

ORIGINAL ARTICLE

Contraceptive Uptake among Post Abortion Clients in Local Population of Sargodha District, Pakistan

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ABSTRACT

Objective: To determine uptake of contraceptive methods by post abortion clients along with factors influencing the uptake.

Study Design: Descriptive cross sectional study.

Place and Duration of Study: The study was conducted in three public and three private hospitals of Sargodha from February to October 2018.

Materials and Methods: The study included 160 post abortion clients using two stage sampling technique. A questionnaire was designed based upon questions used in previous studies. Part A of questionnaire was filled to record socio demographic details and part B to assess contraceptive uptake. Chi square test was applied to determine association between independent and dependent variables. Data were analyzed using SPSS version 22. P-value < 0.05 was considered significant.

Results: Mean age of participants was 28.4 ± 6.04 years. Only 38.1% clients adopted contraceptive method within one month. Short term methods were adopted by 62.2% and long acting reversible contraceptives by 26.2% clients. Male condom was the most frequently chosen method, adopted by 24.5% clients. Fifty four percent clients having ≥ 3 living children, 48.7% clients served by private sector, 61.7% clients reporting previous contraceptive use and 50.9% clients who received counseling, adopted the method. Association between these factors and contraceptive uptake was statistically significant (p value < 0.05).

Conclusion: Post abortion contraceptive uptake was low. However private sector health facilities, previous contraceptive method use and counseling by health care providers were significantly affecting contraceptive uptake.

Key Words: Contraception, Contraceptive Method, Family Planning, Post Abortion Contraception.

Introduction

Access to comprehensive reproductive health care services enables women to pass through pregnancy and labour safely and to accomplish the best reproductive outcomes.¹ Reproductive health care is one of the core components of the 3rd Sustainable Development Goal which emphasizes on universal access to sexual and reproductive health-care services, including family planning, information and education.² Contraception is an essential and

important part of reproductive health care. Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention which enables women and couples delay or space their pregnancies, and hence ensure healthiest outcomes for mother and neonate.³ In context to HTSP, World Health Organization recommends at least 6 month interval to next pregnancy after miscarriage or induced abortion.⁴ Due to rapid return of fertility and early resumption of sexual activity, post abortion clients are exposed to the risk of closely spaced pregnancy.^{5,6} Counseling and provision of effective contraceptive method can protect post abortion client from this undesired occurrence.⁷

In Pakistan, unmet need for contraception is as high as 17% and contraceptive prevalence rate is only 34%.⁸ Incidence of abortions is also high and more than 2 million pregnancies end annually.⁹ Strategies for effective counseling and service provision must be implemented to address the contraceptive needs of post abortion clients.

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Post abortion woman must get the opportunity for discussion about contraceptive needs and her reproductive goals. She has a right to get comprehensive information and counseling about the benefits, usage, effectiveness and side effects of a range of contraceptive methods.¹⁰

Gaps exist regarding awareness about post abortion contraception at client and health care provider's level. Determination of post abortion contraceptive uptake is essential to know what percentage of post abortion clients get protection from the risk of unplanned pregnancies, poor perinatal outcome or repeat abortions. Assessment of factors which affect post abortion contraceptive uptake would be helpful in addressing the high unmet need of contraception.¹¹ There was paucity of data regarding post abortion contraceptive uptake in Pakistan. The purpose of the study was to determine uptake of contraceptive methods by post abortion clients along with factors influencing the uptake.

Materials and Methods

After obtaining approval from the ethical review committee of Army Medical College, this study was conducted at three public and three private sector hospitals of district Sargodha from February 2018 to October 2018. Study participants were 160 post abortion client, 78 from public sector hospital and 82 from private sector hospital. Raosoft sample size calculator was used for sample size estimation. Keeping 4% margin of error, 95% confidence level, a sample size of 115 was calculated initially. After adding 30% increase to cover the lost to follow-up and rounding off, sample size of 160 was finalized. Two stage Sampling Technique was used. Firstly, list of all hospitals providing reproductive health care was obtained from District Health Officer and sampling frames were constructed for private and public sector hospital strata. Three hospitals were selected by simple random sampling technique using lottery method from each stratum. In the second stage of sampling, simple random sampling technique using computer generated random number was used to select hospital for that day to collect data. Women aged 15–49 years who reported abortion before 20 weeks gestation and gave written consent were included and women with a desire for next pregnancy within 6 months and who developed life threatening complications were excluded from

the study. Clients coming to hospital were assessed for eligibility criteria and those fulfilling the criteria were enrolled in the study after taking written voluntary informed consent.

