

# THE ABORTION ACT, 1969—A REVIEW OF THE FIRST YEAR'S EXPERIENCE

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## SYNOPSIS

Following the implementation of the Abortion Act to reform and liberalise the abortion laws in Singapore in March 1970 up to 31 December 1970 a total of 3,093 applications for termination of pregnancy were received by the Abortion Board. Of the applications received, 2,726 (88%) were approved. 1,970 terminations of pregnancy were performed, 98% of which were carried out in Government Hospitals and 2% in approved private institutions.

The demographic data of these applicants are presented: 83% of applications were approved for socio-economic reasons. In 3% of applications, approval was given for medical indications. Less than 1% of abortions were carried out on the opinion of two independent medical practitioners. Based on the first ten months' experience, the abortion rate for Singapore was 0.95 per thousand population whilst the abortion ratio was 50.8 per thousand live births.

The review showed that there was a definite bias against the approving of abortions on socio-economic grounds for those in the under 30 years, low parity and high income group.

The Abortion Act (1969) to reform and liberalise the law relating to the practice of abortion in Singapore were passed by Parliament on 29 December 1969 and came into operation on 20 March 1970. Under the Act, an eleven-member Termination of Pregnancy Authorisation Board to authorise the treatment to terminate pregnancy by registered medical practitioners was set up. Members of the Board comprise the Director of Medical Services, the Deputy Director of Medical Services *i/c* of Health, the Deputy Director of Medical Services *i/c* of Hospitals, the Director of Social Welfare, an Obstetrician and Gynaecologist and a Psychiatrist employed in the Public Service and five other members to be appointed by the Minister for Health, three of whom shall be females, of whom two are professionally qualified Social Workers.

Under the Act, the Board may authorise treatment to terminate pregnancy to be carried out if it is of the opinion, formed in good faith:

(a) That the continuance of the pregnancy would involve serious risk to the life of the

pregnant woman or serious injury to the physical or mental health of the pregnant woman.

(b) That the environment of the pregnant woman, both at the time when the child would be born and thereafter so far as is foreseeable, justifies the termination of her pregnancy.

(c) That there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped; or

(d) that the pregnancy is the result of rape, incest, unlawful carnal connection, or of intercourse with an insane or feeble minded person.

Under the Act, a registered medical practitioner acting in consultation with another registered medical practitioner may perform an abortion, if they are of the opinion that the termination of pregnancy is necessary on the grounds indicated in (a) above, provided that the abortion is carried out in a government hospital or in an approved institution. If the medical practitioner considers that such treatment is immediately necessary to save the life of the patient, such treatment need not be carried out in a government or approved institution and does not require a second opinion. Abortions carried out under the latter two conditions have however to be notified to the Board within two weeks of such treatment.

Authorisation for termination of pregnancy may, however, only be given if the woman is a

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Singapore citizen, or the wife of a citizen, or has been resident for a period of at least four months preceding the date of application, except only if it is considered immediately necessary to save the life of the patient.

Authorisation will not be given for (a) and (c) above if the pregnancy is of more than 24 weeks duration, unless such treatment is necessary to save the life or to prevent grave permanent injury to the physical or mental health, and in the case of (b) and (d) above, if the pregnancy is of more than 16 weeks.

Once approval is given, the abortion has to be carried out within seven days in a government hospital or approved institution. In practice, an applicant will be informed of the Board's decision within one week of submission of the application and if approved, an appointment will be given for the abortion to be carried out the following week.

### Applications Received

Following the implementation of the Act up to 31 December 1970, a total of 3,093 applications were received, 2,726 or 88% of which were approved. A total of 1,970 terminations were performed, 1,457 (74%) of which were carried out in the Kandang Kerbau Hospital, 473 (24%) in the Thomson Road General Hospital and 40 (2%) in approved private institutions. 30% of patients undergoing an abortion had a simultaneous sterilisation operation performed. This paper summarises the demographic data and initial experience in the implementation of the Act and contrasts it with that of other countries.

### Age Distribution

94% of applicants were between the ages of 20-44 years. 3% were under 20 years of age. This contrasts with the experience in the United Kingdom and the United States where 26% and 27% respectively are under the age of 20 years. The high proportion, 15%, of women who are over 40 years of age is worthy of note.

