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Kertas Asli/*Original Article*

A Follow-up Profile of Women Seeking Pregnancy Terminations in a Clinic in Urban Malaysia: 1998-2005

(Profil Lanjutan Wanita yang Ingin Menggugurkan Kandungan di Sebuah Klinik Bandar Malaysia: 1998-2005)

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ABSTRACT

This is a follow-up study to assess the socio demographic profile of a sample of 28,605 women seeking pregnancy terminations at a private clinic in Penang over a seven year period as compared to an earlier study in 1995 of a sample of 23,986 women over a six and a half year period at the same clinic. This study was conducted using computerized patient medical records and paper reports generated from the computer data. The earlier 1995 study showed that the profile of a typical abortion client was a Chinese (60%), housewife (45%) in her late twenties (47%) with a monthly household income of less than RM1,200 (58%), having her first abortion (51%) and who had used contraception before (78%). For the seven year period from 1998-2005, the follow-up profile of a woman seeking an abortion in the same clinic in urban Malaysia was one with a monthly household income of less than RM2,000 (100%) in her late twenties (54%) who had used contraception in the past (85%). It is noted that the percentage of Malay respondents has increased (34%). The percentage of women who had a prior abortion at this clinic or elsewhere has also increased (68%), as compared to the preliminary study. Non-use of contraception remained an issue and traditional methods still outweighed the use of more effective contraceptive methods. In conclusion, fewer housewives and more Malay and Indonesian factory workers contributed to the clinic client profile over these seven years compared to that of the earlier study in 1995.

Keywords: Abortion (induced), reproductive health, women's health

ABSTRAK

Kajian ini merupakan kajian susulan yang menilai sosio demografi 28,605 wanita yang ingin menggugurkan kandungan di sebuah klinik swasta di Pulau Pinang dalam tempoh tujuh tahun. Kajian ini melaporkan perbandingan dengan kajian awal pada tahun 1995 sebelum ini yang melibatkan 23,986 responden dalam masa enam setengah tahun. Kajian dilaksanakan melalui analisis rekod perubatan berkomputer dan laporan berkait dengannya. Kajian 1995 mempamerkan satu profil tipikal iaitu, yang melibatkan wanita kaum Cina (60%), surirumah (45%) dengan pendapatan kurang dari RM1200 (58%), responden yang menjalani pengguguran pertama (51%) dan yang menggunakan cara perancang keluarga (78%). Kajian susulan bagi tempoh 1998-2005 di klinik swasta yang sama menunjukkan profil responden sebagai berpendapatan kurang daripada RM2000 sebulan (100%), berumur lewat dua puluhan (54%) dan telah mencuba kaedah merancang keluarga (85%). Peratus responden Melayu juga meningkat (34%). Responden yang telah pun menjalankan pengguguran lebih daripada sekali juga meningkat (68%), jika dibandingkan dengan kajian awal. Ketidakgunaan cara perancang keluarga juga adalah satu isu. Penggunaan cara tradisional lebih diutamakan daripada kaedah moden. Kesimpulannya, profil responden dari kalangan surirumah adalah berkurangan dan terdapat peningkatan responden dari pekerja kilang kaum Melayu dan Indonesia.

Kata kunci: Pengguguran, kesihatan reproduktif, kesihatan wanita

INTRODUCTION

The politics of abortion has oftentimes overshadowed and sidelined its relevance as a public health issue. For example, in the United States, abortion has been the site of contestation of power and control over women's bodies (Petchesky 1990) as well as a battleground over whose contention of morality should prevail (Ginsburg 1989). In contrast, a more pragmatic policy mindset has placed Malaysia among three-fifths of countries worldwide with the least restrictive provisions for legal abortion (Center for Reproductive Rights 2008). Globally, researchers have concentrated on the effects of unsafe abortion on maternal mortality and morbidity (Ganatra 2006; Singh et al. 2009). Unsafe abortion, however, has not been regarded as a serious public health issue in Malaysia (Jegasothy 2003).

