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Original Research Article.

Factors Influencing Postabortion Contraceptive Choice among Women of Janakpur

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ABSTRACT

Introduction: Provision of contraceptive methods is an integral part of standard postabortion care. Contraception is an effective method for averting maternal mortality and morbidity by reducing the number of high risk pregnancies. Unwanted pregnancies leading to unsafe abortions can be prevented by effective use of various methods of contraception. Postabortion period is an important time to counsel a woman and her partner to accept a method of contraception. Various factors influence the decision of a woman to choose or accept any contraceptive. Identification of these factors can help in devising better counselling techniques.

Materials and Methods: A cross- sectional observational study analysis was conducted in Janaki Medical College Teaching Hospital and Mithila Hospital Private Limited, Janakpur, Nepal from January, 2018 to January, 2019. Permission was granted by the hospital board to conduct the study. Data of 300 women who availed comprehensive abortion care services were included in the study. Written consent was obtained from all the participants. A pre designed questionnaire was used to collect the data.

Results: Literacy, spouse's job location, Knowledge about the safety and effectiveness of a particular method, previous use of contraception, presence of a living male child, desire to have a child sooner and rural background were found to impact the decision of a woman counseled for postabortion contraception.

Conclusion: Many factors influence postabortion contraception choice. These factors are related to the education, need felt for a child; especially a male child, previous exposure to the contraception and place of living along with other factors. Identification of the factors that influence the choice of contraception among woman of a particular region or a particular group can help in devising better counselling techniques.

Keywords: Postabortion, Contraception.

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INTRODUCTION

Medical science has made rapid and impressive progress over last few decades. In the new millennium novel technologies have improved patient's care tremendously. However, despite all these progresses there remains the sad fact that in many underdeveloped and developing countries women are still dying due to pregnancy related causes and during child birth. According to Nepal Demographic and health survey of 2016 Maternal Mortality Ratio is 239 per 100000 live births.[1] Abortion is an important factor contributing to the maternal mortality and morbidity. Around 25 million unsafe abortions take place worldwide each year, almost all in developing countries.[2] According to WHO each year between 4.7% – 13.2% of maternal deaths can be attributed to unsafe abortion.[3] Abortion was legalized in Nepal in September 2002. The abortion law allows women to get an abortion under the following conditions: pregnancies of 12 weeks' gestation or less for any woman according to her own decision, pregnancies of 18 weeks' gestation in pregnancies as a result of rape or incest, and pregnancies of any duration with the recommendation of an authorized medical practitioner if the life of the mother is at risk, if her physical or mental health is at risk, or if the fetus is deformed. The law prohibits abortions done without the consent of the woman, sex selective abortions, and abortions performed outside the legally permissible criteria.[4] Abortion rate in Nepal is 42 abortions per 1,000 women aged 15– 49.[5] Unwanted pregnancy and its consequences is a major cause of maternal mortality and

morbidity. According to WHO statistics there are an estimated 200 million pregnancies around the world annually and 75 million of these are unwanted.[6] A major component of Comprehensive Abortion Care (CAC) provided to any women is Contraceptive and family planning services to help women prevent an unwanted pregnancy or practice birth spacing.[7,8]

The contraceptive prevalence rate (CPR) in Nepal among currently married women age 15-49 is 53%, with 43% using modern methods.[1] According to WHO the unmet need for contraception in Nepal is 27%.[9]

Women empowerment is a combination of a woman's autonomy and her decision making power. Contraceptive use by a woman to control her fertility provides her with the sense of empowerment, however the decision to use contraception is itself affected by her self-belief in decision making. Choice of contraception is a woman's issue and a woman's right. World Bank in its report stresses gender equality both as a development objective in itself, and as a means to promote growth, reduce poverty and promote better governance.[10]

It has been found that post abortion period is a better and sensitive time to provide counselling about contraception and family planning methods. Provision of post abortion counselling and contraception is an essential component of standard comprehensive abortion care.[11] A woman's decision to accept a method of family planning is influenced by many factors. The research was conducted to identify those factors influencing the contraceptive choice among the women of Janakpur post abortion care.

MATERIALS AND METHODS

Study Design and Period

An institutional based cross-sectional study was conducted from January 2018 to January 2019

Place of Study

The study was conducted in JMCTH, Janakpur and Mithila Hospital Pvt. Ltd. Janakpur. Both the institutions provide abortion and family planning services.