### Marital Status

94% of applicants were married, 5% unmarried and 1% either divorced, separated or widowed. This contrasts with the experience in the United Kingdom where 46% of patients undergoing abortions were unmarried and 9% either separated or divorced. In Sweden, 20% were unmarried and 10% either separated or divorced.

### Educational Status

50% of applicants had no formal education whilst 34% had primary education and 14% had

secondary education. Only 1% had tertiary education. This underlines the extent of the problem that has to be faced by the family planning authorities if they are to have any degree of success in their motivation campaigns.

### Activity Status

73% of applicants were housewives with 24% working either full or part-time. It is evident that inability to have a child due to employment is not an important reason for seeking abortion.

### Economic Status

80% of applicants had a total monthly income of between \$100/- and \$400/- with 4% earning less than \$100/- per month. 10% of applicants had a total income of between \$400/- and \$1,000/- per month with 2% earning over \$1,000/- per month.

The high proportion of applicants in the lower income groups coupled with the lack of formal education in 50% of applicants is contrasted to the experience in United Kingdom where it has been reported that "the literate, eloquent and middle class woman is at a greater advantage when seeking an abortion". In Japan, on the other hand, it has been shown that there is no relation between the rate of induced abortion and the educational level of the women. It would appear that in Singapore the better educated and those in the upper income bracket are not taking advantage of the provisions of the Abortion Act or probably, for various reasons, choose to have their terminations done illegally.

### Contraceptive History and Family Planning Practice

28% claimed that they had practised contraception up to the time of pregnancy whilst 14% were inconsistent or irregular. 31% had discontinued contraception for various reasons and 22% had never practised any form of contraception. 61% of applicants claimed that they were either taking contraceptive pills (30%), or were using the condom (31%), whilst 3% had an intra uterine device.

The figures obtained are somewhat difficult to explain and may not be entirely reliable for although 60% claimed that they have ever attended the Family Planning clinic, this was never verified by cross reference to the Clinic records. It was also felt that many claimed that they were practising contraception in the hope that this would help them obtain easier approval for their abortions because of failed contraception. On the other hand, it is also possible that the same reasons

that motivated these women to practise family planning have been the motivation for their seeking an abortion to limit the family once contraception has failed.

### Size of Family

The mean number of living children per applicant was 4.7. The majority, 63%, had four or more children whilst 37% had three or less children. 6% of applicants had no children, representing mainly the unmarried mothers and mothers seeking abortion for medical or eugenic reasons.

The mean number of sons per applicant was 2.5. 76% of applicants had three or less sons compared to 37% with three or less children, supporting the suggestion that the number of living sons is one of the factors in the willingness to limit the family.

### Decisions of the Board

Of the 3,093 applications received, 2,726 (88%) were approved and 367 (12%) rejected. The percentage of applications approved each month was fairly constant and ranged from 82% to 90%.

83% of applications were approved under Section 5(2)(b) of the Act, i.e. for environmental or socio-economic reasons. Of these, 75% claimed to have too many children or were unable to afford another child. 15% claimed to have completed their family and 4% were unmarried and 2% were too close to the last confinement. 2% of applicants claimed to have failed contraception.

In 88 cases (3%), approval for abortion was given under Section 5(2)(a) because of serious risk to the life of the mother. Medical indications under this category included the following:

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|---|----------|
| 1. Obstetrical conditions including repeat caesarean sections, multiparity, severe hyperemesis gravidarum, etc. | 26 cases |
| 2. Congenital or acquired heart disease including hypertension  | 13 cases |
| 3. Psychiatric disorders including reactive depression, mental anxiety, etc.                                    | 9 cases  |
| 4. Eugenic reasons, exposure to X-ray, ionizing radiation, drugs and rubella                                    | 7 cases  |
| 5. Endocrine disorders, thyrotoxicosis, diabetes  | 6 cases  |
| 6. Renal disease including nephritis and past toxæmia of pregnancy  | 5 cases  |
| 7. Pulmonary tuberculosis   | 4 cases  |
| 8. Miscellaneous conditions   | 18 cases |

In 26 other cases (less than 1%), the abortion was carried out on the opinion of two independent medical practitioners. The majority (22) of these were by private practitioners and 4 by doctors in institutional practice. Of these 26 cases, 11 were unmarried mothers with reactive depression or other psychiatric problems and 15 were married women with various medical conditions.

