



ORIGINAL RESEARCH ARTICLE

PROFILE OF WOMEN RECEIVING FIRST-TRIMESTER SAFE ABORTION SERVICE AT PAROPAKAR MATERNITY AND WOMEN'S HOSPITAL

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ABSTRACT

**Background:** Abortion is a common medical procedure done in a day to day basis in every country and is a major component of public health. Legally and safely performed abortions are amongst the least complicated medical procedures. There exists a demographic variation in availability, accessibility and affordability of safe abortion services in Nepal also. The aim of the study was to assess the demographic and clinical profile of women opting for first-trimester abortion. This study highlights the indications and rate of the method used for abortion.

**Methods:** It was a retrospective study where data were collected from charts available at the comprehensive abortion care center at the Paropakar Maternity and Women's Hospital. The data from Baisakh to Asoj of 2076 B.S was collected and calculations were done manually.

**Results:** Higher proportion of women receiving first-trimester abortion fell under the age of 26-30 years (30.17%). Most women were literate (86.03%) and married (85.71%). A history of previous abortion was absent in majority (72.39%) and 14.28% had never been pregnant before. The most common indication for abortion was non-use of family planning services (43.82%). The rate of medical abortion was higher (58.10%) than surgical method of abortion (41.89%).

**Conclusions:** Women's age, literacy, contraceptive use, previous pregnancy status were the determinants of unintended pregnancy. There existed both demographic and clinical variations in between women receiving abortion services.

INTRODUCTION

According to the World Health Organization amongst the total pregnancies occurring worldwide, one hundred twenty one million of them were considered unintended.<sup>1</sup> Three out of ten of all pregnancies and six out of ten of all unintended pregnancies end up in an induced abortion. According to NDHS 2016, it was reported that among all pregnancies that occurred during the period of study, 9% ended up in abortion. The proportion of abortion was higher among women age 35-49 (27%).<sup>2</sup> Unintended pregnancy can affect any sexually active women and is a global public health problem. When a women did not desire to become pregnant at that time or at any time in the future she is said to have an unintended pregnancy.<sup>3</sup>

There exists variation in the profile of women receiving safe abortion services. The variation is determined by demographic factors such as age, education status, literacy, address, marital status and employment. Clinical factors such as past pregnancy history, indications of abortion, and method used are amongst other determinants showing variation. The distribution of the population, the regional variation in abortion services and accessibility has always been a major concern of abortion services of Nepal.<sup>3</sup>

This study was done to determine the demographic and clinical profile of women receiving the first-trimester safe abortion services in one of the major abortion care provider centers of the country. The intention was also to identify the indications of abortion and the rate of method use.

METHODS

This was an observational study where we collected retrospective data from charts of the clients who received first trimester safe abortion service. A total of 623 women who visited for first-trimester abortion were selected. The duration of the study was in between the period of Baisakh to Asoj of 2076 B.S. The study was conducted at the Paropakar Maternity and Women's Hospital which is one of the pioneers and still the leading service provider of safe abortion service in Nepal.

Every women who had come seeking for first-trimester safe abortion service had to undergo a demographic and clinical detailing. This comprises of information such as age, address, educational status, employment, marital status, past pregnancy history, and indication of abortion. This is then followed by type of method used for abortion and complications associated with it. These data are enlisted over the Health Management

Information System (HMIS) chart by a medical service provider.

The data for our study was retrieved from the record section after Institutional Review Committee (IRC) approval on Falgun 2077 B.S. Information collected were calculated manually and depicted in the Tables.

## RESULTS

The data presented in Table 1 showed that majority (30.17%) of the participants were of age group 26-30 years. The age of women ranged from a minimum of 17 years to the maximum of 47 years. Most of the women were literate (able to read and write) (86.03%), and married (85.71%). Majority of the participants were housewives (60.97%). Many women who had visited the comprehensive abortion care center of Paropakar Maternity and Women's Hospital were from Kathmandu (68.37%). There were 3 women who were from abroad.

**Table 1: Demographic profile of women undergoing first-trimester abortion at Paropakar Maternity and Women's Hospital**

Characteristics	Number (%)
<b>Age</b>	
15-20 years	49 (7.86)
21-25 years	157 (25.20)
26-30 years	188 (30.17)
31-35 years	136 (21.82)
36-40 years	76 (12.19)
41-45 years	16 (2.56)
>45 years	1 (0.15)
<b>Education</b>	
Literate	536 (86.03)
Illiterate	87 (13.96)
<b>Profession</b>	
Student	41 (6.58)
Service/Job	126 (20.22)
House wife	378 (60.67)
Business	57 (9.14)
Farmer	12 (1.92)
Migrant worker	9 (1.4)
<b>Marital Status</b>	
Married	534 (85.71)
Unmarried	89 (14.28)
<b>Parity</b>	
Nulliparous	100 (16.05)
Multiparous	523 (83.95)
<b>Past abortions</b>	
Present	172 (27.60)
Absent	451 (72.39)

In this study among the 623 women 14.28% had never been pregnant before and as shown in the table 1, 16.05% had never had a live birth in past. History of past abortion was present in

27.60%. Abortions were both induced and spontaneous. The methods for induced abortion varied according to clients in between both surgical and medical methods.

