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Rural Tribal Community and Health Facility Based Study of Post-Abortal Contraceptives

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Abstract

Background: Post, Spontaneous Abortion (SA) or Induced Abortion (IA) contraception (PAC), is essential for preventive, promotive health of woman, her baby, resource saving.

Objective: To know about PAC in rural tribal women and women using health facilities for abortion services.

Material and Methods: Community based study was carried out about PAC after SA/IA in 53 villages near Sewagram, Wardha, 65 in Amravati, Maharashtra, India. Also records of SA/IA were randomly seen in 10 health facilities each of both districts.

Results: In villages near Sewagram, only 2.38% women used contraceptives post SA, in Melghat region, none used post SA contraceptives. Almost all women who had SA in Melghat region had not come in contact of health providers. In villages near Sevagram, 37.5% had come in contact of health providers, still PAC was very very low. Overall only 19.5% women of villages near Sevagram, who had IA 18.5% in villages of Melghat region reported PAC, though women had IA at health facilities, most for spacing, poverty. During focus group discussions 25% women of Sewagram villages did talk about PAC, only 1% favoured PAC. In health facilities in Wardha district, upto district hospital 84% records, in Amravati 62% records revealed contraceptive acceptance post IA. PAC after SA recorded was 34% in Wardha district, 26% in Amravati. At peripheral health facilities, recorded contraceptive acceptance was very very low or nil in both districts.

Conclusion: Rural tribal women did not use PAC after SA, even after IA for spacing, poverty few used PAC. There was lack of awareness and also misconceptions, disbeliefs. There is need to improve PAC awareness, availability, specially at peripheral health services.

Keywords: Rural women; Post abortion contraception; Spontaneous abortion; Induced abortion

Background

World Health Organization reported that between 2010-2014, an estimated 44% unintended pregnancies occurred worldwide. This translated to a rate of 62 unintended pregnancies per 1,000 women of 15-44 years, some decrease from 74 per 1,000 women between 1990-1994 [1]. WHO also reported that globally around 80 million pregnancies were unintended and more than one-half of them resulted in Induced Abortions (IA). About one-third (26.5 million) unintended pregnancies each year resulted from no use or incorrect use or failure of contraceptives [2]. Ross reported that an estimated 123 million women had an unmet need for family planning [3]. Contraceptive use after Spontaneous Abortion (SA) or IA by tribal rural women, specially by those who lacked resources, had access problems and scarce health services was not well known. So present rural community based and health facility based study was done.

Objective

Rural community based study was carried out to know Post Abortion Contraception (PAC) used by rural tribal women and also to know post IA, SA contraception recorded at health facilities.

Material and Methods

Community based study was carried out after approval of the ethics committee of the institute. Study subjects were women of 15-44 years, in tribal communities of 65 villages in Dharni Block

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Table 1: Community based contraceptive use after spontaneous and induced abortion in Sevagram region.

Spontaneous Abortions									
Gestation in weeks	≤6wks	≥6-≤9wks	≥10-≤13wks	≥14-≤17wks	≥18-≤20wks	Total			
No.	16	205	208	67	53	549			
%	2.9	37.3	37.8	12.2	9.6	100			
Post-abortion contraceptives after 1 or 2 abortion	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total	
No.	-	-	8	7	-	-	535	535	
%	-	-	1.52	1.34	-	-	97.4	100	
Induced Abortions									
No. (As per gestation)	9	73	79	12	4	177 (TOTAL)			
%	5.0	41.2	44.6	6.7	2.2	10			
Post-abortion contraceptives after 1 abortion	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total	
No.	-	-	18	14	0	3	142	177	
%	-	-	10.5	8.2	-	1.7	80.2	100	
Post-abortion contraceptives after 2 abortions	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total	
No.	-	-	1	-	-	-	6	7	
%	-	-	14.25	-	-	-	85.71	100	

of Melghat, hilly forestry region of Amravati District of Maharashtra and 53 villages near Sewagram of Wardha District of Maharashtra, India, making a total of 118 villages with population of around one lac and ten thousands. Study subjects were cases of either SA or IA in last 5 years (to cut down on memory bias). Study was conducted after informed consent by using a pretested tool in local language. Information about PAC acceptance recorded at 10 health facilities in Wardha and Amravati Districts was also collected by looking at the records of SA and IA cases, However health facilities of both the districts were used by women of nearby districts, nearby states also in addition to same districts.

