



## STUDY OF KNOWLEDGE AND PRACTICE ABOUT CONTRACEPTION AMONG WOMEN SEEKING MEDICAL TERMINATION OF PREGNANCY

### Gynaecology

**Dr Sanjaykumar B Pagare\*** Assistant Professor, Dept. of OBGY, Government Medical College, Aurangabad.  
\*Corresponding Author

**Dr Prashant Bhingare** Associate professor, Dept. of OBGY, Government Medical College, Aurangabad.

**Dr. Shrinivas Gadappa** Professor, Dept. of OBGY, Government Medical College, Aurangabad.

**Dr. Sonali Deshpande** Associate professor, Dept. of OBGY, Government Medical College, Aurangabad.

### ABSTRACT

**OBJECTIVE :-** To assess the knowledge, attitude and practices about contraception among women seeking induced abortion. **Material & Methods:** This is a cross sectional study conducted in Dept. of OBGY, GMCH, Aurangabad between the period October 2019 to March 2020 using predesigned pretested questionnaire in women seeking medical termination of pregnancy. **Observation:-** Around 90% women were aware about contraception. Knowledge regarding tubectomy was more (77.66%) than other methods of contraception. Around 60% women were willing to use contraception and 70% women accepted contraception after counselling at the time of availing abortion services. **Conclusion:** Overall awareness of contraception was about 90%. Overall acceptance of contraception was 70% and utilization of tubectomy, as a permanent method of contraception was high due to government initiatives and incentives. Fear of side effects of contraception was an important factor for contraception denial. Husband's support in the choice of contraception plays an important role.

### KEYWORDS

contraception, medical termination of pregnancy, tubectomy, Intrauterine contraceptive device

### INTRODUCTION:

India is a developing country and is still among overly populated countries in the world. Abortion may be the indication of "unmet needs" or a failed family planning; both leading to unwanted pregnancy and a desire to get it terminated. Though many methods of contraception are available to all the people, many women are yet to take the initiative to implement in practice for mainly two reasons – social and family background. In India, the women opting for over the counter drugs for abortion are much more than for contraception. Provision of effective reversible contraception following abortion is recognised by the World Health Organization as a key component of integrated care [1]. Ideally, all women should receive information about, and be offered, effective contraception as part of their care, as delayed provision has been shown to be associated with a higher risk of a repeat unintended pregnancy [2]. According to UN projections, India's population will reach 1.53 billion by the year 2050 and will be the highest population in the world [3]. To reduce maternal morbidity and mortality associated with illegal abortions, termination of pregnancy has been legalized in India when government of India passed the medical termination act in 1971. To plan the number of children and spacing is a fundamental women reproductive right. The number of unintended pregnancies is high and unacceptable in developing countries like India [4]. Repeated termination of pregnancy has a short-term and long-term deleterious effect on mothers health. Contraceptive advice and counselling should be an important part of an obstetrician's responsibility. Encouraging eligible couples to use effective contraceptive method will help to reduce induced abortions. Many women face significant barriers to contraception access and utilization that result in adverse health effects of early pregnancy and childbirth. Ours is Model comprehensive abortion care centre providing safe abortion services in Marathwada region of Maharashtra. As Marathwada region is economically backward and this region is characterized by drought events during certain periods of the year. A large portion of floating population migrates to Western Maharashtra to work in sugarcane farms. A consistent use of family planning methods is difficult in this population even though women may be willing to use contraception. Further, if widely used, it may have a strong impact on family planning program and help prevent unintended pregnancies and its potential consequences. There are severe limitations in the access to safe and effective methods of contraception and safe abortion services. There is a need for an urgent response in reducing the "unmet needs" for

contraception and to improve access to contraception, abortion information, and services in this group. Hence the present study was carried to access the awareness about contraception, reasons for acceptance and denial of contraception and to identify area of confusion that might serve as an important target to educational intervention.

**Material and method :-** The present cross sectional study was carried out among women seeking abortion care in the Department of OBGY, GMCH Aurangabad from October 2019 to March 2020. After explaining the purpose of the study and after obtaining consent, willing women were enrolled in the study. Counseling regarding comprehensive abortion care and abortion services was provided even though she denied to participate in the study. The baseline socio-demographic parameters were noted. The interview for this study was conducted by a trained medical practitioner and involved a face-to-face interview using predesigned pretested questionnaire. Different questions were asked to assess their knowledge, attitudes & practices towards family planning methods. The questionnaire on contraception assesses (i) knowledge and its source, (ii) practice of contraception – current choice of contraception and (iii) attitude toward using contraceptive methods – reasons for not using or using and reasons for delaying pregnancy. The questionnaire included 6 questions regarding demographic information, 5, 7 and 5 questions about knowledge, attitude and practices of induced abortions respectively. The questions were explained to the women and their responses were entered in the respective columns of the questionnaire. The questionnaire was given on the spot to the respondent. The data was analyzed by simple proportion and percentages.

