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Original Research

An Epidemiological Study on Contraception Adoption among Women Seeking Post Abortion Care in Department of Obstetrics And Gynaecology at a Tertiary Care Hospital, Bikaner, Rajasthan

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ABSTRACT
Introduction- World Health Organization estimates that almost 20 million unsafe abortions occur each year. Of the estimated 600,000 annual pregnancy-related deaths worldwide, about 13% (or 78,000) are related to complications of unsafe abortion. **Objectives-** (1) To study socio-demographic profile of women seeking post abortion care (2) To find out any difference in use of contraceptive methods before and after abortion. **Study design-** Cross-sectional. Study period- November 2013 to April 2014. **Study Area-** Department of Obstetrics and Gynecology. **Sample Size-** 400 women seeking post abortion care. **Study tool and Data Collection-** Semi Structured pre tested questionnaire. Data Analysis- SPSS 16 (Mean, SD, Proportion, Chi-square). **Results-** Mean age was 25.86±5.06 years; majority belonged to Hindu community and from rural areas. The mean age at first pregnancy was 19.69±1.33 years. The mean parity was 1.58±0.90. In present study 31.8% of study population had previous history of abortion. Only 31.2% of study population had ever used any method of contraception. The contraceptive acceptance has increased from 16.5% pre abortion to 77.5% post abortion and among them 35.2% population accepted tubectomy as the method of concurrent contraception; 32.3% accepted OCP; 24.2% accepted Cu-T and only 8.3% accepted condoms. **Conclusion-** Contraception acceptance has increased after abortion amd the tubectomy was the most accepted method of family planning among the study population.

Key Words- Unmet need, Unsafe abortion, Cafeteria Approach

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INTRODUCTION

While studying fertility behaviour, one of the important aspects is induced abortion. Almost all women in the reproductive age group share some risk of unwanted pregnancy [1]. The prevalence of contraception of any method was 63% globally in 2007 among women of reproductive age (15–49 years) who were married or in a cohabiting union [2]. Every year, approximately 50 million unwanted pregnancies are terminated which indirectly measures the unmet needs of the community. Some 20 million of these abortions are unsafe, conducted by untrained personnel under unhygienic and unsafe conditions leading to high maternal mortality and morbidity [1]. Though the government is introducing new technologies and legislation to prevent unplanned pregnancies, lack of knowledge about contraceptive

methods among people is leading to under utilization of the contraceptive services. Existing medical termination of pregnancy services provide a unique opportunity to counsel women about contraception and risk of induced [4,5]. To avoid the misuse of induced abortions, most countries have enacted laws whereby only qualified Gynecologists under conditions laid down and done in clinics/hospitals that have been approved, can do abortions. The Medical Termination of Pregnancy Act was enacted by the Indian Parliament in 1971 and came into force from 01 April, 1972. The MTP Act was again revised in 1975. The MTP Act lays down the condition under which a pregnancy can be terminated, especially the persons and the place to perform it. During 2010-11, 620472 MTPs were performed by 12510 approved institutions in the country. Uttar Pradesh with 576 approved institutions performed maximum number (81420) MTPs in the country followed by Maharashtra (78047) during 2010-11. About 60% MTPs in the country were performed in 6 States viz. Assam, Maharashtra, West Bengal, Tamil Nadu, Uttar Pradesh and Haryana in 2010-11[6]. In Rajasthan total MTPs performed were 41,734 in 2009-10 and 27,734 in 2010-11 respectively [7,8]. In about half of all unwanted pregnancies, conceptions occurs despite the use of some sort of contraception due to inadequate guidance to use contraception effectively, including addressing feelings, attitudes and motivations [9,10] Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions. It is also a public health concern in many parts of the world. More than one-quarter of the world's people live in countries where the procedure is prohibited or permitted only to save the woman's life. Yet, regardless of legal status, abortions still occur, and nearly half of them are performed by an unskilled practitioner or in less than sanitary conditions, or both. Abortions performed under unsafe conditions claim the lives of tens of thousands of women around the world every year, leave many times that number with chronic and often irreversible health problems, and drain the resources of public health systems. In some areas of the developing world, as many as half of the admissions to hospital gynecological wards are women needing treatment after unsafe abortions [11]

In developing countries, about one in six married women faces an "unmet need" for family planning. They prefer not to become pregnant but are not using any form of contraception [12].

Unmet need is measured with the Demographic and Health Survey (DHS) and other large, national household surveys, in which married women ages 15 to 49 are asked about their childbearing preferences and their use of contraceptives. These surveys often do not measure the contraceptive needs of unmarried women or women who are not satisfied with the contraceptive method they are using.

This study was done to review the socio-demographic profile of women seeking post abortion care to know whether abortion had a change in the acceptance of contraceptive measures.

METHODOLOGY

This was a Cross Sectional study and conducted from November 2013 to April 2014 at the Department of Obstetrics and Gynaecology, PBM Hospital, Bikaner. All women seeking post abortion care and admitted to ward and willing to participate in the study were included as the study participants. Total sample size for the study was 400 and was calculated assuming a 50% proportion for concurrent contraception acceptance after abortion. After getting approval from the ethical committee all women seeking post abortion care during the study period were interviewed consecutively till the desired sample size was completed. A detailed information regarding socio demographic profile, parity, number of living children, age of previous child, duration of pregnancy, factors influencing use of contraceptive methods were collected through a pre designed and pre tested questionnaire and information regarding subsequent acceptance of contraceptive methods and reasons for not adopting contraception were collected. The data obtained was analyzed statistically including mean, SD, percentage distribution and chi square test.

