Original Research Paper

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Gynecology

STUDY OF KNOWLEDGE , ATTITUDE AND PRACTICES OF CONTRACEPTION AFTER MEDICAL TERMINATION OF PREGNANCY AT TERTIARY CARE INSTITUTE.

Dr Preeti Meena — Assistant Professor Department of Obstetrics and Gynaecology, Government Medical College, Miraj.

Dr Jyoti Vikas Rokade* — Associate Professor Department of Obstetrics and Gynaecology, Government Medical College, Miraj. *Corresponding Author

ABSTRACT

Introduction: India has legalised abortion from Medical Termination of Pregnancy Act in 1971 . Women who terminate the pregnancy should be offered contraception councelling in the same setting as there there is very less likely possibility that a female will follow up only for contraception. The acceptability of contraception depends upon her age, existing children, education,gender preferences, socioeconomic positions and peer pressure. Adequte councelling and offering different methods with a wide knowledge will not only help her decision making but also avoid next abortions due to unmet need of contraception.

Material and methods : This is prospective observational study in 100 women coming for medical termination of pregnancy carried out from December 2017 to December 2018 at Government Medical College, Miraj .patients initials ,age,marital status gravida scoreand indications of terminations were studied. The use of contraception, which method and if not reasons for not using in prepregnant and postabortal stage was also studied. All the findings were correlated with the awareness , education ,socioeconomic status of the patient.

Results : Out of 100 patients 76 were for first trimester and 24 patients were from second trimester termination. The percentage of rural population and less education was more observed in our study. 70 % and 74 % respectively .

58 % patients used some method of contraception before pregnancy and 42% patients did not use any method of contraception due to various reasons.After abortion 92 % patient used contraception after councelling of which majority was permanent method of contraception.

Conclusion : . Post abortion family planning services prevent 90 % maternal mortality associated with unsafe abortion.

KEYWORDS : Abortion ,Post abortion contraception.

INTRODUCTION :

India is the first country in the world to start National Family Planning Programme in 1952.Medical termination was legalised in India in 1971 .It has been estimated that 210 million pregnancies that occur annually worldwide,80 million(38 %) are unplanned and 46 million (22%) end in abortion .[1]There are nearly 40 million women in India who prefer not to become pregnant but do not practice contraception[2].Hence when patient come for induced abortion,they are very receptive for future contraception councelling. The councelling is based upon patients need, her knowledge and acceptance for any contraceptive method and her medical eligibility criteria for a particular method .

AIMS AND OBJECTIVES:

Aim : To know about the knowledge based upon education level, attitude towards acceptance of contraceptive method and practice after MTP.

Objectives :

1. To know the prevalence of woman coming to the health care facility for termination of pregnancy .
2. To know the different indications for termination of pregnancy
3. To assess the contraception knowledge,their attitude towards acceptance and nonacceptance of contraception and their practice of contraception before termination of pregnancy and after termination of pregnancy.

MATERIAL AND METHODS :

This is a prospective observational study carried out in 100 patients from December 2018 to December 2019 at tertiary care center Government Medical College, Hospital, Miraj .

Inclusion criteria : All patients coming to hospital and undergoing medical termination of pregnancy in first and second trimester upto 20 weeks of gestation .

This included termination by manual vaccumme aspiration in first trimester, termination with misoprostol, catheter traction, ethacridine lactate instillation and hysterotomy in second trimester respectively.

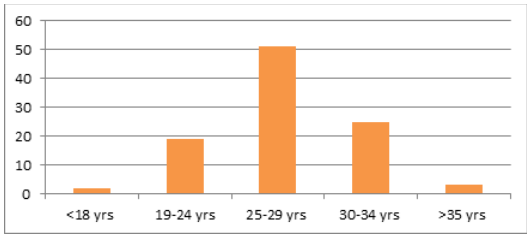
Exclusion Criteria :

1. Women who aborted outside hospital and coming for contraception in this set up .
2. Women > 20 weeks gestation
3. Women not willing to contribute in the study.
4. Missed abortion, incomplete abortion, septic abortion, spontaneous abortion

All patients coming to the hospital and undergoing medical termination of pregnancy enrolled in the study. Particulars regarding initials, age, obstetric score,educational status, gestational age of present pregnancy, indication of abortion, previous use of contraception, future use and reasons for acceptance and nonacceptance of contraception noted.All data was placed in Microsoft excel and transferred to SPSS version 17 form analysis. Appropriate tests were used for quantitative and qualitative assessment. P value <0.05 taken as a result of significance.