### Observations:

**Table 1: Baseline characteristics:**

Baseline Characteristics	No. of women N=300	Percentage	
Age in years	21-30	174	58
	31-40	120	40
	≥40	06	2
Parity	P0	02	0.67
	P1	160	53.33
	P2-4	134	44.67
	≥P5	04	1.33

Socioeconomic Status*	Upper	5	1.66
	Upper Middle	15	5
	Lower Middle	60	20
	Upper Lower	160	53.33
	Lower	60	20
Residence	Urban	140	46.66
	Rural	160	53.33
Educational Status	Primary	86	28.66
	Secondary	135	45
	Graduate	75	25
	Postgraduate	04	1.33
Employment Status	Unemployed	209	69.66
	Employed	91	30.33
Gestational Age at the time of interview with weeks	≤12	230	76.66
	>12	70	23.34

\* Modified Kuppaswami's scale

Table1:Table shows the Socio-demographic characteristics of study participants.Around 58% participants were in the age group of 21-30 years and 46% were multiparas .Lower socioeconomic status was noted in 90.33% participants and 53.33% coming from rural area to hospital for seeking MTP. Around 45% were educated up to secondary school and only 30.33% participants were employed.Around gestational age ≤12 weeks was reported in 76.66%.

**Table2: Knowledge of women about contraception:**

Knowledge		Response*	
		YES	NO
Heard about Family Planning		270	90
Methods of contraception known*	Tubectomy	233	77.66
	Vasectomy	20	6.66
	Oral Contraceptive Pills	184	61.33
	Condom	206	68.66
	Intrauterine contraceptive device	216	72
	Injectable contraception	26	8.66
	Saheli (Centchroman)	02	0.66
Source of contraceptive information*	Television	180	60
	Radio	110	36.66
	Newspapers	56	18.66
	Magazines	10	3.33
	Health care Providers	204	68
	Family members	164	54.66
	Friends	230	76.66
	Non-governmental organization	04	1.33
Knows access to family planning services*	Health centres/Govt.hospitals	210	70
	Private Hospitals	126	42
	Health care providers	204	68
Knows about the method of family panning that can used immediately after abortion*	Tubectomy	210	70
	Oral contraceptive pills	150	50
	Intrauterine contraceptive device	180	60
	Injectable contraception	00	00
	Condom	210	70
	Don't know	90	30

\*one woman may have knowledge about more methods

Table 2:Around 90% of the study participants were aware about the family planning.Tubectomy was known to 77.66% study participants followed by Oral contraceptive pills (61.33%) and intrauterine contraceptive device to 72%.In 60% participants,the source of

information was television.Around 70% were aware that the contraceptive services were available in health centre /government hospital. Only 30% participants were totally unaware about the methods of contraception that can be used immediately after abortion.

**Table3:Attitude towards Methods of family planning:**

Attitude towards family planning	Frequency*	Percentage	
Use of contraception for spacing/limiting family	267	89	
Fear regarding side effects of contraception	156	52	
Feels difficult to access contraceptive services	121	40.33	
Willing to use contraception after MTP	180	60	
Use of contraception for health benefit.	25	8.33	
Encourage practice of contraception in family	136	45.33	
Discussion about the methods of contraception*	Husband	213	71
	Family	120	40
	Friends	186	62
	HCPs	207	69

\*The total percentage is more than 100 because some participants might be citing more than one reason

Table3:Use of contraception for spacing/limiting the family was agreed by 89% participants and 60% participants were willing to use contraceptives after abortion.Majority women (71%) discussed about the methods of contraception before choosing any method.

**Table 4:Practices toward family Panning Methods:**

Practices towards family Planning Method	Frequency	Percentage
Willing to use contraception immediately after abortion	Yes	210 70
	No	90 30
Reasons for using contraception*	Wants spacing family	120 40
	Wants limiting family	90 30
	Avoid unwanted pregnancy	220 73.33
	Scocioeconomic reasons	221 73.67
	Want improvement in health	25 8.33
	Avoid STDs	2 0.66
	Factors supporting use & choice of contraception*	Husband's choice
Free of cost		220 73.33
Minimal side effects		124 41.33
Advertise on Telemedia		180 60
Positive feedback from Family and friends		124 41.33
Method opted as contraceptive		Oral contraceptive Pills
	Injectable hormonal contraception	02 0.66
	IUCD	78 26
	Condom	10 3.33
	Female Sterilization	90 30
Reasons for refusal of contraception*	Doesn't wants immediate contraception	25 8.33

	Fear of side effects	52	17.33
	Not able to take decision	12	4
	Resistance by family members	22	7.33
	Husband works out of town	05	1.66

\*one woman may have many reasons

Table 4: After counselling, 70% women were ready to accept contraception. The most common reason for using contraception was socioeconomic reason in 76.33%. Husband's choice (70%) and free of cost (73.33%) were the important factors supporting use and choice of contraception. Tubectomy was the preferred method of contraception after abortion in 30% followed by IUCD in 26%. The main reason for refusal was fear of side effects in 17.33%.