RESULTS

Table 1 shows socio-demographic profile of women seeking post abortion care.

Mean age was 25.86±5.06 years.

Table 1: Socio-demographic profile of MTP seekers

aracteristics	mber	rcentage
Age(yrs)		
15-19		75
20-24	3	.25
25-29	9	.25
30-34		.75
35-39		
&above		
Level of Education		
PG/ Graduation		2
Higher Secondary		.5
Secondary	7	.3
Primary		.2
Illiterate		.8

Occupation		
House wife	7	.2
Working		.8
Socio-economic status*		
I		3
II		.5
III	4	
IV	4	.5
V		2
Marital Status		
Married	8	.5
Single		5

*Modified BG Prasad Classification

Table 1 shows the socio demographic profile of MTP seeking women.

We found that 31.3% of study population experienced their first pregnancy at the age of 19 years and total teenage pregnancies were there in 2.2% of study population. The mean age at first pregnancy was 19.69±1.33 years. Majority (45%) of women seeking post abortion care were having 2 live children; 30% of study population had their youngest child between 1-2 years of age and 13.8% were having 3 or more live children. The mean parity was 1.58±0.90.

Table 2. Distribution of study population according to Family planning methods used in present pregnancy (n=66)

Method used	equency	rcentage
OCP		5
Condom		1
Traditional methods		.4
Total		0

The table 2 shows that only 16.5% (66 among 400) used any form of contraception to prevent present pregnancy. Only 7 out of 66 used effective contraception. This also represents the failure rate of modern methods. Majority of study population (77.5%) accepted concurrent contraception after abortion. Table2 shows types of contraceptive methods accepted after abortion and Table 3 shows the reasons for not accepting concurrent contraception.

Table 3. Contraceptive Methods accepted after Abortion.

Contraceptive methods	equency	rcentage
Condoms		3
Cu-T		.2
OCP	0	.3
Tubectomy	9	.2
Total	0	0

Maximum accepted method after abortion was Tubectomy and followed by that was OCP.

Table 4 Reasons for not accepting concurrent contraception after abortion (n=90)

Reasons	equency	rcentage
Husband objected		5
Want a kid		.8
Assumes failure of contraceptive methods		7
Religion does not allow		.5
No response		7
Not available		3
Total		0

The main reason for not accepting any contraception method after abortion was want of kid and followed by that was religion not allow.

DISCUSSION

In the present study the maximum proportion of women seeking post abortion care were found to be in 25-29 years of age group (37.25%) followed by 20-24 years (33.25%). The similar results were found by Sehgal R, Mittal S, Aruna J (2009) with a higher percentage (63%) of study population between 25-29 years[5] and also by Gupta S (2012) with most of the women were between 20 – 30 years of age (68.42%) [13]. This could be due to the fact that 20-30 years of age group is reproductively most active group and constitute most of the unmet need for family planning and may be attributed to lack of motivation and decision making among these younger women for accepting contraceptive measures either to postpone pregnancy or to complete the family. Ganguly G et al (1993) found that among all women undergoing medical termination of pregnancy 7.6% cases were teenagers [14] and nearly similar results were found in present study with 8.75% of teenager abortions. There could be more chances of teenage pregnancies to get aborted as the teenage girls are not physically and mentally ready to bear a pregnancy. Ravish HS et al (2013) found different result with 1.9% teenage pregnancies [15]. In present study most of the study population (34.3%) has education level up to secondary school and 13.5% & 6.2% up to higher secondary and graduation respectively and 23.8% were illiterate. The similar results were found by Ibetombi T Devi et al (2007) [16] This could be due to that as the education level increases awareness regarding health also increases which in turn leads to less abortions among graduates. In present study the majority of study population (74.8%) belonged to joint families and only 25.2% belonged to nuclear families. Nearly similar results were found by Kumar R et al (1999) sixty percent were living in joint families [17] This could be the influence of Indian tradition and culture to keep up living in joint families. In present study the majority of women seeking post abortion care (99.5%) were married and only 0.5% was unmarried. The similar results were found by Sehgal R, Mittal S, Aruna J (2009) with 99.1% married [18]. Higher percentage of unmarried cases (4.4%) was found by Ganguly G et al (1993) in their study and 95.6% cases were married [14] and Lema VM et al (2000) found that the single comprised 20.3% [19]. All the unmarried pregnant women are more vulnerable to go for an abortion because social stigma, shame and family dis honour are associated with unmarried pregnancy in Indian culture.present study maximum accepted method after abortion was Tubectomy. This finding shows that most women had unwanted pregnancies and they want to have permanent sterilization. The main reason for not accepting any contraception method after abortion was want of kid. This finding shows that there is lack of awareness that after abortion women should not get pregnant for nearly six months period to prepare the uterus again for next pregnancy. Among women who have limited access to a clinician, abortion care may provide a unique opportunity to address a woman's need for contraception. High quality and focused contraceptive service with cafeteria approach can induce women to use contraception after having had an induced abortion.

CLUSION

Contraception acceptance has increased after abortion amd the tubectomy was the most accepted method of family planning among the study population.

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