

ORIGINAL ARTICLE

Assessment of Age Category and other Factors of Contraception Acceptance among Post-Abortion PatientsSADIQ JAN¹, FARZANA BURKI², NOSHEEN WAHAB SALMAN³, ANILA MAHMOOD⁴, AYESHA NAEEM⁵¹Department of Gynecology, Islamic International Medical College, Rawalpindi²Assistant Professor, Gynae/Obs, Peshawar Medical College, Peshawar³Assistant Professor of Gynaecology, Al Aleem Medical College/ Gulab Devi Teaching Hospital, Lahore⁴Assistant Professor of Obstetrics & Gynaecology, Liaquat University of Medical and Health Sciences, Jamshoro⁵Assistant Professor of Gynaecology, Khawaja Muhammad Saifdar Medical College, Allama Iqbal Memorial Teaching Hospital SialkotCorresponding author: Sadiq Jan, Email: Jansadiq63@gmail.com**ABSTRACT**

Background: Women who have had abortions are almost immediately pregnant-risk, low post-abortion family planning usage perceived to be one of the primary and significant factors that cause of induced abortion and spontaneous abortion. The aim of the study was to determine the factors in which the women accept post-abortion contraceptive methods among abortion care service patients in our hospital.

Study Design: It was a cross-sectional study conducted in the Obstetrics and Gynecology Department of Riphah International hospital, Islamabad, for six month duration from March 2022 to August 2022.

Methods: 125 out of 150 participant (abortion clients) selected by sampling technique were interviewed in Mayo hospital, Lahore. We analyzed dependent and independent variables. Data analysis was done statistically by SPSS 20 version.

Results: This study included 150 participants who had a first trimester abortion between the study periods, 25 participants in this study were not willing to participate in the study, ultimately the responding rate of 83%. Among the 125 participants 92% were within the age group 21-39. The maximum participants were Muslim 92% and 8% non-Muslim. The maximum participants were married 96% and 4% unmarried. Most of the participants had only received the educational status 76%. This study indicate the strong relationship between women age 21-39 with the high usage of post-abortion contraceptive 92% as compared to >40 years. The participants in our study were used 85% contraceptive method.

Conclusion: Our finding shows that providing appropriate medical advice and contraceptive counseling services can increase contraceptive acceptance.

Keywords: Post-abortion contraceptive, family planning, contraceptive counseling services.

INTRODUCTION

The termination of a pregnancy is referred to as abortion. A miscarriage or spontaneous abortion is an unwanted pregnancies termination. Induced abortion is the purposeful termination of a pregnancy through surgical and medical methods. Some women may experience distress, anxiety, or sadness. A woman who has a spontaneous abortion may be concerned that something she did caused the pregnancy loss and some report feeling relieved after having an abortion.¹

Every year, WHO estimates 40-50 million abortions globally. Abortions are absolutely secure if preferred rules are followed, but so many women have unwanted pregnancies. Unsafe abortion accounts for approximately 4.7-13.2% of infant deaths per year. Maternal mortality in developing countries is exceptionally high, by induced abortion. Unplanned pregnancies are almost always caused by inadequate of access to reproductive health services or an insufficient understanding about ways to prevent pregnancy. By attempting to avoid unexpected pregnancy, the rate of unsafe abortions, as well as the affiliated mortality and morbidity, can be diminished. Abortion and contraception use have a significant link, with enhanced contraceptive use resulting in a reduction in abortion rates and secure fertility rates over time.²⁻³

Pakistan's population has grown rapidly 33 million since its independence in 1947 and increased day by day to over 7 billion in recent times and statistic might well increase to 9 billion by 2050. The greater birth rate and rapidly expanding population have become Pakistan the world's fifth most populous region, dragging only China, India, the United States, Indonesia, and Brazil.⁴ Utter and total population growth rates are still high, at about 75 million per year. Pakistan currently has a huge discrepancy between population wants and available facilities. The reduced reproductive rate from 5.4 per woman in till 2019 due to contraceptive usage prevented unwanted pregnancies.⁵

