

A Choice or Coercion: decision making autonomy of working women in Abortion.

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ABSTRACT: Women in Bangladesh are increasingly engaging in economic activities. But still they do not achieve autonomy in their very personal life. Few study suggested that intimate relationship and autonomy in abortion are decided by male partner as well as family interference. The major objective of this study was to examine the relationship between existing situation of working women's autonomy in making decision regarding abortion as well as their intimate relations; decision maker in abortion and sexual intercourse between couple; and dominant factors that associated in termination of one's pregnancy through abortion. Abortion as being a sensitive issue, 10 working married women was participated in the study where in-depth interview was only data collection technique as a part of qualitative methodology. Barisal as a growing city is chosen as study area to explore the actual reality of empowered women's control over their own life such as sexual intercourse and abortion decision. The result shows that among the abortion experienced women mostly are guided by their male partner dominancy in decision regarding abortion as well as sexual intercourse. And few reported that sexual and reproductive life's decision is led by couple mutually, abortion related decision is led by only significant respondent. Multiple determinants are associated to influence in decision making process about abortion: socio-cultural, economic, reproductive health as well as psycho-sexual life in women's life. Due to the participation of small size sample, the findings of the study may not fully represent the actual scenario of married working women's decision making autonomy regarding abortion in Bangladesh.

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I. INTRODUCTION

By nature human beings feel attraction to their opposite sex and they do sex to fulfill their desire. Only due to the unawareness, poor access to contraception and failure of medical contraception in Bangladesh (Islam, M. A.2005; Ahmed, S. et al., 1999; Bankole A, Singh S, Haas T. 1998 cited in Grimes, David A et al.; 2006) as well as forced rape, a woman may become pregnant. But at presently, availability of modern technological advancement has opened the way of choosing whether to carry a pregnancy or to seeking a termination through abortion for women (Abate, M. et al., 2014).

As a conservative society, the issue 'abortion' in Bangladesh is often synonymous with stigma from socio-cultural perspective, morally immoral and sin from religious perspective. It is increasingly common that abortion as a sensitive issue is exposed to all by stigmatized idea such as shame, fear of disclosure as well as frequently involved to misconceptions which may lead sufferings and negative consequences on both women's reproductive as well as socio-cultural life (Cresswell, J. A. et al.,). Under the terms of the penal code of 1860, Bangladesh is following the path of induced abortion only for the true purpose to save the life of the mother. In Bangladesh, the law of abortion is permitted in 1972 and surged to prevent unwanted pregnancy of women's who had been raped during the war of liberation (Ahmed, S. et al.,1999:20). It is estimated that thousands of women and young girls have experienced an unintended pregnancy every day in the world (Hurley,L.,Wachsmann,H. and Wilkins,R.,2016). In a fact sheet of Guttmacher Institute, it is found that approximately 1,194,000 induced abortions were reported and performed in 2014 here mostly done in unhealthy situation by untrained trainers; and in every thousands of women aged between15-49 years, the rate of annual abortion was 29 in Bangladesh (Guttmacher Institute, 2017). Globally, it is estimated that out of 210 million pregnancy,42 million(one-fifth of pregnancy) are voluntarily aborted in every year,22million involves in legal way with formal health services and remaining 20 million are done without legal system (WHO,2004 cited in Thomas G, Gedif T, Abeshu, MA, Geleta B ,2016).

Both in developed and developing countries, unintended pregnancy has been received an attention as a severe public health issue at presently (Bishwajit,G., Tang,S., Yaya,S. and Feng, Z.,2017). Women prefer to seek a termination of pregnancy for multiple reasons such as socioeconomic circumstances (poverty, no support and refusal from male partner, educational achievement and job), preference in family bonding such as give a space between births; complexity in intimate relationship; risk on reproductive and maternal health; and most

horrible pregnancy from rape or incest (Bankole A, Singh S, Haas T. 1998 cited in Grimes, David A et al., 2006). It is widely accepted idea in case of unmarried women that if they face an experience of pregnancy have no option to share with family, peers as well as society due to double stigma both for being pregnant and for seeking a termination that dominate women's life through stigmatized social norms and values. Globally abortion related stigma is flourished and accepted to all as a myth, a name of secrecy that harassed women socially. Due to stigma such as fear of shame, secrecy and misconception, women and young girls have to pass a critical situation in making decision whether to terminate one's unintended pregnancy through abortion or not (Hurley,L., Wachsmann,H. and Wilkins,R.,2016:6). Whereas young women's decision making in Britain is often influenced and dominated by certain factors; the socio-economic situation, the dominance of family as well as community views, family planning ;and further impacted by availability of abortion services(Lee, E.et al.,2004).

