

# International Journal of Clinical Obstetrics and Gynaecology

ISSN (P): 2522-6614  
ISSN (E): 2522-6622  
© Gynaecology Journal  
www.gynaecologyjournal.com  
2018; 2(5): 147-152  
Received: 14-07-2018  
Accepted: 18-08-2018

## Dr. Yogesh Thawal

Associate Professor, Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Dr. Hemant Deshpande

Professor & HOD Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Dr. Meenal Patvekar

Professor, Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Dr. Prashant Suryarao

Assistant Professor, Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Dr. Rinky Bhalani

Junior Resident, Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Dr. Shikha Jindal

Junior Resident, Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Correspondence

### Dr. Prashant Suryarao

Assistant Professor, Department of  
Obstetrics & Gynaecology, Dr. D Y  
Patil Vidyapeeth, Pimpri, Pune,  
Maharashtra, India

## Study of acceptance of post-abortal contraception in tertiary care centre

**Dr. Yogesh Thawal, Dr. Hemant Deshpande, Dr. Meenal Patvekar, Dr.  
Prashant Suryarao, Dr. Rinky Bhalani and Dr. Shikha Jindal**

### Abstract

**Objective:** To study the acceptance of contraception in post abortal (induced abortion or spontaneous abortion) women.

To increase awareness of post abortal contraception.

**Material & Method:** The present study is a cross sectional study. The study was carried on 400 Women coming for abortion (spontaneous / induced) in Department of Obstetrics & Gynaecology, Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune. A predesigned semi-structured questionnaire was prepared based on the review of literature on post abortal contraception on women.

**Results:** It was seen from the present study that acceptance of post abortal contraception was 85%. The most common method accepted was permanent method and the most common source for knowledge about contraception was health worker and friends.

**Conclusion:** Inspiring couples to have actual contraceptive methods is a valued way to reduce willingly persuaded abortions either illegal or otherwise. This can be achieved by providing adequate information about the available contraceptive methods and helping couples to choose one that suits them.

**Keywords:** contraception, post-abortal, IUCD, sterilization

### Introduction

Family planning counselling and the provision of post-abortion contraception should be an integrated part of abortion and post-abortion care to help woman to avoid another unplanned pregnancy and a repeat abortion<sup>[1]</sup>.

Unfortunately, India has lagged behind in family planning as compared to many other countries because of its vast population with various castes, religions, illiteracy, poverty, ignorance and strong culture beliefs. Despite the wide availability of a number of contraceptive methods, unplanned and unwanted pregnancies persist. In India, 21% pregnancies are unplanned and 6.5 million induced abortions carried out every year<sup>[2]</sup>.

Worldwide around 356 million abortions occur in developing countries each year approximately, 20 million of these are unsafe abortions, which claim the lives of 67,000 women as result of related complications. The first ovulation may take place as soon as 2 weeks after abortion and half of the women may ovulate by 3 weeks. Hence commencement of effective contraception is necessary even before the first postabortal menstrual period. Also women are highly motivated as regards to contraception at this time<sup>[3]</sup>.

The advantages of post abortal family planning methods are well known. It can reduce maternal and infant mortality and morbidity by ensuring adequate spacing between births. It also protects women from repeated unwanted pregnancy and repeat abortion and are cost effective. With this background, the present study has shown an overview of post abortal acceptance of contraception in women with spontaneous or induced abortions in a tertiary care centre over a period of 2 years

### Materials and Methods

#### Study type

The present study is a cross sectional study.

#### Study setting

The present study was conducted in the Department of Obstetrics & Gynaecology, Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune.

**Study Period**

The period of study was spread from July 2015 to September 2017.

**Sampling method & sample size**

The study was carried on 400 Women coming for abortion (spontaneous / induced) in Department of Obstetrics & Gynaecology, Dr. D. Y. Patil Medical College, Hospital and Research Centre, Pimpri, Pune.

The following input was used for sample size calculation using Epi Info software.

Prevalence = 50% (default)

Allowable error = 10%

Confidence interval = 95%

Using above inputs sample size came to be 384

So minimum 400 participants were included in the study.

**Study subjects**

**Inclusion criteria**

- Women coming at tertiary centre for abortion (spontaneous / induced)
- Those willing to participate in the study and able to give informed consent.

