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Original Research

A Cross Sectional Study on Factors affecting the Use of Family Planning Methods among Women Seeking Post Abortion Care at a Tertiary Care Center

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ABSTRACT

Background: The unmet need for family planning in India is 20.5%, in Rajasthan 16.9% and in Bikaner it is 16.2%. All unintended pregnancies lead either to unwanted births or abortions. The percentage of induced abortion in India is 1.8 and in Rajasthan it is 0.5%. All unintended pregnancies can be prevented by using contraceptive methods effectively. **Objectives:** To find out factors affecting the use of family planning methods among women seeking post abortion care. **Methodology:** 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- Epi info 6.1 (Mean, SD, Proportion, Chi-square). **Results:** Mean age was 25.86±5.06 years. Only 20% of study population had knowledge about emergency contraceptives and among them only 6% of women had ever used emergency contraceptives. Statistically significant association was present between acceptance of concurrent contraception and socio-economic status ($X^2=15.984$, $p=0.003$); religion ($X^2=12.539$, $p<0.0001$); trimester of abortion ($X^2=16.578$, $p<0.0001$) and type of abortion ($X^2=15.706$, $p<0.0001$). Traditional methods of contraception were failed among 89.4% of women; condoms & OCP were failed among 9.1% and 1.5% respectively. **Conclusion:** Factors affecting the use of family methods were socioeconomic status, religion, trimester of abortion and type of abortion.

Key words: Unmet need, Family Planning, Abortion

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INTRODUCTION

About 75% of the world's population is living in developing world, of which India has the second largest population. Currently India's population is increasing at a rate of 16 million each year¹ and has crossed the one billion mark on 11th May 2000.² Unmet need for family planning, broadly defined as the number of women who want to avoid or postpone a pregnancy but are not using any method of contraception. Overall, 11% of women in developing countries report an unmet need for family planning. Among the least developed countries, unmet need

for family planning is reported by one in four women in the reproductive age group of 15–49 years.³ The unmet need for family planning in India is 20.5%, in Rajasthan 16.9% and in Bikaner it is 16.2%.⁴ All unintended pregnancies lead either to unwanted births or abortions. The percentage of induced abortion in India is 1.8 and in Rajasthan it is 0.5%.⁴ According to Guttmacher institute, among total unintended pregnancies 41% results in unplanned births and 46% results in induced abortion in all developing countries. In South- East Asia 31% results in unplanned

births and 57% results in induced abortion.⁵ In developing countries of the 182 million pregnancies occurring every year, an estimated 36% are unplanned, and 20% end in abortion. World Health Organization estimates that almost 20 million unsafe abortions occur each year 19 million in developing countries. Of the estimated 600,000 annual pregnancy-related deaths worldwide, about 13% (or 78,000) are related to complications of unsafe abortion.² Medical Termination of Pregnancy (MTP) represents an important aspect of women's reproductive health and right. Women's access to safe abortion services is essential to safeguard their health and is one of the important components of Reproductive and Child Health Programme. Even in countries where contraceptives are easily available and commonly used, the number of unintended pregnancies remains high. A large proportion of these unintended pregnancies end up in abortions. MTP is the most controversial area of family planning, yet, it is often the most important method of fertility regulation by the community in the struggle to control family size. In reality contraception and induced abortions are complementary methods of fertility regulation. Many women consider abortion as a method of contraception. Though awareness of contraception is high, lack of availability of spacing methods, misinformation and apprehension about the different contraceptive options prevents widespread contraceptive use and abortion is used as an alternative to contraception⁶ All unintended pregnancies can be prevented by using contraceptive methods effectively. Women who seek medical treatment after an unsafe abortion may require extended hospital stays, ranging from several days to several weeks. This consumes hospital resources, including personnel time, bed space, medications, and blood supply. Studies show that hospitals in some developing countries spend as much as 50 percent of their budgets to treat complications of unsafe abortion⁷ The present study was done to find out factors affecting the use of family planning methods among women seeking post abortion care.

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 and written consent from women seeking post abortion care during the study period were interviewed consecutively till the desired sample size was completed. Data were collected using semi- structured pre tested questionnaire. The data obtained were analyzed statistically including mean, SD, percentage distribution and chi square test.