The number of abortions, abortion ratio and abortion rate in Malaysia have not been documented thus far, even though unofficial estimates for the local abortion ratio and abortion rate exist. Women's experiences of abortion in Malaysia have not been extensively researched. Abortion is rarely addressed as a public health issue even though it is available at many private clinics and at some public hospitals under restricted conditions (CRR / ARROW 2005).

Kamaluddin (1997a, 1997b, 1998) reported the findings of women's experiences of abortion in urban Malaysia. The report was based on a six and a half year (January 1989 to May 1995) sample of 23,986 primarily Chinese, Malay and Indian women who had had abortions at a private clinic in Penang. The typical client was a Chinese (60%) housewife (45%) in her late twenties (47%) with a monthly household income of less than RM1,200 (58%), having her first abortion (51%), and who had used contraception in the past (78%). Study trends indicated an increasing number of Malay women and younger women of all ethnicities coming in for "MR"s or menstrual regulations as they were locally called. Moreover, younger women tended to come in later, i.e. after nine weeks gestation, for their pregnancy terminations (Kamaluddin 1997a).

In 2006, a study was conducted to update the profile of women generated by the previous study and to investigate changes in trends over more recent years.

MATERIALS AND METHODS

The research site was a clinic licensed under the Malaysian Private Healthcare Facilities & Services Act 1998. It employed three fulltime licensed medical practitioners and around 10 nurses and auxiliary staff. It is perhaps the only clinic that openly advertises menstrual regulation services in the local telephone yellow pages. It offered pre-abortion and post-abortion care and also provided contraceptive counseling as part of its service package. Abortion clients still comprised the majority (75-80%) of all clinic clients. About 10% came for fittings of IUDs, and the remaining 10-15% for pap smears, contraceptive counseling, tubal ligations, vasectomies, reproductive health exams and follow-up visits. Hysterectomies were not encouraged unless women were sure they had attained desired family size and were not used as a method of contraception at this clinic.

In this study, 28,605 medical records from a single clinic sample of mainly Chinese, Malay, Indian and Indonesian women between September 1998 and December 2005 were reviewed. Demographic and reproductive health data were recorded and entered into a computerized client records system, which included the number of prior pregnancy terminations and the duration of a pregnancy. Information on duration of pregnancy was confirmed by ultrasound scanning.

In September 1998, there was a changeover of data storage systems which resulted in the clinic's computerized data records being split into two collections of data. The first was composed of records from January 1995 to August 1998, stored in a DBase database management system (DBMS). The second set of records from September 1998 to December 2005 was stored in a FoxPro DBMS. Both are Windows-based systems.

Some data stored in the new DBMS had no corresponding field in the old system. It was therefore difficult to combine both sets of data without compromising data consistency and integrity. Therefore, data from the intervening period of January 1995 – August 1998 were excluded from the analysis of the follow-up study and conclusions were based on the more recent (September 1998 – December 2005) data.

With the conversion to the new DBMS at the clinic, ethnicity codes were also added in 1998 to include Indonesian and Bangladeshi migrant women. Statistical analysis was performed using SPSS for Windows (Coakes & Steed 2001).

Clinic case loads and income levels were obtained from paper reports, internally generated from the stored computer records. There were inconsistencies in the data with regard to income levels. The sliding scale to assign a client's income level in use at the clinic was based on nurses' estimates of a client's ability to pay, based on various factors such as visual inspection, number of wage earners in the household, occupations of wage earners, number of children in the household, and the number of previous pregnancy terminations a client had had. A monthly household income of RM2,000 and above was categorized as middle income while those below this level were considered low income.

It should also be noted that the client counts used in tabulating income levels included significant double counting. Whenever a client visited the clinic, a separate computer record for assigning income level was generated. Even though the clinic load averaged about 4,000 clients annually, repeat clinic visits per client resulted in multiple records per client used in the computation of income level totals.

RESULTS

The results from one clinic sample cannot of course be generalized. However, because of the lack of data from other sources on this subject matter, the information presented here is salient.

Computation of income levels applied to all clinic clients, of whom non-abortion clients were a minority. All other results focused exclusively on clients aged between 15 and 44 seeking abortions at the clinic between September 1998 and December 2005. Each client was counted once in Table 1, 2 and 5. Clients who were repeat visitors to the clinic were included in the remaining tables. The numbers may not necessarily tally from one table to the next, but do provide a consistent characterization of the client profile at this clinic.