Discussion: Contraceptive utilization is a practice that helps individuals or couples to avoid unwanted pregnancy. Even though there is the widespread availability of contraceptives, induced abortion remains an alarming public health problem. Contraception is an essential element of high-quality abortion care. However, women seeking abortion often leave health facilities without receiving contraceptive counselling or methods, increasing their risk of unintended pregnancy. The World Health Organization (WHO) advises that 'all women should receive contraceptive information and be offered counseling for and methods of postabortion contraception, including emergency contraception, before leaving the health care facility' following abortion [5]. A single centred study involving only women seeking medical termination of pregnancy was the limitation of this study and regarding the strength of the study was that it was conducted in a model care centre for comprehensive abortion care where trained providers for contraception counseling as well as abortion services were available.

In the present study, maximum participants were (58%) were in the age of 21-30 years, 53.33% women were para one and 53.33% were belonging to lower socioeconomic status. Around 45% participants were educated up to secondary school. Similar socio-demographic profile was noted by Salma Jabin et al [6].

In present study, 70 participants reported after 12 weeks of gestation for medical termination of pregnancy. This depicts that there were many barriers to women for seeking abortion care services as they reported late for termination of pregnancy. Majority (77.66%) participants were aware about tubectomy, 61.33% were aware about oral contraceptive pills and 68.66% were aware about condom as method of contraception. But knowledge about vasectomy (6.66%), injectible contraception (8.66%) and centhorman (0.66%) was very poor. Women feels shy to ask about contraception and feels it difficult to get information and services about contraception due to sociocultural barriers. Many women (71%) were dependent on husband's choice for use of contraception (73.33%) and use it only if available free of cost. In present study, 70% cases accepted contraception after counseling. Similar observation was made by Bamnia et al [7]. Knowledge of contraceptive methods is almost universal in India, with 99 percent of currently married women and men age 15-49 knowing at least one method of contraception. Female sterilization remains the most popular modern contraceptive method. Among currently married women age 15-49, 36 percent use female sterilization, followed by male condoms (6%) and (4%) pills [8].

In present study, awareness about contraception was 90% but acceptance of contraception was less around 70%. Similar observation was made by Nataraja H G et al [9]. This could be due to reason that the woman herself was not empowered to take the decision of contraceptive use and was dependent on the decision of husband and family members regarding family size and spacing in between children. Also she did not have liberty to choose the method and didn't take independent decision for herself. The main reason for undergoing abortion was need of limiting or spacing the family. The women were using abortion as a method of contraception.

Conclusion: In present study, the overall awareness about contraception was 90% and overall uptake of contraception was 70% and utilization of tubectomy, a permanent method of contraception was high due to government initiatives and incentives. Fear of side effects

of contraception was an important factor for contraception denial. Husband's support is essential in use of contraception. Couple counseling along with availability of wide range of contraceptive commodities especially long acting reversible contraception and the methods that can be used by male partner are essential to help women to prevent unintended pregnancy.

#### REFERENCES:

1. World Health Organization. Safe abortions: technical and policy guidance for health systems: World Health Organization; 2012
2. Raymond EG, Weaver MA, Tan Y-L, Louie KS, Bousiéguéz M, Lugo-Hernández EM, et al. Effect of immediate compared with delayed insertion of etonogestrel implants on medical abortion efficacy and repeat pregnancy: a randomized controlled trial. *Obstetrics & Gynecology* 2016;127(2):306-12. doi: 10.1097/AOG.0000000000001274
3. K. Park. *Textbook of preventive and social medicine*. 20th edition 2009. Banarasidas bhanot publisher 422-3.
4. Lakshmi Sheeshadri. *Textbook of Essential of obstetrics*. First edition 2017. Walters klaver publisher 355-96.
5. WHO Guidelines Approved by the Guidelines Review Committee. (2012). WHO recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva: World Health Organization (WHO)
6. Salima Jabeen, Faiza Naseem, Sohaib Altaf, Nahed Fatima. Knowledge, Attitude and Practices about Induced Abortions among Women of Child Bearing age at Bahawalpur. *Pakistan Journal of Medical and Health Sciences* Vol. 5, Issue 1, JAN - MAR 2011, 147-151  
Website: www.pjmhsonline.com
7. Archana Bamniya, Savitri Verma, The study of knowledge, attitude and practice about abortion and technology at the tertiary centre in the region of Mewar, Rajasthan, India, *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, Int J Reprod Contracept Obstet Gynecol. 2018 Aug;7(8):3320-3324 www.ijrcog.org
8. International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.
9. Nataraja H G, Harshini V, Contraceptive Knowledge Attitude and Practice (KAP) among Women who were seeking for Termination of Pregnancy, *Asian Journal of Biomedical and Pharmaceutical Sciences*; 3(23)2013, 4-6.