Medical Students’ Attitudes toward Abortion Education: Malaysian Perspective

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Abstract

**Background:** Abortion is a serious public health issue, and it poses high risks to the health and life of women. Yet safe abortion services are not readily available because few doctors are trained to provide such services. Many doctors are unaware of laws pertaining to abortion. This article reports survey findings on Malaysian medical students’ attitudes toward abortion education and presents a case for including abortion education in medical schools.

**Methods and Results:** A survey on knowledge of and attitudes toward abortion among medical students was conducted in two public universities and a private university in Malaysia in 2011. A total of 1,060 students returned the completed questionnaires. The survey covered about 90% of medical students in Years 1, 3, and 5 in the three universities. About 90% of the students wanted more training on the general knowledge and legal aspects of abortion, and pre-and post-abortion counseling. Overall, 75.9% and 81.0% of the students were in favor of including in medical education the training on surgical abortion techniques and medical abortion, respectively. Only 2.4% and 1.7% were opposed to the inclusion of training of these two methods in the curriculum. The remaining respondents were neutral in their stand. Desire for more abortion education was associated with students’ pro-choice index, their intention to provide abortion services in future practice, and year of study. However, students’ attitudes toward abortion were not significantly associated with gender, type of university, or ethnicity.

**Conclusions:** Most students wanted more training on abortion. Some students also expressed their intention to provide abortion counseling and services in their future practice. Their desire for more training on abortion should be taken into account in the new curriculum. Abortion education is an important step towards making available safe abortion services to enable women to exercise their reproductive rights.


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Introduction

The World Health Organization (WHO) estimated that there were about 42 million abortions globally in 2008, of which half were unsafe abortions. Almost all of the unsafe abortions were in developing countries. Unsafe or clandestine abortions were frequently performed by providers without the necessary skills and in an environment that did not conform to the minimum medical standards. In some instances, abortions were self-induced. Unsafe abortions imposed heavy economic and health burdens on women and society [1,2].

Unsafe abortion rate is the number of unsafe abortions per 1,000 women aged 15–44 years in a year, and is used to measure the level of unsafe abortion in a population. Unsafe abortion ratio is the number of unsafe abortions per 100 live births (as a proxy for pregnancies) in a year, and is a measure of the likelihood that a pregnancy will end in unsafe abortion rather than in a live birth [1]. Globally, the unsafe abortion rate in 2008 was about 14 per 1,000 women aged 15–44, and for every 100 live births there were 16 unsafe abortions. The incidence of unsafe abortion varied widely across regions, countries and within countries. The highest observed unsafe abortion ratios were in developing countries with incomplete estimates [3]. The unsafe abortion rate and abortion ratio was relatively high in Southeast Asia, with an estimated rate of 22 per thousand women and 28 per 100 live births respectively [1].

Information on the incidence of abortion in Malaysia is not readily available. However, there are good reasons to believe that abortion is on the rise because the fertility level has been declining from 3.5 children per woman in 1985 to about 2.3 today, despite the stagnation of contraceptive prevalence rate at about 50% for all methods and 33% for modern methods since the mid 1980s [4]. The abortion law in Malaysia has become relatively liberal after it was amended in 1989. It allows abortion in order to preserve the physical and mental health of women, in addition to saving the life