Original article

OBSERVATIONAL STUDY OF PATIENTS CHOOSING POST-ABORTAL CONTRACEPTIVE METHOD

Dr. Bhavna Mewada (Assistant Professor) ,Dr. Mitali Tadvi (2rd year resident),Dr. Dhruti Modi (2rd year resident) ,Smt. SCL General Hospital, Smt. N.H.L. Medical college, Ahmedabad-380018, India.

Correspondence Author : Dr. Mitali Tadvi, c. email: mitutadvi@gmail.com

Abstract: Contraceptive selection is an important decision and wide factors and preferences and considered before choosing any. And commencement of effective contraception is necessary before first post-abortal menstrual period. Post abortion care (PAC) includes treatment of complications, counselling and provision of contraceptives and STI/HIV services, provider training and community empowerment through awareness-raising and social mobilization. Methods: This is an observational study conducted SCL Hospital Ahmedabad between July 2017 to December 2017 on 60 patients. Results: There was higher preference for permanent methods in illiterate women and those with 4 or more living children or having >1 living son. Conclusion: Contraceptive choices are rightly influenced by age, education, live issue, surviving sons. Those who have completed their families usually opt for permanent methods of contraception. The desire for a male child is strong in our set up which affects family planning choices.

Keywords: Contraception, Abortion, Postabortal contraception.

INTRODUCTION

The ability to determine whether and when to bear children has become a prerequisite for woman's full participation in modern life. An estimated 210 million women become pregnant each year in the developing world, and approximately 15-20% of their pregnancies end in abortion, whether spontaneous or induced[1]. Complications arising from spontaneous (miscarriage) and incomplete induced abortion are widely recognised as a major public health concern, both in countries where abortion is illegal or legal with significant restrictions[2].

The fact that so many women risk death, injury and social or criminal consequences to terminate the pregnancy demonstrates clearly how desperately these women wish to delay or avoid having children[3]. Many who have unsafe abortion procedure suffer complications and must go to hospital for treatment. If reproductive rights are to be realised for women in developing countries, it is important to ensure that women's basic need for access to appropriate contraceptive options is address along with the need for safe abortion[4]. Post

abortion care (PAC) is an integrated service that includes emergency treatment of complications, counselling and provision of contraceptives and STI/HIV services, provider training and community empowerment through awareness-raising and social mobilization.

MATERIALS AND METHODS

This is an observational study conducted SCL Hospital Ahmedabad between July 2017 to December 2017. 60 Women undergoing first trimester induced abortion were screened, irrespective of method of abortion. Detailed history was taken regarding obstetric performance, especially number of surviving sons, menstrual cycles and any significant personal or family history. Patients with diabetes, hypertension, dyslipidemia, active tuberculosis/on treatment, ischemic heart disease, psychiatric illness/epilepsy, undiagnosed vaginal bleed, undiagnosed breast mass, HIV/HBSAG reactive, substance abuse, liver or kidney disease, varicose veins, pelvic infection were excluded from the study. The shortlisted patients were examined in proper light and exposure and with consent. Height, weight, vitals, pallor, icterus, edema were looked for. Respiratory, cardiovascular and central nervous system were examined in the usual manner. Patients with any abnormalities in the above-mentioned areas were excluded from the study. Per abdomen, per speculum and per vaginum examination was conducted. Patients with vaginitis, cervicitis or evidence of pelvic inflammatory diseases were excluded. 60 patients fulfilling inclusion and exclusion criteria and giving consent were enrolled in the study. They were all counselled about the various contraceptive options available to limit their fertility. They were provided with their chosen method after ruling out contraindications to the same, if any.

RESULTS

Majority of the patients in our study were in the age group of 25-29 years, probably because it is the most fertile age group. And least of the patients over above 40 years.

TABLE 1 (AGE PROFILE OF STUDY)

Age (in years)	Number of patients	Percentage
15-19	2	3.33%
20-24	16	26.67%
25-29	19	31.67%
30-34	17	28.33%

35-39	5	8.33%
40+	1	1.67%
Total	60	100%

TABLE 2 (EDUCATION AND CONTRACEPTIVE CHOICE)

	Permanent	**Modern Temporary**	**Natural**	**None**	**Total**
Illiterate	7(61.11%)	2(19.44%)	0(0%)	2(16.67%)	11(100%)
Lower Primary	11(58.33%)	3(23.33%)	0(0%)	3(18.33%)	18(100%)
Middle School	10(65.38%)	3(10.23%)	0(0%)	2(15.38%)	16(100%)
>=High School	8(50%)	6(36.54%)	1(5.77%)	1(7.69%)	16(100%)
Total	35	15	1	9	60

TABLE 3 (LIVE ISSUE AND CONTRACEPTION)