Study Population

All women who were provided comprehensive abortion care services during study period were included in the study.

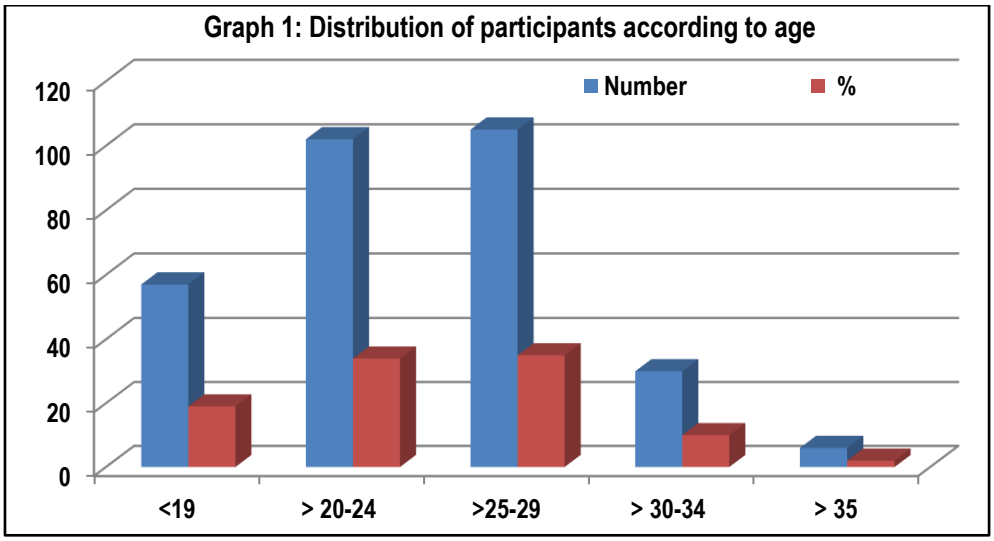
Data Collection Procedure

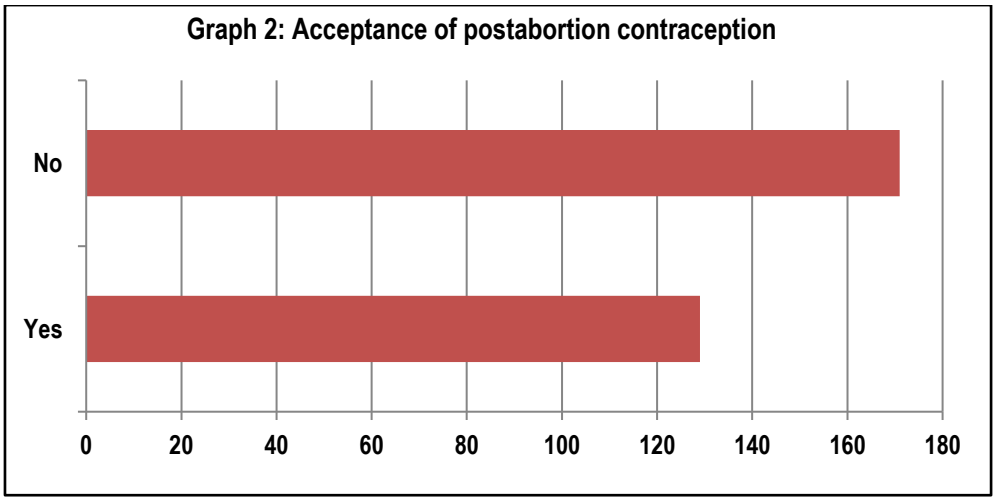
Ethical clearance was obtained from Ethical review board of JMCTH and Mithila Hospital.

A questionnaire was prepared and pre tested on 20 women. Required modifications were made according to the response. Written consent was taken from the participant after explaining the purpose of study and confidentiality of the participants was maintained. The data was collected after the woman got the abortion care service.

Data Analysis

The data was entered into Epi-info version 3.5.4 package and then exported to SPSS version 20 statistical software packages.





