JAN JOURNAL OF ADVANCED NURSING

ORIGINAL RESEARCH

Illegal abortions in Iran: a qualitative study

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Accepted for publication 20 November 2009

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SHAHBAZI S., FATHIZADEH N. & TALEGHANI F. (2009) Illegal abortions in Iran: a qualitative study. *Journal of Advanced Nursing*
doi: 10.1111/j.1365-2648.2009.05246.x

Abstract

Title. Illegal abortions in Iran: a qualitative study.

Aim. This paper is a report of a study of the consequences of illegal abortions experienced by Iranian women.

Background. Despite the increase in effective and safe methods of contraception and the distribution of information about these methods, unwanted pregnancy is still a problem in some societies. Induced abortion is a common procedure throughout the world and at least half of more than 45 million induced abortions which happen in a year are performed under unsafe circumstances. Unsafe abortions carry a high risk of maternal mortality and morbidity, accounting for more than 80,000 maternal deaths per year.

Method. In this qualitative study, 27 participants were interviewed in 2006. Some participants were women who had illegal abortions and others were people who had contact with those women. Content analysis was used to identify and categorize participants' responses to the interview questions.

Findings. Four consequences of women's experiences of illegal abortion were identified: physical, psychological, socio-political and judicial.

Conclusion. In Iran like some developing countries intentional abortion, except for some special cases, is illegal because of social and religious beliefs. In these countries, offering services and support to women with unwanted pregnancies seems to be the best solution for reducing or preventing illegal abortion.

Keywords: abortion, consequences, illegal abortion, judicial, psychological, qualitative research, socio-political

Introduction

Despite the increase in effective and safe methods of contraception and the distribution of information about these methods, unwanted pregnancy is still a problem in some societies (Abdullahi & Mohammadpour Tahamtan 2003). Women facing unwanted pregnancy, whether in developed or developing countries, decide to terminate their pregnancy based on the same reasons (Cohen 2003). Induced abortion is a common procedure throughout the world and at least half of more than 45 million induced abortions which happen in a year are performed under unsafe circumstances. Unsafe

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Journal Name | Manuscript No.
Dispatch: 21.12.09 | Journal: JAN | CE: Satheswaran
Author Received: | No. of pages: 9 | PE: Saravanan

abortions carry a high risk of maternal mortality and morbidity, accounting for more than 80,000 maternal deaths per year (Milsom 2006).

Background

Legal abortion is one of the safest medical procedures for women, and is twice as safe as natural delivery (Bruce & Bentar 2003). However, unsanitary abortion, which is an important and neglected health problem in developing countries, is one of the main issues in women's lives during the reproductive period. This kind of abortion is usually performed outside the legal system by a person who does not have enough knowledge and skill and in places with the lowest medical standards. Based on the conditions in which abortion is conducted and the methods used, the occurrence of severe complications is a possibility. This makes illegal abortion one of the main reasons for deaths in pregnant women (Rasch *et al.* 2000). Zhirova *et al.* (2004), in their study of the causes of maternal deaths after abortion in Russia, reported that abortions which lead to death are mostly performed by unskilled and unqualified doctors, outside medical centres. Their results also showed that most women who used this kind of abortion did so because the age of the foetus was greater than the legal abortion limit. Almost all the women in Zhirova's study (93%) delayed seeking treatment for their unwanted pregnancy, and this delay could increase the risk of death; therefore it is necessary to prevent any delay in diagnosis and treatment.

Sepsis and bleeding are the most common causes of mother's deaths after abortion (Richardson 2004). In addition to possible physical complications and death, psychological problems might also occur after abortion. A study by Broen *et al.* (2005) showed that psychological disorders such as depression and anxiety might also occur because of therapeutic abortion; however, they are likely to be severe, symptomatic or persistent in only 10% of women and are more common among those with a history of psychological problems.