Compared to the earlier period of study, the clinic case load had increased slightly over the last seven years from an average of approximately 3,800 to about 4,000 per year.

AGE

In the earlier study (Kamaluddin 1997a), most women were in their late twenties (mean age = 29 ± 6.9 years) and the overwhelming majority of them were married. In the follow-up study, most women were still in their late twenties (mean age = 29 ± 7.4 years) and many were married (Table 1). However, it was not possible to conclude that most women were married because the proportion of housewives visiting the clinic had dropped below 50%.

ETHNICITY

In the 1995 study, clinic clientele tended to roughly conform ethnically to their representation in the population of the state. In 1990, the population of Penang was 53% Chinese, 35% Malay, 12% Indian, and 1% Eurasian and others (Correspondent 1992). This ethnic profile had been fairly constant throughout the period of study in the clinic, although there had been a gradual increase in the percentage of non-Chinese clients.

During 1989-1995, non-Chinese women were increasingly visiting the clinic for pregnancy terminations and other purposes. In particular, the proportion of Indian clients had increased. Malay women, formerly underrepresented with respect to their proportion in the population of the state, were then visiting the clinic in greater numbers. Similarly, women not of the three major ethnic groups had also come to the clinic in greater numbers. Fewer Chinese women in real numbers were coming in for clinic services.

In the follow-up period, the same trends continued (Table 2). Clinic clients tended to mirror their proportion in the population but now the largest group of clients was Malay women. A significant difference was that since 2000, the percentage of migrant Indonesian clients had overtaken that of local Indian women.

INCOME

In the previous study (Kamaluddin 1997a), the majority (58%) of women were classified as low income. In the follow-up study, almost half (46%) were low income women with monthly household incomes of an estimated RM800-1,200. All (100%) were below the RM2,000 monthly household income level. As a point of reference, the average monthly wage of a factory worker in Penang in 2005 was about RM800.

OCCUPATION

In the 1995 study, about half of the clinic clientele were housewives who worked within the home. A substantial number of clinic clients worked in low paying jobs. Slightly

TABLE 1. Abortion clients (repeat visits excluded): age trends (N = 11928)

Year	1998 (partial)		1999		2000		2001		2002		2003		2004		2005	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Age in years																
15 - 19	74	11%	110	8%	110	7%	103	7%	119	8%	118	8%	140	8%	136	7%
20 - 29	317	47%	751	52%	776	53%	851	57%	846	55%	889	58%	1002	56%	1094	56%
30 - 39	247	36%	470	32%	476	32%	437	29%	454	30%	436	28%	535	30%	598	31%
40 - 44	41	6%	126	9%	116	8%	112	8%	114	7%	103	7%	99	6%	128	7%
Total*	679	100%	1457	101%	1478	100%	1503	101%	1533	100%	1546	101%	1776	100%	1956	101%

* Percentages may not add up to 100% due to rounding

TABLE 2. Abortion clients all ages (repeat visits excluded): ethnicity trends (N = 12316)

Year	1998 (partial)		1999		2000		2001		2002		2003		2004		2005	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Ethnicity																
Chinese	235	33%	450	30%	439	29%	396	26%	420	26%	375	24%	413	23%	437	22%
Malay	246	35%	582	38%	536	35%	577	37%	637	40%	685	43%	775	43%	869	43%
Indonesian	72	10%	202	13%	292	19%	342	22%	282	18%	271	17%	312	17%	337	17%
Indian	110	16%	214	14%	200	13%	192	12%	207	13%	204	13%	224	12%	238	12%
Bangladeshi	12	2%	26	2%	22	1%	11	1%	2	0%	3	0%	0	0%	1	0%
Other*	32	5%	40	3%	43	3%	34	2%	54	3%	52	3%	92	5%	121	6%
Total**	707	101%	1514	100%	1532	100%	1552	100%	1602	100%	1590	100%	1816	100%	2003	100%

* Eurasian (Malaysian), Vietnamese, Filipina, Caucasian, Thai, etc. (foreign)

** Percentages may not add up to 100% due to rounding

less than one-fifth of the women who visited the clinic were factory workers and less than 10% of all clients were Malay factory workers (Kamaluddin 1997a).