Live Issue	**Permanent**	**Modern Temporary**	**Natural**	**None**	**Total**
0	0(0%)	5(60%)	0(0%)	3(40%)	8(100%)
1	0(0%)	4(61.90%)	0(0%)	2(38.10%)	6(100%)
2	8(55.56%)	2(17.78%)	1(3.92%)	3(20%)	14(100%)
3	11(74.51%)	3(19.61%)	0(0%)	1(3.92%)	15(100%)

>=4	16(93.10%)	1(6.90%)	0(0%)	0(0%)	17(100%)
Total	35	15	1	9	60

TABLE 4 (SURVIVING SONS AND CONTRACEPTION)

Surviving Sons	Permanent	Modern Temporary	Natural	None	Total
0	1 (1%)	8(53.06%)	0(0%)	6(40.82%)	15(100%)
1	1(52.86%)	6(30%)	1(5.71%)	2(11.43%)	21(100%)
2	14(92%)	1(6%)	0(0%)	0(0%)	15(100%)
3	7(100%)	0(0%)	0(0%)	0(0%)	7(100%)
>=4	2(100%)	0(0%)	0(0%)	0(0%)	2(100%)
Total	35	15	1	9	60

DISCUSSION

Majority of the patients in our study were in age group of 25-29 years probably because it is the most fertile age group. And least of the patient were above 40years. Majority of our patients had received primary education only 18% of participants were illiterate. 29% of the patients had 4 or more live off-springs, and only 10.5% had one live issue. Of the 60 patients in our study, the majority of patients (58%) chose permanent mode of contraception, followed by 25% for modern temporary methods, 15% choosing no method and 2% practicing natural methods.

The permanent contraception was the preferred mode across all patients, modern temporary methods were mostly preferred by patients who received higher education. 3 out of 4 people practicing natural methods of contraception had received higher education, as these require a certain level of understanding of one's own body higher degree of dedication. Permanent method was mainly used by illiterates (61.11%), Lower primary 58.33% and middle school educated 65.38%.

93.1% of patients with 4 or more living children chose permanent sterilization after abortion followed by 74.51% of patients with 3 living children. Patients opting for modern temporary methods at least had 1 live issue (61.9%) or none (60%). There is statistically

significant difference in preference of contraception as a number of live issues increases from <=2 to >=3.

Though a rare few (6%) of patients with no surviving sons chose permanent methods, all those with 3 or 4 sons opted to end their fertile phase permanently. Though 53% chose temporary methods, maybe to space childbirth, 41% of patients with no live son chose no method of contraception, underlining the importance of male child in Indian society. There was a statistically significant difference in preference for contraception in patients having <=2 to >=3 living sons.

CONCLUSION

An unwanted pregnancy leads to abortion, which is many a times unsafe and results in more disability, physical and mental, and sometimes mortality. The key to breaking this chain of events is consistent use of effective contraception, ideally in all sexually active women of reproductive age group, and especially after abortion. Contraception counselling after abortion goes a long way in framing choices as couples are most receptive at this time. Contraceptive choices are rightly influenced by age, education, live issue, surviving sons. Those who have completed their families usually opt for permanent methods of contraception. The desire for a male child is strong in our set up which affects family planning choices. Plans for temporary methods is found, which underlines the belief that more awareness and education regarding contraception is necessary to dispel misconceptions about unwanted pregnancies. This shows that it requires combined efforts of the government and medical service providers and only when is practiced by masses it will bring down the incidence of unwanted pregnancies and abortions to minimum.

REFERENCES

1. World Health organization *Safe Abortion: Technical and policy guidance for health Systems*, Geneva: WHO; 2003.
2. World Health Organization. *Complications of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*, Geneva: WHO, 1994.
3. *Postabortion Women: Factors Influencing Their Family Planning Options*. Georgeanne S. Neamatalla and Cynthia Steele Vermie. Avsc working paper. No. 9 September 1995
4. Malhotra, A., Nyblade, L., Parasuraman, S., MacQuarrie, K., Kashyap, N. & Walia, S., (2003): Realizing Reproductive Choice & Rights. New Delhi: ICRW.

5. Singh S, *Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries*, Lancet, 2006, 3681955011887-1892.
6. Chandrasekhar, S. *India's Abortion Experience* Denton, TX: University ofNorth Texas Press, 1994.
7. Singh S et al., *Adding l Up: The Costs and Benefits of Investing in Family Plannin and Maternal and Newborn Health*, New York: Guttmacher Institute, 2009.
8. *Study of side effects of Cu T as intra-uterine contraceptive device in post medical termination of pregnancy and interval cases*, Das CR, Pradhan G.JIndian Med Assoc. 1995 Oct. 93(10): 375-6.
9. *Postabortal insertion of IUCD*, Tuveng JM, Skjeldestad FE, lversen T. AdvContracept. 1986 Dec; 204):387-92.
10. *Use of combined oral contraceptives post abortion*. Gaffield ME, Kapp N, Ravi A. Contraception. 2009 Oct; 80(4):355-62. Epub 2009, Jun 4.