

Induced Abortion and Sub-Sequent Prevalence of Contraceptive Type

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ABSTRACT

OBJECTIVE: To determine the frequency of type of contraceptive usage after counselling in women seeking post abortion care.

METHODOLOGY: A quasi experimental trial was conducted at Department of Gynaecology & Obstetrics Unit-I, JPMC, Karachi from August 2014 to May 2015. A sample of 753 married women age between 18-40, who had presented for induced abortion were included in the study

RESULTS: The mean \pm SD age was 31.47 \pm 5.54 years which ranged from 18-40 years. After counselling, 59.1% females were started using any method of contraception. Most common method was oral contraceptive pills 27.6%, 14.6% used condoms, 11.4% had intrauterine device while 2.9% used injectable contraceptives, 1.5% used sub dermal implant & 1.1% used tubal ligation.

CONCLUSION: The current study found that if females have adequate knowledge about different methods of contraception and their capability to control birth spacing. So females can adopt any methods instead of conceiving unwanted pregnancy and then to go for induced abortion.

KEYWORDS: Induced abortion, Post-abortion care, Contraceptives, Intrauterine Device, Oral contraceptive pills.

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INTRODUCTION

Every year out of 205 million pregnancies around 80 million unwanted pregnancies occur world-wide. Most of these occur due to non-use or inconsistent use of contraceptive methods. About one half of adolescent pregnant women between 15-19 yrs are unintended and one half of them end up in miscarriage¹. Globally, each year about 22 million abortions are unsafe and occur in the developing countries². About 890,000 induced abortions occur every year in Pakistan, while the annual abortion rate is 29 per 1,000 women aged between 15-49 years, it accounts for one abortion in every five live births. Young women seeking care in late gestation and goes to less skilled practitioner which leads to numerous complications³. It has been estimated that 80,000 maternal deaths per year take place because of abortion complications which accounts for 13% of maternal deaths in the world⁴.

Globally estimated contraceptive prevalence rate is 63.3% (60.4-66.0) or 8.5% points (4.7-12.1, PPI> 0.99)⁵. Pakistan was the first country among South Asian countries which recognized the importance of family planning services and introduced family planning programs in 1960 but it has got limited success in lowering the total fertility rate³. Now

contraception knowledge is almost widespread in Pakistan but the contraceptive prevalence rate is 35% from which 29% use modern methods while 9% use traditional methods⁶. Unmet need of contraception is 25% for last the 2 decades⁷.

Contraceptive prevalence during post abortion care was found to be 72.9% in a study⁷. Amongst modern methods condoms and female sterilization are the most common methods being used, both 9%. Other modern methods include injectable 3%, Intrauterine Contraceptive Device (IUCD), pills and Lactational Amenorrhea Method (LAM) 2% each. In traditional methods the use of withdrawal has increased more than two fold since 2006-07 (from 4% in 2006-07 to 9% in 2012-13). One important barrier for non-use of contraception is fear of side effects in women, particularly for methods requiring interventions such as IUD and tubal ligation⁷.

According to law in Pakistan abortion is only allowed on medical grounds to save the life of the woman or to provide necessary treatment. Despite of having adverse health effects of abortion women belonging to low socio-economic status still induces abortion as it has a one-time cost as compare to contraceptives. This entails that post-abortion counselling may be an effective tool

to increase the usage of contraceptives. It encourages the uptake of contraceptives in the women and provides them emotional support so that they feel more secure and satisfied with the service⁸. For many patients after abortion there is lack of family planning counselling and services which leads to another unplanned pregnancy after a short duration of time. The reason is that fertility returns within 2 to 3 weeks after abortion⁹. Current evidence recommends for healthy timing and spacing of pregnancy is at least 6 months¹⁰. Recent recommendation by WHO and scientific literature is provision of hormonal methods on day first of medical abortion^{11,12}. Multiple studies have demonstrated the effectiveness of interferences to offer contraceptive counselling and methods to abortion customers earlier to discharge from health facilities

All this makes it essential to ensure that post-abortion family planning counselling and delivery of contraceptive methods are offered to all women who present for post abortion care. The aim of this study was to determine the method of contraception adopted with proper counselling after induced abortion in females. It would help us to control population, and would help to improve maternal health as birth spacing provides time to improve maternal malnutrition, treat sepsis, it provides time to look after the children already present.