Findings from study reveals that not only socio-cultural circumstance, interpersonal relations and availability of medical services are directly shaped the young women's decision making about pregnancy but also another determinant, young women's ambition about education and success is influenced this decision(Lee, E.et al.,2004). Most of the poor and rural women (lower social status) in developing countries face unwanted pregnancy due to multiple factors; lack of access to information as well as proper family planning, cost and access to abortion services. This social status of women lead them in having no power in decision making autonomy to have number children, family planning and for seeking abortion services; and further make power gainer in favor of men(husband) as well as other family members (Sathar et al. 2013 cited in Wazir,M.A and Shaheen,K.2016). Whereas main barriers for seeking abortion in Bangladesh are severe economic crisis, poor reproductive health status as well as completed size of family structure(Piet-Pelon, 1998, cited in Islam, M. A., 2005) but the number of pregnancy is also terminated whether legal or traditional way in Bangladesh (Piet-Pelon, 1998, cited in Islam, M. A., 2005). With increased access and more efficient usage of contraception, abortion rate can be reduced to avoid unintended pregnancy among women (Ahmed, et. al., 1998 cited in Islam, M. A.,2005); and lack of experience as well as economic barriers lead young unmarried women more vulnerable to abortion related stigma which are more harmful for both wellbeing and active access to medical services (Berer.M.2000, cited in Grimes et al.,2016).In conservative society, illegal sex is so problematic for young girls and unmarried women because of social disapproval against it(Grimes et al.,2016;7).

Like many other developing countries of the world, decision making power in abortion as well as intimate relations in Bangladesh often lies with husband to control the lives of women, especially rural poor women. Due to the availability of family planning, contraception and access to medical services has made more flexibility in empowered women but here still exists dominance of male partner in decision making power over empowered women's lives in different situations both in urban and rural area. A major finding from the study shows that majority of the respondent reported, power dominance regarding decision about abortion is performed by spouse mutually in rural Bangladesh (Caldwell, et al., 1999:36).Even, majority cases reported in a study that the decision regarding whether to continue or not is determined by the agreement of family members as well as fear of social consequences (Razzaque,A. et al.,p.1).

The dominance of male partner over women's pregnancy is influential whether to carry a pregnancy or not (Tabberer *et al.*, 2000 .cited in Lee, E.et al., 2004), and this result comes from intimate relationship with the partner (Henderson, 1999 cited in Lee, E.et al., 2004). Women empowerment is the most significant and noticeable issue of the present world. Empowerment means- to give somebody the power or authority to do something; to give somebody more control over their life or the situation they are in. Furthermore, empowerment can be defined as having a number of qualities such as, decision-making power, access to information and resources, to make choices, assertiveness, learning to think critically, learning the conditioning; seeing things differently; e.g., learning about and expressing anger, not feeling alone; feeling part of a group and understanding that people have rights (Islam & Zaman ,2015). It is true that power is a pervasive aspect of social life for human beings. Power relation is rooted in self understanding in which women can participate in gender equality at both home and community level through exercising choice as a tool of empowerment (Kabeer,N. 2001cited in Mahtab, N.2012).The empowerment is a process that leads women to participate in decisions as well as to make decisions about self (Rowlands, J., 1997 cited in Mahtab, N.2012).To date, there are very few studies which have done focusing on poor rural women and their access in safe abortion services, male dominance in intimate relation as well as abortion over poor rural women's lives but have not given any attention on working women and their decision making autonomy regarding abortion and sexual intercourse in Barisal as growing city of Bangladesh.

This study will analyze the present status of women's empowerment to take herself own decision to adopt abortion and other associated factors to make decision for adopting abortion.

Objectives of the study:

The principal objective of this study is to examine the existing scenario of women’s empowerment in relation to the decision making autonomy in abortion and sexual intercourse.

Objectives:

1. To find out the decision maker in adopting abortion and sexual intercourse between male and female.
2. To identify the determinants those dominate to make decision in termination of one’s pregnancy through abortion.

II. METHODOLOGY

As the subject matter of the study requires, descriptive research design has been followed to fulfill the objective of this study. Qualitative method has been used to draw the proper scenario of the reality. Barisal city corporation area has been purposively selected as the study area where working married women was selected as unit of analysis. Convenience sampling method was used to select respondents from the study area. Total 10 working married women were participated in this study. Case study was the only adopted data collection method where in-depth interview was primary data collection technique. To collect primary data guide questionnaire was used as data collection tools. Audio recorder was used to record the in-depth interview according to the consent of respondent. Moreover, journals and book were used as the sources of secondary data. Thematic data analysis technique was used to organize and interprets the empirical field data. As the subject matter of the study is highly secret and personal, therefore to ensure the ethical points primary data will be destroyed after publication of the research manuscript. It is notable that, data collection process was conducted from august 2017 to October 2017.