RESULTS

In present study 31.8% of study population had previous history of abortion and among them 69.3% of study population had one previous abortion. Only 31.2% of study population had ever used any method of contraception and majority of them (64%) ever used OCP as the contraceptive method followed by condom (20.8%) and IUCD (15.2%). Majority of study population (58.4%) used contraceptives after marriage followed by after child birth (34.4%). Maximum proportion of study population (61.2%) had induced abortion and 38.8% had spontaneous abortions and majority among them (71.5%) had their abortion in first trimester and remaining 28.5% had their abortion in second trimester. Only 20% of study population had knowledge about emergency contraceptives and among them only 6% of women had ever used emergency contraceptives.

Table1 Association between concurrent contraception acceptance and Age

Age in years	Accepted	Not accepted	Chi-square value	p value
<30	262	76	0.022	0.882
>30	48	14	df=1	
Total	310	90		

Table 1 show that no statistically significant association was found between age and concurrent contraception acceptance.

Table 2 Association between Acceptance of concurrent contraception and Socio-economic status

Socio-economic status	Accepted	Not accepted	Chi-square value	p value
I	15	0	15.984	0.003*
II	48	18	df=4	
III	119	25		
Iv	108	46		
v	20	1		
Total	310	90		

* Statistically significant

Table 2 shows that there was statistically significant association was present between acceptance of concurrent contraception and socio-economic status.

Table 3 Association between acceptance of concurrent contraception and Religion

Religion	Accepted	Not accepted	Chi-square value	p value
Hindu	235	51	12.539	<0.0001*
Muslim	75	39	df=1	
Total	310	90		

* Statistically significant

Table 3 shows that statistically significant association was present between religion and concurrent contraception acceptance.

Table 4 Association between acceptance of concurrent contraception and trimester of abortion

Trimester	Accepted	Not accepted	Chi-square value	p value
First	237	49	16.578	<0.0001*
Second	73	41	df=1	
Total	310	90		

* Statistically significant

Table 4 shows that statistically significant association was found between trimester of abortion and concurrent contraception acceptance. Women who had abortion in their first trimester were more

Table 5 Association between concurrent contraception acceptance and type of abortion

Type of Abortion	accepted	not accepted	chi-square value	p value
Spontaneous	104	51	15.706	<0.0001
Induced	206	39	df=1	
Total	310	90		

* Statistically significant

Table 5 shows that statistically significant association was present between concurrent acceptance of contraception and type of abortion.

DISCUSSION

In present study only 20% of study population had knowledge about emergency contraceptives and among them only 6% of women had ever used emergency contraceptives. This indicates the lack of awareness for contraceptives. The same results were found by Adetunji O et al (2013) with 18.5% showing good knowledge of EC and use of EC was 27.6%⁸ and also by Nigam A (2010) with knowledge about EC is 20% in men and 11% in women⁹. It was found that only few patients were aware of emergency contraception. This certainly reflects that emergency contraception is an area which needs to be publicized. A definite place of emergency contraception in the family planning programme cannot be denied. There is a need to make more women aware of this method so that unwanted pregnancy can be avoided safely and conveniently, particularly for those who are inconsistent contraceptive users as well as those who have never used a contraceptive method. In present study 31.8% of study population had previous history of abortion. Among them 69.3% of study population had one previous abortion; 22% had two and 8.7% of study population had four previous abortion abortions. This shows that many women consider abortion as a method of contraception. The health care provider should insist for post abortion contraception and provide information and counseling to enable the women and spouse to make an informed and voluntary choice and thus avoid the need of a repeat abortion. In present study statistically significant association was present between concurrent acceptance of contraception and type of abortion. Women who had a spontaneous abortion have other priorities and concerns than women having an induced abortion. Most likely, they will wish to become pregnant again in the near future and thus the contraceptive compliance among this group can be expected to be low. In contrast, women who terminated an unwanted pregnancy by an induced abortion may wish to prevent future unwanted pregnancies. Existing medical termination of pregnancy services provide a unique opportunity to counsel women about contraception and risk of induced abortions. During counseling the health care provider should provide adequate guidance to use contraception effectively, including addressing feelings, attitudes and motivations. Health care providers must help woman in selecting appropriate and effective method of

contraceptive, understand barriers that restrict women from using contraceptives, and ensure young people confidential access to emergency contraception. Also they are expected to provide ample guidance to ensure that clients use contraceptives effectively to prevent unwanted pregnancies.

CONCLUSION

The factors affecting the use of family methods were socioeconomic status, religion, trimester of abortion and type of abortion.

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