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Original Research Article

Acceptance of post-abortion contraception following unsupervised intake of abortion pills at tertiary care teaching institute: an eye opener

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ABSTRACT

Background: Women opting for unsupervised abortion pill intake over contraceptive measures shows a lack of awareness about the effectiveness of family planning methods. There is an urgent need to promote awareness and acceptance of various family planning methods. There is an urgent need to promote awareness and acceptance of various family planning methods, especially by the survivors of adverse consequences of over-the-counter use of medical termination of pregnancy (MTP) pills.

Methods: The prospective study was conducted at the obstetrics and gynecology department of Rajendra Institute of Medical Sciences, Ranchi from June 2020 to October 2021. Out of 98 patients reported after unsupervised intake of MTP pills, with complications. 56 patients opted for various methods of family planning, post-abortion after counselling. Statistical analysis was done using statistical package for the social sciences (SPSS) 20.0 software, and results were calculated.

Results: Out of 56 patients, the majority were educated, and had education up to primary, matriculation, and above matriculation with 23.21%, 28.57%, and 26.79% respectively. Most of the women belonged to upper- lower class (50%). 53.17% took pills at gestation age between 7 weeks to 12 weeks. the majority had an incomplete abortion (69.64%) with stable vitals. 1 case of uterine perforation, 4 cases of rupture ectopics, and 2 cases of chronic ectopic pregnancy were also reported. Most patients opted for DMPA injectables (44.64%). 23.14% chose other methods of family planning such as barriers, patches, and vaginal rings. 4 women opted for intrauterine contraceptive device (IUCD), 5 accepted the use of oral contraceptive pills (OCP) and 9 cases went for permanent female sterilization.

Conclusions: Gynecologists and obstetricians have an ethical obligation to ensure that post-abortion contraception, becomes an integral part of abortion and post-abortion care, in view with the recommendations of the International Federation of Gynaecology and Obstetrics and several other organizations. Government needs to take steps to enforce the adoption of various contraceptive methods, thereby decreasing the incidence of unsafe abortion and maternal mortality.

Keywords: Unsupervised, Abortion pills, Contraception, Acceptance

INTRODUCTION

Unsupervised intake of medical termination of pregnancy (MTP) pills gives women more privacy but also raises serious concerns about the procedure's safety and effectiveness. The lack of medical supervision may result in life-threatening complications such as severe bleeding,

infection, and sepsis caused by incomplete abortions, failed abortions, and ruptured ectopic pregnancies.¹ Misuse of MTP pills by untrained individuals, traditional birth attendants, and unscrupulous individuals combined with ignorance and lack of knowledge about its potential complications raises public concern, especially in developing countries like India where access to health

facilities is limited. A significant aspect associated with abortion is post-abortion care (PAC), which is an approach to improve women's sexual as well as reproductive health, by ensuring various family planning services are available to avoid unplanned pregnancies in the future. The World Health Organization (WHO) recommends the provision of contraceptive methods and family planning counselling for all those women who wish to prevent unintended pregnancies and thereby avoid going through an abortion.² The integration of family planning (FP) counselling and method provision into abortion services is an essential part of PAC.³ Given this, it becomes essential to study the contraceptive practices and preferences among currently married women who undergo abortions. Evidence shows that PAC services only focus on emergency treatment and neglect family planning counselling.^{4,5} Studies in India based on demographic health survey (DHS) also show very low contraception use post-abortion.^{6,7}

Moreover, the sex composition of living children and socio-economic variables influence contraception adoption as well.² In India, post-abortion timing and choice of contraception adoption depends largely upon the options provided and emphasized by the provider. Out of all these components, the person who performed the abortion plays a very crucial role. It can be understood that when abortion services are provided by a skilled healthcare provider they are more likely to provide appropriate information about the various options available and which may be more aptly suitable to the needs of the couple.

