

Acceptance of Family Planning Methods by Clients Availing Safe Abortion Service

Adhikari Rajesh ¹, Sharma Gir Dhari ¹, Dhungana Padam Raj ¹, Adhikari Kalpana Gautam³, Maharjan Pushpa Laxmi ⁴

¹Rajesh Adhikari, ¹Gir Dhari Sharma and ²Padam Raj Dhunagana

¹Senior Consultant, Department of Obstetrics and Gynecology, Western Regional Hospital, Pokhara Academy of Health Sciences

²Consultant, Department of Obstetrics and Gynecology, Western Regional Hospital, Pokhara Academy of Health Sciences

³Kalpana Gautam Adhikari, Lecturer, Department of Microbiology, Prithvi Narayan Campus, Pokhara

⁴Pushpa Laxmi Maharjan, Senior Staff Nurse, CAC department, Pokhara Academy of Health Sciences, Western Regional Hospital,

Corresponding Author

Dr. Rajesh Adhikari, Senior Consultant,
Department of Obstetric and Gynecology,
Pokhara Academy of Health Sciences,
Western Regional Hospital, Pokhara

Email : adhikarirajesh007@hotmail.com

Article received : February 8, 2018

Article accepted : February 20, 2018

ABSTRACT

Background : Safe abortion policy was started in 2002 to reduce the maternal mortality and morbidity related to unsafe abortion. Promoting the use of contraceptive methods effectively reduces the abortion rate by preventing unintended pregnancy. In this study the acceptance and selection of contraceptive method following abortion was assessed. **Methods :** A descriptive retrospective study was conducted from 1st January 2016 till 31st December 2016 at Western Regional Hospital, Pokhara Nepal where 191 women were enrolled for the study. **Results :** Among 191 women mostly were from the age group of 20-29 (46.1%) and were Hindu (73.3%). Most of them were pregnant for more than one time (86.9%) and do house work (57.6%). The main reason for abortion was due to complete family (67.5%) and the abortion was done by medical method (57.6%). Around 52.4% of women did not choose any form of family planning methods post abortion which is most alarming for the government of Nepal. **Conclusion :** The abortion service is free in Nepal; most women did not use family planning after abortion which indicates repeat-ed abortion. The good counseling pre and post abortion may be helpful to increase the rate of acceptance of family planning after abortion.

Key words: Abortion, family planning, contraception, acceptance

INTRODUCTION

The rate of unwanted pregnancy worldwide is around 80 million¹ and usually occurs due to no use or inconsistent use of contraceptive measures.² Maternal mortality was extremely high before Comprehensive Abortion Care (CAC) was legalized which account for the leading cause of maternal mortality in Nepal.^{3,4} Due to this high mortality government of Nepal endorsed safe abortion policy for CAC on 2002 and first legalized CAC service started on March 2004.³ Women tend to be highly motivated to initiate a safe and reliable form of contraception after induced abortion of an unwanted pregnancy.⁵ Promoting the use of contraceptive method to prevent unwanted pregnancies is one of the most effective strategy to reduce abortion rates and maternal mortality and morbidity.^{6,7} Providing post abortion family planning services that includes structured contraceptive counseling with free and easy access to all kind of contraceptive methods can be suitable.^{6,8}

Nepal has a high unwanted pregnancy rate (35.5%) and low contraceptive prevalence rate (44%).⁴ In many of

the cases repeat unwanted pregnancy may be due to unavailability, inaccessible, ineffective or culturally unacceptable family planning services.⁹ So the objective of this study is to describe the acceptance and the choice of contraceptive methods in post abortion clients attending Western Regional Hospital, Pokhara, Nepal.

MATERIALS AND METHODS

This is a descriptive retrospective study which was conducted after getting ethical clearance from Western Regional Hospital. The data was collected from the register of CAC unit Western Regional Hospital. All the clients who avail safe abortion service from 1st January 2016 till 31st December 2016 were included for the study.

Demographic and socioeconomic questionnaire was adopted from research tool developed by John Hopkins's University.¹⁰ Choice of family planning method and reason for opting for abortion was adopted from facility based survey on abortion services in 2006.³ Question regarding use of contraceptive and emergency contracep-

tive methods were asked in “YES”, “NO” type questions.

Data were analyzed using SPSS version 23.0 (SPSS, Chi-cago, IL, USA). Descriptive methods were used for an-alyzing the data.