RESULTS

A total of 300 women were interviewed. Majority of the women were between the age group of 20-29 years (≥ 20-24 = 34%, ≥25-29= 35%) as shown in Graph 1. Major section of the study population was Madheshi (86.33%). 81.33% women were Hindu by religion and 17.67% women were Muslim. Majority (79.67%) of the women belonged to Rural area. In the study 45.67% of all the participants had some form of education. 54.33% women had no education. Only 29.33% women were involved in some type of income generating activity and 70.67% women were home maker. Among the 300 women seeking abortion care 205 (68.33%) had currently unplanned or unintended pregnancy. Out of these 205 unintended pregnancy only 10.24% women were using some method of contraception that failed and resulted in unplanned pregnancy. Rest of the women (n=184) were not using any method of contraception. Only 32.33% women had history of using any type of contraception ever. 67.67% women had never used any method of family planning. Out of 97 women who had ever used any type of contraception 35 (36.08%) stopped using contraceptive because they were planning a child. Majority of the women (40.21%) discontinued the method because of side effects. 21 women (21.64%) were forced to quit the contraception either by the husband or by the family members. Only 2(2.07%) women stopped using contraceptive for apparently no reason. 203 women who never used any contraceptive had various reasons for doing so. 27 (13.30%) women had no knowledge of contraception.92 (45.33%) respondent never felt the need of contraception because husband was working in Middle East/ abroad and visited home for very short time period. Worry about the side effects of contraceptive method was the cause for non-use among 12.31% women. Refusal by the husband/family members to support the desire of the women to use contraceptive use was 23.15%. 8 women (3.99%) were unable to start any kind of family planning method because of non-availability near their residence. Religious ground and knowledge present but no reason for "no use" was 0.98% in both categories.

When women were asked that whether it is necessary to know about contraception and family planning, 191(63.67%) thought that it was necessary to know about contraception in comparison to 109 (36.33%) women who did not consider it necessary. Out of 300 women 68% had the opinion that women herself should take responsibility for family planning methods and 9.33% considered it responsibility of men. Only 13.67% considered it a joint responsibility of both men and women and 9% said that it was no one's responsibility.

As shown in Graph 2, after post abortion contraceptive counselling 43% women agreed to use some kind of contraception. Rest of the 57% refused to accept any kind of contraception immediately. Out of 129 women who decided to start contraception immediately a large potion chose OCP as the preferred method (51.17%). Next was DMPA (31%) followed by Condom (6.99%), IUCD (5.42%) and Jadelle being 3.1%. Out of 184 women who had unplanned pregnancy because of "no use of contraception" 95 (51.63%) accepted some method of contraception after abortion care. Out of 21 women who had unplanned pregnancy because of failed contraceptive 13(61.9%) accepted some method of contraception after abortion care. Out of 95 women who had planned pregnancy but had pregnancy related complication causing abortion 21(22.1%) accepted some method of contraception after abortion care. Rate of literacy among women accepting contraception was 76.74%. Literacy rate was only 35.09% for women who refused any contraception after abortion; illiteracy rate being 64.91% among them (Table 1). Factors that influenced the women to choose a particular method of contraception were: Contraceptive effectiveness (24.80%), Ease of availability (4.65%), Ease of use (11.63%), Safety and side effects of contraceptive methods (35.66%) and early reversal to fertility (3.1%). More than one factor influenced the choice of 21 women (20.16%) as evident in (Table 2). Factors that influenced the women not to choose any type of contraception were: Experience of previously failed contraceptive (4.1%), Side effects when used last time (9.36%), no need as husband will go abroad soon (9.94%), worry about safety, side effects and reversibility (8.18%), desire to have a child soon (50.88%), decision not supported by husband/family members will not support (14.61%), on religious ground (1.17%) and no apparent reason, but did not want to use (1.78%) (Table 3). Women who already had one or more male child were found to be more positive towards contraception. As shown in Table 4 out of 129 women who accepted any method of contraception 87.23% had one or more living male child. In contrast 75.11% of women who decided not to accept any contraceptive had no living male child.

Table 1: Literacy rate comparison among acceptors and non-acceptors of contraception

	Acceptor		Non acceptor	
	Literate	**Illiterate**	**Literate**	**Illiterate**
Number	99	30	60	111
%	76.74	23.26	35.09	64.91

Table 2: Factors influencing the choice of contraception among acceptors

Factor	Number	%
Contraceptive effectiveness	32	24.80
Ease of availability	6	4.65
Ease of use	15	11.63
Safety and side effects of contraceptive methods	46	35.66
Early reversal to fertility	4	3.1
More than one factor	26	20.16

