Knowledge, attitude and practice of contraception among women seeking: abortion care services

Bista KDB, Pradhan N and Manandhar R
Department of Obstetrics and Gynecology

Correspondence author: Dr. Kesang Diki Bista,

Department of Obstetrics and Gynecology, Family Planning Unit

Institute of Medicine, Tribhuvan University Teaching Hospital

Abstract

Introduction: Women coming for abortion are those in whom contraceptive use is most needed. This study was therefore done to assess the knowledge, attitude and practice of family planning measures among the women who came for safe abortion services at TU Teaching Hospital

Methods: A prospective, study done for a period of 9 months (17 April 2009 to 14 Jan 2010) in the Family Planning and Comprehensive Abortion Care Centre, Tribhuvan University Teaching Hospital among the women who came to seek abortion services. The women were interviewed before the procedure and then at follow up at 1 month and at 3 months.

Results: A total of 125 women were interviewed . Most women belonged to age between 20-29 yrs (57%). Of them 19% were > P3. Only 3 women had not heard about family planning methods,while >50% knew all the methods. Maximum source of information was media (65.6%). Ninety five percent women approved of practicing family planning and 81% intended to use it after the abortion. 81% needed approval from husband for using a contraceptive. Eighty percent of women had used some sort of contraceptives in the past while less than 50% of husband had ever used contraceptives in the past. Fifty seven percent women came for termination of pregnancy because of completed family. Seventy nine percent of women accepted different methods of family planning while 68% were found to continue using them at 3 months follow up.

Conclusion: Long acting contraceptives were less likely to be discontinued . Husbands had an important role in giving permission and deciding the contraceptive method.

Key Words: Contraception, knowledge, attitude and practice

Introduction

The passing of the abortion law in Nepal in 2002 has opened the feasibility of women being able to get a safe abortion done in a safe environment. The service is known as Comprehensive abortion care (CAC) or safe abortion service (SAS) and is available in all the 75 districts. It includes affordable and accessible abortion service and other reproductive health services such as counseling and informed consent for termination of pregnancy, informed choice for post abortion contraception, identification and treatment of sexually transmitted diseases and reproductive tract infections and other similar aspects of reproductive health[1]. While providing such a facility, it's important aspect is to ensure that the woman does not have an unwanted pregnancy again. Therefore advocating use of a contraceptive method and ensuring its consistent and constant use is very important. The aim of the present study was therefore to assess the knowledge, attitude and practice of family planning and to see whether the women accept and continue with some form of contraception after seeking safe abortion service at TUTH.

Methods

A prospective, descriptive study was done for a period of 9 months (17 April 2009 to 14 Jan 2010) in the Family Planning and Comprehensive Abortion Care centre, Department of Obstetrics & Gynecology, Tribhuvan University Teaching Hospital. Women were included irrespective of their age and only those who gave verbal consent. The study was done 2 days a week. The women were interviewed with a preformed questionnaire before the procedure and then at 1 month and at 3 months. All the clients were encouraged to come for follow up once after resumption of menstruation and then at 3 months to asses continuation of contraceptive measure. If they could not come for follow up, they were contacted on telephone and interviewed. The research was done only after approval by the ethical committee of the institute. Analysis was done by using descriptive statistics like frequency, means and averages.

Results:

The total number of women who came for CAC service during the study period was 213. Out of this 125 women were interviewed .

Socio-demographic Characteristics

Table 1: Demographic profile of the women (n=125)

Age of women in yrs	Number	Percentage
< =19	6	4.8%
20-29	72	57.6%
30-39	41	32.8%
>=40	6	4.8%

The minimum age of the women coming for CAC was 16 yrs and maximum age was 44 yrs. Fifty nine percent of the women were of Brahmin or Chhetri ethnicity, 29% were Mongolians, almost 74% were from Kathmandu valley with 90% being Hindus. Maximum women were housewives 73.6% while the husbands were in Govt or private service in 33.6% and businessmen in 21.6%. Few men (5.6%) and women (13.6%) were illiterate while 55.2% of women and 68.8% of men had education of +2 and above.