4 Deveber and Genties (2005) report that when a pregnancy ends, whether by induced abortion or by completed pregnancy, the occurrence of psychological disorders is possible. In contrast, Fisher *et al.* (2005) state that no evidence was found of any kind of psychological incompatibility in women seeking repeated induced abortion. Deveber and Genties (2005) believe that, although there is no consensus on psychological issues after abortion, the conclusions of all relevant studies show that these problems occur after induced abortion in 10% of women. Because many abortions are conducted each year, this should be considered an important public health issue.

Because of religious and social disapproval of abortion, it has always been subject to legal and social punishments. For example, in Cameroon, the punishment is 5 years in jail for the person who conducts the abortion, 1 year for the woman who has the abortion and 2 years for the person who prepares the instruments and drugs; however, there are few legal prosecutions (Schuster 2005). In Iranian law, it is a crime to harm the foetus and the perpetrator would be punished decisively (Hosseyni 2006). 5

The study

Aim

The aim of this study was to describe the consequences of illegal abortions experienced by Iranian women.

Design

A qualitative descriptive design was adopted. The methodology was qualitative as this was an inquiry to understand a problem about which there was little existing knowledge.

Participants

A convenience sample of 27 people who had either an experience of illegal abortion or whose occupation was relevant to this experience participated in the study. To understand the process of illegal abortion and its consequences better, participants were drawn from different settings. Sample size was determined by theme saturation. The participants included seven women who had an illegal abortion, one woman who referred to hospital and begged doctors for induced abortion, the husband of a woman who had an incomplete abortion, six midwives, three obstetricians, two lawyers, two psychologists, two clergymen, one general physician and one politician.

Data collection

The data were collected in 2006. The first author conducted semi-structured, face-to-face interviews. The interviews began with general questions, followed by more specific ones (see Table 1). Each interview took approximately 30–120 minutes and was tape-recorded. The interviews were conducted in hospitals, participants' residences or private offices, according to their wishes. After the interviews, the tapes were transcribed by the first author and checked by research assistant and educator. Data collection was done concurrently with data analysis and was discontinued when

Table 1 Interview questions

General questions
1. Could you briefly describe your experience of illegal abortion? (for women)
2. How did you treat a woman who wanted you to terminate her unwanted pregnancy? (for doctors)
3. Could you describe the hospital personnel's reactions when you went to the hospital because of complications after illegal abortion? (for women)
4. Could you describe your experience of having clients who had complaint against an abortion provider? (for lawyer)
5. Did you agree to your wife's decision for having an induced illegal abortion? (for husbands)
6. What does the government want to do to help women who want to terminate their unwanted pregnancy without a legal reason? (for statesman)
7. Could you describe the reason for Islamic restrictions on induced abortion? (for clergymen)

theme saturation was achieved during the last two interviews.

Ethical considerations

Approval for the study was obtained from a university research ethics committee All participants were sent a transcript of their interview for clarification and agreed for their transcript to be used in publications.

Data analysis

Content analysis was used to analyse the data. The first step was data reduction in which the data were manually coded. After reading the interview transcripts several times, the researcher identified significant statements, line by line, without making any assumptions, and then compared transcripts between participants to determine similarities and differences in the codes. The second step was data display, in which a diagram was developed to display the relationships between codes, and then pattern coding was done. This involved sorting the codes according to areas of illegal abortion consequences. The third step was conclusion-drawing, in which themes were identified and named to describe the consequences of illegal abortion.

Rigour

We followed Lincoln and Guba's (1985) guidelines for ensuring trustworthiness, which was established through consistency, prolonged engagement, peer debriefing, dependability and confirmability. Taped interviews and written transcripts were examined by three researchers to ensure consistency. Participants who gave important insights were interviewed a second time, which is called prolonged engagement. All authors were experienced in conducting qualitative studies, and all took part in analysing the transcripts and discussing the themes and sub-themes (peer debriefing) until consensus was achieved, thus establishing dependability. Finally, confirmability was ensured by two participants, who examined and validated our interpretation of the findings.

