

Reasons for Non-Use of Contraception in Patients with Induced Abortion

MAJEED T.¹, MAJEED N.², MAHMOOD Z.³, HABIB S.⁴

Address for Correspondence: Dr. Tayyaba Majeed, House # 3, Lady Willingdon Hospital, Lahore

Introduction: Induced abortion is a dilemma for obstetricians working in developing countries. A vast majority of induced abortions are due to non use of contraception for a variety of reasons.

Study Design: Descriptive, cross sectional.

Materials and Methods: 32 married women who had induced abortions were from October 2006 to March 2007 were interviewed along their husbands. Spontaneous miscarriages, therapeutic terminations and illegal pregnancies were excluded.

Results: Frequency of induced abortion was 5% of total deliveries. 93.7% of the cases were illiterate and belonged to low socioeconomic class. 43.7% cases were managed by TBAs, 25% by LHVs and 31.2% by doctors. Reasons for non use of contraception included failure of method (37.5%), husband dislike (25%), fear of side effects (12.5%), lack of access (6.25%), lack of awareness (6.25%) and misconceptions (6.2%). Contraception failure was more common in cases with condom use (50%), followed by withdrawal method (33.3%) and IUCDs (16.7%). In 87.5% cases, both partners were involved in decision making.

Discussion:

Conclusion: Non use and less effective methods of contraception lead to unwanted pregnancies and hence induced abortions. Measures should be taken to prevent unwanted pregnancies.

Key Words: Induced abortion, contraception, family planning.

Introduction

Abortion is defined by WHO as the expulsion or extraction, from its mother, of fetus or an embryo weighing 500g or less. In British Law, it is the termination of pregnancy before 24 weeks of gestation with no evidence of life. It can be therapeutic or illegal¹. Therapeutic abortion is justified on medical grounds in which termination of pregnancy would pose a risk to the life of pregnant woman and in those where the fetus is abnormal. While illegal or unsafe abortion is defined by WHO as; a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards or both². Presently, the WHO estimates that as many as 53 million pregnancies are terminated by induced abortion each year. One third of these abortions are performed in unsafe conditions, resulting in about 50-100,000 maternal deaths each year, and many more women with long term health related complications³.

Induced abortion is a dilemma for obstetricians working in developing countries. Nearly half of the pregnancies are unintended, and four in ten of these are terminated by abortion⁴. Demographic changes over the last two decades highlight the need for reassessment why the women decide to have abortions. Fifty four percent of women having abortions used a contraceptive method during the month they became pregnant and forty six percent did not use any contraceptive method because of misconceptions about different methods of contraception and lack of access to contraceptive information services⁵. Medical reasons caus-

ing the situation more grave are untrained personnel and failure of contraceptive measures.

Aims and Objectives

The aim of our study are:

1. to identify the reasons for non compliance of contraception in patients with induced abortions and
2. to determine the population of pregnant women at risk of having induced abortion. In this way these women can then be targeted in the programs of family planning.

Study Design

Descriptive, cross sectional

Inclusion Criteria

Married women living with their spouse having induced abortion.

Exclusion Criteria

Patients with spontaneous miscarriage and those having therapeutic terminations or illegal pregnancies.

Methods and Materials

The study was conducted in Lady Willingdon Hospital from October 2006 to March 2007. A total of 32 patients were interviewed. Married women living with their spouse having induced abortion were included in this study. Patients with spontaneous miscarriage and those having therapeutic terminations or illegal pregnancies were excluded from the study.

All the interviews were done in privacy and statistical analysis was done with the help of SPSS software.

Results

According to our results frequency of induced abortion was found out to be 5 per 100 deliveries and 32 per total gynecological admissions (688). During the study period of 6 months total 32 women were interviewed. 37.5% were less than 30 year of age and the rest of them were above 30 years of age. None of them was less than 20 year of age. Majority ie 93.7% was illiterate and 6.2% were literate. Similarly, majority belonged to low socioeconomic (93.7%).

Status of abortionist varied, traditional birth attendants did abortion in 43.7% cases and LHV induced abortions in 25% subjects while qualified female doctors induced abortions in 37.2% women.

Lastly the reasons for nonuse of contraception were studied; the predominant factor found out to be failure of method 37.5% followed by husband dislike 25%, fear of side effects 12.5%, lack of access of services 6.2%, lack of awareness 6.25% and misconceptions about different methods 6.2%. Among the patients where contraception was failed, 50 percent were using condom. 33.3% withdrawal method and 16.6% were using IUCD.