In the follow-up study, the percentage of housewives and factory workers who visited the clinic was comparable, between 25-30% each. The ethnic breakdown of factory workers was 14% Malay, 9% Indonesian, 4% Indian, and 4% Chinese and others. The percentage of Malay and Indonesian factory workers visiting the clinic for abortions had increased. College and high school students were now also a distinguishable minority at 4% of clinic clients.

CONTRACEPTIVE USE

The 1995 study investigated clients who had ever or never used any method of contraception whereas this follow-up study looked at clients who were currently users or non-users of contraception. This was due to differences in the way data was collected under the new system compared to the old.

The vast majority of clients, about 85% of them during the follow-up period, had used some form of contraception before. Of the 15% who were not currently using contraception, 76% were under 30 years of age, mostly women in their twenties (Table 3). Table 3 represents the 15% of women seeking abortions who were not currently using contraception while 85% of women were. The remaining non-users were primarily in their teens or thirties. Both trends were similar to trends for contraceptive never-users of the previous 1995 study.

TABLE 3. Clients seeking abortions (repeat visits included): age of contraceptive non-users (N = 28605)

Age of Non-User	No.	%
15-19	509	12%
20-29	2720	65%
30-39	814	20%
40-44	140	3%
Total*	4183	100%

* Excludes missing or invalid input data

In the previous study, of women who had never used contraception before, Chinese and Malay women were most likely not to have used contraception before their clinic visit. Of current non-users, Malay and Indonesian women were most likely not to be using contraception. The relatively low rate of Indian women not currently using contraception was difficult to explain.

Almost half of women who were currently using contraception did not name the method in use (Table 4). Table 4 represents the 85% of women seeking abortions who were currently using contraception. However, in marked contrast to the earlier study where IUDs and the oral pill were rarely the contraceptive methods first chosen, the rate of IUD use within the clinic population had increased significantly with current contraceptive users.

Others still favored the less effective contraceptive means such as condoms, rhythm and withdrawal. As in the previous 1995 study, Malay women were more likely to use herbs obtained from their villages. An emergency contraception pill, usually prescribed for women with infrequent sexual activity, and spermicides, were not commonly used.

NUMBER OF PRIOR TERMINATIONS

Based on the examination of current and historical data of clients at the clinic, 28% of clients had been to the clinic previously in the past seven years for an abortion.

TABLE 4. Clients seeking abortions (repeat visits included) ages 15-44: profile of method used by current contraceptive users (N = 28605)

Method Currently Used	No. Users	%
Method not specified*	2989	47%
Condom	881	14%
IUCD	828	13%
Withdrawal	734	12%
Rhythm	215	3%
Pill	214	3%
Herbs	119	2%
Emergency contraception	79	1%
Tubal ligation	27	0%
Abstinence	20	0%
Injectable	19	0%
Implantable	9	0%
Spermicide	2	0%
Other (unstated, exercise, douche, etc.)	167	3%
Total**	6303	98%

* This is the number of women who indicated they were using contraception but did not indicate the method in use

** Excludes missing or invalid input data; percentages may not add up to 100% due to rounding

It is unclear, however, what the term "abortion" meant to these women, i.e. if it meant intentional pregnancy termination or miscarriage. Nurses filling out client histories would have asked if clients had been to the clinic before or if they had gone elsewhere to have a "washout," the term locally used. It was left to the client to volunteer as much detail as desired.

When repeat visits to the clinic were included, about two-thirds of women had had at least one prior pregnancy termination at the clinic or elsewhere and the average number of prior terminations per woman was approximately two. When repeat visits were excluded, of the clinic clients who had a history of prior pregnancy terminations, many of them had had just one and 5% had had four or more (Table 5).