Findings

Our findings showed that illegal abortion consequences could be understood through four themes: physical, psychological, socio-political and judicial.

Physical consequences

Induced abortion is a procedure that needs skill and equipment to be done safely. If it is performed by unskilled operators, using non-standard and unsafe methods and ignoring sterilization principles, it can cause many physical problems for women. As most operators do not follow-up their patients and do not teach them about warning signs such as frequent bleeding, retained products of induced abortion can cause severe uterine infection and patients may be hospitalized because of fever, septic shock and severe bleeding.

According to our participants, the reason for delay in seeking medical assistance was lack of knowledge of the reasons for and consequences of bleeding after abortion, and this delay could cause a severe fall in blood pressure, severe anaemia and even the need for blood transfusion.

Using dangerous instruments was another reason for the occurrence of severe symptoms after induced abortion. Referring to an induced abortion which led to colostomy, a member of the medical team stated:

> 'Most of the unmarried women go after unsanitary and dangerous methods of abortion to hide it from their families, who do not support it. Therefore, the rate of problems caused by induced abortion is higher among unmarried women'. An obstetrician said: 'Illegal and unlawful sexual intercourses have extreme and expanded consequences because such pregnancies are prohibited and will end up with using illegal and expired drugs or into underground networks'.

Psychological consequences

Based on our findings, in addition to adverse physical s, women may also face psychological disorders after induced

abortion. Women usually needed some time to forget about the bitter memory of this unethical action and cope with their guilt:

I had nightmares for a year. They were mostly about my abortion. This continued for 9 months to a year. Then I somehow forgot about it. I always consider ethical and moral aspects of my actions rather than religious aspects. After my abortion I donated some money to a needy family to clear my conscience.

This participant had had an abortion with no complications about a decade before the interview, and about a year after her abortion she had coped with its consequences and had no regrets. However, another woman who had a complicated, stressful and expensive abortion mentioned it as a bitter and unforgettable memory. Although she had no regrets, the experience became a stress factor whenever she thought about pregnancy again:

I have no regrets at all but sometimes the memory comes back to me and makes me stressed out. I think, 'What if I get pregnant again?'…I can't forget it. Believe me, I think about it every day. I always discuss it, especially with my sister and mother. And whenever I pray to God in private I ask for His forgiveness. I'm really sad because of what I did.

Socio-political consequences

A psychologist who participated in this study believed that the rates of depression and sadness are higher among unmarried young women than married women, because they are emotionally immature, have limited social support and are concerned about the effect of abortion on their future marriage. Sometimes these concerns become so serious that they make them avoid marriage:

Many of these cases remain hidden and become the source of their depression. It wouldn't be revealed and nobody would ever know. Then everybody thinks that she is depressed because life is so complex and cruel (poor thing! Everything is so hard on her, she has so much to study and her job is so hard). But the root of her depression is something else [abortion]. These girls' problems should be studied. These are the girls who may never get married. There are some girls who don't want to get married because they've lost their virginity or experienced abortion.

Another psychologist told us about the effect of abortion on spousal relationships in one of her patients:

This woman showed postabortion depression with severe symptoms of phobia; she was scared of people. She thought that someone was following her around and that there was something moving in her abdomen. She had nightmares and had all the typical symptoms of depression, like anorexia, insomnia and extreme hatred of sexual relations. I even had a case that, because the woman became so cold after her abortion, her husband wanted to divorce her.

Women who go to hospital for postabortion problems usually hide the truth about their induced abortion because they are afraid of the legal consequences. One of the participants told us about healthcare personnel's attitudes towards these women:

They don't have a good attitude toward women who go to hospitals for postabortion problems. They think that everyone with an induced abortion must have illegal relationships and is a street woman. They never care to find out the real reason that caused these women to have an abortion. They just treat them differently.

