

Survey of the Attitude to, Knowledge and Practice of Contraception and Medical Abortion in Women Attending a Family Planning Clinic

Suneeta MITTAL, Anupama BAHADUR, Jai Bhagwan SHARMA

All India Institute of Medical Sciences, New Delhi, India

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Abstract

Objective: To assess the attitude to, the knowledge and practice of contraception and medical abortion in women attending the family planning clinic at the All India Institute of Medical Sciences.

Materials and Methods: Between 1st of August 2005 and 31st of October 2005, 284 women attending family planning clinic of the All India Institute of Medical Sciences, New Delhi of which 158 requested for medical termination of pregnancy (MTP), were interrogated on a structured questionnaire. The age of women ranged in between 20-45 years, 83 (29.2%) were illiterate, 63 (22.2%) had primary school education and 138 (48.6%) had diplomas from high school and above. Patients were grouped into low and high socio-economic status according to modified Kuppuswamy Socio-Economic Status Scale: I. Upper class, II. Upper middle class, III. Middle class, IV. Lower middle class, V. Lower class.

Consent of both husband and wife was taken. They were counselled about the various contraceptives available and allowed to choose whichever suited them best.

Results: Of the women 111 (39.08%) did not use contraception; 108 (38.02%) were on the barrier method; 52 (18.31%) used intrauterine devices (IUD); 11 (3.87%) used oral pills and 2 (0.7%) used other methods. The request for MTP was on grounds of unplanned pregnancy in 56.96% cases or failure of contraception in 43.03%. There was no eugenic indication except for ill health in only one case. Of the women, 4 (1.4%) had heard about emergency contraceptives, however none had used them; 22 (7.8%) had heard of medical abortion and 15 (5.28%) had previously undergone MTP with satisfaction. The various methods of contraception accepted by the women post abortion were OCPs by 9 (3.17%), IUDs by 81 (28.5%) and female sterilization by 62 (21.83%). In the other group, 38 (13.38%) had IUDs removed and reinserted; 38 had IUDs inserted; 35 (12.32%) women underwent sterilization operation; and 6 (2.11%) had IUDs removed opting for pregnancy. Statistical analysis was done using SPSS software (Chicago) with χ^2 test taking *p* value of 0.05 as significant.

Discussion: There is lack of awareness of emergency contraception and medical abortion in the women community under study.

Keywords: contraception, methods for family planning services, medical abortion, emergency contraception, medical termination of pregnancy (MTP), intrauterine devices (IUDs), oral contraceptive pills (OCPs), sterilization

Özet

Aile Planlaması Kliniğine Başvuran Kadınların Kontrasepsiyon ve Medikal Abortusa Yaklaşımları, Bilgileri ve Uygulamaları

Amaç: All India Institute of Medical Sciences bünyesindeki aile planlaması kliniğine başvuran kadınlarda kontrasepsiyon ve medikal abortusa yaklaşımları, bilgileri ve uygulamaları değerlendirmek.

Materyal ve Metot: Yeni Delhi All India Institute of Medical Sciences bünyesindeki aile planlaması merkezlerine 1 Ağustos 2005 ile 31 Ekim 2005 tarihleri arasında 284 kadın başvurdu. Bunlardan gebeliklerinin sonlandırılmasını isteyen 158 kadın sorgulandı ve anket çalışmasına alındı. Kadınların yaşları 20-45 arasındaydı; 83'ü (%29.2) okuma yazma bilmiyordu, 63'ü (%22.2) ilkokul mezunu ve 138'i (%48.6) de lise veya yüksekokul mezunuydu. Kadınlar modifiye Kuppuswamy Sosyo-Ekonomik Düzey Skalasına göre düşük ve yüksek sosyoekonomik sınıf olarak gruplandırıldı:

Corresponding Author: Dr. Jai Bhagwan Sharma
Azad Apartments A1/61, 110016 Delhi, India
Phone : +91 981 084 45 51
E-mail : jbsharma2000@gmail.com

I. Üst sınıf, II. Orta-üst sınıf, III. Orta sınıf, IV. Alt orta sınıf, V. Alt sınıf. Eşlerin her ikisinden de onam alındı. Çeşitli kontrasepsiyon yöntemleri sunuldu ve memnun oldukları yöntem seçimi kendilerine bırakıldı.

