

Study of Contraceptive Use Among Comprehensive Abortion Care Clients in Family Planning Clinic of Tribhuban University Teaching Hospital

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Aims: This study was done to assess the use of family planning method among comprehensive abortion care clients in Tribhuban University Teaching Hospital (TUTH).

Methods: A hospital based observational study was conducted in family planning clinic at TUTH from 14th April 2009 to 14th June 2010 among one hundred clients who opted for comprehensive abortion care (CAC) at the hospital CAC centre and met the inclusion criteria of this study.

Results: Around 98% women had knowledge of different types of modern contraceptive methods. Majority of CAC clients (91%) had ever used contraceptive methods in the past. Injectables were the most common method of contraceptive used by the CAC clients (55%). Almost 22% clients had come for repeat induced abortion. About 43% clients opted CAC service for complete family and 33% for contraceptive failure. Withdrawal method failure was seen in 17% of clients. Almost 86% women intend to use contraceptive after CAC service in future.

Conclusions: This study concluded that despite knowledge of modern contraceptive methods and ever uses of different family planning methods, majority of clients had no consistency in use of various contraceptives. Effective family planning counseling along with information of emergency contraceptive is required for each CAC clients to prevent unwanted pregnancy and abortion.

Keywords: comprehensive abortion care; contraception; abortion.

INTRODUCTION

In Nepal there has been an unprecedented decline in fertility from 4.6 births per woman in 1996 to 3.1 births per woman in 2006. The government's policy is to reduce the total fertility rate to 2.1 by the end of the twelfth plan in 2017 and bring a balance between population growth and economic development in Nepal.¹ The modern methods of family planning and associated programs have helped women around the world to avoid 400 million unwanted pregnancies, and so, the lives of many women have been saved from high risk pregnancy or unsafe abortion. If all women could avoid high-risk pregnancies, the number of maternal deaths could fall by one quarter.²

Fifty-five million unintended pregnancies in developing countries occur every year to women not using a contraceptive method. Another 25 million occur as a consequence of incorrect or inconsistent use of a contraceptive method and method failure. Approximately 20 million of abortions are unsafe. In developing countries, one of every 75 women die of pregnancy- or childbirth related causes, compared to one of every 7,300 women in developed countries. If contraception were accessible and used consistently and correctly by women wanting to avoid pregnancy, maternal deaths would decline by an estimated 25–35%.³ Unwanted pregnancies and induced abortions are symptoms of family planning failure, failure of contraceptive method, failure to access to family planning services, or failure of a programme to assist women and couples in the use of a method that is acceptable to them.⁴

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Nepal Government amended the Nepal Criminal Code (Muliki Ain) on 1st Chaitra 2058 (16th March, 2002). Royal Assent was given to this amendment on 10th Asoj 2059 (27th September, 2002).⁵ The Procedural Process for the Safe Abortion was approved by the cabinet on 10th Poush 2060 (15th December 2003) for the implementation of the Safe Abortion Law.⁵

Family planning counseling is an important component of CAC and it is essential for each CAC clients to reduce unwanted pregnancies and ultimately repeat abortion. This study was conducted to know the awareness and current use of different family planning methods among CAC clients.

METHODS

A hospital based prospective and observational descriptive study was carried out in family planning CAC service of the Department Of Obstetrics and Gynaecology of Institute of Medicine, Tribhuvan University Teaching Hospital (TUTH) from 14th April 2009 to 14th June 2010. One hundred clients of less than or equal to 12 weeks period of gestation attending family planning OPD for seeking CAC service were included in the study. Clients with pregnancy more than 12 weeks, clients with pregnancy related complications like incomplete abortion, missed abortion, septic abortion, blighted ovum, molar pregnancy and clients who did not give informed consent were excluded from the study.

Ethical clearance for the study was taken from the institutional review board. One out of three pregnant women who opted CAC service in family planning center of TUTH and fulfilling the inclusion criteria were enrolled for the study. Socio-demographic profile, obstetric history, contraceptive history, medical history, history pertaining to presence of risk factors for unwanted pregnancy and reason for termination of pregnancy were entered in preformed questionnaire for each clients in the study. Questionnaire was reviewed thoroughly for accuracy, completeness and consistency. A master table and quantitative data were entered and analysed using Statistical Package for Social Studies (SPSS) version 15.

RESULTS

During the study period of 14 months, out of 334 CAC clients only 100 clients were included in the study. The minimum age of the client was 17 years and the maximum age of the clients was 40 years. The mean age of clients was 28 with a standard deviation of 5.05 years. The majority (51%) was between 20-29 years of age.