Judicial consequences

Participants in this research believed that women's and healthcare personnel's tendency to hide abortion is one of the main reasons for not having accurate statistics on illegal abortions. Families mostly worry about their reputation and the complicated bureaucracy of courts, while medical staff worry about prosecution.

Sometimes women who are victims of illegal abortion operation prevent their husbands from suing the operator; because they believe that the operator did them a favour by ending their pregnancy and should not be punished or sued for any further complications:

My husband was complaining and didn't want to pay her [the operator], saying that he spent ten times more for my treatment and for that he was going to sue her. He still wants to sue her and always talks about it. But I told him to stop. She had done her job right; maybe I was too sensitive that these complications happened to me.

Legal experts believe that there are several reasons for not having any clear statistics available on illegal abortion, and these include fear of punishment, collusion with the physician or general fear of judicial system. As induced abortion in Iran is against law and religion, not only there is no benefit for families to report it, but also it involve them in legal issues and penalties:

If it is proved that the woman has willingly undergone abortion, she won't benefit from the lawsuit. Therefore they would rather to conspire with the physician instead of filing a lawsuit.

In Iran, abortion is only allowed in special cases. Based on the abortion therapy law, which has its origins in Islamic principles and the social and religious environment of Iranian society, abortion is only allowed in the case of pregnancies which lead to serious life-threatening problems for women

and disorders which can cause foetal death during pregnancy or immediately after delivery; in other cases abortion is contrary to the religion and hence illegal. With regard to limiting legal abortion indications to cases which threat the woman's or fetus's life, one of the health policymakers interviewed in our study said:

> This law can be a solution in cases of life-threatening problems for mothers, serious economical problems, or severe psychological or other issues for families. This law might not cover some other issues, but we must wait to see reactions and feedbacks toward this law and how it functions before we make further decisions.

According to a politician who participated in this study, clear statistics on documented and registered abortions conducted because of other reasons are needed to expand this law and send it to Parliament for approval.

One of the psychologists believed that women do not report their abortions because they are afraid of bringing dishonour to their families. Also, they avoid legal procedures because they are so complicated and they believe that they are useless:

> The doctor can't report it because it's against administrative laws, and families don't report it because they don't want scandals. There are cases where the families are aware but they don't report it…also the law has a lot of administrative complexities. It means that when you go to the Public Prosecutor's Office for a lawsuit, the bureaucracy and useless wrangles make people so sick of it and they give up their rights.

Discussion

Study limitations

The sample size was relatively small but, because this was a qualitative study, it provided rich data and a culturally sensitive perspective on illegal abortion consequences for Iranian women. However, theme saturation was achieved and the usefulness of the data is more important than generalization of the findings.

Some women who are hospitalized because of complications of an illegal incomplete abortion do not feel able to talk about it. During the 6 months of the study, only two women agreed to be interviewed. Other participants were introduced by these two and then agreed to interview. The therapy team who participated in the study believed that it would not be possible to gain research access to abortionists because they mostly conduct abortions in basements and secret places. Two people were introduced to us as conductors of abortions, but in their interviews they did not agree that they did this. A woman who despite her husband's disapproval had an illegal abortion in a basement conducted by a man who she believed was one of the hospital's employees, did not agree to interview because it would remind her of bitter memories. When women were asked to bring their husbands to the interview or to give us their phone numbers, they immediately answered: 'My husband won't cooperate'. They also claimed that their husbands would not have time to participate or would not approve of the data gathering method, i.e. interviewing. Even some of the specialists did not agree to be interviewed when they realized that abortion was the topic of the study. However, except for two women who were interviewed in the hospital and a midwife and a gynaecologist who agreed to cooperate during direct recruitment, most of the participants were introduced by other participants; this illustrates the need to use a recruitment approach which allows potential participants to have trust in the researchers in studies of this sensitive nature. Only married women who had illegal abortions were interviewed, which limited this study. Unmarried women usually avoid interviews or talking about their experiences because they keep their abortion a secret because of family and social issues.