Sonuçlar: Kadınlardan 111'i (%39.8) korunma yöntemi kullanmadı; 108'i (%3.87) bariyer yöntemi, 52'si (%18.31) rahim içi araç, 11'i (%3.87) doğum kontrol hapları ve 2'si de (%0.7) diğer yöntemleri tercih etti. Gebelik sonlandırılmasını isteyenlerin %56.96'sında istenmeyen gebelik, %43.03'ünde başarısız kontrasepsiyon sonucu gebelik oluşmuştu. Sağlık problemi olan bir olgu haricinde kalıtsal bir endikasyon yoktu. Olgulardan 4'ü (%1.4) hiç kullanmasalar da acil kontrasepsiyonu ve 22'si medikal abortusu duymuştu. Olguların 15'i ise (%5.28) daha önceden medikal abortus işlemi geçirmişti. Abortus sonrası kadınların 9'u (%3.17) doğum kontrol hapları ile, 81'i (%28.5) rahim içi araç ile ve 62'si (%21.83) tüp ligasyonu ile korunmayı tercih etti. Diğer bir grupta 38 kadında (%13.38) RIA çıkarıldı ve yeniden takıldı, 35'ine (%12.32) sterilizasyon operasyonu ve 6'sına (%2.4) gebelik istemi nedeniyle spiral çıkarma işlemi uygulandı. İstatistiksel analiz SPSS (Chicago) ile χ^2 testi uygulanarak ve p değeri anlamlılığı 0.05 alınarak yapıldı.

Tartışma: Çalışmaya katılan kadın popülasyonunun acil kontrasepsiyon ve tıbbi tahliye hakkındaki bilgileri yetersizdir.

Anahtar sözcükler: kontrasepsiyon, aile planlaması kliniği yöntemleri, tıbbi tahliye, acil kontrasepsiyon, tıbbi düşük, rahim içi araç, doğum kontrol hapları, sterilizasyon

Introduction

The population blast which is affecting the whole world has been particularly detrimental to the infrastructure of developing countries like India. There is a definite need of giving utmost importance to various family planning methods, especially regular contraception and emergency contraception (1). Medical termination of pregnancy (MTP) should be offered in cases of unwanted pregnancy. With the use of regular and emergency contraception the need for MTP will be much reduced.

Different methods of regular contraception are natural methods, barrier methods especially male and female condoms, oral contraceptive pills (as the most effective method), intrauterine devices (commonly used method in India) and measures of permanency as female and male sterilization. A woman can make her choice of any one these after consulting a doctor or a health care provider (1-3). Emergency contraception in the form of two tablets of levonorgestrel taken preferably within 72 hours of unprotected coitus, can aid preventing pregnancy in cases of unprotected coitus or mishaps of regular contraception (3).

Table 1. Gynecological and demographic characteristics of the women studied

S. No.	Characteristics	No. of women (n=284)	Percentage (%)
1.	(i) Medical termination of pregnancy cases (ii) Family planning advice	158 126	55.7 44.3
2.	Age Range Mean age	20-45 years 30.5 years	
3.	Parity 0 1 2 3 4 ≥4	0 76 87 61 32 28	
4.	Education Illiterate Primary school High school and above	83 63 138	29.2 22.2 48.6
5.	Socio-economic status Upper class Upper middle class Middle class Lower middle class Lower class	24 82 95 36 47	8.45 28.87 33.45 12.67 16.55

Table 2. Knowledge and practice of contraception, medical abortion and indication for medical termination of pregnancies (MTP) (n=284)

