

have raised the quality of entomological research in this country during the post-independence period. Special mention has to be made of the doyen of Indian entomology, M. S. Mani who despite his age is still continuing to work and his expertise as a world class taxonomist, is undisputed. Besides, his entomological ventures in the Himalayas led him to publish his treatise on *High Altitude Entomology*. Being an acknowledged expert in the field of cecidology, his classic works on *Ecology of Plant Galls* is a work of reference.

The role of the entomological meetings of Pusa (1915–1923) has been particularly emphasized, since the proceedings of the meetings have been a source of abundant information on many aspects of insect pests, beneficial parasites, and predators, insects of industrial importance, medical and vector role of insects and will ever be a source of inspiration to entomologists.

In a chapter on 'Some thoughts on entomology in India and its future' the author envisages the formation of a 'National Institute for Identification of Insects and Acarines' to bring together specialists in various groups and form a nucleus team of taxonomists to build a natural collection and emphasizes the fact that without accurate identification, any study of zoological material becomes meaningless.

Thirty-four colour paintings of insects and thirty black and white plates of the erstwhile builders of Indian entomology add to the usefulness of this volume. Needless to emphasize that facts of history go a long way in enabling further build-up of any science and besides kindling the imagination of young scientists this volume also seems to lay special stress on the need to sustain continued excellence in the field of insect taxonomy. No student of entomology can afford to ignore this volume which goes a long way in presenting a realistic picture of the history of Indian entomology. The author has to be complimented on his painstaking efforts to compile a fund of information not easily available.

T. N. ANANTHAKRISHNAN

Flat 6, 'DWARAKA'
22, Kamdarnagar,
Nungambakkam,
Chennai 600 034, India

Abortion in the Developing World.

Axel, I. Mundigo and Cynthia Indriso (eds). Sage Publications India Pvt Ltd, M32 Market, Greater Kailash I, New Delhi 110 048. 1998. 498 pp. Price: Rs 595.

The book under review contains twenty-five chapters in four sections. All the papers, except for the introduction and the last two that reflect upon the methodological issues and policy implications, deal with the social psychological dimensions of induced abortion.

Increasing incidence of abortion worldwide and its greater share in the developing world have been a cause of concern in recent times. This has been linked to smaller desired family sizes, unmet needs for contraception as well as the lack of availability of abortion services. It is argued that most of these abortions are unsafe and are carried out under non-clinical conditions giving rise to increasing mortality and morbidity in women of reproductive ages. This book is a compilation of evidences regarding induced abortions in the developing world with explicit focus on abortion as a contraception, quality of abortion care and its association with adolescent sexuality.

While examining the relationship between abortion and contraception in different settings, all the authors attempt to describe the determinants of induced abortions in terms of lack of suitable contraceptive methods and services. The complex dynamics of abortion-contraception linkage brings to the forefront multiple dimensions like effectiveness of methods, gender dynamics operating on contraceptive decisions as well as abortion as a contraceptive choice. Ramrio Molina *et al.* suggest that identification of women at abortion risk followed by suitable intervention in terms of providing contraceptives may reduce the incidence of induced abortions. The other study by Gui Shi-xun on married women in Shanghai, China concluded that changing the family planning programme from mere fertility control to serving the woman's expressed reproductive health needs and preferences, can bring about a striking change in the reliance of women on such programme services. While examining first trimester-induced abortions in the Sichuan Province, Luo Lin *et al.*

found that contraceptive failure and/or non-use of methods due to misinformation, lack of information or low motivation, including unmarried status are the major determinants which induced abortions in the study sample.

Another study on abortion practice in a Municipality of Havana, Cuba by Luisa Alvarez *et al.* found that despite a high level of contraceptive awareness and use, the high level of method failure/discontinuation or inconsistent use led to abortion as a means of fertility regulation. The Mauritius study by Geeta Oodit and Uma Bhowon also indicated a similar scene of high contraceptive usage along with higher incidence of induced abortions, most of it carried out under non-clinical conditions, as abortion is illegal in Mauritius. Another added feature in the Mauritius programme is that sterilization is not legally sanctioned; this leads the women to terminate their future child bearing through temporary methods with all their side effects for the whole reproductive span. Investigating the determinants of induced abortions in Nepal, Tamang *et al.* found that lack of contraceptive usage due to fear of side effects led to unwanted pregnancies being terminated mostly using unsafe and clandestine methods. Due to closely spaced pregnancies, spontaneous abortions/miscarriages were also recurrent for which the authors have suggested the need for post-abortion family planning counselling.