**Table 2: Indication of abortion (n=623)**

Indication	Number (%)
Unplanned pregnancy	132 (21.18)
Failed family planning	6 (0.96)
Lack of use of family planning service	273 (43.82)
Others	212 (34.02)

Table 2 showed the major indications for abortion. Most common cause of pregnancy was lack of use of family planning services (43.82%) which was then followed by unplanned pregnancy (21.18%). Amongst the other causes were maternal medical conditions such as cardiac, kidney, thyroid disorders, use of teratogenic drugs e.g. seizure medications, presence of fibroid uterus with the risk of compromised pregnancy, socioeconomic problems and having another small baby in house. There were 6 cases which were associated with possible contraceptive failure. Among these; four were due to an intrauterine contraceptive device failure and the remaining due to failure of vasectomy and implant.

**Table 3: Method used for abortion**

Type	Number (%)
Medical abortion	362 (58.10)
Manual Vacuum aspiration	261 (41.89)

Table 3 indicated methods use for abortion. The use of medical abortion was higher (58.10%) compared to surgical method (41.89%).

## DISCUSSION

During the 6 months of our study from Baisakh to Asoj of 2076 B.S, 644 women had visited the comprehensive abortion care center for first trimester abortion at Paropakar Maternity and Women's Hospital. Among the total, 21 (3.26%) of them could not be included in our study due to incomplete information.

A survey carried out to evaluate the socio-demographic profile and reason for seeking abortion among the abortion users between 2005 and 2010 at the Maternity Hospital showed an increasing trend however the profile of women at this clinic had remained essentially the same between 2005 and 2010. The typical users of abortion services at the clinic were 27 years old with two living children, mostly married, with the majority not wanting to have more children.<sup>4</sup> This trend is consistent to our study where the maximum population were between the age of 26-30 years, married and most having at least two living children (38.04%). Similar results were seen in another study by Poudel et al, where the study conducted among 4830 women who underwent induced abortion the mean age was 27, 92.4% were from Kathmandu valley and 35.2% were illiterate with

majority having parity of two. Our study showed 88.26% from within Kathmandu valley and 13.96% were illiterate.<sup>5</sup>

According to the 2016 NDHS, Nepal half of abortions in the five years before the survey were performed because the woman did not want any more children. Twelve percent of abortions were performed because the woman wanted to delay childbearing, 10% due to concerns for the health of the mother, and 9% wanted to space childbearing. Nearly 7 in 10 abortions were medication abortions. Other abortion procedures include manual vacuum aspiration (17%) and dilation and evacuation (D&E)/dilation and curettage (D&C) (7%).<sup>2</sup> The above data shows slight contrast to our study which shows that the major indication for abortion in our study was due to lack of use of family planning method that led to an unwanted pregnancy (43.82%) followed by unplanned pregnancy in 21.28%. In our study 58.10% of abortions were medical abortion and 41.89% due to manual vacuum aspiration.

Similar study done by Holla et al showed that out of 244 women who underwent medical termination of pregnancy (MTP) showed that more than one-third (37.8%) were aged between 26 and 30 years. Medical reasons were cited as the most common reason for undergoing MTP (39.3%), followed by unplanned pregnancy (34.8%). The majority of women were seeking MTP for the first time (84.8%).<sup>6</sup>

Unintended pregnancy and abortions have a negative impact on women's personal life, their families, and society. It is the consequences of a wide range of factor including non-use of contraception, contraceptive discontinuation, contraceptive defect, inconsistency and inaccurate use of contraception, and lack of awareness regarding family planning.

Since the data for our study was obtained retrospectively, it was difficult to explore much into the history regarding the indications of abortion. It was also difficult to obtain information regarding the family planning methods, its usage and effectiveness.

## CONCLUSION

Women's age, literacy, contraceptive use, previous pregnancy status were the determinants of unintended pregnancy. Abortion for unplanned pregnancy can be prevented if people are well informed about methods of contraception. Post-abortion care is an opportunity for healthcare professionals to provide education, discuss fertility needs and the need for contraception with women seeking abortion so that appropriate decisions can be taken for suitable family planning. A more evidence based and practical approach in discussion of family planning needs with health care provider helps improve the health status of a family, society and ultimately the whole county.

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**FINANCIAL DISCLOSURE:** None

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