Sixty six percent of clients were of Indo-Aryan ethnicity that comprised of Brahmin, Chhetri, Tharu, Rajbansi, Darai, Kumal, Majhi and Bishwokarma. Thirty four percent of clients were Tibeto-Burman ethnicity that included Newar, Gurung, Magar, Rai, Limbu, Sherpa, Thakali, Tamang, Jirel and Thami. Ninety-nine percent were married. Eighty-four percent were Hindu. Twenty-two percent of clients were illiterate. Majority of the clients (43%) had education up to $\leq 10^{\text{th}}$ class. Seventy-four percent of clients were housewives by occupation. Sixty seven percent of clients had come for CAC service in 6-8wks period of gestation. Thirty-two percent of client had 11-15 years of married life. Eighty-five percent of clients were multigravidas. Forty-four percent of clients had two living children in the family. Twenty-two percent had history of previous induced abortion. Distribution of clients according to age, ethnicity, marital status, religion, education of clients, occupation of clients, period of gestation, parity and number of living children are shown in Table 1.

Table 1. Distribution of CAC clients according to age, ethnicity, religion, education, occupation, period of gestation, parity and number of living children.

Age in years	Number	Percent
≤ 19 years	7	7
20-29 yrs	51	51
30-39 yrs	41	41
≥ 40 yrs	1	1
Indo-Aryan	66	66
Tibeto-Burman	34	34
Hindu	84	84
Buddhist	16	16
Illiterate	22	22
≤ 10 class	43	43
$> 10-12$ class	19	19
Bachelor	14	14

Master	2	2
Housewife	74	74
Student	11	11
Service	7	7
Teacher	5	5
Business	3	3
Gestation (wks)		
<6 wks	7	7
≥6-≤8 wks	67	67
>8-≤12 wks	26	26
Primigravida	15	15
Multigravida	85	85
Live Children		
None	17	17
One	21	21
Two	44	44
Three	11	11
More than three	7	7

Approximately 88% clients correctly answered the purpose of using contraceptive that was avoiding pregnancy, limiting children and spacing the birth. Around 75% clients could correctly list the all types of contraceptive methods except traditional methods. Majority of clients (70%) had not heard the term fertile period in the menstrual cycle (Table 2).

Ninety-one percent of the client had ever used contraceptive in the past. Fifty percent clients had used two or more contraceptives infrequently at different time in the past (Table 3).

Table 3. Types of contraceptive ever used by CAC clients.

Types	Number	Percent
Injectables*	55	55
Condom*	37	37
Pills*	34	34
Withdrawl*	18	18
Calender*	7	7
IUD*	6	6
Implants*	4	4
Emergency Pills	1	1

* One or more family planning methods had been used infrequently by CAC clients in the past.

Forty three percent came to family planning center seeking CAC service for completed family. Almost

33% clients developed contraceptive failure and came for termination of pregnancy (Table 4).

Table 4. Reason for termination of present pregnancy.

Reason for termination of pregnancy	Number	Percent
Completed family	43	43
Contraceptive failure	33	33
High demanding career	8	8
Short interpregnancy interval	8	8
Economic reason	5	5
Accidental drug intake during pregnancy	2	2
Medical disorder	1	1

Among 91% clients ever used contraceptive in past, 32% clients discontinued use of contraceptives due to side effects developed during use.

Among contraceptive failure in CAC clients, traditional method failure was most common (17% withdrawal method failure and 6% calendar method failure). Out of modern method of contraceptives, condom method failure was seen in 3%, pills failure in 4%, injectables failure in 2% and Cu-T failure in 1% (Figure 1).

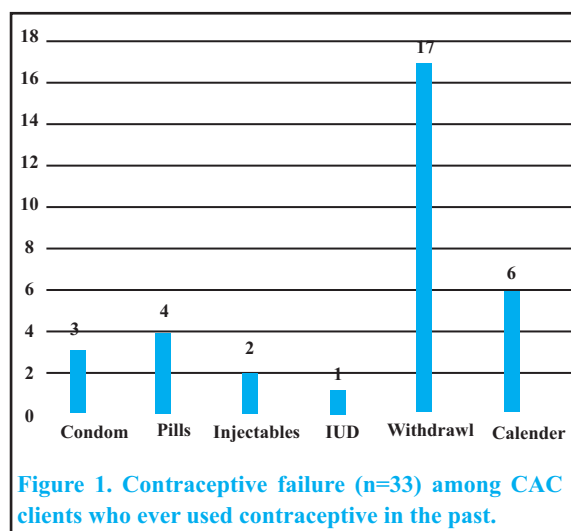
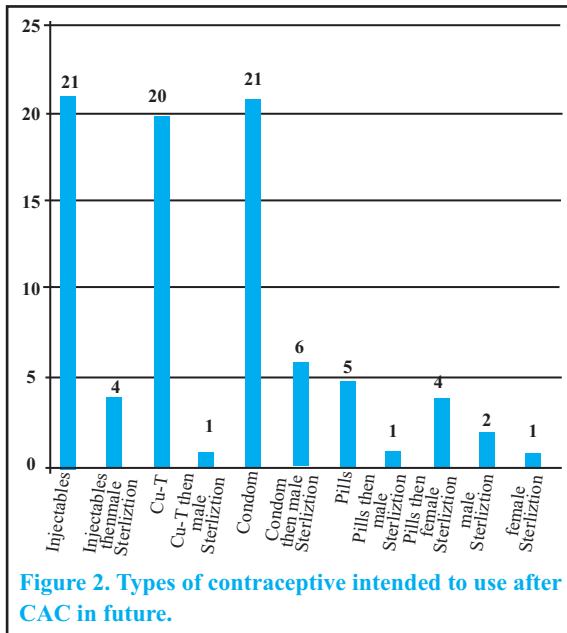