Physical consequences

In countries where abortion is illegal, induced abortions are the main healthcare problem for women in the reproductive years (Amirul Islam 2005). The common problems that may 7
occur after induced abortion include incomplete abortion, infection, severe bleeding and rupture and injuries of intrapelvic organs, such as uterine perforation or rupture (Behjati Ardakani *et al.* 2004). A member of medical team who 8
participated in this study had a patient with a septic abortion, the infection spread to her colon and she had to have a colostomy. Singh *et al.* (2005) also reported a case in which 9
the patient had to have complete colostomy and removal of the sigmoid colon because of septic abortion.

Our findings show that women who face postabortion problems usually delay seeking medical care, which leads to critical health conditions. Rana *et al.* (2004) also showed that delay in getting treatment for postabortion complications causes severe bleeding, infection, hospitalization and the need for blood transfusion. Rossier *et al.* (2004) also showed that 10
postabortion complications occurred in women who self-aborted their pregnancies more than in those whose induced abortion was done by traditional operators or healthcare staff. In the present study, most of the abortions were done by non-professional operators and in non-standard conditions. Most of the women had tried to end their pregnancies by

taking herbal medicine, carrying heavy objects or injecting themselves before seeking induced abortion.

According to participants, while not all illegal abortions were performed in non-standard and unsanitary places, some women had had safe and healthy abortions conducted by skilled professionals in private clinics. Rasch *et al.* (2004) believe that complications after induced abortion depend on the operator's skills. In most countries, physicians conduct induced abortion in their clinics in conditions as safe as legal abortion in hospitals. The abortion might be illegal under this condition, but it is safe.

Participants in this study believed that sexual intercourse before marriage is increasing among Iranian teenagers, but that they do not have enough information about birth control methods and this leads to unwanted pregnancies. Because in Iranian culture these pregnancies lead to dishonour and scandal for the girl and her family and can cause problems in her marriage, these girls usually have an illegal abortion. Santhya and Verma (2004) have also written that abortion is connected with scandal especially in women who are not married. The Planned Parenthood Federation (2000) has also stated that, because teenagers usually have unsafe abortions and they delay more than older women, their risk of having serious problems afterwards is higher. Having a healthy and clean abortion is expensive and most single women cannot afford it. Silberschemidt and Rasch's (2001) with teenagers who were hospitalized in the capital of Tanzania because of complications from abortion during 1997, showed that 38 of 51 participants had a safe abortion while 13 had unsafe abortions done by unskilled operators. Ganatra and Hirve (2002), in their qualitative study, showed that lack of support and cooperation by families and sexual partners had an effect on achieving a safe and healthy abortion in unmarried teenagers.

Because many aspects of teenage girls' sexual behaviours are still not understood, there are no documented statistics on pregnancies and illegal abortions in this group. Iranian teenagers, like those in other countries, are at the risk of dangerous sexual behaviours before marriage while, because of religious restrictions, there is little or no teaching for teenagers about dangerous sexual behaviours.

Psychological consequences

Abortion can have also psychological consequences. In this study, women explained their satisfaction with the abortion based on the consequences. They had no regrets, but those who had postabortion complications were dissatisfied and complained about the operator. Our findings also showed that psychological problems such as depression occur in a few women and mostly in girls, but they eventually coped with the situation although they never forgot about it. With regard to psychological issues, Cawluck *et al.* (2006) state that most **11** women who abort unwanted pregnancies feel guilty and angry afterwards. However, Broen *et al.* (2005) reported that **12** women who had support from their sexual partner when having an abortion overcame their negative feelings soon afterwards. If important people in a woman's life, especially her sexual partner, do not support her decision about ending the pregnancy and put her under pressure to do something she does not want to do, she may face severe psychological repercussions.