Marital and Obstetric History

Table 2: Marital and Obstetric History (n=125)

	Number	Percentage
Duration of marriage		
<= 1 yr	10	8.0 %
2-5 yr	25	20.0 %
6-10 yr	35	28.0%
10-15 yr	28	22.4%
>15 yr	25	20.0%
Unmarried	2	1.6%
Age at marriage		
<= 14 yr	5	4.0%
15-19 yr	65	52.0%
20-24 yr	46	36.8%
>= 25 yr	7	5.6%
Unmarried	2	1.6%
Parity		
Po	11	8.8%
P1	28	22.4%
P2	62	49.6%

The duration of marriage varied from less than a year to a maximum of 27 yrs. Fifty two percent of the women were married by 19 yrs of age. Minimum and maximum age at marriage was 12 yrs and 27 yrs respectively. Almost 70% women coming for CAC had 2 or more children. Age of the first child varied from less than a year to more than 20 yrs. About 41% of the women had the youngest child aged from less than a year to upto 2yrs. Thirty five women (28.0%) gave H/O past abortion, out of this 9 were spontaneous and 26 were induced. Most common site of taking CAC service was hospital followed by private clinic. Fifty percent of women had accepted some sort of family planning methods following CAC.

Knowledge about Contraception

Table 3: Knowledge of family planning among CAC users (n=125)

Contraceptive devices known

All		61 (48.8%)
Depo		94 (75.2%)
IUCD		77 (61.6%)
Pills		86 (68.8%)
Norplant		64 (51.2%)
Condom		83 (66.4%)
Benefit of family planning		
All		31 (24.8%)
To avoid pregnancy		78 (62.4%)
To delay child birth		43 (34.4%)
To limit number of children		49 (39.2%)
To keep mother & child healthy		43 (34.4%)
Don't know		3 (2.4%)
Source of information		
Health personnel	59 (doctor 19, hospital 1)	(47.2%)
Relatives	34 (husband 14)	(27.2%)
Friends		20 (16%)
Media	82 (1 school)	(65.6%)
All		6 (4.8%)
Source of getting family planning methods		
Hospital		66 (52.8%)
Private clinics		18 (14.4%)
Pharmacy		41 (32.8%)
Husband		14 (11.2%)
Others	10 (Health post, FP clinic)	(8.0%)
Don't know		5 (4.0%)

Except one woman all had heard about family planning and almost 50% of them knew about all the methods. Depo provera was the most familiar method (75%). The source of information was media for most of them (65.6%).

Attitude towards Contraception

Table 4: Attitude towards family planning

Approve family planning (n=125)	
Yes	113 (94.4%)
No	11 (4.0%)
Not sure	1 (1.6%)
Reason for approval but not used (n=113)	
Due to side effect	89 (78.7%)
Husband disapproves	13 (11.5%)
Inability to get service	5 (4.4%)
Misses OCP	4 (3.5%)
*Used but failed (Depo failure)	1 (0.8%)
Reason for not approving (n=11)	
Husband dislikes	5 (45.5%)
Wt gain/effect on health	5 (45.5%)
Far health facility	1(9.0%)
Intend to use family planning after CAC (n=125)	
Yes	102 (81.6%)
No	18 (14.4%)
Not sure	5 (4.0%)

About 79% of women who approved, did not use contraceptives due to perception of harmful side effects. Eighty two percent of women intended to use family planning following CAC and most of them wanted to use CuT. Reason given for choosing Cu T was less side effects (35.3%) and as per health personnel's advice (29.4%). Seventy six percent of the women often discussed about family planning with their husband and most of them said that they need to inform (93%) or take permission (82%) from their husband about the method they are going to use.

Practice of Contraception

Eighty one percent of the women had used family planning method in the past, the most common method being depo provera (46%), followed by condom (19.2%) and OCP (18.4%).