RESULT AND OBSERVATION :

Total number of patients in the study are 100 . 76 patients underwent first trimester abortion and 24 patients underwent second trimester abortion.In the study year the delivery rate was 4500 and number of abortions were 100 . Thus the incidence of abortion is 20 per 1000 live births .



Graph no 1. Distribution of patients according to the age .

The study showed 70 % patients studied upto 12 th standard,16% graduate ,2% postgraduate and 12% patients were completely uneducated. 76 patients (76%) had gestational age <12 weeks whereas 24 patients (24%) had gestational age more than 20 weeks. 74 % were from rural population and 26 % were from urban area.

Indication of termination	Gestational age <12 weeks	Gestational age >12 weeks
1.Pregnancy as a result of rape	1(1%)	
2.Did not want child but could not use any contraception	20(20%)	
3.Failed contraception		

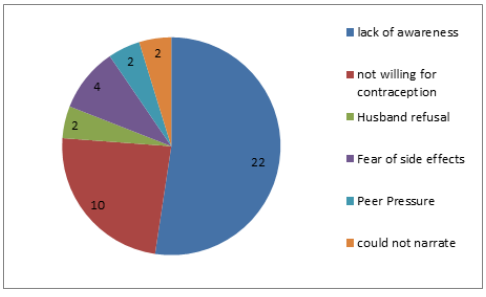
a.Barrier method	22(22%)	
b.Oral Contraceptive Pills	6(6%)	
c.Intrauterine contraceptive device	2(2%)	
d. Tubectomy failure.	5(5%)	
4.Affection to Physical or Mental health of woman		
a.Physical	6(6%)	6(6%)
b.Mental Health		
b1.Unmarried	5(5%)	4(4%)
b2.Widow	9(9%)	
5.Risk to fetal life (congenital anomalies)		14(14%)
Total	76(76%)	24(24%)

58 patients (58%) used some contraception before medical termination of pregnancy whereas 42% patients did not use any method of contraception. 64 patients were from low socioeconomic group (64%) , 28 patients (28%) were from middle group whereas 8 patients (8%) belonged to high socioeconomic group.

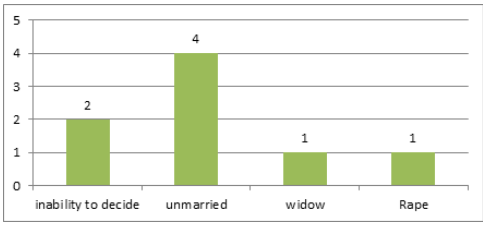
Distribution according to status of gravida .

Gravida number	<12 weeks	>12 weeks
Primi	1	6
second	18	12
third	53	6
fourth	4	0
Total	76	24

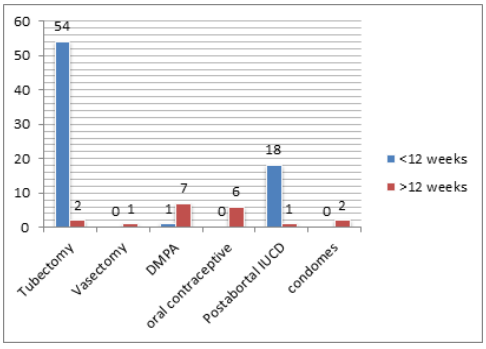
Reasons for not using contraception in prepregnant status



After Medical Termination of pregnancy 8 patients did not opt for contraception.(8%). The data is represented as follows.



After Medical Termination following are the choices of contraception



DISCUSSION :

Unintended or unplanned pregnancy poses a major economical, psychological, social and religious challenge in women of reproductive age, especially in developing countries. It has been estimated that , of the 210 million pregnancies that occur annually worldwide, 80 million (36%) are unpanned and 46 million end in abortion.[3] Post abortion contraception is very important aspect because the woman who presents with an induced abortion or requesting a legal termination of pregnancy is expressing her firm decision not to have a child and if she becomes pregnant again, she will often resort to another abortion. Post-abortion contraception is the most effective means to reduce abortion rate, if it complies with two conditions: The woman leaves the facility with a method

The method does not require frequent resupply. The return of fertility is rapid after first trimester abortion. The first ovulation may take place as soon as 2 weeks after abortion, and half of the women have ovulated by 3 weeks. Hence, commencement of effective contraception is necessary even before the first postabortal menstrual period. [4]

Present data shows an average rate of abortion is 8 to 10 cases per month .As it is a referral hospital and there are many hospitals in the periphery the study presents those strata who are economically poor and cannot afford private sector. Average age of the patients coming for termination is 25-29 yrs. According to census report 2001 by government of India average reproductive age is 16 to 26 yrs. Because of advances in educational facilities the upper limit has raised which is seen in our study.

