



PRESS STATEMENT

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STUDY SHOWS UNSAFE ABORTION A CONCERN IN PNG

Illegal, unsafe abortions are a concern in Papua New Guinea, with more young schoolgirls taking this dangerous option, a study by the Papua New Guinea Institute of Medical Research (IMR) has found.

As well as threatening the woman's life, these risky induced abortions also place an added burden on PNG's struggling hospitals, said Lisa Vallely, head of IMR's Maternal and Child Health Section, and Principal Investigator for this study.

The six month study looked at all admissions of spontaneous and induced abortions to Eastern Highlands Provincial Hospital (formerly Goroka General Hospital).

Of 120 cases of spontaneous and induced abortion presenting to the hospital, 23% were induced abortions and many of those abortions took place during the second trimester (between 12-26 weeks of pregnancy), often with dire consequences for these young women.

Most were young girls, attending school or higher education.

The majority of these induced abortions took place using prescription-only tablets purchased through health care workers or at the pharmacy at a cost of K50–200 [aboutUS\$25-100].

Other women reported using traditional herbs and physical means, including strenuous exercise, inserting a stick into the vagina and tying a rope around the abdomen.

The study found many women resorted to abortions for fear of shaming their family, so they could continue with education or because they were still breastfeeding another child.

“The study shows that women are compelled to seek abortions, whether or not it is safe or risky, legal or illegal,” Mrs Vallely said.

“In Papua New Guinea abortion is illegal except where two doctors agree that a woman's life may be at risk to continue with a pregnancy,” she said. Given these facts, the study recommends women should have access to safe, effective means of abortion.

Mrs Vallely presents study findings at the Second International Congress on Women's Health and Unsafe Abortion (IWAC) in Bangkok on 24 January 2013.

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