S. No.	Characteristics	No. of women (n=284)	Percentage (%)
1.	Use of contraception		
	i) No contraception	111	39.1
	ii) Barrier method	108	38.0
	iii) Intrauterine device	52	18.3
	iv) Oral pills	11	3.8
	v) Others	2	0.7
2.	Knowledge of medical abortion		
	i) Heard of medical abortion	22	7.8
	ii) Used medical abortion	15	5.3
3.	Knowledge of emergency contraception		
	i) Heard of emergency contraception	4	1.4
	ii) Used emergency contraception	0	0
4.	Indication for medical termination of pregnancy (n=158)		
	i) Unplanned pregnancy	94	59.9
	ii) Failure of contraception	64	43.1
	iii) Eugenic indication	0	0

Table 3. Forms of contraception accepted by the women

S. No.	Characteristics	No. of women (n=284)	Percentage (%)
Group I MTP cases (n=158)			
1.	Oral pills	9	5.7
2.	Intrauterine device	81	51.2
3.	Female sterilization	62	39.2
4.	Barrier method	6	3.9
Group II Family planning seekers (n=126)			
1.	Change of intrauterine device	38	30.1
2.	Insertion of intrauterine device	38	30.1
3.	Removal of IUD for trial of pregnancy	6	12.1
4.	Female sterilization	35	27.7
5.	OCPs	9	0.07

MTP can come into rescue in cases of unintended pregnancy for which supervised medical abortion is also available. Unfortunately, there is still lack of awareness amongst health care providers as well as the women about different contraception measures, emergency contraception and medical abortion.

We have conducted a prospective questionnaire to study in women attending family planning clinic for MTP or to seek advice and assistance on available family planning methods.

Materials and Methods

A total of 284 women attending the family planning clinic at the All India Institute of Medical Sciences in New Delhi for MTP or family planning advice between 1st of August 2005 and 31st of October 2005 were interrogated by means of a structured questionnaire (see, Annexure) on topics of family planning as attitude to, knowledge and practice of contraception, emergency contraception, medical abortion.

The women requesting MTP were also questioned about the medication of MTP. The different methods of contraception accepted post abortion by the MTP cases and those seeking advice on family planning were recorded. Both husband and wife were counselled about the methods of contraception available and were given the choice of what suited them best. Calculations were made on the compiled data and the statistical analyses was done using SPSS software (Chicago) with χ^2 test, taking *p* value of 0.05 as significant.

Results

Out of the 284 women attending the family planning clinic, 158 (55.7%) came for MTP while the remaining 126 (44.3%) came for advice on family planning. The data acquired on the history and demographics of the women are shown in Table 1.

Table 2 shows the knowledge and practice of contraception and medical abortion and the indication for MTP in these

Annexure. Attitude to, knowledge and practice of medical abortion in women attending family planning clinic of AIIMS

Proforma

S. No. OPD No.

Name Age

Gravida Primi Multi

No. of living children:

Any abortion

Socio-economic status Poor Middle Rich

Education Nil Primary Middle Graduate

Profession House wife Others

Personal History

Husband's Education Profession

Present contraception

Pregnancy Planned Unplanned

Use of contraception Nil Barrier Intrauterine device Pills Permanent

Reason for medical termination of pregnancy Unplanned pregnancy/Eugenic reason
/Physical or mental health status of mother/Failure of contraception

Have you heard of emergency contraception Yes/No

Post coital contraception/morning pill

If no did you contact any health worker after unprotected intercourse. If yes, who informed you about emergency contraception

Television Friends
 Radio Leaflet
 Newspaper Health Worker
 Magazine Doctor

Did you use postcoital pill Yes/No

Television Friends
 Radio Leaflet
 Newspaper Health Worker
 Magazine Doctor

Did your doctor offer you medical abortion as a method of family planning. Any counseling provided regarding.