METHODS

This was the prospective observational study conducted in the labor room of the department of obstetrics and gynaecology, Rajendra Institute of Medical Science, Ranchi from June 2020 to October 2021. 98 patients reported at the labor room after taking over-the-counter MTP pills. On admission any signs and symptoms of shock were ruled out and if present was managed as per protocol. Clinical examination as well as ultrasonography were done to confirm the diagnosis and were managed surgically. Post-operative care including intensive care unit (ICU) care was given to respective patients as per requirement. Patients with ectopic pregnancy and 1 patient with uterine perforation went for permanent female sterilization – tubal ligation and hysterectomy, consent was taken pre-operative. The remaining patients were counselled post-abortion before discharge. 56 patients agreed to post-abortion family planning. Data was collected for pre-operative and post-operative consent for contraception as per performa. patients were followed up after 4 weeks. This study was certified by the institutional ethical committee under memo no. 228.

Data analysis

The data collected was transformed into a standard Microsoft excel 2017 sheet for further processing and analysis. the same will be transferred to statistical package

for the social sciences (SPSS) software version 20 for further analysis. parametric and non-parametric significance tests were used accordingly to find the association between quantitative and qualitative variables of interest. results were summarized in tables. The names of patients are kept confidential.

RESULTS

Out of 98 patients reported after over-the-counter use of MTP pills, 56 patients agreed to adopt family planning methods. The demographic study showed 28.57% and 26.79% were educated up to matriculation and above respectively 50% and 39.29% of patients belonged to the upper lower and lower middle class based on Kuppuswamy classification. 53.71% had gestation age between 7-12 weeks, 35.71% cases had gestation age less than 7 weeks and 10.71% belong to early 2nd-trimester abortion. Patients were admitted with various complaints and were examined clinically as well ultrasonographically, followed by medical and surgical management as per requirement. 6 cases of ectopic pregnancies diagnosed at the labor room underwent laparotomy followed by unilateral salpingectomy for life-saving with contralateral tubal ligation as per requirement after taking informed consent from respective couples. 1 case of uterine perforation reported in shock which was resuscitated followed by hysterectomy. majority of patients 69.64% (39) were diagnosed with incomplete abortion with stable vitals, 3 cases with incomplete abortion in shock, 3 cases with incomplete abortion with sepsis, and 7.14% (4) cases of missed abortion. During post-abortion care all patients were counselled for family planning adoption. Couples who chose the contraceptive methods to space or prevent unintended pregnancies, consent was taken and was called for follow-up after 4 weeks. 44.64% chose DMPA injectable given on day 3 before discharge, 7.14% opted for IUCD insertion post evacuation, 2 cases of incomplete abortion went for permanent sterilization 8.93% (5) preferred option of oral contraceptive pills while 23.21% (13) opted for other methods such as barriers, creams, and patches.

Table 1: Education status (n=56).

Variables	Number	Percentage
Illiterate	12	21.43
Primary	13	23.21
Matriculation	16	28.57
Above matriculation	15	26.79

Table 2: Socio-economic status (n=56).

Variables	Number	Percentage
Upper-middle class	2	3.57
Lower-middle class	22	39.29
Upper-lower class	28	50
Lower class	4	7.14

Based on Kuppuswamy classification

Table 3: Based on gestation age at the time of admission (n=56).

Variables	Number	Percentage
Less than 7 weeks	20	35.71
7 weeks-12 weeks	30	53.57
13 weeks-22 weeks	6	10.71

Table 4: Based on diagnosis at the time of admission (n=56).

Variables	Number	Percentage
Incomplete abortion	39	69.64
Incomplete abortion with shock	3	5.36
Incomplete abortion with sepsis	3	5.36
Missed abortion	4	7.14
Uterine perforation	1	1.79
Rupture ectopic pregnancy	4	7.14
Chronic ectopic pregnancy	2	3.57

Table 5: Based on adoption of various family planning methods (n=56).