RESULTS

Socio Demographic Characteristic

Among 191 clients, mostly were at the age group of 20 - 29yrs (46.1%) followed by the age group of 30 -39 yrs (82%) and most of them were engaged at house work (57.6%).Among the religious background Hindu clients account for 73.3% followed by Buddhist (23.6%) as illus-trated in table 1.

Obstetric and Gynecological information

The majority of clients were pregnant for more than one time (86.9%) and the main reason for abortion was due to completed family (67.5%) followed by less spacing be-tween the children (26.7%). The method of abortion cho-sen by the clients were mostly medical method (57.6%) followed by surgical abortion (42.4%) as illustrated in table 1 below.

Family Planning methods and knowledge

To assess the knowledge regarding the family planning methods the question was asked in the form of “Yes” and “No” answer. Among 191 clients 56% had some knowl-edge regarding family planning methods available and the remaining 44% were unaware of it. Similar type of ques-tion was asked regarding the knowledge on Emergency Contraceptives (EC) where 40.3% of them were aware of EC methods and the remaining 59.2% were unaware of it as given in table 1.

After choosing the mode of abortion the clients were asked to use any form of contraceptive methods available. Majority of them (52.4%) did not choose any form of con-traceptive method after abortion. Similarly 22 % choose IUCD immediately after abortion followed by 17.8% who choose DMPA.

DISCUSSION

Demographic data

42 million abortions worldwide were induced and the common age group for abortion was 15 – 44 years,¹¹ Similar result was also obtained in our study where 88 % belonged to that age group. In a study conducted by

H Tuladhar et al and Ferreira et al, 81% and 82% wom-en respectively belonged to age group 20 -39 years,^{12,13} \ comparable with to that of our study. But in a study done at Maternity Hospital Kathmandu 68 % belonged to age group of 20 -29 years¹⁴ which is much higher than that of our study where only 46 % belonged to that age group. The high incidence in that age group in our study may be because they had completed their family and had poor knowledge on contraceptive methods as seen in the study. Most of the women were pregnant for more than one time (87%) which was comparable with the study done at Ma-ternity Hospital Kathmandu (83%)¹⁴ but only 55 % were pregnant for more than one time in a study done in Bra-zil.¹³The high incidence of abortion in multi gravida may be due to the women’s knowledge regarding legalization of abortion and its availability in Nepal and as they had completed their family.

Reason for abortion

The most common reason for abortion in this study was due to complete family (67%) followed by spacing (27%) which was comparable with the study done at maternity hospital where the most common cause was also com-plete family (45%) followed by spacing (24%).¹⁴Though 46% of women coming for abortion services knew about the contraceptive methods, they did not seem have used it. This could be because they were mistaken about abor-tion as one of the methods of contraception. Alarming to society and women health as well as to government of Nepal as women are not using family planning methods and depending more on abortion.

Acceptance of family planning methods

Different studies have been conducted in the world re-garding the knowledge and acceptance of family planning methods. In our study almost 52% of the clients did not choose any form of family planning methods after abor-tion. Among the clients who use contraceptive method choose IUCD (22%) followed by DMPA (18%) as fami-ly planning method. In contrast the acceptance of family planning method was 83% in a study done at maternity hospital¹⁴ and 84-95% by a survey done by CREPHA.³In a study of Tanzania none of the clients choose IUCD as method of contraception post abortion,¹⁵ in contrast which was the common method chosen in our study.

The high rate of no use of contraception post abortion in our study may be due to lack of knowledge regarding the family planning methods and inadequate counseling to the client pre abortion and post abortion. Counseling was the main reason for FP acceptance among 48% of the

clients in a study done at maternity hospital Kathmandu.¹⁴ Post abortion family planning counseling is a better and sensitive time to provide better realization to the women and partner that family planning measures can save their time, pain and resources.¹⁶

Post abortion period is the ideal time for high contraceptive demand to reduce the risk of repeated unwanted pregnancy and unsafe abortion. Implementing high quality contraceptive counseling and training for health professionals could help women to accept contraceptive following abortion.

CONCLUSION

In an underdeveloped country like Nepal the abortion service is absolutely free due to which safe abortion is increasing day by day which is the positive point for maternal health. But at the same time from this study it showed low acceptance method as family planning services post abortion which indicates that women are using safe abortion as the method of contraception which is the most alarming thing for the women's health.