Research questionnaire was designed after extensive literature search by modifying the questions used in previous studies by Pearson et al, Abrah P, Uwera D.J and Thapa A. After review by two gynecologists and a public health specialist, questionnaire was piloted on 23 post abortion clients. Research committees of National University of Medical Sciences and Army Medical College also approved it.

Section A of questionnaire was filled on first contact with the client to record socio-demographic information and section B was filled after one month to record contraceptive uptake.

Data were entered and analyzed in SPSS Version 22. Descriptive statistics like frequency and percentage were used for categorical variables. Mean and standard deviation were calculated for continuous variables. Chi square test was applied to determine the association between categorical variables. A p-value < 0.05 was taken as statistically significant.

Results

The mean age of 160 study participants was 28.4 ± 6.04 years. Seventy eight clients (48.7%) received healthcare by public and 82 clients (51.2%) from private sector hospitals. Details are in Table I and Table II.

Table I: Socio Demographic Characteristics of the Participants (N=160) and their Contraceptive Method Uptake

Demographic Variables	Frequencies n(%)	Contraceptive Uptake n(%)	p value
Age			
Less than 24 years	37 (23.1)	10 (27)	0.28
25-30 years	70 (43.8)	29 (41.4)	
31-49 years	53 (33.1)	22 (41.5)	
Area of Residence			
Urban	102 (63.8)	38 (37.2)	0.76
Rural	58 (36.2)	23(40)	
Years of Education			
Illiterate	33 (20.6)	15 (45.4)	0.41
1-5 years	38 (23.8)	15 (39.4)	
6-10 years	64 (40)	24 (37.5)	
11-14 years	20 (12.5)	7 (35)	
More than 14 years	5 (3.1)	0	

Years of Marriage			
Less than one year	8 (5)	1 (12.5)	0.30
1-5 years	52 (32.5)	17 (32.6)	
6-10 years	58 (36.3)	23 (39.6)	
11-15 years	27 (16.9)	12 (44.4)	
More than 15 years	15 (9.4)	8 (53.3)	
No of Living Children			
0	20 (12.5)	1 (5)	0.001*
1-2	78 (48.8)	27 (34.6)	
3 or more	62 (38.7)	33 (54)	

Table II: Obstetric Details of the Participants (N=160) and their Contraceptive Method Uptake

Variables	Frequencies n(%)	Contraceptive Uptake n(%)	p value
Type of Abortion			
Missed	60 (37.5)	24 (40)	0.28
Incomplete	75 (46.9)	24 (32)	
Complete	5 (3.1)	2 (40)	
Induced	19 (11.9)	11 (57.8)	
Recurrent	1 (0.6)	0	
Type of Abortion			
Missed	60 (37.5)	24 (40)	0.28
Incomplete	75 (46.9)	24 (32)	
Complete	5 (3.1)	2 (40)	
Induced	19 (11.9)	11 (57.8)	
Recurrent	1 (0.6)	0	
Gestational Age			
1st trimester abortion	133 (83.1)	53 (39.8)	0.31
2 nd trimester abortion	27 (16.9)	8 (29.6)	
Mode of Treatment			
D&C	80 (50)	27 (38.5)	0.09
MVA	23 (14.4)	14 (61)	
MT	53 (33.1)	18 (34)	
NT	4 (2.5)	2 (50)	
Previous Contraceptive Method Use			
Yes	47 (29.4)	29 (61.7)	<0.001*
No	113 (70.6)	32 (28.3)	
Counseling Received			
Yes	112 (70)	57(50.9)	<0.001*
No	48 (30)	4 (8.3)	

Dilation and curettage: D&C, Manual vacuum aspiration: MVA, Medical Treatment: MT, No treatment: NT,*Statistically significant
 Out of 160 clients, only 61 clients (38.1%) reported contraceptive method uptake within one month after abortion. Among method adopters, 38(62.2%) clients adopted short term method while 16(26.2%) adopted LARC. Male condom was chosen by 15 (24.5%), IUCD by 14 (22.9%) and pills by 12 (19.6%) clients.