Table 5: Practice of family planning in past

Age at first use of contraception (n=101)		
	Number	Percent
<17 yr	5	4.9%
17-19 yr	14	13.7%
20-24 yr	55	53.9%
25-29 yr	13	12.7%
>=30 yr	11	10.8%
Forgot	3	2.9%
Interval between marriage and start of contraception		
Within 1 yr	25	24.5%
2-4 yr	41	40.1%
5-7 yr	14	12.7%
8-10 yr	10	9.8%
>10 yr	11	10.7%
Number of children at Ist use of contraception (n=101)		
No children	10	9.8%
1 child	59	58.4%
2 children	21	20.8%
3 children	10	9.8%
4 children	1	0.9%
Husband ever used (n=125)		
Yes	66	52.8%
No	57	45.6%
Unmarried 2 (1 partner used, 1partner not used) 1.6%		

Those who had used contraceptives in the past, 5% had used it before they were 17 yrs of age including 2 unmarried girls. Only about 10% of the women had used family planning before they had any children and same percentage of women started to use only after they had 3 or 4 children.

Present profile of women coming for CAC service

Table 6: Present profile of CAC

Gestational age at termination (n=125)		
	Number	Percentage
5-6 wk	27 (5wk=1)	21.6%
7-8 wk	81	64.8%
9-10 wk	16	12.8%
>10wk	1	0.8%
Reason for unwanted pregnancy		
Complete family	84	67.2%
Small baby	26	20.8%
Medical reason	4	3.2%
Study	5	4.0 %
Others	6	4.8%

There was 1 case of depo failure and 2 were unmarried. Those women who had only 1 child, most of them underwent CAC for having small babies and needed spacing.

Table 7: Contraceptive acceptance after CAC

Contraceptive method accepted after CAC (n=125)		
Yes	97	77.6%
No	28	22.4%
Methods accepted after CAC (n=97)		
CuT	44	45.3%
Depo	22	22.6%
Condom	17	17.5%
OCP	10	10.3%
Norplant	2	2.06%
Vasectomy	2	2.06%
Methods	**Intend to use**	**Actual use**
CuT	47	44
OCP	8	10
Condom	13	17
Depo	18	22
Norplant	1	2
Vasectomy	7	2
Minilap	4	0

Almost 80 % of the women accepted some sort of family planning methods after CAC. Out of these CuT was inserted in 45% of the women. Two of the husbands underwent vasectomy. One had 4 children with the age of last child 6 yrs and the other had 2 children with the age of last child 9 yrs. While analyzing intend to use and actual use of family planning after the CAC procedure, except permanent method and CuT the number of women using other contraceptive methods were increased.

Table 8: Follow up at 1 month and 3 months

Continuation of family planning at 1 month		**3 month**
CuT	44	42
Depo	22	22
Condom	17	11
OCP	10	6
Norplant	2	2
Husband away	14	

At 1 month follow up interview, one woman had undergone MVA for incomplete abortion who was using depo provera after CAC. Among the women who had used temporary methods after the procedure, Cu T and depo provera as being a long term method, was being continued by all.

One, who had stopped taking pill, became pregnant again and a repeat CAC was done after 4 months of the previous one.

Discussion

Knowledge about contraception

Ninety percent of the women coming for CAC were between 20-39yrs age group with expected 74% of the women from the Kathmandu Valley, as the hospital is in the heart of Kathmandu City. In the abortion study done in four Asian countries by Brenner et al as early as 1973 the age group of the clients seeking termination of pregnancy were mainly multipara, urban and between the 29-32 years age group[1].It seems therefore that the age group seeking such care has not shifted to any great degree. In this study 4.8% of the clients seeking SAS were below 19 years of age quite similar to study done in India where 5.1% of the clients were adolescents[2].

Twenty eight percent of women coming for SAS had previous history of abortion but only 50% of them had used some type of contraception after their previous procedure which shows that the consistent use of a contraceptive method is not adequate and makes a women seek similar services again and again.