Mechanism of action
 Dose
 How to take
 Availability/cost
 Failure rate

Have you undergone medical abortion at any time Yes/No

If Yes - are you satisfied

If No - reason

Longer time
 Increased frequency of visits to hospital
 Painful/bleeding
 Others

What contraceptive you accepted

Permanent Method

Female
 Male

IUCD (type)

OC pills

Barrier

Nil/any other

women. Hence, of these women 111 (39.08%) were not on contraception while 108 (38.02%) women were using the barrier method. The more reliable methods like intrauterine devices and oral pills were used by only 18.3% and 3.87% of women, respectively. A total of 7.8% of women had heard of medical abortion but only 5.28% of them had used it. The knowledge of emergency contraceptive was even poorer, only 4 women (1.4%) having heard of it while none of them had ever used it. The indications for MTP were unplanned pregnancy in 59.9% of cases and failure of contraception in the remaining 43.1%.

Table 3 shows the accepted methods of contraception by the women. Of the 158 who underwent MTP, the majority (51.2%) accepted intrauterine devices; 39.2% preferred permanent sterilization; while oral pills and barrier methods were used by only 5.7% and 3.9% of the cases, respectively. Among the 126 women seeking family planning advice, change of IUDs and insertion of IUDs was accepted by 30.1% per subgroup; female sterilization was accepted by 35 (27.7%) women; and 9 (0.07%) opted for oral contraceptive pills; while 6 women (12.1%) had the IUDs device removed since they wanted to try for conception.

Discussion

There are a variety of methods of regular contraception available for the individual choice of a woman including natural methods, barrier methods, oral pills, intrauterine devices, progestogen injections and permanent methods in the form of female and male sterilization (1,3). India was the first country in the world to formulate a national family planning programme in 1952 and gave due importance to it by subsequent five year plannings (4). The National Population Policy (2000) set out a framework for integrated service for the delivery of reproductive health services at various levels within which the demands for contraceptive products and services would be met as fully as possible with due sensitivity to economic realities and in the context of different cultures. The immediate object of it has been to bring total fertility rate to replacement level (5). Recently The Tenth Five-Year Plan for 2002-2007 has also aimed at achieving demographic targets by focusing on eligible couples to achieve their reproductive goals (6).

In spite of the availability of safe and effective contraception, the need for it have not been met mainly due to the ignorance amongst women especially in rural and tribal areas (4). The Government of India through the non-government organisations and The Federation of Obstetrics and Gynecological Societies of India is trying to meet the remaining need for contraception. Many women still don't use regular contraception and may need emergency contraception for unprotected coitus (3).

Many women end up with unwanted pregnancy and request for medical termination of pregnancy-MTP, which can be safely, legally and hygienically performed in government or

government-approved centers. Unfortunately, despite the availability of MTP, many women especially in rural and tribal areas go to unqualified practitioners for unsafe abortion and face life-threatening complications (7). Medical abortion with mifepristone and misoprostol is now available in India and can be safely used by women with early pregnancy under medical supervision (8,9).

There is lack of awareness amongst many women about the availability of regular contraception and emergency contraception make them more prone to unintended pregnancy and its complications. (9,10) The present study clearly shows that a very high percentage of the women investigated (39.1%) were not making use of any contraceptive method while many (38.0%) were using less the effective methods. The reliable and most effective method of oral pills was used by only 3.8% of the women, a very low number in comparison to the rate of usage in the western countries. Only 7.8% of the women had heard of medical abortion and 5.3% had used it. The knowledge of emergency contraceptives was even poorer; only 1.4% women having heard of it and none having used it.

Amongst the 158 women requesting termination of pregnancy, a very high number (59.9%) had unplanned pregnancy while 43.3% of them had pregnancy due to failure of contraceptive, probably due to use of less effective methods of contraception.

Fortunately, majority of women accepted a form of contraception after MTP; 51.2% of them had an intra-uterine device inserted while 39.2% underwent sterilization. Among the family planning seekers, the majority of women opted for IDUs or permanent tubal sterilization which continues to be popular in India (11-14).