Pakistan committed to increasing contraceptive frequency and reduce unmet need among fertility women at the London Summit on Family Planning in 2012. The government has committed to providing a variety of available methods in the country and trained semi service providers in both the public and private sectors to provide IUDs and implants.⁶

High quality post-abortion care can reduce the mortality and morbidity caused by abortion complications and trying to ensure expert medical workers, awareness, and available resources. A further research discovered that the same findings even though that equipment and healthcare facilities for offering post-abortion care were accessible, but they came close of latest PAC requirements. The significant proportion of post-abortion care facilities were offered other appropriate equipment have been given access to health care organizations.⁷⁻⁸

Women who have undergone abortions should always be given the chance to talk about their contraceptive demands and reproductive targets. She has the authority to get extensive information and counselling services about the advantages, disadvantages, potency, and adverse reactions of different contraceptive options. The dedication of post-abortion contraceptive uptake is crucial in order to identify how much percentage of post-abortion service users are kept safe from the hazard of unintended pregnancies, poor perinatal consequences, or repeat induced abortion. The identification of factors that influence post-abortion contraceptive uptake would be beneficial in acknowledging the elevated unfulfilled need for contraception. In Pakistan, there was a lack of supply of data on post-abortion contraceptive usages.⁹

To calculate the incidence rate of post-abortion family planning usage and its contributing complications. The research of PAFP on different countries like Brazil 97.4%, India 81% and Pakistan 73% were insufficient study due to different in sample size and populations, socioeconomic status, sociocultural values, religious beliefs, and study setting.¹⁰

Pakistan is now the world's most populous country, with an elevated unfulfilled need to have contraception (17%) and a low contraceptive incidence rate (34%). Low contraceptive use and an increased social needs necessity family planning, combined with a lack of women's empowerment, result in high ovulation rates and rising population increase. Family planning after abortion is an important factor for accomplishing family planning protection. But a really low percentage of post abortion patient accept contraceptive method to capacity and restrict births. This lost opportunity to just provide contraception can lead to a significant amount of unfilled

requirements. Hurdles to implementing post-abortion family planning exist on several thresholds: socio-cultural, service accessibility, couple and family, and individual. Socio-cultural influences, limited female mobility, large family norms, afraid of contraceptive adverse effects, religious and financial constraints have been cause resistance to the use of family-planning techniques.¹¹

METHODS

It was a Cross-sectional study conducted in the Obstetrics and Gynecology Department of Riphah International hospital, Islamabad, for six month duration from March 2022 to August 2022. Patients were selected using non probability purposive sampling. The sample size was limited to 125 patients and all reproductive age women got post-abortion care service. The single population proportion formulas are used to calculate sample size. The sample size was calculated by taking 30% of the p-value from related literature on post-abortion contraceptive acceptance services. Confidence interval (95%) or Z=1.96 value of this formula N-sample size.¹²

Inclusion criteria: Women abortion ranging from 21-40 years of age who attended abortion service

Exclusion criteria: Some were mentally and physically unable to give interview.

Statistical Analysis: All the data were analyzed using Statistical Package for Social Sciences (SPSS) version 20.

Qualitative data like gender was presented in form of frequency %.

Quantitative data like age was presented in form of mean±S.D.

The different sociodemographic variables and medication were explored using chi square tests and an independent t test.

A p-value of < 0.05 was considered as statistically significant.

RESULTS

This study included 150 participants who had a first trimester abortion between the study periods, 125 participated in the study while 25 were unwilling to participate in the study, and the responding rate of 83%. To investigate the previous history of birth 50(40%) and abortion 15(12%) among the study participants (n=125) and abortion relayed characteristics. 125 participants in which 101(80.8%) and 24(19.2%) acceptance of post abortion family planning were age group (21-39) years. To investigate the 70(56%) among the study of participants reported that they were not using family planning method because of fear of its side effect as well as other factors.