Results

Of 549 women (75.6% of 726 women who had abortions) who reported SA in villages near Sewagram, 535 (97.4%), did not report contraceptive use, irrespective whether they had one or two SA. Only 8 (1.4%) women reported Intrauterine Contraceptive Device (IUCD), and 7 (1.2%) said they had used Oral Contraceptive Pills (OCP) for a few months. In Sevagram region of all women who had SA 37.5% did come in contact with health providers but still the contraceptive use was only by 2.8% women. Of 177 women who reported IA also,

142 (80.2%) women did not report any contraceptive use though quite a few women had IA for spacing or poverty. Only 18 women (10.1% of 177) said they had IUCD, 14 (7.9% of 177) had OCPs for some months and 3 (1.6%) said they used other methods. Of the 7 women (out of 177) who had 2 IA for spacing also 6 did not report any contraceptive use. Only one said she used IUCD (Table 1).

In villages of Dharni Block of Melghat region, none of 1217 women who had SA reported PAC use, whether they had one or two SA. Only 27 women had IA (1.6% of all abortions) and 19 (70.3%) of them said they did not use any contraceptives, though most IA were for spacing. IUCD use was reported by 3 (11%).5 (18.5%) women said they used OCPs for a while (Table 2). Focus Group Discussions (FGDs) were also carried out in villages of both the districts for better understanding of rural tribal women's awareness and perceptions about PAC. Only 25% women in villages near Sewagram talked about PAC to prevent future pregnancy with desired interval. In Melghat villages no one talked about PAC. Four percent women even said that Papaya and Eggs prevented pregnancy. Also they did not favour PAC. It was difficult to get information about PAC in health facilities because of issue of confidentiality, lack of records or incomplete records and other issues. However with due permissions

Table 2: Contraceptive use post spontaneous and induced abortion in villages of Dharni block, melghat.

Spontaneous Abortions									
Gestation in weeks	≤6wks	≥6-≤9wks	≥10-≤13wks	≥14-≤17wks	≥18-≤20wks	Total			
No.	33	530	419	174	61	1217			
%	2.72	43.5	34.4	14.26	4.94	100			
Post-abortion contraceptives After 1 or 2 abortion	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total	
No.	-	-	-	-	-	-	1217	1217	
%	-	-	-	-	-	-	100	100	
Induced Abortion									
No. (As per gestation)	-	12	13	1	1	27 (TOTAL)			
%	-	48	48	4	-	100			
Post-abortion after contraceptives 1 abortion	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total	
No.	-	5	3	-	-	-	19	27	
%	-	18.5	11.1	-	-	-	70.3	100	

Table 3: Recorded Contraceptive Use after Spontaneous and Induced Abortion in Health facilities in Sevagram Region.

Medical College (20)								
Spontaneous Abortion (10)								
Gestation In weeks	≤6wks	≥6-≤9wks	≥10-≤13wks	≥14-≤17wks	≥18-≤20wks	Total		
No.	02	04	04	-		10		
Postabortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	3	-	-	-	7	10
Induced Abortion (10)								
No. (As per gestation)	01	01	03	03	02	10		
Postabortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	03	03	02	-	02	10
District Hospital (20)								
Spontaneous Abortion (10)								
No. (As per gestation)	-	07	03	-	-	10		
Postabortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	0	0	0	0	0	0	10	10
Induced Abortion (10)								
No. (As per gestation)	-	04	03	03	-	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	01	-	03	-	06	10
Sub District Hospital (20)								
Spontaneous Abortion (10)								
No. (As per gestation)	03	06	01	-	-	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	3	1	2	-	04	10
Induced Abortion (10)								
No. (As per gestation)	01	04	03	02	-	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	04	01	02	-	03	10
Private Hospital (10)								
Spontaneous Abortion (05)								
No. (As per gestation)	01	01	03	-	-	05		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	02	01	-	-	02	05
Induced Abortion (05)								
No. (As per gestation)	02	01	02	-	-	05		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	02	01	-	-	02	05