Surveys of attitudes to and knowledge and practice about use of emergency contraception, contraception, medical abortion labour ward practices, caesarean section, hysterectomy, breech deliveries and uro-gynecology have been carried out and important audits and data have been obtained from these for planning and improving the female health care (15,16).

The present study in a New Delhi Hospital suggests a very high prevalence of unwanted pregnancies due to lack of use of regular contraception, lack of knowledge and use of emergency contraception and medical abortion. The results of similar surveys are likely to be even poorer in district and rural hospitals (17,18).

There is a real need to improve the awareness of women different methods regular and emergency contraception to avoid unwanted pregnancies and ill-effects of abortion for unintended pregnancies. The media, the non-government organisations (NGOs) can play a role in popularizing them amongst general population to improve the female healthcare in the larger perspective.

References

1. Trusell J. Contraceptive efficacy, in: Hatcher RA, Trusell J, Stewart F et al. (eds). Contraceptive Technology, 17th ed. Irvington Publishers, New York, NY; 1998.
2. Kenny L. Contraception, sterilization and termination of pregnancy, in Luesley DM, Baker PN (eds), Obstetrics and Gynecology. An evidence-based text for MRCOG. Arnold, London, 1st edition 2004;514-523.
3. Task force on post-ovulatory methods of fertility regulation. Randomized control trial of levonorgestrel versus the Yuzpe regimen of combined oral contraceptives for emergency contraception. Lancet 1998;352:428-33.
4. Nanda AR. Understanding the unmet needs for contraception and challenges for meeting the same in India. In Chatterjee A, Mahapatra PD (eds), Obst Gyn. Highlights: an evidence based review, 1st edition. Modern Graphica, Kolkata, 2006;346-354.
5. National Population Policy-2000, Government of India, New Delhi.
6. Planning Commission: Tenth five-year plan, 2002-07, Government of India, New Delhi.
7. World Health Organization. Unsafe abortion—A world wide problem, safe motherhood issue 28, WHO Geneva, 2000.
8. Mittal S. Combination on National Consensus for medical abortion in India. Proceedings and recommendations, WHO-CCR in Human reproduction. Department of Obstetrics and Gynecology, AIIMS, Ministry of Health and Family Welfare, Government of India and ICMR, New Delhi, 2003.
9. Royal College of Obstetricians and Gynecologists. Care of women requesting induced abortions. Evidence based clinical guidelines no.7. RCOG Press, London, 2004.
10. Bongaarts J. The KAP Gap and Unmet need for contraception. Population and Development Review 1991;17:293-313.
11. Smith BH, Guney Em, Aboulela L, Templeton A. Emergency contraception: a survey of womens knowledge and attitudes. Br J Obstet Gynaecol 1996 Nov;103(11):1109-16.
12. Sharma JB, Malhotra M, Joshi D, Arora R. Survey of the patient's views on Awareness, Information, choices and care during labor in a teaching hospital. J Obstet Gynecol Ind 2003 May/June;53(3):252-256.
13. Sharma JB, Sharma K, Sarin V et al. A study of maternal awareness and participation during cesarean section. J Obstet Gynecol Ind 2001;51(1): 37-9.
14. Sharma JB, Newman MR, Bouchier JE et al. A national audit in breech deliveries in the United Kingdom. Int J Gynecol Obstet 1997;5:103-8.
15. Sharma JB, Malhotra M, Gupta S et al. A preliminary survey of patients views on awareness, information, choices and expectations in women undergoing hysterectomy. J Ind Med Assoc 2004;102:304-8.
16. Sharma JB, Wadhwa L, Mittal S. Survey of knowledge, attitudes and practices of urogynecological problems amongst gynaecologists of Delhi. Ind J Med Sci 2005;59:28-30.
17. Kuppuswamy B. Manual of Socioeconomic Status (urban families). Manasayan. Delhi 1981.
18. Mahajan BK, Gupta MC. Text Book Of Preventive and Social Medicine. Jaypee Brothers. Delhi. 2nd Edn 1995;134-35.



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