One of the psychologists who participated in this study mentioned that the probability of postabortion depression is greater in unmarried girls than married women; the former usually hide their unwanted pregnancy and abortion and so they do not get support from their family. Also, some of our women who felt guilty said that this feeling was caused by their religious thoughts. However, other participants, even those who had abortions a long time ago, did not mention severe psychological issues that needed treatment. Nevertheless, some of the women became sad or even cried when talking about their experiences. One participant who had an abortion a long time previously (15 years ago) still felt guilty and sorry for her foetus. However, another participant said that nightmares and bad feelings had just happened for a short time and after a while she had adjusted to her situation and did not feel regrets any more. Facing unpleasant consequences of induced abortion or getting pregnant again were the main reasons that women felt regretful. However, whether feeling regretful or not, they all felt a kind of constant sorrow because they all believed that abortion was an unethical an unreligious act. Warning others about unwanted pregnancy and using secure contraception methods after abortion are obvious signs of regret after abortion.

Based on Islamic rules, abortion after quickening is forbidden even if there is a risk to mother's physical or mental health. However, abortion is allowed before quickening if the pregnancy causes risks to the woman's health; this is because the mother has a conscious existence but the foetus has not reached this position yet, and the mother's life comes before the vegetative life of foetus (Hosseyni 2006).

Socio-political consequences

Another result of illegal abortion is its socio-political consequences. Social and political limitations cause women to have hidden illegal abortion. They avoid going to government-funded health centres after having an abortion to prevent hospitalization, public disclosure, being blamed by their

families, having to pay large sums of money for the healthcare, or because they are afraid of anaesthesia (Pheterson & Azize 2005).

13 Jewkes *et al.* (2005) writes that, in South Africa, women who cannot go to hospitals for abortion have only one other option and this is self-abortion; the hospitals have long waiting lists, which would take women into the second trimester, or the services are too expensive. Another reason that stopped women in our study from going to public health centres for help was fear of the personnel's reaction and worrying about confidentiality. Some of the women were called murderers by nursing staff. Being questioned about ethical issues related to abortion by nursing staff was one the main reasons that women did not go to public health centres for help. In fact, there were women who could have had a legal abortion but instead tried induced abortion because they were afraid of hospital personnel's reactions. Therefore hospital personnel's beliefs and reactions have a strong impact on women's decision about their abortion method.

In the present study, most of the women who experienced postabortion complications preferred tolerating pain to being scolded by healthcare staff, and as a result delayed going to hospital and tried to hide their induced abortions.

Rasch *et al.* (2004) claim that in countries where abortion is illegal, women do not like to admit to induced abortion. Also interviewing hospital personnel, Schuster (2005) found that they found it hard to take a history from women with induced abortion. Therefore, to encourage women to talk about their induced abortions, it is necessary for healthcare personnel to reassure them that all the information they give will remain confidential.

Some of our participants believed that women who had temporary marriages (this is a kind of marriage in Iran in which couples decide to stay together only for a limited time and therefore the wife must not become pregnant during this time) as well as unmarried girls would not be accepted in hospitals easily and would be treated rudely by hospital staff. However, one the obstetricians, who was in charge of the gynaecology ward, denied this and said that such reactions were rare and if they happened they were just to warn women to be more careful.

Another postabortion problem discussed in this study was disruption in sexual intercourse between spouses. A few researchers have studied the effect of induced abortion on relationships or sexual intercourse with spouses. Rasch *et al.* (2004) reports that in more than 20% cases induced abortion has a negative effect. Bradshaw and Slade (2003) stated that there are different statistics regarding the effect of abortion on relationships between couples. Some declared that after abortion they have got more satisfaction and their sex appeal has increased but it has decreased in some other and some have reported no change. Fok *et al.* (2006) conducted a study with 1040 Chinese women who had had an abortion and found that 8–30% felt that they had a decrease in every aspect of their desire for sex after abortion. In addition, desire for sex and satisfaction in one third of these women were affected. According to psychologists in our research, fear of becoming pregnant again disrupts sexual intercourse. It mostly affects women's desire for sex and, in some cases, both partners in the relationship.