### Reasons for Rejection

Of the 367 applications rejected, 71% were because the reasons given in support of their application were not acceptable to the Board. In 25% of applicants, the pregnancy was too far advanced. The following is worthy of note:

- 24% of applicants under the age of 30 years had their applications rejected compared to 5% in the over 30 years age group and 2% in the over 40 years age group.
- 50 of 164 (30%) unmarried mothers had their applications rejected compared to 11% among the married applicants. Of those rejected, approximately half were because their pregnancy was too far advanced and in the remaining half, the reasons given were either not acceptable to the Board or they were persuaded to continue with their pregnancy.
- 10% of applicants with a total income of under \$400/- per month had their applications rejected compared to 18% for those earning between \$400/- and \$800/- per month and 24% for those earning more than \$800/- per month.
- 40% of applicants with less than three children had their applications rejected compared to 2% among those with four or more children.

These findings demonstrate a definite bias against the approval of abortion on socio-economic grounds for those in the under 30 years, low parity and high income groups. It should also dispel the misgivings of those who feared that the introduction of the Abortion Act would result in abortion on demand.

### COMMENTS

The 1970 abortions performed in the first ten months following the implementation of the Abortion Act appears somewhat insignificant when compared to the 28,849 abortions performed in the United Kingdom over the same period of time when the abortion laws were liberalised in 1967 and the 69,000 abortions in the first six months of the liberalised state abortion law in New York last year.

DEMOGRAPHIC DATA ON APPLICANTS FOR ABORTION

	No.	%		No.	%
<b>Applications Received and Approved</b>			<b>Educational Status</b>		
Applications received	3,093	100	No Formal Education	1,535	50
Applications approved	2,726	88	Primary Education	1,041	34
Applications not approved	367	12	Secondary Education	439	14
			Tertiary Education	30	1
			Others and Unknown	48	2
<b>Abortions Performed</b>					
Kandang Kerbau Hospital	1,457	74	TOTAL	3,093	101*
Thomson Road General Hospital	473	24			
Private Institutions	40	2			
TOTAL	1,970	100	<b>Activity Status</b>		
			Housewife	2,246	73
			Working full/part-time	731	24
			Unemployed and others	116	3
			TOTAL	3,093	101*
No. of Sterilisation Operations performed simultaneously	591	30			
<b>Age Distribution</b>			<b>Economic Status—Total Monthly Income</b>		
Under 15 years	3	0†	Under \$100/- per month	135	4
15 - 19 years	80	3	\$100/- \$400/- per month	2,457	80
20 - 24 years	412	13	\$400/- \$1,000/- per month	305	10
25 - 29 years	585	19	Over \$1,000/- per month	56	2
30 - 34 years	869	28	Unrecorded	140	5
35 - 39 years	661	21			
40 - 44 years	409	13	TOTAL	3,093	100
45 years and over	70	2			
Unrecorded	4	0†			
TOTAL	3,093	99*	<b>Contraceptive History</b>		
			Practised up to time of pregnancy	881	28
<b>Marital Status</b>			Inconsistent or irregular practice	423	14
Married	2,899	94	Discontinued	966	31
Unmarried	164	5	Never practised	671	22
Divorced, Separated, Widow	30	1	Unknown	152	5
TOTAL	3,093	99*	TOTAL	3,093	100

	No.	%
<b>Contraceptive Used</b>		
Condoms	952	31
Contraceptive Pills	920	30
Spermicides	149	5
Intra Uterine Device	82	3
Others	105	3
Unknown	885	29
<b>TOTAL</b>	<b>3,093</b>	<b>101*</b>

#### FAMILY SIZE

##### No. of Living Children

0	172	6
1	147	5
2	350	11
3	459	15
4	522	17
5 and above	1,416	46
Unrecorded	27	1
<b>TOTAL</b>	<b>3,093</b>	<b>101*</b>