some information could be collected. In the Medical College in Wardha district, randomly seen records of 10 SA cases, revealed IUCD insertion in 3 and no contraception in 7. Of the 10 records of IA, in 2 concurrent tubal sterilization, 3 IUCD insertion, 3 OC pills acceptance and for 2 no contraception acceptance were recorded. In District hospital also, records of 20 women who had abortions were seen. No PAC acceptance was recorded in all 10 SA case records seen. Of 10 records of IA, three had concurrent tubal sterilization, one had IUCD recorded and for 6 no PAC acceptance was recorded. In a private hospital, of the randomly selected 10 records, of 5 case records of SA, in 2 IUCD and in 2 OC pills were recorded. Amongst 5 records of IA, in 2 IUCD, in one OCP acceptance were recorded

but the duration was not written and in 4 of 10 records no PAC was recorded. In Sub district hospital of Wardha district, of 10 SA case records two records revealed tubal sterilization, three had IUCD insertion, one OCP acceptance and for 4 no PAC acceptance were recorded. Of the 10 IA case records in two women's records tubal sterilization, in 4 IUCD, in one OC pills acceptance and in 3 no PAC acceptance were recorded. Primary Health Centre (PHCs) and Sub centers of Sevagram region of Wardha district did not have any abortion records (Table 3).

In Amravati district, in the medical college of 10 records of SA seen for 2 IUCD, 2 OC pills and in 5 no PAC were recorded. Of 10 IA cases, in six IUCD and in 4 tubal sterilization were recorded. In

Table 4: Recorded contraceptive use after spontaneous and induced abortion in Melghat, Dharni region.

Medical college (20)								
Spontaneous Abortion (10)								
Gestation In weeks	≤6wks	≥6-≤9wks	≥10-≤13wk s	≥14-≤17wks	≥18-≤20wks	Total		
No.	-	04	05	-	01	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
	-	-	3	2	-	-	5	10
Induced Abortion (10)								
No. (As per gestation)	03	04	03	-	-	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	06	-	04	-	-	10
District Hospital(20)								
Spontaneous Abortion (10)								
No. (As per gestation)	03	03	02	02	-	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	02	04	03	-	02	11
Induced Abortion (10)								
No. (As per gestation)	01	04	03	02	-	10		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	04	01	03	-	02	10
SDH Hospital (21)								
Spontaneous Abortion (14)								
No. (As per gestation)	04	08	02	-	-	14		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	-	-	-	-	14	14
Induced Abortion (07)								
No. (As per gestation)	01	05	01	-	-	07		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	01	02	01	-	-	-	03	07
PHC (16)								
Spontaneous Abortion (16)								
No. (As per gestation)	-	05	06	05	-	16		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	-	-	-	-	16	16
Sub Center(09)								
Spontaneous Abortion (09)								
No. (As per gestation)	-	-	07	02	-	09		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	-	-	-	-	09	09
Private Hospital(10)								
Spontaneous Abortion (05)								
No. (As per gestation)	-	04	01	-	-	05		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	01	02	-	-	-	02	05
Induced Abortion (05)								
No. (As per gestation)	01	02	02	-	-	05		
Post abortion contraception	Natural	Barrier	IUCD	OC Pills	Sterilization	Others	None	Total
No.	-	-	05	-	-	-	-	05
No.	-	-	-	-	-	-	-	05

District hospital of 10 SA cases for two women IUCD, 4 OC pills, 3 tubal sterilization and in 2 no contraceptive acceptance were recorded. Of 10 records of IAs, in 3 tubal sterilization, in 4 IUCD, in one OC pills and for 2 no PAC acceptance were recorded. Though as per records IAs were either for spacing or failure of contraception. In Sub district hospital for one year 14 SA cases were recorded with no PAC acceptance recorded for any case and of 7 IAs cases recorded. One woman's records revealed natural method, 2 barrier methods, one IUCD insertion and in 3 cases no contraception acceptance were recorded. In private hospital of Amravati district, of 5 SA case records seen, in one barrier method, in 2 IUCD and in 2 no contraception acceptance were recorded. For 5 records of IA cases seen at private hospital, IUCD insertion were recorded in four. In 3 PHC the total 16 cases and in sub-centers of Melghat region, 9 SA cases were recorded for one year with no PAC recorded. There were no records of IAs in peripheral health facilities of Melghat region also (Table 4).