In our study average incidence of abortion is 20 per thousand live births which is less than a rate of 26 abortions per 1,000 women of reproductive age—comes from a 2002 facility-based study by the Abortion Assessment Project–India .Considering the reasons for termination of pregnancy the most common reason women report for having an abortion is to limit family size.[5,6,7]

In our study 20 % patients did not want child and it was unintenteded pregnancy. In qualitative studies conducted as part of the Abortion Assessment Project across multiple states in 2002, the majority of unintended pregnancies that were resolved through abortion occurred during periods when women were not using any form of contraception; few were reportedly due to contraceptive failure.[5] Nonuse of contraception often reflects an inadequate or uneven supply of contraceptive services, particularly temporary methods of contraception. Nonuse is also perpetuated by unequal power structures within families that restrict women's access to contraceptive information and services and prevent women from being able to negotiate contraceptive use.Its also reported that women in violent relationships were more likely to have an abortion, as well as to experience violence after (and possibly because of) the abortion[8]

Our study had 5 unmarried ,9 widow and one patient was a case of rape. This was also shown in the study conducted Among 549 unmarried adolescents obtaining abortions who were included in a 2007–2008 study in Bihar and Jharkhand, nearly all (92%) chose to terminate their pregnancy because they were unmarried or did not want to raise a child alone.66 In India, considerable stigma is attached to having a nonmarital pregnancy or birth, especially during adolescence or in widow.Our study had only 24 patients of second trimester the major reason being congenital anomalies of fetus that are life threatening and second important reason being unmarried pregnancies. Government statistics for registered abortions in 2001 indicate that only 11% took place at 12–20 weeks' gestation[9] In many cases, the abortion is delayed because of delays in recognizing the pregnancy, limited information about or access to abortion services, unsuccessful initial attempts to abort using traditional methods, and delays in decision-making by the woman and her family.[10,11,12,13]. Delays in recognizing the pregnancy are common among breast-feeding women, who may become pregnant before menstruation has resumed.[14] And pregnancy is so stigmatized among adolescents and other unmarried women that they may deny or conceal the pregnancy until it becomes obvious.[15] In our study 64 % patients were from low socioeconomic status whereas only 8 % were from high societies. The education pattern also followed same with less number of abortion in highly educated women. However, when the distribution of women obtaining an abortion is compared with the distribution of all women, many studies find that women who are older, more affluent and from urban locations are more likely than other women to report having had an abortion. Such associations have been found in analyses of the NFHS-297,[16] and the DLHS3.[17] Pallikadavath and Stones found positive associations between abortion and higher education, urban residence and maternal age at subsequent birth .[18].

92 % patients opted for postabortion contraceptive services .54 % preferred for tubectomy as these patients were multiparous and wanted to complete the family. Second preference was for long acting

reversible contraception .The diifferent factors on which patients attitude for postabortion services depend upon age of the patient ,gravida,educational status,socioeconomic status .There are few barriers in obtaining postabortion medical services . Since women receiving abortion services at a facility usually do not return for family planning services even though they do not want be pregnant again in the near future, immediate postabortion period when the woman is still at the facility or in contact with the health care provide is the optimum time for councelling. Doctors and sisters provide the abortion care but they are not well worsed that comprehensive abortion care includes the contraceptive advice in the same setting. It is easier to council about permanent method that too tubectomy whereas the difficulty arises for temporary methods .The service provider should assess the individual need ,clinical condition ,personal situation and discuss the potential barriers to the successful adoption of contraception in sensitive manner.It should be method specific councelling which best suits for a particular female. In our study we had separate councelling session pre and post abortion to provide the most optimum services to the women seeking abortion.

CONCLUSION :

Post abortion family planning can avert unintended pregnancies and abortion associated problems. Post abortion family planning services prevent 90 % maternal mortality associated with unsafe abortion. Comprehensive abortion care thus covers all the requirements of patients in the domain of contraception in addition with providing same abortion services.

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