METHODOLOGY

A quasi experimental study was conducted at Department of Gynaecology & Obstetrics Unit-I, JPMC, Karachi from August 2014 to May 2015. On basis of post abortion contraceptive prevalence found in previous studies which was 72.9% (modern methods condoms and female sterilization both 9%, other modern methods include injectable 3%, Intrauterine Contraceptive Device (IUCD), pills and Lactational Amenorrhea Method (LAM) 2% each) confidence interval 95% and margin of error 1% by using least frequency (i.e. pills and LAM 2%) and computer program open Epi version 2, the sample size required in this study was 753 patients. Patients were included through non-probability consecutive sampling. Females 18-40 years, underwent induced abortion. Informed consent was taken. Demographic details including name, age, parity, gestational age at presentation were asked, then patients were counselled about the different contraceptive methods, their pros and cons and success in averting pregnancy. They were also asked about their knowledge regarding contraceptive method. Data

entry and analysis was done through SPSS version 16.

RESULTS

The mean age of females was 31.47±5.54 years which ranged from 18-40 years. There were 212 (28.2%) were primiparous and 541 (71.8%) were multiparous. There were 223 (29.6%) illiterate and 530 (70.4%) literate. Out of 530 literate patients, 233 (43.9%) had primary education, 216 (40.8%) had secondary education, 56 (10.6%) were graduate while 25 (4.7%) had other educational courses. Out of 753 females, 465 (61.8%) were working women while 288 (38.2%) were house wives. About 248 (32.9%) had <20,000/- income, 469 (62.3%) had 20 -40,000/- income while 36 (4.8%) had >40,000/- income (**Table I**).

After counselling, 445 (59.1%) started using contraceptives after abortion (**Figure I**).

Out of 445 females using contraceptive, 208 (46.7%) were using contraceptive pills, 110 (24.7%) were using condoms, 22 (4.9%) used injectable contraceptives, 86 (19.3%) had intrauterine device, 11 (2.5%) had subdermal implant & 8 (1.8%) had tubal ligation (**Table II**)

TABLE I: DEMOGRAPHICS OF PATIENTS (n=753)

Age (years)	31.47±5.54
Parity	
Primiparous	212 (28.2%)
Multiparous	541 (71.8%)
Education	
Illiterate	223 (29.6%)
Educated	530 (70.4%)
Primary	233 (43.9%)
Secondary	216 (40.8%)
Graduate	56 (10.6%)
Other educational course	25 (4.7%)
Occupation	
House wives	288 (38.2%)
Economic status	
<20,000	248 (32.9%)
20,000-40,000	469 (62.3%)
>40,000	36 (4.8%)

FIGURE I: FREQUENCY OF USING CONTRACEPTIVE AFTER SEEKING POST-ABORTION COUNSELLING

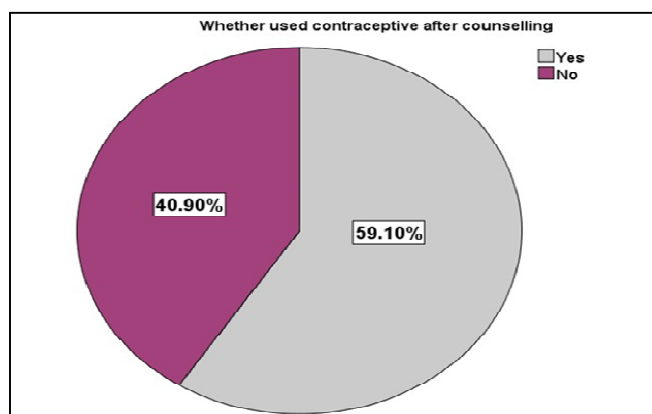


TABLE II: TYPE OF CONTRACEPTIVE USED BY PATIENTS AFTER SEEKING POST ABORTION COUNSELLING (n=445)

Type of contraceptive	Frequency
Pills	208 (46.7%)
Condoms	110 (24.7%)
Injectable contraceptive	22 (4.9%)
IUCD	86 (19.3%)
Subdermal Implant	11 (2.5%)
Tubal Ligation	8 (1.8%)

DISCUSSION

Contraception is an important aspect of reproductive health and plays a major role in the prevention of unwanted pregnancy. It is therefore a significant factor in reduction of induced. Advice about effective contraception following termination of pregnancy is essential to reduce termination of pregnancy rates.