Table 3: Factors influencing non acceptors of contraception

Reason	Number	%
Experience of previously failed contraceptive	7	4.1
Side effects when used last time	16	9.36
Will not be with husband in immediate future	17	9.94
Worried about safety, side effects and reversibility	14	8.18
Want a child soon	87	50.88
Husband/family members will not support	25	14.61
Religious ground	2	1.17
No reason, but does not want to use	3	1.78

Table 4: Association between living male child and contraception acceptance

Contraception	Acceptor (n=129)	Non acceptor(n=171)
Previous Living male child	87.23%	24.89%
No living male child	12.77%	75.11%

DISCUSSION

Integration of contraceptive counselling and provision of contraceptive methods as a part of post abortion care helps women prevent unintended pregnancies and contributes to their reproductive health by reducing unsafe abortion. Post abortion time is an ideal time to counsel a couple regarding contraceptive and family planning. They are aware of the consequences of unplanned pregnancy and its complication not only in terms of physical and psychological suffering but also in monetary terms. At the time of abortion care a sexually active woman get an opportunity to meet a health care provider, is not pregnant and motivated to use contraception. If contraceptive counselling is not done in post abortion period, then an opportunity may be missed and the woman may not return for a follow-up visit to receive contraception.[12]

In our study acceptance for post abortion contraception was found to be much lower (43%) in comparison to the 83% acceptance rate found in a study by Khanal et al in Kathmandu.[13] The difference could be due a completely different clients profile in our study in comparison to Kathmandu. However, 51.63% of the 184 women in our study who had unplanned pregnancy agreed to use some method of contraception after abortion care. Even though many women (n=21) had current pregnancy because of failure of some method of contraception, 61.9% of them still were ready to use contraceptive after abortion. Contraception acceptance was low (22.1%) among woman (n=95) who had current planned pregnancy but had complication and abortion. The unintended pregnancy rate for Nepal was 68 per 1,000 women of reproductive age in 2014.[13] According to Guttmahcer Institute fact sheet (February 2017) 50% of all the pregnancies in Nepal were unintended.[5] We found in our study that among 300 women seeking abortion care 68.33% had unplanned or unintended pregnancy. Out of 205 women who had unintended pregnancy only 10.24% women were using some method of contraception.

In Nepal 53% of married women use a method of family planning[1], but in our study only 32.33% of women gave a history of ever using any type of contraception. Out of 203 respondents, 92 (45.33%) respondent never felt the need of contraception because husband was working in Middle East/ abroad and visited home for very short time period.

OCP was the contraception of choice (51.17%), followed by DMPA (31%) in our study whereas condom was the method of choice in a study conducted to know the postabortion contraception preference in Nepal Rocca et al.[14] Choice of OCP as main method of contraception in our study may be influenced by the fact that 68% respondent had the view that only women is responsible for contraception and only 13.67% thought that it was a joint responsibility of both partners.

Desire to have a child soon was a significant factor influencing the decision of women who decided not to uptake any contraception after abortion care (50.88%). 9.94% women did not choose any contraception because husband was soon to leave for Middle East or abroad for job. Influence of education was noted on the acceptance of contraception as literacy rate was 76.21% among acceptors. In a study conducted in Ethiopia a similar influence of education was noted.[15] Gender of the previous living child has a major influence on contraceptive choice as women who already had one or more male child were found to be more positive towards contraception. Out of all the contraceptive acceptors 87.23% had one or more living male child. In contrast 75.11% who women who decided not to accept any contraceptive had no living male child. This result is similar to that found in a study conducted in a tertiary care hospital of Delhi where the main reason for non-acceptance were expectation of a male child and fear of side effects.[16] In our study 8.18% women were worried about side effects of contraception.

In spite of contraceptive failure being the cause of current pregnancy, acceptance rate for contraception was still high (61.9%) among women of this group. In contrast contraception acceptance rate was only 22.1% among women with planned pregnancy but had abortion due to various reason.

CONCLUSION

In the current study many factors were found to influence postabortion contraception choice. As indicated by other studies method of choice is heavily influenced by country and regional context.[17] Contraception acceptance rate was much lower in this study in comparison to similar studies conducted in Nepal. However, previous use of contraception had a major influence on choosing a contraceptive again. Education, husband's job

location, fear of side effects of contraception, desire to have a child soon and presence of a previous living male child had significant impact on contraception acceptance. Identification of various factors that influence a woman's decision to choose contraception can help in devising better counselling techniques

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