III. DATA ANALYSIS & RESULT DISCUSSION

As the issue of the study is highly connected with the socio-demographic characteristics of the respondents therefore this study primarily focused in these aspects. Age of all respondents belong from 25 to 35 years old. It refers that all the respondents of the study are passing the most reproductive period of their life. As all of the participants of this study are engaged with economic activities therefore they have categorized into two different groups, such as government job holder and private job holder. The empirical data of this study shows that among all the respondents 8 women are Govt. job holder whereas rest two are private job holder. It is notable that Barisal city, as a peripheral area of the country doesn’t offer a lot of job opportunity for women. Besides that, two respondents among all only are Hindus where rest 8 respondents are Muslim. It should be noted that, the ratio of different religious group in this area is dominated by Muslims. Family structures of the respondents of the study are also different in nature. Most of them are from nuclear family and the number is 9 out of 10. But 4 women among 9 respondents live single in the area because of their job location which the study denotes as “Single (Nuclear)”. Rest one respondent is from joint family. It seems that, women from nuclear family are able to adopt abortion more easily than those women who live in joint or extended family. Moreover, this study indicates that, those women who didn’t give birth yet are more willing to adopt abortion than those who have at least one child. In addition, those women who have given a child birth and became pregnant again within a short time are willing to adopt abortion easily with the interference of husband. Furthermore, all the respondents of the study are married; among them two of the respondents adopted abortion before their marriage. Rest eight respondents adopt abortion within the 18 months from the date of marriage. Table 1 shows the statistics about the duration of time after marriage to adopt abortion. Later this study also focuses the duration of time for adopting abortion from the date of pregnancy. It seems that those women who adopt abortion, they are more or less acknowledged about the abortion. Table one shows that, respondents adopt abortion within 2 months after pregnancy.

Table-01: Socio-demographic characteristic of participants.

Socio-Demographic Indicator	Description	Percentage
Age	25-30	7
	30-35	3
Occupation	Govt. job holder	8
	Private job Holder	2
Religion	Muslim	8
	Hindu	2
Family Structure	Single (Nuclear)	4
	Nuclear	5
	Joint	1
No. of Child	Null	6
	1	4
Duration of pregnancy from the date of	Less than 6 months	4

marriage	6 to 12 months	3
	12 to 18 months	2
	More than 18 months	1
Duration of Abortion after pregnancy	Less than 1 month	0
	1 to 2 months	6
	More than 2 months	4

Table 02 shows that, out of 10 respondents 4 respondents of this study agreed that sexual intercourse happens with their intimate partner mutually. Half of the respondents claim that their male intimate partner leads them for sexual intercourse. One respondent says that usually she leads the sexual intercourse usually. Most important outcome from the empirical data indicate that, in six cases male partner make decision whether female partner should adopt abortion or not; whereas in two cases female leads the decision and in rest two cases both of the intimate partner made their decision mutually about adopting abortion. It is found that abortion responsibility lie on female in six cases; and in four cases show that abortion responsibility is done mutually with care, strength as well as support. As like as adopting abortion the field data shows that male partner are also actual decision maker to adopting contraception. In this aspects, in six cases male partner take the decision and in rest four cases both of the intimate partner made the decision together. Not only has that, in seven cases only female partner taken the responsibility of adopting contraception.

Table-02: Decision making in adopting contraception, sexual intercourse and abortion

Decision Maker and Responsibility Holder	Male	Female	Mutual
Leads in Sexual Intercourse	05	01	04
Decision Maker in Using Contraception	06	0	04
Contraception Responsibility	02	07	01
Decision Maker in Adopting Abortion	06	02	02
Abortion Responsibility	0	06	04

Factors Associated with Decision Making to Adopt Abortion:

