment within the law.

4-Many women with abortion who can access medical facilities wait for long periods before they receive treatment. This results in unnecessary blood loss and increased risk of infection. Women who are treated in hospital are discharged too soon after the

procedure. This may be due to shortage of hospital beds and/or the assumption that abortion is not as serious as other surgical emergencies. This attitude deprives women of their right to receive PAC and should be changed. Many women do not receive adequate PAC. Women should be properly counseled by trained personnel, offered contraception and advised about the complications of treatment by doctors and trained mid-level providers. This may be better achieved by establishing separate early pregnancy assessment units in hospitals.

### Recommendations to Policy-Makers

1-Maternal mortality is increasing in Sudan with a ratio of more than 1100/100,000 live births. The increase is not uniform, with the war-affected zones making the highest contributions. The contribution of unsafe abortion to this high mortality is not known and is expected to be substantial. More work and studies, difficult as it may be, need to be done to address this issue. This is extremely important for the success of any measures that may be taken in the future to prevent unsafe abortion.

2-The laws should be amended to allow trained mid-level providers to use the MVA within the law. This is especially true in rural areas and will guarantee safer abortions and decrease demand on hospital beds.

3-Unsafe abortion is a common problem in all communities in Sudan, regardless of the ethnic or religious background. Awareness about the serious complications of unsafe abortion is fairly high among most communities. However, safe abortion services are lacking, and most women resort to traditional unsafe methods when they want to get rid of an unwanted pregnancy. Safe abortion ser-

vices must be made available within the law and easily accessible to all women. Women should understand about their right to have abortion within the law and cultural and other beliefs that stand in their way must be addressed. Many women in rural areas may not be able to reach hospitals because of bad roads and long distances to nearest health facility. More needs to be done to make safe abortion available in local communities by providing trained personnel from the same community, the necessary equipment, and improving road conditions and transportation

4-More measures could be adopted to improve awareness among the youth and community at large. These should include premarital counseling, integration of sexual and RH services for young people into existing PHC services, greater engagement of the government and civil society to improve the educational and job opportunities for them and involvement of young people in the designing of sexual and RH programs to guarantee sustainability. National policies that concern youth RH needs should be clarified and widely disseminated to providers and policymakers.

5-The youth and under-privileged are the most vulnerable groups. We recommend that there should be health clinics that offer youth-friendly services, including contraception, in and out of clinics by specialized and trained health providers. Using mass media, popular entertainment programs and peer education will help in raising awareness among the youth. Developing a comprehensive sex education curricula at early stages (stage 3) and sex education programs that most easily reach young people through school and other institutions where they meet, will be very helpful. Parallel programs for parents are helpful in fostering intergenerational communication.

*For the full report contact Safe International Organization at Academy Hospital*

## Background on Abortion policy Sudan

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We are on the web:  
[www.pacsudan.org](http://www.pacsudan.org)

Until 1983, abortion was governed in Sudan by the provisions of the Penal Code of 1 August 1925 (sections 262-267). Under the Code, abortion was prohibited except when performed to save the life of the pregnant woman. A person performing an abortion with the woman's consent was subject to imprisonment for a term not exceeding three years and/or payment of a fine if the pregnancy had not reached the stage of "quickening". A woman performing her own abortion was subject to the same penalties. Harsher penalties were applied if the abortion was performed without the consent of the pregnant woman, if the pregnancy had reached the stage of "quickening", or if the abortion resulted in the death of the pregnant woman. On the other hand, if the unmarried woman performed an abortion on herself in order to conceal her dishonour, the punishment was reduced. In 1983, this Code was replaced by new criminal legislation designed to conform more closely to the principles of Islamic law than had the 1925 Penal Code. The performance of abortions was still prohibited except to save the life of the pregnant woman; but the punishment had been changed to reflect the Islamic penalty of payment of blood money. Persons who violated the law were subject to the payment of compensation, as well as to imprisonment and payment of fines. The payment was to be made to the relatives of the foetus and/or mother depending on the circumstances of the abortion.

In 1991, the Penal Code of Sudan was amended once again, resulting in changes in the abortion law. The major change was the expansion of the circumstances under which the performance of an abortion was legal. A person who intentionally causes a woman to miscarry is not guilty of an offence where (a) the miscarriage is necessary to save the mother's life; (b) the pregnancy is the result of rape which has occurred not more than 90 days before the pregnant woman has desired to have the abortion; or (c) it is proved that the quick unborn child has died in the mother's womb. If the pregnancy is of less than 90 days' duration, the person who performs the illegal abortion is subject to up to three years' imprisonment and/or payment of a fine. If the pregnancy is of more than 90 days' duration, the penalty is increased to up to five years' imprisonment and payment of a fine. In both cases, the person may be subject to the payment of compensation. As of 1991, the new legislation did not apply to largely Christian Southern Sudan. Information on the incidence of induced abortion in the Sudan is scarce. However, a survey conducted in Khartoum between 1974 and 1976 found that the largest proportions of gynaecological admissions were due to complications of induced abortion. A similar observation has been made in Southern Sudan, and studies have found abortion to be one of the major causes of maternal death in the Sudan, estimated at 660 deaths per 100,000 live births in 1990.

The Government of the Sudan provides direct access to modern methods of family planning. Family planning services were introduced in the country in 1965 when the Sudan Family Planning Association was founded. The maternal and child health and family planning project within the Ministry of Health was established in 1975 and the Sudan Fertility Care Association in 1976. The Sudan Family Planning Association and the Sudan Fertility Care Association provide family planning services throughout the country. The main rationale for family planning is to improve MCH. Family planning services are provided free of charge, and there are no legal restrictions on the importation of contraceptives. Recent studies show that the level of contraceptive use is low but has increased slightly. The percentage of women using modern methods of contraception in Northern Sudan rose, for example, from 4 per cent in 1977-1978 to 6 per cent in 1989 and 7 per cent in 1992-1993. The total fertility rate for the Sudan has fallen in the last decade from 5.4 children per woman to 4.6 in the period 1995-2000.

**Source:** *Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs United Nations Secretariat.*