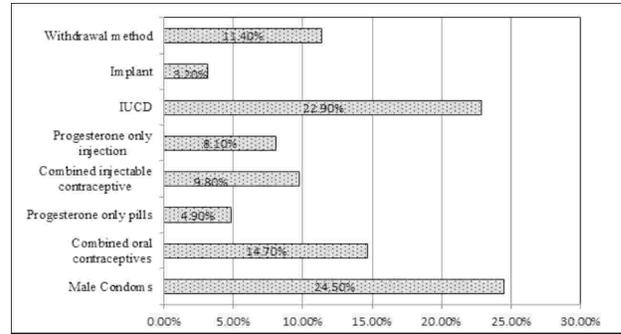


Fig 1: Uptake of various Contraceptive Methods (n=61)

Uptake of contraception was significantly higher among clients served by private sector facilities (p value = 0.004). Forty clients (48.7%) of private sector and 21 clients (26.9%) of public sector adopted the method. Significant association was observed between contraceptive uptake and having ≥3 living children (p value < 0.001) as 33(54%) clients adopted the method. Among 47 previous FP users 29 (61.7%) initiated contraceptive method while 32(28.3%) clients among 113 previous non users adopted contraception (p value < 0.001). Fifty seven clients (96.4.7%) who received counseling while only 4 (8.3%) who received no counseling reported method uptake (p value < 0.001).

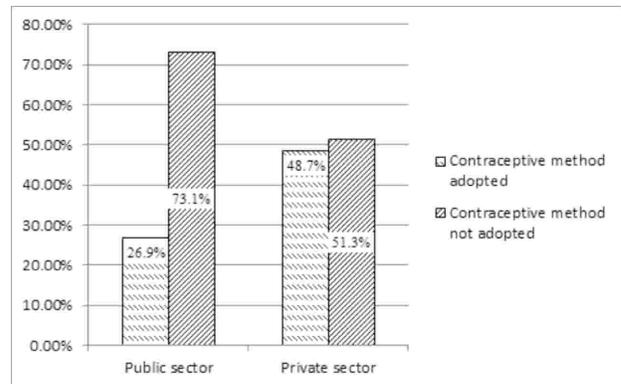


Fig 2: Contraceptive Method Uptake in both Sectors (n=160) (p value=0.004)

Discussion

Findings revealed that 38.1% clients adopted a contraceptive method which is higher than the contraceptive prevalence rate in Pakistan (34%).¹² Higher uptake could be due to increased felt need of contraception following an abortion. Majority of contraceptive method adopters have chosen the short term method. Male condoms followed by pills were the most frequently chosen method. A Brazilian study also indicated similar

choice of contraceptive methods. Condom was the most frequently adopted method, followed by the contraceptive pills.¹³

In our study uptake of contraception was significantly higher among clients served by private sector facilities. Results suggest that in private sector, clients are counseled and offered method provision more effectively. This finding is not similar with the study conducted at Ethiopia. Analysis of Ethiopian study suggested that post abortion clients served in private health facilities were 72.4% less likely to adopt contraceptive method as compared to the public facilities.¹⁴ Different quality standards of private sector in both countries may explain this disparity.

Higher percentage of method adoption was noted in age groups more than 24 years with highest uptake among women more than 35 year (55%). These results are comparable to another study. Benson et al. who also reported high uptake among women ≥ 25 years of age.¹⁵

In our study, uptake of contraceptive method was more among clients who had induced abortion (57.8%). Findings of a study conducted in eight countries described higher odds of contraceptive method uptake in clients who had induced abortion.¹⁶

Higher uptake of method was noted in women with more than 3 living children. Another study also reported higher post abortion contraceptive use among women with 3 or more children (83.8%).¹⁷

Contraceptive uptake was higher among clients who reported previous use of contraceptive method. Significant association was also observed between the previous use of contraceptive and uptake of post abortion contraception in a research at Ghana.¹⁸

Most of clients who have been counseled, reported contraceptive uptake. Very low adoption of FP method (8.3%) was seen among clients who received no counseling at all. In an Ethiopian study, respondents who received contraceptive counseling were 4 times more likely to have post abortion contraceptive method.¹⁹

Conclusion

Uptake of contraceptive method within one month after abortion is low although many clients express desire to limit fertility. However private sector health facilities, previous history of contraceptive method

use and counseling regarding contraception are significantly affecting contraceptive uptake.

Recommendations

There is a need to strengthen post-abortion contraceptive services which can contribute in increasing the country's contraceptive prevalent rate. Strategies for post abortion contraceptive provision as a part of post abortion care must be developed and implemented. Capacity building of health care providers and availability of a range of contraceptive methods are essential to increase post abortion contraceptive uptake.

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