Judicial consequences

Another sequel of illegal abortion is judicial consequence. Based on our findings, there are no lawsuits regarding postabortion complications in Iranian courts because this would probably lead to legal penalties for the prosecutors. In addition, because of the complicated judicial bureaucracy in Iran, filing a lawsuit only leaves the prosecutor with emotional and physical exhaustion and has no other. Cook *et al.* (2004) believe that it is possible to devise appropriate 14 abortion laws, in view of the practical implications of epidemiological, social scientific and healthcare research such as studies of maternal deaths because of unwanted pregnancies and induced abortion.

Modern thinking has changed views on abortion law from a criminal punishment approach towards a protection and health development approach (Cook *et al.* 2004). Many Islamic countries have changed their abortion laws and permitted abortion in necessary cases based on the new perspective emanating from the WHO (Behjati Ardakani *et al.* 2004). In Iran, abortion is legal when the life of either mother or foetus is in danger or when judges conclude that it is too difficult for parents to have another baby because of poverty or mental illness. Although these exceptions include 52 diseases, most abortions have other reasons which make them a crime in the eyes of law.

In the present study, participants believed that there were no lawsuits regarding postabortion complications in Iran because induced abortion is illegal and is conducted secretly. All of the medical team who participated in the study believed that abortion was a crime, but only a few women with abortion history believed this. In fact, women were worried about ethical and emotional aspects of abortion more than its legal aspects. This means that hiding induced abortion is mainly related to social pressure rather than fear of legal punishment. Unmarried girls and their families especially never try to file a lawsuit because they do not want to ruin their reputations. However, operators who encourage women to keep their names and addresses secret

What is already known about this topic

- Despite the increase in effective and safe methods of contraception and the distribution of information about these methods, unwanted pregnancy is still a problem in some societies.
- Induced abortion is a common procedure throughout the world and unsafe abortions carry a high risk of maternal mortality and morbidity, accounting worldwide for more than 80,000 maternal deaths per year as well as for psychological complications.
- In Iran, except for some special reasons, abortion is unlawful and often Iranian women try to end up their unwanted pregnancies illegally.

What this paper adds

- Four consequences of women's experiences of illegal abortion were identified: physical, psychological, sociopolitical and judicial.
- The main reason for hiding abortion by women is social pressure, not legal penalties.
- There are no legal lawsuits regarding postabortion complications in Iran because intentional abortions are always conducted secretly.

Implications for practice and/or policy

- Policymakers should find strategies to obtain accurate statistics for unwanted pregnancies and related abortions.
- There is an urgent need to implement services in Iran for women with unwanted pregnancies.
- Educating people about religious and moral laws related to abortion can reduce the number of unsafe abortions among married women.

and do not accept a patient for abortion without a recommendation, are obviously afraid of legal punishment because they conduct a procedure which is outside their professional limits and is therefore against the law.

Conclusion

To revise abortion laws, real data are needed about unsanitary abortions and their complications. Therefore, it is necessary to find ways to encourage women to talk about their reproductive health problems. Until possible legal revisions based on Islamic principles and human ethics are developed, it seems that preventing unwanted pregnancies and giving appropriate support to women who unwillingly become pregnant are the most practical solution; this could have a positive effect on reducing these kinds of abortions and their consequences.

Acknowledgement

We would like to thank all the participants for their help. This research was funded by Isfahan University of Medical Sciences.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

SS, NF and FT were responsible for the study conception and design. SS performed the data collection. SS, NF and FT performed the data analysis. SS were responsible for the drafting of the manuscript. NF and FT made critical revisions to the paper for important intellectual content. NF and FT provided administrative, technical or material support. NF and FT supervised the study.

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