Most women seem to use termination of pregnancy as an easy way of avoiding pregnancy as now the services are easily available and the stigma that used to be associated with it has waned over the years. In this study too the main reason for the SAS was a family being completed in 67% cases, whereas in the study by Young et al the main reason for unwanted pregnancy was failure of methods of contraception like condom (48%) and oral contraceptive pills (42%)[3]. The study by Mittal and colleagues done in the city of New Delhi, showed that 39% of women were not using any contraceptive method and 38% were using barrier methods.[4] They have proposed contraceptive failure as one of the prime reason for terminating pregnancy and that the use of less reliable barrier methods as the reason for the contraceptive failure. On the other hand a similar study in India by Shrivastava et al found that 55.2% of the woman cited completed family as the reason for unwanted pregnancy[2]. A study done in rural India also showed that 42% of the women cited completed family as the reason for the unwanted pregnancy and only 7.8% gave contraceptive failure as the reason.[5] In the National facility based

abortion baseline survey in 2006, contraceptive failure was the reason for termination in only 3.8% cases.[6] Therefore it seems vital that provision of SAS should not be seen as an easy way out of an pregnancy and emphasis should be made to dispel this mode of practice.

Most of the women in this study had heard of family planning ie 99% with 74% of the women knowing all forms of available contraceptive methods. Depo Provera was the most common method that was known to 75% of the women. This may be because the clients coming to our clinic are relatively more educated and from Kathmandu valley and therefore more exposed to print media and to hospitals and clinics. The print, media (65.6%) and health personnel (47.2%) were the two main source of information. Other studies have found that health centres, friends, neighbours and relatives also act as the source of information[7,8]. Study by Tuladhar and colleagues in another teaching hospital in Kathmandu also found 93% were aware of one family planning method[9].The percentage of women aware about family planning is quite high ranging from 93-100% in various other studies too[8,10,11]. The knowledge about permanent sterilization in this study was minimal which is in contrast to the study in India where 82% of the clients were aware about female sterilization.[2]

Attitude towards contraception

Most of the women coming to the clinic seemed to have a positive attitude towards family planning with 84% saying that only 2 children was ideal and preferring a gap of >5 years between pregnancies. Also 94% approved of family planning use. But despite such a positive outlook the actual practice was lacking as out of the 113 who approved 112 had not taken any contraceptive measure. They seemed to be most worried about the possible side effects of the drugs and measures used. Various studies have shown that this is an important factor that restricts the use of contraception[9,1]. Rumours and anecdotes from friends, neighbours and colleagues create an impression that taking contraceptive measures will have many side effects and also affect the ability to conceive again. Husbands also seemed to influence the attitude of the women towards family planning as in about 14% husbands disapproval was the reason for not using a contraceptive measure. Therefore special efforts to dispel myths and wrong beliefs, instilling the benefits of family planning and education and counseling of the couple should be taken. Studies done in Tanzania have shown that spousal communication with the help of media has an important role in the adoption of contraception[13].

Before the procedure 81% intended to use a family planning measure which shows that quite a good number of women are motivated and more than one third of them intended to use for periods longer than 10 years. Intra uterine device was the most preferred choice followed by Depo Provera. After the procedure too CuT was accepted by almost all who had intended to use it. Permanent methods were not used by any of the women although few women had intended to use it. This is in contrast to studies by Mittal et a[l4], where 39% had accepted female sterilization after the abortion procedure. This goes to show that permanent methods have to be better advocated to women who have completed their families. Most women seem to choose permanent sterilization only after a large family has been completed and therefore despite the governments increased emphasis on sterilization, it does not seem to have an impact on the fertility rates[14,15].

Practice of contraception

In terms of practice 76% of women had discussed often about family planning with their spouses and close to 93% felt the need to inform their husbands about it and 81% said that husbands approval was needed to choose a contraceptive method. Therefore the husbands have an important influence on the use of contraception and so couple counseling should be the rule to enhance the continuous and consistent use of a family planning method. Their presence during the abortion procedure would help the women to make a decision then and there rather than having to come back again after consulting with her husband. Eight percent of the women had used some form of contraception in the past and Depo provera (46%) was the most common method used, followed by condom (19%) and oral pills (18%). Longer acting method like Norplant and CuT were less used although few women had used Depo for more than 6 yrs. This could explain the large portion of women coming to the facility for mainly unwanted pregnancy. The consistent use of more effective methods would help to reduce the number of women having unwanted pregnancies.