Figure 1. Contraceptive failure (n=33) among CAC clients who ever used contraceptive in the past.

About 21% clients each intended to use injectables and condom in future after safe abortion service. Twenty percent clients intended to use Cu-T in future. Three percents client opted permanent method of family planning prior to CAC service (2% male sterilization 3 days ago and 1% female sterilization

on same day of CAC). Twelve percent client had decided to undergo male sterilization and 4% clients for female sterilization later (Figure 2).



DISCUSSION

In this study, 51% CAC clients were in the age group of 20-29 years, with mean age of 28 years \pm 5.05 years' standard deviation. Saha et al⁷ reported that 53% women, who came for induced abortion, were in the age group of 25-29 years in the Kathmandu Medical College Teaching Hospital. This study reported that 22% women were illiterate but Srivastava et al⁸ showed 36.5% women were illiterate among voluntary termination of pregnancy. Seventy percent women were housewife by occupation in this study. Similar to this study, Thapa et al⁹ found that 67.5% women were housewives among induced abortion clients.

Eighty-five clients were multigravida where as only 15% were primigravida in this study. Similar to this study, Pande et al¹⁰ reported that 9.3% were primigravida and 90.7% were multigravida among CAC clients. There were 61% women who had two or more than two living children at home in this study. Similar to this study Huong et al¹¹ showed that women who had two or more children was seen in 25.3% and 53.5% of first abortion and repeat abortion seekers

in Veitnam. Twenty percent women had previous one induced abortion and 2% women had two previous induced abortions in the past in this study. Similar to this study, Senbeto et al¹² found that 19% women had abortion previously, 13.6% women had single abortion and 5.4% women had two or more abortion.

According to this study, 90% women had ever used contraceptive and 9% women never ever used contraceptive in the past. The mean duration of contraceptive use was two and half year \pm 2 SD with minimum duration of one month and maximum duration of 11 years. Mittal et al¹³ reported that 60.9% women ever used contraceptive before medical termination of pregnancy and 39.1% women never used contraceptive before abortion. Fifty percent clients had used two or more contraceptives irregularly, 22% clients had used only injectables, 8% clients used only condom and 7% clients used only pills in the past in this study. Contradictory to this study Senbeto et al¹² reported that 62.5% women used pills, 37% used injectables and 0.5% used other contraceptive methods in northwest Ethiopia.

In this study, thirty-two clients discontinued contraceptive due to side effects and thirty-three clients developed contraceptive failure. In the study conducted by Sylvia et al,¹⁴ side effect was the main reason for discontinuation of pill in 44%, IUCD in 68% and 54% in injectables. Forty-three clients came to family planning clinic for induced abortion due to complete family and thirty-three clients for contraceptive failure in this study. Thapa et al⁹ stated that 34.4% women underwent induced abortion for too many children or no more desire of children, 16.3% for short spacing, 10.6% for contraceptive failure, 10% for poor economic condition, 6.5% for unplanned intercourse and 1.3% for unmarried status. In this study 95% clients got the knowledge of family planning method which was similar to findings by Tuladhar et al¹⁵ who also reported 93% women having knowledge of contraceptive. Therefore it can be said that most of the women seemed to have knowledge about contraception.

In this study, 86% clients intended to use contraceptive in future after termination of present pregnancy. Among intended to use, 21% clients intend to use injectables, 21% condom, 20% IUCD in future. Ferrerira et al¹⁶ reported that 0.7% women

preferred IUCD, 15.1% women preferred condom, 33.6% preferred oral contraceptive, 50.7% preferred injectables as post abortion family planning method to use.

CONCLUSIONS

Ninetyfive percent women attending CAC services at TUTH had knowledge of contraceptive and 91% had used at least one of the family planning methods in the past. Despite knowledge and ever use of different family planning methods in the past, majority of clients had no consistency in use of various contraceptives. This study highlighted the

significance of strengthening our family planning services in proper counseling regarding consistent use of contraceptive and importance of emergency contraception especially in contraceptive failure to prevent unwanted pregnancy and induced abortion in future.

DISCLOSURE

The authors report no conflicts of interest in this work.

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