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 [1].

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 [2]. 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 [3].

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 abortal 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

<table>
<thead>
<tr>
<th>Age group (in years)</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20</td>
<td>48</td>
<td>12.0</td>
</tr>
<tr>
<td>21-25</td>
<td>128</td>
<td>32.0</td>
</tr>
<tr>
<td>26-30</td>
<td>168</td>
<td>42.0</td>
</tr>
<tr>
<td>31-35</td>
<td>40</td>
<td>10.0</td>
</tr>
<tr>
<td>36-40</td>
<td>16</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>Socio-economic class</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>12</td>
<td>3.0</td>
</tr>
<tr>
<td>Class 2</td>
<td>32</td>
<td>8.0</td>
</tr>
<tr>
<td>Class 3</td>
<td>148</td>
<td>37.0</td>
</tr>
<tr>
<td>Class 4</td>
<td>132</td>
<td>33.0</td>
</tr>
<tr>
<td>Class 5</td>
<td>76</td>
<td>19.0</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>100</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>History of Contraception use</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>68</td>
<td>17.0</td>
</tr>
<tr>
<td>Absent</td>
<td>332</td>
<td>83.0</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>100.0</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>190</td>
<td>47.5</td>
</tr>
<tr>
<td>Absent</td>
<td>210</td>
<td>52.5</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Type of abortions</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>176</td>
<td>44.0</td>
</tr>
<tr>
<td>Induced</td>
<td>224</td>
<td>56.0</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>Contraception used by patients</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers contraception (Condom)</td>
<td>64</td>
<td>16.0</td>
</tr>
<tr>
<td>Pills</td>
<td>52</td>
<td>13.0</td>
</tr>
<tr>
<td>IUCD</td>
<td>70</td>
<td>17.5</td>
</tr>
<tr>
<td>Permanent method</td>
<td>106</td>
<td>26.5</td>
</tr>
<tr>
<td>Injectable</td>
<td>48</td>
<td>12.0</td>
</tr>
<tr>
<td>No methods</td>
<td>60</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>400</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The above table shows distribution of cases according to Source of Information on contraception. In our study, it was found that 240 (60%) cases had knowledge about contraceptives from family member, 186 (46.5%) cases had knowledge from friends, 178 (44.5%) cases had knowledge from health worker, 186 (46.5%) cases had knowledge from health worker, 178 (44.5%) cases had no idea about the same. The rest 140 (28%) had no idea about the same.

In our study, it was found that more than one third cases (39.9%) had not used any contraceptive prior to this pregnancy. In our study, it was found that 68 (17%) cases had past history of use of contraception. 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 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, 178 (44.5%) cases had knowledge from health worker, 186 (46.5%) cases had knowledge from health worker, 178 (44.5%) cases had no idea about the same.
152 (38%) cases had knowledge from newspaper and 112 (28%) cases had knowledge from television. Jayati Nath et al. [10] 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. [11], 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 [12]. Studies from various settings in India have shown that 49% to 96% of abortion clients want contraceptive methods after an abortion [13]. 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 [14].

**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 [15].

**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 ± 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**
