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Original Article

Acceptance of family planning methods by induced abortion seekers: An observational study over five years



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ABSTRACT

Background: Prior to legalization of abortion, induced abortions were performed in an illegal manner and that resulted in many complications hence abortion was legalized in India in 1971 and the number of induced abortions has been gradually increasing since then. One way of preventing abortions is to provide family planning services to these abortion seekers so that same is not repeated. The study was performed to find out the acceptance of contraception after abortion.

Methods: A prospective study was performed over a period of five years from 2010 to 2014. The study group included all the cases reporting for abortion. A proforma was filled in detail to find out the type of contraception being used before pregnancy and acceptance of contraception after abortion. The existing facilities were also evaluated.

Results: 1228 abortions were performed over a period of five years. 94.5% of abortions were during the first trimester. 39.9% had not used any contraceptive before, contraceptives used were natural and barrier which had high failure. The main indication for seeking abortion was failure of contraception and completion of family. 39.6% of patients accepted sterilization as a method of contraception. The existing post abortion family planning services are inadequate.

Conclusion: Post abortion period is one which is important to prevent subsequent abortions and family planning services after abortion need to be strengthened.

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Introduction

Prior to legalization of abortion, pregnancies could be terminated on medical grounds only; but at times there were some personal, social or humanitarian reasons when pregnancy had to be terminated. Since there was no provision to terminate pregnancy other than on medical grounds; the patients had to

resort to illegal methods of pregnancy termination. This type of illegal abortion resulted in many complications. To put a check on rising incidence of illegal abortions along with its complications and to control population explosion; abortion was legalized in India in 1971 and the number of induced abortions has been gradually increasing since then.¹

Contraception can reduce the incidence of unwanted and unplanned pregnancies, thereby avoiding both legal and illegal

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abortions. Patients who have had an induced abortion are highly motivated to switch from inadequate and infrequent methods to effective contraceptive methods.² When patients come for induced abortion they are very receptive to accept subsequent family planning measures^{3,4}; hence the patient requesting for abortion should be counseled about family planning. Post Abortion Family Planning (PAFP) involves the provision of contraceptive counseling and supplies to patients after they have had an abortion and it should be done before leaving the hospital. This is important as ovulation can start within two weeks after induced abortion.⁵ PAFP is an essential component of post abortion care (PAC), PAC is an important strategy to reduce maternal mortality by treating complications like hemorrhage and sepsis related to unsafe abortions, and PAFP services will prevent unplanned pregnancies and repeat abortions.⁴ A prospective study over five years was performed to find out the acceptance of contraception after abortion and critically evaluate the existing PAFP services and suggest measures to improve these services.

Material and methods

A prospective study was performed over a period of five years from 2010 to 2014. All the cases who reported for medical termination of pregnancy (MTP) to the hospital and those cases who had been admitted for any complication after undergoing induced abortion elsewhere were enrolled in the study. Those requesting for MTP were examined, investigated and underwent abortion provided all the criteria of MTP Act - 1971 were fulfilled. This was performed as outpatient or as inpatient depending on the period of gestation and medical or surgical method being adopted. Socio demographic parameters like age, parity, period of gestation, indication for abortion etc were recorded. All the cases were enquired about their future planning regarding contraceptive after abortion. The cases that had undergone abortion elsewhere were also part of the study if they had reported to the hospital for any complication like hemorrhage, fever or sepsis. They were asked the same questions about the contraception planning as other cases. Post abortion follow up and any other untoward outcome if any were recorded. The data was collected, analyzed and compared with data available in literature. The procedures being practiced regarding PAFP were observed and evaluated, gaps noticed if any and measures recommended for improving these services.

Results

This prospective study was conducted at one of the service hospitals; where in the data for five years from 2010 to 2014 was collected. Age of the study group varied from 17 to 36 years, with average age being 23 years, parity of the study group is depicted in Table 1. 1228 induced abortions were included in the study over a span of five years, of these 31 had undergone abortion elsewhere and were admitted for some complication. There were 1157 first trimester (94.2%) and 71 (5.7%) second trimester abortions (Table 2). Of the first trimester abortions 322 were performed by medical methods

Table 1 – Parity of the study group.

Parity	Number	Percentage
Nulliparous	36	2.9
Primiparous	471	38.3
Para three	688	56.0
Para four	31	2.5
Para five	02	0.16

Table 2 – Period of gestation and method of abortion.

Year	2014	2013	2012	2011	2010	Total
First trimester						
Medical	72	84	61	52	53	322
Surgical	182	210	149	146	148	835
Total	254	294	210	198	201	1157
Second trimester						
Medical	12	18	11	13	15	69
Surgical	01	00	00	00	01	02
Total	13	18	11	13	16	71

and 835 by surgical methods (dilatation and evacuation) whereas of 71 second trimester abortions; only two were performed surgically (hysterotomy). Surgical method was resorted to in second trimester as the medical methods had failed or were contraindicated.

A large number of cases (39.9%) had not used any definite contraceptive prior to this pregnancy, 31.1% had used male condom not so regularly and 25.9% were using natural methods including lactation. 38 of 71 cases of second trimester abortions had conceived during lactation. A small number of cases were on oral contraceptive (2.8%) but not regularly. There was one case of IUCD and sterilization failure each (Table 3). The two commonest indications (Table 4) for abortion in first

Table 3 – Contraception prior to index pregnancy.

Contraception	Number	Percentage
No contraception	490	39.9
Natural	319	25.9
Barrier	382	31.1
Oral pills	35	2.8
IUCD	01	0.1
Sterilization	01	0.1
Total	1228	100

Table 4 – Indications for abortion.

Year	2014	2013	2012	2011	2010	Total
First trimester						
Failure of Contraception	115	122	140	149	144	670
Completion of family	136	172	69	46	55	478
Unmarried	03	01	01	03	02	10
Total	254	294	210	198	201	1157
Second trimester						
Failure of contraception	00	00	01	00	00	01
Completion of family	08	14	10	09	12	53
Congenital Malformation	05	03	00	04	04	16
Unmarried	00	01	00	00	00	01
Total	13	18	11	13	16	71

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