The overall acceptance of Post-abortion contraception among 125 participants was determined by demographic and family planning after abortion related characteristics.

Table 1: Demographic characteristics among post-abortion contraception care service participants (125).

Variables	Categories	Frequency (n=125)N%	p-value
Age	<20	7 (5.6%)	0.007**
	21-29	101 (88.8%)	
	30-39	24 (19.2%)	
	>40	3 (2.4%)	
Marital status	Married	120 (96%)	0.033*
	Unmarried	5 (4%)	
Occupational status	Employed	50 (40%)	0.508
	Unemployed	75 (60%)	
Educational status	Literate	95 (76%)	0.667
	Illiterate	30 (24%)	
Religious status	Muslim	115 (92%)	0.531
	Non-Muslim	10 (8%)	

Mean±SEM: ANOVA SPSS 20 Test *p<0.0; **<0.01; ***p<0.001

125 participant were willing to participate in this study, the reaction rate response significantly of 83%. This study indicate the

strong relationship and significant result 0.007** between women age 21-39 with the high usage of post-abortion contraceptive 100% as compared to <20 and >40 years. The maximum participants in married status show significant (0.033*). Most of the participants had only received the educational status 76%. The half of the maximum participants were Muslim 92% and non-Muslim 8% shown in (Table 1; Fig 1).

Table 2: Previous history of birth and abortion among (n= 125) participants before and after abortion.

Variables	Frequency (n=125)N%	p-value
Previous Birth history		
Yes	50 (40%)	0.324
No	75 (60%)	
Previous abortion history		
Yes	15 (12%)	0.621
No	110 (88%)	
Have you given advice to use of FP?		
Wife	72 (57.6%)	0.002**
Husband	28 (22.4%)	
Both	25 (20%)	
Have you ever used FP?		
Yes	55 (44%)	0.001**
No	70 (56%)	
Acceptance of Post-abortion contraception for FP		
Yes	75(60%)	0.012
No	50(40%)	

Mean±SEM: ANOVA SPSS 20 Test *p<0.0; **<0.01; ***p<0.001: Abbreviation FP family planning.

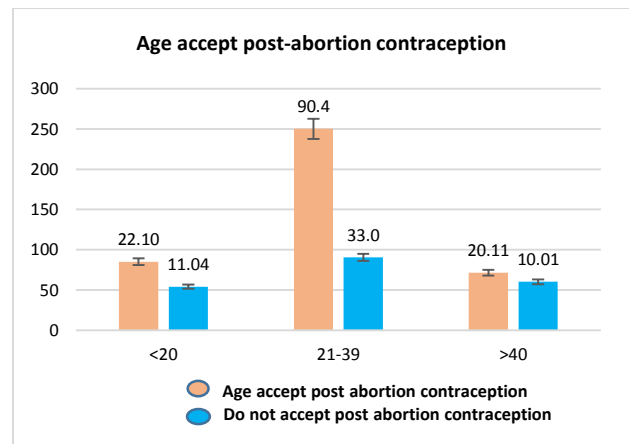


Fig 1: Age acceptance of post-abortion contraception among (125) participants.

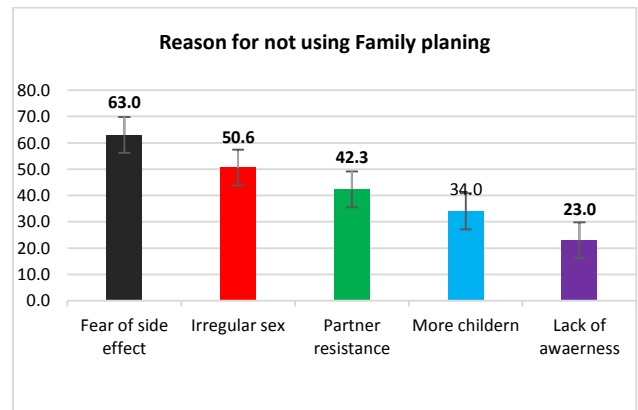


Fig 2: Fear of side effect, irregular sex, partner resistance, more children and lack of awareness were cause resistance to make family planning.