Table 1. Descriptive Analysis

Variables	Categories	N=191(%)
Age	<19	10 (5.2)
	20-29	88 (46.1)
	30-39	82 (42.9)
	>40	11 (5.8)
Obstetric History	Pregnant for first time	25 (13.1)
	Pregnant for more than one time	166 (86.9)
Occupation	House work	110 (57.6)
	Student	25 (13.1)
	Service	33 (17.3)
	Business	23 (12)
Religion	Hindu	140 (73.3)
	Buddhist	45 (23.6)
	Muslim	5 (2.6)
	others	1 (0.5)
Reason of abortion	Unmarried	11 (5.8)
	Family complete	129 (67.5)
	Spacing	51 (26.7)
Mode of Abortion	Medical	110 (57.6)
	Surgical	81 (42.4)
Family planning method accepted	Condom	6 (3.1)
	Pills	9 (4.7)
	IUCD	42 (22)
	DMPA	34 (17.8)
	No use	100 (52.4)
Knowledge On FP methods	Yes	107 (56)
	No	84 (44)
Knowledge On Emergency Contraception	Yes	77 (40.3)
	No	113 (59.2)

REFERENCES

1. Wulf D. Sharing Women [Internet]. The Alan Guttmacher Institute. 1999 [cited 2008 May 23]. Available from <https://www.guttmacher.org/sites/default/files/pdfs/pubs/sharing.pdf>
2. Kost K, Singh S, Vaughan B, Trussell J, Bankole A. Estimates of contraceptive failure from the 2002 National Survey of Family Growth. *Contraception*. 2008;77(1):10-21.
3. CREPHA. Nepal Comprehensive Abortion Care National Facility Based Abortion Survey 2006. Kathmandu [Nepal]: Government of Nepal, Centre for Research on Environment Health and Population Activities, 2006.
4. Ministry of Health and Population [Nepal], New ERA [Nepal], Macro International Inc. Nepal Demographic and Health Survey 2006: Key Findings. Kathmandu, Nepal, and Calverton, Maryland, USA: Ministry of Health and Population, New ERA and Macro International Inc. 2007.
5. Speroff L, Mishell DR. The postpartum visit: it's time for a change in order to optimally initiate contraception. *Contraception*. 2008;78(2):90-8.
6. Rasch V, Yambesi F, Massawe S. Medium and long-term adherence to postabortion contraception among women having experienced unsafe abortion in Dar es Salaam, Tanzania. *BMC Pregnancy and Childbirth*. 2008;8(1):32.
7. Cheng Y, Xu X, Xu J, Wuillaume F, Zhu J, Gibson D, et al. The need for integrating family planning and postabortion care in China. *International Journal of Gynecology & Obstetrics*. 2008;103(2):140-3.
8. 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 education and counseling*. 2007;65(3):361-8.
9. Lamichhane P, Harken T, Puri M, Darney PD, Blum M, Harper CC, et al. Sex-selective abortion in Nepal: a qualitative study of health workers' perspectives. *Women's Health Issues*. 2011;21(3):S37-S41.
10. Johns Hopkins Bloomberg School of Public Health Center for Communication Programs. Baseline Survey for the MNH Program in Three Districts of Nepal - Pregnant Woman Questionnaire 2002.
11. Sedgh G, Henshaw S, Singh S, Åhman E, Shah IH. Induced abortion: estimated rates and trends worldwide. *The Lancet*. 2007;370(9595):1338-45.
12. Tuladhar H, Marahatta R. Awareness and practice of family planning methods in women attending gynecology OPD at Nepal Medical College Teaching Hospital. *Nepal Med Coll J* 2008; 10(3):184-191.
13. Ferreira ALC, 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.
14. Khanal V, Joshi C, Neupane D, Karkee R. Practices and perceptions on contraception acceptance among clients availing safe abortion services in Nepal. *Kathmandu Univ Med J* 2011;35(3):179-84.
15. Rasch V, Massawe S, Yambesi F, Bergstrom S. Acceptance of contraceptives among women who had an unsafe abortion in Dar es Salaam. *Tropical Medicine & International Health*. 2004;9(3):399-405.
16. Mittal S. Contraception after medical abortion. *Contraception*. 2006;74(1):56-60.