**Exclusion criteria**

- Patient unwilling to participate in the study
- Women who are too sick to give consent or to be interviewed

**Study tools**

A predesigned semi-structured questionnaire was prepared based on the review of literature on post abortal contraception on women. A thorough history including age, education, residence, number of live children, past history of abortion, contraceptive history and relevant clinical history were taken and analysed.

Contraceptive counselling was done with respect to need of post abortal contraception, methods of contraception (permanent or temporary), benefits and risks of post abortal contraception.

Association of demographic, cultural and socio economic factors with use of contraceptive methods were noted and analysed. These patients were categorised according to acceptance of post aortal contraception and methods of contraception selected by them respectively.

**Follow ups: Two visits**

- After 7 days of contraception.
- After next menstrual cycle for compliance of contraception.

**Ethical Issues**

First of all, the study protocol was approved by the Scientific and Ethical Committee of the Institution. A voluntary informed written consent was taken from the participant those who consented were included in the study. A strict confidentiality was maintained about the personal details of the participants and information related to the study.

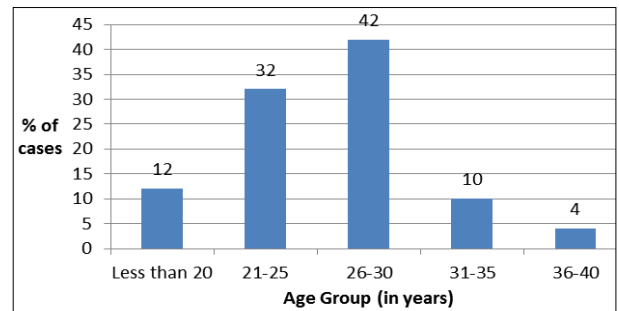
Statistical Analysis Data management and analysis was done using Microsoft excel and Epi-info software. The frequency distribution and graph were prepared for the variables.

**Results**

**Table 1:** Age group wise distribution of cases

Age group (in years)	Number	Percentage
Less than 20	48	12.0
21-25	128	32.0
26-30	168	42.0
31-35	40	10.0
36-40	16	4.0
Total	400	100.0

The above table shows distribution of cases according to age group. It was observed that 48 (12.0) cases were less than 20 years, 128 (32.0) cases were 21-25 years, 168 (42.0) cases were 26-30 years, 40 (10.0) cases were 31-35 years and 16 (4.0) cases were 36-40 years. The mean age of the participants was 26.4 ± 4.74 years.

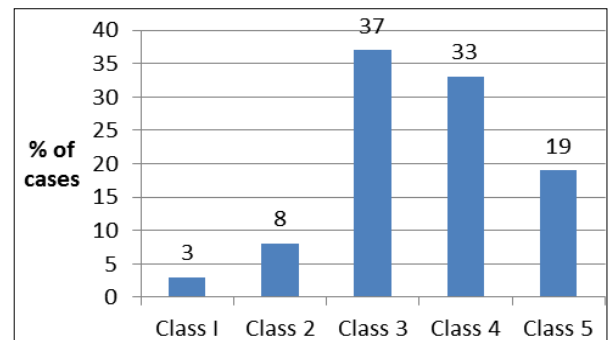


**Fig 1:** Age group wise distribution of cases

**Table 2:** Distribution of cases according to Socio-economic classification (Kuppuswamy)

Socio-economic class	Number	Percentage
Class I	12	3.0
Class 2	32	8.0
Class 3	148	37.0
Class 4	132	33.0
Class 5	76	19.0
Total	400	100

The above table shows distribution of cases according to Socio-economic class. It was observed that 12 (3.0) cases belong to Class 1, 32 (8.0) cases belong to Class 2, 148 (37.0) cases belong to Class 3, 132 (33.0) cases belong to Class 4 and 76 (19.0) cases belong to Class 5.

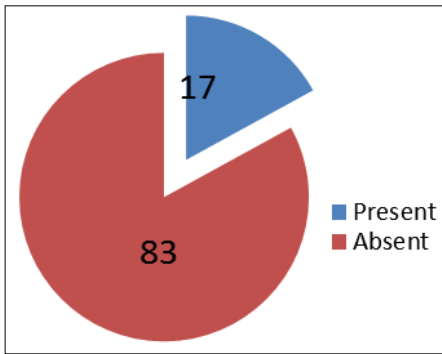


**Fig 2:** Distribution of cases according to Socio-economic classification

**Table 3:** Distribution of cases according to past history of use of contraception

History of Contraception use	Number	Percentage
Present	68	17.0
Absent	332	83.0
Total	400	100.0

The above table shows distribution of cases according to past history of use of contraception. It was observed that 68 (17.0) cases had past history of use of contraception use and 332 (83.0) cases had no past history of use of contraception use.