This study indicate that the wife 57.6% to use contraceptive for family planning as compared to husband and show the significant result 0.002** as compared to husband. Most of the participants were not plan family planning 56% due to some reasons like fear of side effect, irregular sex, more children and lack of awareness were shown significantly 0.001** increase. The participants show 60% to acceptance of post abortion contraception for family planning were shown in Table 2; Fig 2. And Fig 3.

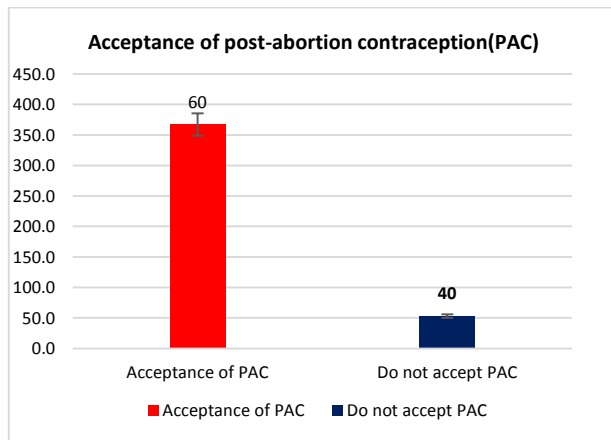


Fig 3: Acceptance of post-abortion contraception among (125) participants.

DISCUSSION

Women's perceptions and knowledge toward contraception, as well as one-on-one counselling services and information, are significant factors in the acceptance and conformity to any family planning strategy.

20% of participants did not participate in the post-abortion contraceptive study and used ineffective methods such as natural methods, withdrawal methods, barrier methods, or lactation amenorrhea. In this study, 125 participants had both induced and spontaneous abortions. The main reason for abortion was unsuccessfully usage of contraception to make family plan. The highest abortion rates as well as the highest rates of treatment for induced abortion complications due to low contraceptive use and high unmet need, which were also responsible for the highest rate of pregnancy in the country.¹³⁻¹⁴ In our study the contraceptive acceptance was 60% which was reduced as compared to other post-abortion contraceptive rate in other world. But the finding is different to other countries. Women are sensitive and receptive to family planning measures that can save time, resources, and pain immediately following abortion.¹⁵⁻¹⁶

The conditions of participants who visit a medical facility for abortion were more inclined to accept family planning than the overall population. When we compared the results of this study to those from a society study, we found that our rates were higher all around. Some many factors could account for the making of family planning between many abortion-risk women. In our study to find that the most of the women to prevent unwanted pregnancies, they all must utilize contraception between the ages of 21 and 39 as a result, increase the usage of post-abortion contraceptive methods to prevent unintended pregnancy. But the finding is similar to Amahara region.¹⁷⁻¹⁸

One of the major reasons for adopting post-abortion contraception was concern about contraceptive side effects. Weight gain, bleeding and spotting, uterine perforation caused by IUCD, continuous lower abdomen pain, and inability to conceive again were among the side effects mentioned. In our study to find that the not making family planning due to many causes such as fear of side effect of contraceptive, irregular sex, wanted more children and some unknown or lack of family planning information. The higher the education, the more knowledge about natural

methods of contraception, which led the participant to refuse to use any contraceptive and instead opt for the natural method or withdrawal method. However, despite their lack of knowledge about contraception, the illiterate groups were willing to accept the use of condoms after counselling.¹⁹⁻²⁰

CONCLUSION

To accept after abortion Contraception barriers include husband and in-laws' unwillingness, fear of side effects, a lack of education about contraception, infrequent intercourse, a focus on some other health complications, and religious beliefs. Our research shows that providing appropriate medical advice and contraceptive counselling services can increase contraceptive acceptance.

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