Table 1: Age Distribution in Patients with Induced Abortion:

Less than 30 YR	12	37.5%
30 to 34 YR	08	25%
More than 35 YR	12	37.5%

Table 2: Literacy Rate in Patients with Induced Abortion:

Illiterate	30	93.7%
Literate	2	6.2%

Table 3: Parity Distribution:

Para 3 or Less	10	31.2%
Para 4 to Para 5	20	62.5%
Above Para 5	2	6.2%

Table 4: Duration of Gestation at which Abortion Induced:

Less than 12 Weeks	30	93.7%
More than 12 Weeks	02	6.2%

Table 5: Socioeconomic Status:

Low Class	30	93.7%
Middle Class	2	6.2%
Upper Class	None	None

Table 6: Status of Abortionist:

DAI (Traditional Birth Attendant)	14	43.7%
LHV	08	25%
Doctor	10	31.2%

Table 7: Reasons for Non-Use of Contraception:

Husband Dislike	8	25%
Lack of Access	2	6.2%
Lack of Awareness	2	6.2%
Failure of Method	12	37.5%
Misconceptions	2	6.2%
Fear of side effects	4	12.5%

Table 8: Type of Contraception in Patients with Contraception Failure:

Condom	6	50%
Withdrawal	4	33.3%
IUCD	2	16.7%

In 87.5% of the cases, decision about termination of pregnancy was taken by both the partners.

Discussion

The purpose of study was to find the reasons to opt for induced abortion rather than prevention of pregnancy in the first place. In spite of desires and needs, in countries where contraception use remains low, usually because contraceptive not yet widely available and accessible, abortion rate is often high. It has been noted in several studies in such situation if contraceptive use become widespread abortion rate tend to fall.

Studies by WHO have demonstrated that various factors, such as age, marital status, parity, ethnicity, prevalence of contraceptive use, and educational attainment influence the abortion rates. In countries where contraception has been available for many years, such as England, the Netherlands, and the United States, more than half of all the abortions are for women <25 years of age. In countries with no tradition of contraceptive use or with limited availability of contraceptives and sterilization, such as those in Central and Eastern Europe, the majority of termination is among women aged > 35 years. In such countries, abortion may become the only way in which married couples can space their children or control their family size⁴.

Although contraception is freely available in the country, Pakistan seems to follow the pattern of Eastern Europe. In our study, 62.5% of women seeking abortion were aged above 30 years, and those had given birth to five or more than five children. A similar pattern has been observed in

Turkey, a country with a high Contraceptive Prevalence Rate of 63.9%⁶. The findings that a majority of the women seeking abortion were married women aged above 30 years with children five or more than five point to a high degree of unmet demand for family planning services.

Two major reasons for resorting to abortion among our study subjects were contraceptive failure and husband dislike. In a study from Romania, a large number of children, unwanted offspring, insufficient living quarters, infants in the family and family difficulties were main reasons for terminations of pregnancy among married women. Similar reasons were given by women from Turkey, Bangladesh and Jamaica. In a study in Pakistan the predominant reasons for abortion were "too many children" (64.4%), contraceptive failure (20.3%), premarital affairs (8.6%), medical reasons (5.4%) and extramarital affairs (1.3%).⁷

In a study conducted in Ethiopia, the most frequently cited reasons for nonuse of contraception were health related concerns (33.9%), and a negative attitude toward or lack of knowledge about contraception (32.2%).⁸

The first most common reason for seeking abortion was contraceptive failure. Most of the modern contraceptives, if properly used, are highly effective. However, the majority of women who had their pregnancies terminated because of contraceptive failure were using methods of contraception that are not highly effective. Similar observations have been made from other countries. In Turkey also, 75% of the women who were admitted with abortion related complications had relied heavily on withdrawal or other conventional methods of contraception.⁷

The reasons given for nonuse of contraception are shown in table. Perusal of table reveals that of the women had not used a contraceptive because of either lack of information about contraception or incomplete/misguided information. This points to lack of effective information education communication techniques.

The majority of study subjects were using less effective contraception or abortion as a means of controlling the family size. Among those who got pregnant because of contraceptive failure, women were using condoms, were using withdrawal, and were using IUCD. This situation calls for extensive IEC campaigns aimed at specified target groups are emphasizing the importance of choosing more effective contraceptives and not using abortion as a substitute for contraception. However, higher condom use may be due to the general availability of condoms through commercial social marketing program.

The frequency of husbands attending and paying for the abortion was very high, signifying that induced abortion is a mutual decision.

Conclusion

The findings of the study suggest that despite its restrictive legal status, induced abortion is fairly prevalent in the country, and a large proportion of married women are using induced abortion as a method of contraception. Unlike Western and African countries, where most abortions occur among unmarried adolescents or those in non marital unions, the majority of induced abortions in Pakistan take place among married women. The morbidity and mortality associated with abortion, thus, has greater ramifications and social impact.

The main reasons are non use of contraceptives or use of less effective methods like withdrawal and condoms rather than hormonal or permanent sterilization after completing the family.

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