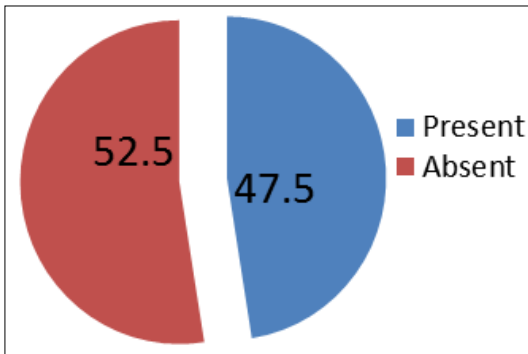


**Fig 3:** Distribution of cases according to past history of use of contraception

**Table 4:** Distribution of cases according to knowledge about of post abortal contraception

Knowledge	Number	Percentage
Present	190	47.5
Absent	210	52.5
Total	400	100.0

The above table shows distribution of cases according to knowledge about of post abortal contraception. It was observed that 190 (47.5) cases had knowledge about of post abortal contraception and 210 (52.5) cases had no knowledge about of post abortal contraception.



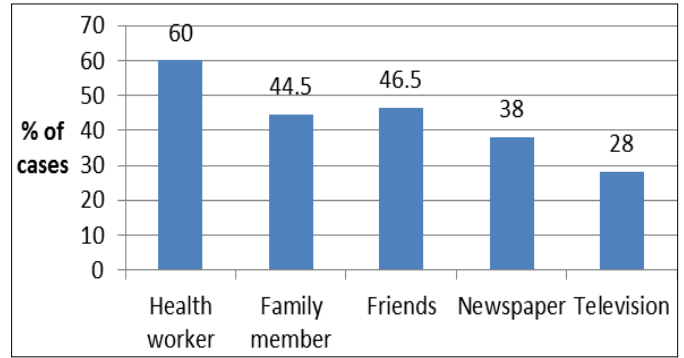
**Fig 4:** Distribution of cases according to knowledge about of post abortal contraception

**Table 5:** Distribution of cases according to Source of Information on contraception (multiple response)

Knowledge	Number	Percentage
Health worker	240	60.0
Family member	178	44.5
Friends	186	46.5
Newspaper	152	38.0
Television	112	28.0

The above table shows distribution of cases according to Source of Information on contraception. It was observed that 240 (60.0) cases had knowledge from health worker, 178 (44.5) cases had knowledge from family member, 186 (46.5) cases had

knowledge from friends, 152 (38.0) cases had knowledge from newspaper and 112 (28.0) cases had knowledge from television.

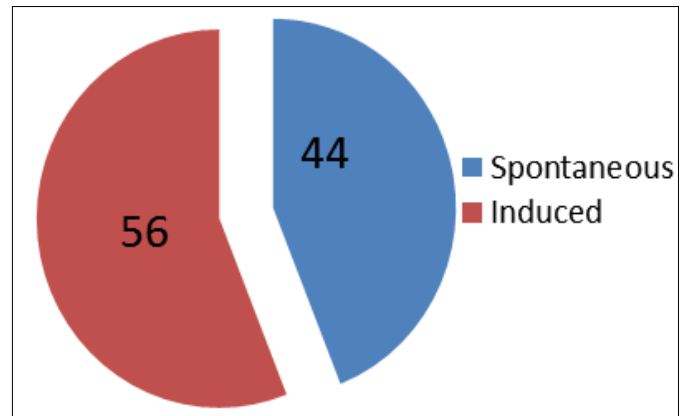


**Fig 5:** Distribution of cases according to Source of Information on contraception (multiple response)

**Table 6:** Distribution of cases according to type of present abortions

Type of abortions	Number	Percentage
Spontaneous	176	44.0
Induced	224	56.0
Total	400	100.0

The above table shows distribution of cases according to type of abortions. It was observed that 176 (44.0) cases had spontaneous abortion and 224 (56.0) cases had induced abortion.