Most of the women started using contraception after first child while 20% had started contraceptive first after 2 children. It seems that only after having 1-2 children women thought of contraception. Some women had first used contraception > 10 years after marriage within which time she would already have been multiparous and undergone abortions. Therefore this could be one reason why despite the practice of contraception the fertility rate does not seem to change significantly. The main source of getting the family planning services was from pharmacies 54% and 23% from government facilities. Therefore the government should ensure that these pharmacies provide the measures with effective counseling and direction and not as an over the counter type of drug. Without proper

counseling, the chance of discontinuation is high even with experiencing minor side effects. The government therefore should promote utilization of long term methods which require training and a registered site.

At follow up of 1 and 3 months it was seen that longer acting methods like CuT and Depo were more liable to be continued in this study in comparison to condom and oral pills. One woman on oral pills became pregnant and needed termination again during the follow up period. With proper counseling and motivation, woman can be motivated to continue long term use of contraception. A study in Dar- e -Salaam has shown that after abortion, with a proper counseling, 80% of women were continuing use of contraception at 12 months follow up[16].

Conclusion

This study thus shows that despite the knowledge and the intent to use a contraceptive measure the practical use of a contraceptive measure was lacking. The fear of side effects was one of the important reasons given for non use. An important finding was the role that the husbands play in non acceptance of a method and also his permission in choosing and continuing a method. A comprehensive approach and advocating long acting methods would help to reduce unwanted pregnancy.

Conflict of interests: None declared

References

1. Brenner WE, Chi I-c, Bernard RP, Brinton LA. Abortion in four Asian countries: patient Characteristics, morbidity, and contraceptive acceptance.J Asian Fed Obs Gynaecol 1973; 4(2): 53-70.
2. Shrivastava R, Shrivastava DR, Jina R, Shrivastava K, Sharma N, Saha S. Contraceptive knowledge, attitude and knowledge survey. J Obstet Gynaecol India 2005; 5: 546-50
3. Young LK, Farguhar CM, Mc Cowan LME et al. The contraceptive practice of women seeking termination of pregnancy in an Aukland clinic. NZ Med J. 1994; 107:189-91.
4. Mittal S, Bahadur A, Sharma JB, Survey of the Attitude to, Knowledge and Practice of Contraception and Medical Abortion in Women Attending a Family Planning Clinic. J Turkish-German Gynecol Assoc 2008; 9(1):29-34
5. Dhillon BS, Chandhiok N, Kambo I, Saxena NC. Induced abortion and concurrent adoption of contraception in the rural areas of india (an ICMR task force study)Indian J Med Sci 2004; 58: 478-82
6. National facility based abortion baseline study. 2006, Ministry of Health, IPAS,CREHPA.
7. John Mao. Knowledge, attitude and practice of family planning: A study of Tezu village, Manipur (India). The Internet J of Biol Anthropol 2007; 1-6
8. Planned Parenthood Federation of Korea (PPFK) Yonsei University. Center for Population and Family Planning. Benchmark survey report on community based distribution of contraceptives in Korea. 1976; 51-64.
9. Tuladhar H, Marhatta R. Awareness and practice of family Planning methods in women attending Gyne OPD at Nepal Medical College Teaching Hospital. Nepal Med Coll J 2008; 10(3):184-91
10. Zafar MI, Ford N, Ankomah A. Significance of beliefs and values predicting fertility and contraceptive behaviour in Pakistan. J Biol Soc Sci 1995; 27: 301-18.
11. Renjhen P, Gupta SD, Barua A et al. A Study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India 2008; 58: 63-7.
12. Shobha J. Fertility and child survival- A study of selected slums of Hyderabad. The Indian J Soci Work 1990; 1: 134-40.
13. Rogers EM et al., Effects of an entertainment-education radio soap opera on family planning behavior in Tanzania, Studies in Family Planning 1999; 30(3):193-211
14. Glennon MJ, Fegan DJ. Attitude towards family planning in Dharan, east Nepal: implications for the family planning programme. Trans R Soc Trop Med Hyg 1993; 87(6):612-4.
15. Thapa S. A decade of Nepal's family planning program: achievements and prospects.Stud Fam Plann 1989; 20(1):38-52.
16. Rasch V, Yambesi F, Massawe S. Medium and long-term adherence to postabortion contraception among women having experienced unsafe abortion in Dar es Salaam, Tanzania. BMC Pregnancy and Childbirth 2008; l3: 8:32.