TABLE 5. Clients seeking abortions (repeat visits excluded) ages 15-44: women who have had one or more abortions at the clinic or elsewhere in any prior year (N = 11928)

Prior Abortions	No. Clients	%
0	3757	32%
1	4594	39%
2	2120	18%
3	842	7%
4	324	3%
5	144	1%
6-50	147	1%
Total*	11928	101%

* Excludes missing or invalid input data; percentages may not add up to 100% due to rounding

GESTATIONAL AGE

In the follow-up study, only about 30% of clients opted for the ultrasound scan to estimate the gestational age of their fetus. The estimated gestational age of fetus in Table 6 reflects the result by ultrasound scan. Most women came for pregnancy terminations when they were 6 to 9 weeks pregnant.

As in the previous 1995 study, Chinese women tended to come in earlier for their pregnancy terminations than women of other ethnicities. Women who came in after they were 13 weeks pregnant were more likely to be non-Chinese.

TABLE 6. Clients seeking abortions (repeat visits included): estimated gestational age of fetus based on ultrasound scan by clinic client age (N = 28605)

Gestational Age in Weeks	Client Age 15-19		Client Age 20-44		Totals		Totals from Study 1**	
	No.	%	No.	%	No.	%	No.	%
First Trimester								
0-5	0	0%	0	0%	0	0%	4031	18%
6-9	353	59%	6684	77%	7037	76%	15028	68%
10-12	130	22%	1221	14%	1351	15%	2017	9%
Second and Third Trimesters								
13-15	101	17%	635	7%	736	8%	698	3%
16-36	18	3%	100	1%	118	1%	344	2%
Total*	602	101%	8640	99%	9242	100%	22118	100%

* Excludes missing or invalid input data; percentages may not add up to 100% due to rounding

** Based on clients aged 15-44 and on client's estimate of fetus' gestational age

DISCUSSION

In 1989, Malaysian law was liberalized to allow a licensed medical practitioner to perform an abortion if it was judged that carrying the pregnancy to term would constitute a risk to the mental or physical health of the mother greater than if the pregnancy was terminated (Penal Code [Amendment Act] 1989, Section 312) (Correspondent 1990). At that time, medical practitioners expressed reservations to the press that the new liberalization, which gave physicians the flexibility to determine if women qualified for pregnancy terminations, would open up the field to abuse and to abortion on request (Nambiar 1989). Legally, it is up to the doctor in consultation with the woman to decide if the pregnancy is likely to injure a woman's physical and mental health based on her individual and unique circumstances.

This interpretation has been discussed and endorsed by the Attorney General's office and Ministry of Health. In their considered opinion, present laws allow for any qualified doctor to perform abortions if done in good faith for the benefit of the patient, a fact that is not generally known. Even today, many health professionals still appear unaware of these changes in the legal status of abortion and refer to the earlier law which only allowed abortions in cases where the physical health of the mother was threatened (Jegasothy 2003).

What has remained unchanged over the years, however, is the relatively low contraceptive prevalence rate among Malaysian women. Since the 1980s, modern contraceptive method use has hovered around 54% (Tee 2006). This continues to have implications for the termination of unwanted pregnancies. According to Singh et al. (2009), preventing unintended pregnancy is fundamental to reducing abortion.

CHANGES IN DEMOGRAPHIC PROFILE

In the previous 1995 study, while the largest number of women seeking pregnancy terminations was in the 20-29 age group, many were also in their thirties. There was a growing trend toward young single teenaged and young adult working women under age 30 seeking pregnancy terminations, while fewer women in their forties appeared at the clinic.

In the follow-up study, many of the same trends continued. When repeat abortions were not taken into account, the rates for women under twenty and over forty appeared to be holding constant. However, when repeat abortion clients, who tended to be the older clinic clients, were taken into account, the rate of visits from women under twenty appeared to be declining while that of women over forty was increasing This was a reversal of the previous trend, and while this boded well for younger women, it was disturbing that older women might have been continuing to use abortion as a means of contraception. Abortions provided at this clinic are safe, accessible and affordable, and this may unintentionally be encouraging some women to use abortion as a backup contraceptive method, given the low contraceptive prevalence rate and the preference for less effective contraceptive methods.