The current study was conducted to assess the attitude of women towards choosing contraceptive methods after induced abortion. It was noted in the current study that 59.10% had chosen a method of contraceptive after seeking post abortion counselling. Zaidi S 2014¹³, found that only 9.2% women at ASH, Karachi accepted contraceptive method. These numbers vary as 16.7% accepted contraceptive method pre-workshop at SPH, Quetta, which further increased upto 29.2% post-workshop. They also showed the rate of accepting contraceptive method after abortion was 25.8% at JPMC, Karachi. This rate was still lower in preceding years in the similar institute. When compared with international studies it was found that in a recent

study from Nigeria¹⁴ that only 38% of the respondents desired to use contraceptives after abortion but only 10% did use one or other contraceptive method¹⁵.

Another study, taking a large national survey of women, the researcher evaluated the patterns of contraceptive use before and after an abortion. The study reported that 77% of women were used one or other method of contraception after abortion¹⁶. The study concluded that women who present for induced abortion are much highly like to accept one or other method of contraception and this timing offers an opportunity to improve contraceptive uptake¹⁷.

These rate differences among studies are due to regional differences and highlight the current situation of our population in comparison to less developed and developed nations. The current study also noted that choice of one or other method of contraception also varies with difference of region. The current study noted that oral contraceptive pills were highly preferred method and taken by 27.6% women, followed by condoms taken by 14.6%, IUCD by 11.4% while injectable contraceptives, subdermal implant & tubal ligation preference was least i.e. 2.9%, 1.5% & 1.1% respectively. French study documented that post abortion, oral pill method was more frequency up taken (i.e. 27.3%) followed by condoms and other barrier methods (16.4% & 18.3%) while IUD was used by only 1.7% women¹⁷. oral contraceptive pills were the most commonly selected method for each age group, followed by condoms and injectable. The least commonly chosen method was the IUD for women under 20 and implants for women in the other age groups¹⁸. The trend and rates of using contraceptives after abortion shown in this study mimic with the current study.

However the other studies describe dissimilar pattern of choice contraceptives. One study from Finland, reported that combined OCs were used by 49.5%, contraceptive by 1.5% while intrauterine devices were taken up by 10% & sterilization chosen by only 0.6% women after induced abortion. Likewise another study found that uptake rate of IUDs was 38.1%, oral contraceptives 13.9% and 7.4% for tubal ligation among 8078 Turkish women¹⁹. Thus we can say that there is great variation among choice of contraceptives taken up by the women after abortion. Further these choices may affected by other factors besides region. These factors may be age of woman, parity, socio-economic status, working status of women etc. The current study evaluated these factors. The mean±SD age of women which had abortion was 31.47±5.54 years which ranged from 18-40 years. The current study noted that frequency of all types of contraceptives except oral pill was higher

significantly among women elder ages. Compared to our results a study from Nigeria reported that mean age of the respondents was 23.5 ± 4.4 years and among this younger group of women uptake of temporary contraceptives was higher among younger age women while permanent methods like sterilization was more popular in elder age women¹⁵. Other studies reported that the mean age of women was 32.8 years which is a more than the mean age i.e. 23.5 ± 4.4 years of abortion seekers reported by current study^{20,21}.

Further this study also found that 64% woman had secondary education and 33% possessed tertiary educational qualifications while others were illiterate¹⁵. While in current study 31% studied up to primary, 40% up to secondary, 1.73% higher secondary, 1.46% graduates and about 26.16% were illiterate. In these patients use of subdermal implant, tubal ligation & injectable contraceptives was more among highly educated women as compared to oral pills, condoms & IUCD which were more common among less educated women. The previous study had taken a sample of all educated women therefore there was no analysis done regarding difference of contraceptive uptake between literate or illiterate women. Husband's level of education also did affect the use of contraception among these women significantly. Overall; the educated couples uptake contraception more than the non-educated couples.

The current study has highlighted a crucial area of women reproductive health. Many unwanted pregnancies can be prevented if effective contraceptive services will be provided to the women presenting for abortion. So, provision of family planning counselling and methods should be made a routine part of post abortion care in both public-and private sector facility²². Further there is a strong need to conduct further and wide spread research not only into the various factors that influence access to contraception but also factors that promote induced abortion.

CONCLUSION

The current study found that if females have adequate knowledge about different methods of contraception and their capability to control birth spacing. Out of all females, 59% were started using contraceptives to avoid unwanted pregnancy. So females can adopt any methods instead of conceiving unwanted pregnancy and then to go for induced abortion. The methods which methods can be safely used following medical abortion and can be initiated either on the day (oral pills, condoms and injectable contraceptives) or after the next menstrual cycle (intrauterine device and sterilization)

are readily effective and well accepted by women.

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