##### No. of Living Sons

0	276	9
1	635	21
2	835	27
3	594	19
4	357	12
5 and above	300	9
Unknown	96	3
<b>TOTAL</b>	<b>3,093</b>	<b>100</b>

#### DECISION OF THE BOARD

##### Classification by Board's Decision

Not approved	367	12
Approved under Section 5(2)(a) —Medical Reason	88	3
Approved under Section 5(2)(b) —Socio-economic Reason	2,596	83
Approved under Section 5(2)(c) —Eugenic Reason	12	0†
Approved under Section 5(2)(d) —Rape, etc.	4	0†
Approved under Section 5(3) —Two Doctor Opinion	26	1
<b>TOTAL</b>	<b>3,093</b>	<b>99*</b>

##### Reasons for Rejection

Pregnancy too advanced	90	25
Non-Citizen/Non-Resident	2	1
Form incomplete, inaccurate and applicant traceable	5	1
Reasons given not acceptable to Board	262	71
Others	8	2
<b>TOTAL</b>	<b>367</b>	<b>100</b>

#### SOCIO-ECONOMIC REASONS FOR ABORTION

##### Reasons for Approval under Section (52)(b)—Socio-Economic

Unable to afford another child/ too many children	1,946	75
Completed family	400	15
Unmarried	99	4
Too close to last confinement	56	2
Failed contraception	59	2
Others	36	1
<b>TOTAL</b>	<b>2,596</b>	<b>99*</b>

† Less than 1%.

\* Due to rounding.

The total of 1,970 abortion carried out gives an abortion rate of 0.95 per thousand population and an abortion ratio of 50.8 per thousand live births. Comparative figures in other countries are given below:

COMPARATIVE ABORTION RATIOS  
IN COUNTRIES WITH LIBERALISED  
ABORTION LAWS

Country	Year	Ratio†
Hungary	1964	1400.0
United States (New York)	1970*	896.0
Japan	1965	465.0
Yugoslavia	1964	370.0
Finland	1962	74.0
Denmark	1965	60.0
Singapore	1970	50.8
Sweden	1963	31.0

\* First six months' experience.

† Per thousand live births.

Based on the current rates and assuming that the criteria for the approval of abortion remains the same, it is estimated that approximately 4,300 applications will be made in Singapore in 1971 of which some 3,800 would be approved and 2,750 abortions carried out. Judging from the experience of other countries which have liberalised abortion, it is very likely that this estimate would be exceeded and will continue to increase in the next five to eight years.

The question to be answered is, has the introduction of the Abortion Act had any effect on the birth rate, the number of illegal abortions or the practice of family planning in Singapore? It is somewhat too early to draw any conclusions as the effects of the initial ten months' experience would not be reflected in these parameters. However, from statistics available, it will be seen that the birth rate has not been affected as the total number of live births in Singapore in 1970 was 45,923 compared to 44,562 in 1969 and 47,241 in 1968 corresponding to a birth rate of 22.1, 22.1 and 23.8 per 1,000 population respectively.

There are no official figures of the number of illegal abortions being performed in Singapore. One index, however, would be the number of abortions, both spontaneous and septic, admitted into the hospitals. It will be seen from the table below that the total number of spontaneous and septic abortions admitted into hospital since 1964

has decreased significantly. The introduction of legalised abortion has not resulted in any further increase in the trend of decline of hospital admissions for abortions which has been established since 1964. The number of maternal deaths from abortion has fallen from 5 in 1964 to 4 in 1968 and 3 in 1970. Most of these deaths were due to septicaemia from criminal abortion.

	1964	1965	1966	1967	1968	1969	1970
Total No. of abortions	4295	3386	3432	3327	2922	2915	3097
No. of septic abortions	350	258	265	250	174	165	140
No. of deaths from abortion	5	10	5	5	4	4	3

Note: 1969 and 1970 figures include Thomson Road Hospital figures.

With regard to its effect on the practice of family planning, the impression is that there has not been any significant drop in the number of new acceptors or in the continuation of those already practising contraception.

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