Variables	Number	Percentage
Oral contraceptive pills	5	8.93
IUCD	4	7.14
Tubal ligation	8	14.29
DMPA injectables	25	44.64
Hysterectomy	1	1.79
Others (barriers, creams, patches)	13	23.21

DISCUSSION

Through this study we wanted to know how much we can motivate the patients, who reported in the labor room, with complications following self-administration of MTP pills, to accept various family planning methods. These patients opted for the intake of MTP pills over contraceptive measures as their primary spacing methods. These patients are misguided by untrained individuals and traditional birth attendants for their own benefit. Our study, therefore, it was quite a challenge to win over their confidence and enlighten them with contraceptive measures. Therefore, acceptance among educated individuals was (primary-23.21%, matriculation-28.57%, above matriculation-26.79%) more than among illiterate ones. Socioeconomic status plays an important role in the adoption of family planning methods. Most patients belonging to the upper lower class (50%) agreed to contraception as it was the only way to avoid unintended pregnancy to compensate for their standard of living without compromising health standards. Most patients were diagnosed as incomplete abortion (69.64%) were stable, managed medically and

surgically. Post-abortion counselling was done as a mandatory unit. The most popular method of contraception was DMPA injectable (44.64%) on day 3 before discharge followed by the use of barriers, creams, and patches (23.21%). Preference for IUCD insertion and use of OCPs was lower (7.14%) and (8.93%) respectively. Permanent sterilization was done in 9 cases out of which 2 were cases of incomplete abortion following completion of family. 42 patients showed a lack of interest in opting for any of the contraceptive measures despite our efforts.

A similar study by Indumati et al showed the most common method of contraception was combined oral contraceptive pills i.e., 672 (29.56%) followed by barrier methods (male condoms) i.e., 487 (21.42%) clients.⁸ Long-acting reversible contraceptives like IUCD insertion were done in 348 (15.31%) and 290 (12.75%) opted for Injection DMPA. Preference for long-acting contraception in the post-abortion period was good which is comparable to our study. 176 (7.74%) underwent female sterilization.

In a similar study done by Yogesh et al on acceptance of post-abortion contraception, it was found that 64 (16%) cases had barriers to contraception (condom), 52 (13%) cases had pills, 70 (17.5%) cases had IUCD, 106 (26.5%) cases had a permanent method, 48 (12%) cases had injectable contraception and 60 (15%) had no method of contraception use.^{2,9} Acceptance of post-abortion contraception was 85%. Overall acceptance of contraception was higher than in our study and preferred methods also varied.

In a study done by Kathpalia et al female sterilization was the commonest method of family planning (39.6%) adopted by couples and barrier contraception was the second (18.6%).^{6,10} Acceptance of female sterilization is almost double compared to our study. Male sterilization was accepted by very few (5.0%). None have come forward for male sterilization in our study.

Before the abortion procedure, a woman's physical condition and emotional status should be appropriate for counselling on contraception. One should respect her right to accept or refuse post-abortion contraception. We should consider both, the woman's clinical condition and personal situation and discuss any potential barriers to the adoption of contraception in a sensitive manner. Method specific counselling certainly has a good impact. Methods chosen can differ if she might want to conceive shortly, those undergoing repetitive induced abortions for unwanted pregnancies tend to opt for long-acting contraceptives or permanent sterilization.

Limitations

This study less several participants as we admitted patients who reported after self-administration of abortion pills under the misguidance of unauthorized individuals and lacked knowledge of dosage, with complications. Convincing such couples who are at the edge of life-

threatening circumstances was challenging. this study needs to be done with a large sample size with efficient women-friendly counselling centres which should also include the spouse. Effective counselling in post-abortal family planning services need to be strengthened.

CONCLUSION

The acceptance rate of post-abortion contraceptive methods was quite good. Acceptance of DMPA injectables, as less cumbersome in terms of once in three months, was seen in this study. acceptance of contraception in the post-abortal period is very crucial for reducing unintended pregnancies and abortions hence family planning services after abortion need to be strengthened by the government.

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