**Fig 6:** Distribution of cases according to type of present abortions

**Table 7:** Post abortion use of Contraception by patients

Contraception used by patients	Number	Percentage
Barriers contraception (Condom)	64	16.0
Pills	52	13.0
IUCD	70	17.5
Permanent method	106	26.5
Injectable	48	12.0
No methods	60	15.0
Total	400	100.0

The above table shows distribution of cases according to Post abortion use of Contraception by patients. It was observed that 64 (16.0) cases had Barriers contraception (Condom), 52 (13.0) cases had pills, 70 (17.5) cases had IUCD, 106 (26.5) cases had permanent method, 48 (12.0) cases had injectable contraception and 60 (15.0) had no method of contraception use.

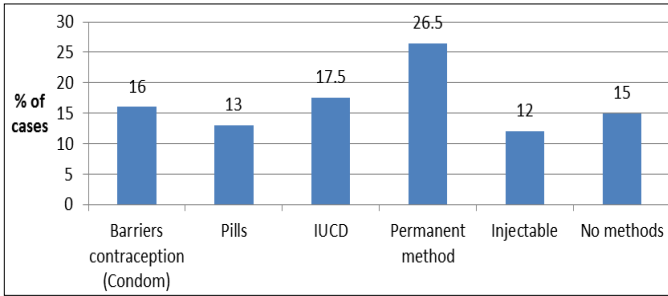


Fig 7: Post abortion use of Contraception by patients

Table 8: Follow up after one month of contraception (60 not come for follow up)

Satisfaction at one month	Number	Percentage
Satisfy with Contraception	260	92.8
Not satisfied	20	7.2
Total	280	100.0

The above table shows distribution of cases according to Follow up after one month of contraception. It was observed that 260 (92.8) cases were Satisfy with Contraception and 20 (7.2) cases were not Satisfied with Contraception.

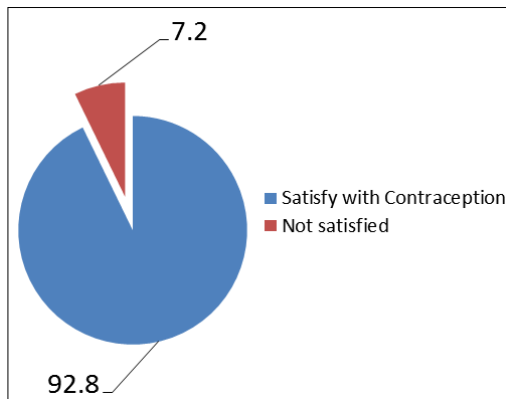


Fig 8: Follow up after one month of contraception (60 not come for follow up)

Table 9: Side effects after one month of contraception use (n=280)

Side effects (multiple response)	Number	Percentage
Pain	8	2.8
Bleeding	4	1.4
Giddiness	10	3.6
Nausea, vomiting	12	4.3

The above table shows distribution of cases according to side effects after one month of contraception. It was observed that 8 (2.8) cases had pain, 4 (1.4) cases had bleeding, 10 (3.6) cases had giddiness and 12 (4.3) cases had nausea, vomiting.

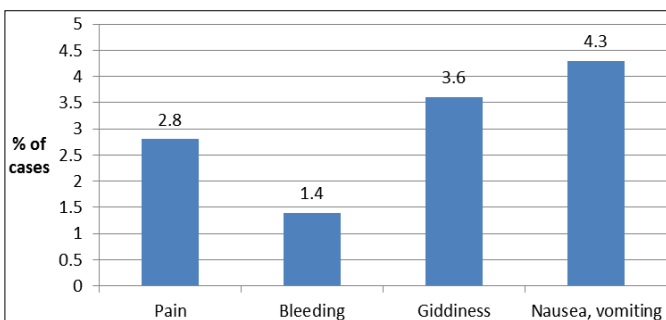


Fig 9: Side effects after one month of contraception use (n=280)

**Discussion**

Complications related to unsafe abortions represent around 13% of all pregnancy-related mortality, and in some countries as much as 25% of maternal deaths [4]. Post Abortion Care (PAC) was recognized as a significant strategy by the international health community in 1994 to reduce maternal mortality and morbidity by treating complications related to unsafe abortion and miscarriage [5].

Contraception can reduce the incidence of unwanted and unplanned pregnancies, thereby avoiding both legal and illegal abortions [6]. Post Abortion Family Planning (PAFP) includes the providing contraceptive counseling and supplies to patients after they have had an abortion [7, 8]. The immediate post-abortion period offers a great opportunity to offer contraceptives to women [9].