The predominance of the withdrawal method among couples in Turkey seems to be less effective, resulting in induced abortions despite the conservative attitude towards abortion among couples in general. At the same time men seem to be more in favour of abortion as a method of fertility regulation. The study at the Dominican Republic highlights the discrepancy between a high degree of contraceptive intention and motivation and a very ineffective contraceptive practice; this results in induced abortions. Lack of contraceptive practice mainly arises from lack of knowledge of fertility regulation among women, combined with male reluctance in accepting contraceptive responsibility, with the lone alternative being surgical female sterilization.

Given the fact that abortion remains a contraceptive choice for women in different settings, a set of papers addressed

the issue of quality of abortion care with special focus on its associated risks and post-abortion counselling mechanisms. A study by Misago and Fonesca based on poor women in north-east Brazil from a one-year prospective data on women admitted to hospitals with complications associated with pregnancy loss raised concerns regarding the impact of repeated induced abortions on a woman's health. Women with unwanted pregnancies in Brazil face not only illegality but also poor access to medical care which calls for the right of women to have an affordable, safe and legal procedure for fertility regulation. A similar attempt towards understanding client-provider perspective in the provision of abortion services in China by Wei-jin *et al.* indicates that induced abortion has been an effective back-up for contraceptive failure and therefore safe and comfortable abortion services ensuring least adverse consequences are suggested. However, women with experiences of induced abortions (clinical or otherwise) desire safe, effective, convenient and comfortable contraceptive methods. The Mexican study by Carmen Elu elaborates on the factors that contribute to a woman's decision to interrupt a pregnancy under unsafe and dangerous conditions. Besides common factors like unwanted/ill-timed pregnancies as well as contraceptive failure, poverty, male non-compliance and unstable union also influence abortion decisions. While discussing about abortion services in Turkey, Bulut and Toubia state that clients for abortion have a desire to use modern methods of contraception and they need to be counselled on contraceptive choice and follow-up services after use.

Four papers deal with the provider's perspective on abortion care in Indonesia, Mexico, Philippines and Sri Lanka.

The Indonesian case by Djohan *et al.*, while examining the attitude of health care providers towards abortion indicates willingness among them to provide abortion services in order to avoid cases of post-partum abortion complications. On the contrary, the Mexican case with restrictive abortion laws indicates the presence of self-induced abortion methods provided by pharmacists and herb vendors. Here the client-provider interaction varies from being exclusively commercial to emotional and practical support. Also, given the general guilt attached with abortion in the Mexican society, the providers have a negative opinion of clients seeking abortion. The role and opinion of traditional birth attendants (TBAs) and government midwives regarding abortion in Philippines are positive in the sense that they assure strict confidentiality of abortion seekers. It is therefore suggested that this lower rung of health service providers be technically trained to provide safe and effective abortion services and contraceptive counseling. The reproductive health care providers in Sri Lanka speak in favour of an amendment to the restrictive abortion laws for protecting the physical and mental health of women. However, these service providers are yet conservative enough to disapprove use of contraception among unmarried women. It is therefore essential to ensure that the attitude of health personnel is sensitive to a woman's needs, regardless of their personal preferences.

Adolescent sexuality and abortion issues are illustrated based on studies in China, Korea, Mexico and Tanzania. Given the increasing trend of unwanted pregnancies among adolescents, their access to contraception and safe abor-

tion services has been the concern in recent times. The China study by Luo Lin *et al.* attributed social stigma against pre-marital sexual activity to be preventing the use of contraception; this results in unwanted pregnancies. The Korea study illustrates the nature in which the interplay of gender relations, self image, socio-cultural norms and expectations influence adolescent sexual behaviour. Abortion efforts among unmarried adolescents have been unsuccessful in the case of Korea, Mexico and Tanzania, except in China, where most of them have easy access to abortion by qualified providers.

The last section of the book comprises four papers, one on Columbia and Slovenia each, followed by some research methodology questions and policy impact of abortion research. These indicate that uniform/flexible legal norms for abortion as well as improvement in access, use-effectiveness and quality of services constitute the key to overcome the worst consequences of abortion on a woman's health. On the question of methodology in abortion research, it is suggested that more of qualitative enquiries may facilitate greater understanding of the complex socio-cultural dynamics of this phenomenon. On the whole, results compiled in this book from varied settings serve as an eye-opener regarding the impact of abortion on the health of women.

MALA RAMANATHAN

*Achutha Menon Centre for Health Science Studies,
Sree Chitra Tirunal Institute for Medical Sciences and Technology,
Thiruvananthapuram 695 011, India
e-mail: amchss@sctimst.ker.nic.in*