As the 1990s drew to a close, Penang became a "minority majority" state where no ethnic group consisted of more than 50% of the total population. By 2000, the Chinese had decreased to 45%, Malays had increased to 40%, Indians were 10%, and others were 4% of the population. In 2006, the population breakdown was 43% Chinese, 41% Malay, 10% Indian and 6% others (Wikipedia 2007). These proportions were reflected in the clinic population as well.

Changes in migration flow were also reflected in changes to the clinic population. Female migrant workers from the Philippines, Bangladesh and Thailand had decreased and those from Vietnam, China and Myanmar had increased between 1998 and 2005. The supply from Indonesia remained constant and high (Chin 2007).

Workers from surrounding poorer countries are employed primarily in the plantation, construction and entertainment industries, as well as in domestic services. Since their primary aim was to earn money to repatriate to their home countries, and children would hinder their capacity to work, many of these women opted for abortions to terminate unwanted pregnancies.

Since 2000, however, the percentage of migrant Indonesian clients had exceeded that of local Indian women. This effectively raises a red flag since the proportion of migrants is less than 1% of the state population. This could imply that Indonesian migrant workers working in factories and elsewhere are being sexually exploited. Indonesian migrant workers have limited legal, health and labor rights in Malaysia Even if, as the clinic director surmised, migrant workers have efficient communication networks and know where to go to get abortions, the question of why the numbers of Indonesian abortion seekers were disproportionately high remains. The reasons for this occurrence warrant further investigation.

In terms of income changes, with the Asian financial crisis of 1998, the local currency was devaluated against the American dollar by about 40%. This made accurate estimates of income levels difficult since household incomes may have held steady or have eroded instead of been increasing during the follow-up study period.

Nationwide, the proportion of women working outside the home has only changed slightly in the past couple of decades. It increased from 31.4% in 1990 to 36.7% in 2005 (Economic Planning Unit 2006). All clinic clients were still low income women.

CHANGES IN REPRODUCTIVE HEALTH OUTCOMES

Perhaps because of the introduction of sex education in schools and the increased availability of contraception to single women in local family planning clinics (but not in schools), both relatively recent policies, a lower proportion of teenaged women visiting the clinic were not current users of contraception compared to women in their twenties. It is also possible that younger women today are more sophisticated concerning matters of sexuality or may have families who are more willing to discuss sexual issues with them

The rate of IUD use within the clinic population had increased significantly with current contraceptive users. This may have been due to the benefits of contraceptive counseling offered by the clinic. IUDs were also promoted over other kinds of contraception at the clinic. In contrast to western societies, diaphragms are seldom used by, or made available to, Malaysian women.

The majority of clients had not been to this clinic for repeat abortions, which may be an indication of the benefits of contraceptive counseling at this clinic. This remains speculative since the repeat abortion rate internal to this clinic could be relatively low compared to repeat abortions done elsewhere for other reasons. Some clients could be going to other clinics if they are using abortion as a contraceptive method and would perhaps feel embarrassed about returning to this clinic too frequently. Cost may be a factor but this clinic was relatively affordable to most working-class women, charging an average of RM250 for an abortion.

However, the upper range of prior abortions had increased within a select few "hard-core" (the term used by nurses) clients who most likely used abortion as a means of contraception. These data again referred to women who had had prior pregnancy terminations anywhere and anytime during their reproductive careers.

The variation in average age of clients broken down by the estimated length of pregnancy was very slight. As in the earlier 1995 study, younger clients tended to come in later for their terminations. A larger proportion of younger (aged 15-19) clients were coming in as "big cases" (i.e., with pregnancies of 10 weeks or later) and the reasons for this were unknown. In the West, several reasons are usually hypothesized: the "normal" irregularity of these young women would make them wait longer to "believe" they might be pregnant, as would their desire not to be, along with the time it took them to decide what path to pursue and get the information needed to proceed.

CONCLUSION

This follow-up study based on data from the same clinic over the last seven years showed that most historical trends had been sustained. A significant change was that more Malay women and Indonesian migrant workers were seeking abortions at the clinic. Although still a minority compared to the total abortion client base but in a reversal of prior study trends, more women over 40 were seeking repeat pregnancy terminations, when repeat client visits to the clinic were taken into account. Additionally, IUD use had significantly expanded among clinic clients.

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