**Age group wise distribution of cases**

In our study, it was found that 48 (12%) cases were less than 20 years, 128 (32%) cases were 21-25 years, 168 (42%) cases were 26-30 years, 40 (10%) cases were 31-35 years and 16 (4%) cases were 36-40 years. The mean age of the participants was 26.4 ± 4.74 years.

Thapa S *et al.* [10], taken 230 immediate postpartum and post abortal women in their study. The age range was between 18-35 years (mean age - 26.4 with SD 4.2 years).

In the study conducted by Brig S.K. Kathpalia [12], Age of the study group varied from 17 to 36 years, with average age being 23 years.

**Distribution of cases according to socio-economic classification**

In our study, It was found that 12 (3%) cases belong to Class 1, 32 (8%) cases belong to Class 2, 148 (37%) cases belong to Class 3, 132 (33%) cases belong to Class 4 and 76 (19%) cases belong to Class 5. JayatiNath *et al.* [7, 11], observed that 29 (5.8%) cases belong to Class 1, 76 (15.2%) cases belong to Class 2, 57 (11.4%) cases belong to Class 3, 200 (40%) cases belong to Class 4 and 138 (27.6%) cases belong to Class 5.

**Distribution of cases according to past history of use of contraception**

In our study, it was found that 68 (17%) cases had past history of use of contraception use and 332 (83%) cases had no past history of use of contraception use. Brig S.K. Kathpalia [12], found that more than one third cases (39.9%) had not used any definite contraceptive prior to this pregnancy. In our study, it was found that 36 (52.9%) cases had used Barriers contraception (Condom), 16 (23.7%) cases had used pills, 8 (11.7%) cases had used IUCD, 8 (11.7%) cases had used injectable contraception.

**Distribution of cases according to knowledge about of post abortal contraception**

In our study, it was found that 190 (47.5%) cases had knowledge about of post abortal contraception and 210 (52.5%) cases had no knowledge about of post abortal contraception. Jayati Nath *et al.* [11], found that out of 500 women, only 360 had knowledge about contraception and various devices (72 %) and the rest 140 (28 %) had no idea about the same.

**Distribution of cases according to Source of Information on contraception**

In our study, it was found that 240 (60%) cases had knowledge from health worker, 178 (44.5%) cases had knowledge from family member, 186 (46.5%) cases had knowledge from friends,

152 (38%) cases had knowledge from newspaper and 112 (28%) cases had knowledge from television.

Jayati Nath *et al.* <sup>[11]</sup> found that 170 (34%) cases had knowledge from health worker, 100 (20%) cases had knowledge from family member, 50 (10%) cases had knowledge from newspaper/books and 180 (36%) cases had knowledge from television.

### Post abortion use of contraception by patients

In our study, it was found that 64 (16%) cases had Barriers contraception (Condom), 52 (13%) cases had pills, 70 (17.5%) cases had IUCD, 106 (26.5%) cases had permanent method, 48 (12%) cases had injectable contraception and 60 (15%) had no method of contraception use.

Jayati Nath *et al.* <sup>[11]</sup>, found that 87 (17.4%) cases had Barriers contraception (Condom), 52 (10.4%) cases had pills, 186 (37.2%) cases had IUCD, 138 (27.6%) cases had injectable contraception and 25 (5%) had no method of contraception use.

Patients with unwanted and unplanned pregnancy are prone to conceive again therefore family planning services should always be made available to them <sup>[13]</sup>. Studies from various settings in India have shown that 49% to 96% of abortion clients want contraceptive methods after an abortion <sup>[14]</sup>. Inspiring couples to have actual contraceptive methods is a valued way to reduce willingly persuaded abortions either illegal or otherwise. This can be achieved by providing adequate information about the available contraceptive methods and helping couples to choose one that suits them <sup>[15]</sup>.

### The current PAFP services need to be improved and following are suggested

- There should be separate room for counseling, where group, individual and couple counseling is possible.
- Husbands should also be part of counseling procedure.
- More time should be devoted to the procedure of counseling and to the satisfaction of the clients.
- Unmarried girls should be counseled regarding prevention HIV/STD.
- Availability of contraceptives choices should be wider; it should include non-government free supply contraceptives also.
- The option for family planning should be left to the couple and this should be an informed choice after all the knowledge is imparted.
- The staff needs special training in PAFP.
- Since the clients are already in the hospital, one needs a facility based implementation to improve family planning acceptance.
- Appropriate documentation should be preserved.