Multiple factors are associated with the power of decision making for abortion. Empirical data suggested that, in generally male partner takes the decision in the case of adopting abortion. Different socio-cultural, economic, psycho-sexual and reproductive health issues influence the decision of adopting abortion. According to the field data, social stigma is the most important obstacles which an intimate couple considers seriously in making decision to adopt abortion. In Bangladesh still abortion is a matter of sin, immorality, social shame etc. People do not consider abortion as a legal way of preventing unwanted pregnancy. Moreover, general people consider abortion as like as killing a life. Besides this crucial fact, respondents agree that family responsibility is also another fact which directly influences the decision making of adopting abortion. Respondents reported that when her intimate male partner or she has the responsibility of providing economic or social support to the family then they decide to adopt abortion to avoid unwanted pregnancy. Respondents also address that for her or her intimate partner’s higher education in both abroad and native country they adopt abortion to avoid unwanted pregnancy. Furthermore, it is notable that economic indicators as well as other important factors which influence the decision regarding abortion. Newly married couples give their concentration in economic factors like developing career, earning more money, doing more work, building home, buying furniture, even wish to buy car etc. Therefore to avoid unwanted pregnancy they adopt abortion. In some case respondents said that they adopt abortion because of their responsibility, living single due to separate job location and economic hardship. In other hand, as we know that marriage is a bond for sexual gratification and socially human beings fulfill their sexual desire from his or her opposite conjugal partner. A respondent of the study agreed that for enjoying long sexual life without the responsibility, she adopted abortion to terminate unwanted pregnancy. Some other mentioned that they adopt abortion because they were not mentally prepared for taking a baby. So it is reflected that making decision about adopting abortion in not a matter of single social or personal issue. It is actually an amalgam of multiple and complex factors.

Factors associated with decision making to adopt abortion	Description
Socio-Cultural	<ul style="list-style-type: none"> ➤ Higher Study in abroad ➤ Social stigma (in the case of unmarried women) ➤ Family responsibility ➤ Socially unaccepted ➤ Religious morality

Economic	<ul style="list-style-type: none"> ➤ Career Development ➤ Job Responsibility ➤ Single Living-due to separate job location ➤ Economic hardship
Reproductive Health	<ul style="list-style-type: none"> ➤ Breast feeding to baby ➤ Gap between taking child birth and succeeding pregnancy ➤ Lack of fitness to take a birth
Psycho-Sexual	<ul style="list-style-type: none"> ➤ To enjoy sexual life ➤ Not ready for taking responsibility of a child
Post Abortion effects in different aspects of life	Description
Mental Health	<ul style="list-style-type: none"> ➤ Feeling motherhood for while ➤ Feeling like kill someone ➤ Feeling guilty ➤ Feeling sorry ➤ Feeling secure from social criticism
Physical Health	<ul style="list-style-type: none"> ➤ Bleeding and body pain ➤ Headache
Socio-Cultural	<ul style="list-style-type: none"> ➤ Feeling like sinner from religious perspective ➤ Misunderstanding with husband & family members ➤ Permanent or temporary separation from husband/boyfriend ➤ Release from social shame and criticism(in the case of unmarried woman) ➤ Release from taking new responsibility
Economic	<ul style="list-style-type: none"> ➤ Chance of better job career ➤ Bearing cost of treatment ➤ Cost of medical checkup ➤ Have to leave job
Psycho-Sexual	<ul style="list-style-type: none"> ➤ Ensuring long time for enjoying sexual life ➤ Feeling relax & claim

Post Abortion Effects on Women’s life:

A woman faced a lot of psycho-social segments from the day of ensuring pregnancy to completion of abortion. This unwanted pregnancy influences one’s mind both positively and negatively. Firstly it influences one’s mental health. In this period woman feels motherhood in other hand after abortion she feels guilty and sorry for ‘killing’ a life. In post abortion period again she feels secured from different social stigma and criticism. Unwanted pregnancy and decision of adopting abortion also have some socio-cultural influence. From religious perspective a woman feels like herself as a sinner. Moreover, it causes misunderstanding with intimate partner and other significant other. Sometime it causes temporary separation and unfriendly relationship with opposite intimate partner. But in the case of unmarried girl, an abortion is a great release from social shame and criticism. In addition, from economic point of view an abortion sometimes opens a chance of better career development. But in some case male partner does not show friendly behavior to his intimate partner moreover leaves the responsibility of bearing treatment cost and medical checkup to his female partner. From one cases the field data refers that a woman leaves her job after abortion and wait for further job option. Besides everything a married woman feels satisfied that after abortion she ensures long duration of enjoying sexual intercourse. It is notable in post abortion, a woman faces bleeding and sometime some physical difficulties like body pain and bad headache.

IV. CONCLUSION

At the end of analyzing empirical data, we can conclude that in generally a male member leads the decision regarding sexual intercourse. Not only that, a male partner takes the decision that who should use contraceptive but also he decides that whether his female intimate partner should adopt abortion or not. It means still a female member is not empowered in her very personal sexual life. Male intimate partner is dominating the sexual life as well as other issues related with sexual intercourse. Moreover, the culturally sensitive issue, abortion is a matter of socio-economic supports. From this point of view, male members still dominate the aspects of social and economic realities of everyday life. So, female members accept his male partner

dominance actually though always she is not agreed with her partner. As Bangladesh is both a developing and culturally sensitive state therefore women in Bangladesh do not take their decision individually after having their will. Various social, economic, cultural and psycho-sexual factors influence both the intimate partner to take the decision to adopt abortion.

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