Although the need for safe abortion services are as important as contraceptive services <sup>[16]</sup>.

### Conclusion

It was concluded from the present study that acceptance of post abortal contraception was 85%. The most common method accepted was permanent method (26.5%) followed by IUCD (17.5%) and barriers contraception (Condom) (16%). Knowledge about contraception was present in 47.5% cases and among them Oral contraceptive pills followed by permanent method and barriers contraception were the most common known method. The most common source for knowledge about contraception was health worker and friends.

The mean age of the participants was  $26.4 \pm 4.74$  years, most of

them are from Urban area of residence (60%) and 52% coming from socio-economic status 4 and 5. After 7 days 90.6% cases were satisfied with contraception and after one month 92.8% cases were satisfied with contraception. Nausea vomiting, pain and giddiness are the most side effects encountered among the recipients of post abortal contraception.

The advantages of post abortal family planning methods are well known. It can reduce maternal and infant mortality and morbidity by ensuring adequate spacing between births. It also protects women from repeated unwanted pregnancy and repeat abortion and are cost effective. With this background, the present study has shown an overview of post abortal acceptance of contraception in women with spontaneous or induced abortions in a tertiary care centre over a period of 2 years

### References

1. Ferreira AL, Souza AI, Lima RA, Braga C. Choices on contraceptive methods in post-abortion family planning clinic in the northeast Brazil. *Reproductive Health*. 2010; 7(1):5.
2. Stillman M, Frost JJ, Singh S, Moore AM, Kalyanwala S. Abortion in India: a literature review. New York: Guttmacher Institute, 2014, 12-4.
3. Lähteenmäki P. Postabortal contraception. *Annals of medicine*. 1993; 25(2):185-9.
4. World Health Organization (WHO) Unsafe Abortion. Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003. (5th edn), Geneva, 2007.
5. Curtis C, Huber D, Moss-Knight T. Postabortion Family Planning: Addressing the Cycle Of Repeat Unintended Pregnancy and Abortion. *Int. Perspect Sex Reprod Health*. 2010; 36:44-48.
6. Bulut A. Acceptance of effective contraceptive methods after induced abortion. *Stud Fam. Plann*. 1984; 15:281-284.
7. Goodman S, Hendish SK, Reeves MF, Foster RA. Impact of immediate post abortion insertion of intrauterine contraceptive device on repeat abortion. *Contraception*. 2008; 78:143-148.
8. Carolyn C, Douglas H, Tamarah M. Postabortion family planning: addressing the cycle of repeat pregnancy and abortion. *Int Perspect Sex Reprod Health*. 2010; 36:23-35.
9. Nobili MP, Piergrossi S, Brusati V, Moja EA. The effect of patient-centered contraceptive counseling in women who undergo a voluntary termination of pregnancy. *Patient Educ. Couns*. 2007; 65:361-368.
10. Thapa S, Rani A, Mishra CP. Knowledge, attitude and belief about contraception in postpartum and post abortal women in a tertiary care centre. *Int. J Reprod Contracept Obstet Gynecol*. 2014; 3:533-9.
11. Jayati Nath. Contraception in Postpartum Women of North India – A Study of Knowledge, Concepts and Practice. *SF Obste Heal J*. 2017; 1(1):1-5.
12. Brig SK. Kathpalia. Acceptance of family planning methods by induced abortion seekers: An observational study over five years. *Medical journal armed for cesindia*. 2016; 72:8-11.
13. Helena A. Factors influencing contraceptive uptake among women with induced abortion presenting at Kath, Kumasi-Ghana. *Glob Educ Res J*. 2014; 2:209-242.
14. Dhillin BS, Chandhiok N, Kambo J, Saxena NC. Induced abortion and concurrent adoption of contraception in the rural areas of India (an ICMR task force study). *Indian J Med Sci*. 2004; 58:478-484.

15. Parvati VB, Ashwini P, Pratap K, Sreekumar N. Contraceptive knowledge, practice and acceptance among women seeking termination of pregnancy at secondary level hospital in southern Karnataka. *Health Popul Perspect. Issues.* 2008; 31:157-162.
16. Salgar SG, Vijaya MR, Raina C. Postabortal acceptance of contraception. *Int. J Pharm Biomed Res.* 2012; 3:181-184.