Discussion

Community based study was carried out about contraceptive use after SA and IA by tribal women of some villages of two districts of Maharashtra, India. Health facility based information was also collected from both the districts from Medical college to sub-centre also in both the districts. Villages of Dharni Block of Melghat region of Amravati had access problems, scarce health services and most women lacked resources. Post SA Contraceptive use reported by women in villages near Sevagram was 2.38%. At community level no woman reported post SA contraceptive use in Melghat region. There was difference in what was reported by Tribal rural women in Dharni Block of Melghat region and the records at health facilities used by city women of the same district and other districts and other state too. However in peripheral health facilities information was similar to the information from the rural communities. In health facilities in Wardha district only 25% women had IUCD acceptance recorded and 10% OCP post SA. In Amravati district also after SA, in 25% IUCD and 7% OCP acceptance were recorded. Over all after SA recorded contraceptive use was 0 to 30% and after IA 20 to 80%. In Medical College in Wardha district the PAC acceptance recorded after IA was upto 80%. In District hospital PAC after IA was 40%. But no one used PAC after SA. Bahadur [4] reported that almost half of all the abortion seekers (47.5%) had never used any contraception. Drey et al., [5] reported that in an urban clinic, IUCD had high initial continuation and high patient satisfaction when inserted immediately following either first- or second-trimester abortions. Fox et al., [6] also reported that immediate post abortion IUCD insertion was safe and effective. Given the low rate of return for interval insertion, immediate placement was preferred. Borges et al., [7] suggested that women who experienced SA also needed to use contraception, so that next pregnancy occurred after appropriate interval with a minimal inter-pregnancy interval of six months, for right development of pregnancy and for minimization of the risk of adverse health outcomes like anemia, preterm birth, and low birth weight. These outcomes have been widely recognized with an inter pregnancy interval of less than six months [8]. In a population-level information by Indian National Family Health survey done by retrospective calendar data in 5135 married women, who had their last abortion in the 5 years preceding the 2005-2006, overall, 70.4% of women reported not using any contraceptives following IA. The study also revealed that PAC was exceptionally low in India [9]. Present study revealed that PAC use by rural women was very very low. However at health facilities post IA scenario was little better in Medical colleges and District Hospitals.

But these health facilities were used by women of villages, cities, other districts and other states too. At community level and in peripheral health facilities post SA PAC use was almost nil. In peripheral health facilities there were no IA cases recorded in health facilities of both the districts. In health facilities near Sevagram there were no SA case records also. In peripheral health facilities of Melghat region there were some SA cases recorded but no PAC use was recorded.

In FGDs most of respondents in Melghat villages were not aware of need of PAC practices. Some women even said they never heard about it. Others said they had heard but had no knowledge. Those who talked of PAC also did not favor PAC. In Medical Colleges the scenario was similar in both the districts. Ferreira et al., [10] conducted a cross-sectional study, in a public hospital in Brazil enrolling 150 low income women about PAC and 97.4% women had accepted at least one contraceptive method. The numbers are much higher compared to the present study. In the present study in records seen in both the districts, in private hospitals 30% had contraceptive acceptance recorded after SA in Wardha district. Community level information revealed that abortion was used for spacing without use of any contraception, neither before nor after abortion. In health facilities IA records revealed PAC acceptance in 62% women in Wardha District (20 to 80%) and 84% in Amravati district (20 to 90%), but after SA it was only 0-30%. At peripheral health facilities recorded PAC after SA was either nil or very very low. Kalyanwala et al., [11] reported 58% women using PAC. Zavier et al., [9] in their community based study found that overall 70.4% of women reported not using any contraceptive following abortion. In villages near Sevagram, 97.4% women reported no post SA contraceptives. In Melghat region no one used post SA contraceptive. Almost all women had SA at home with no health check up. No contraceptives were used even after IA though most IA was for spacing, poverty or health issues. In FGDs PAC was not favored. There seemed to be a lot of difference in what was found in records of the health facilities in the cities and what was found in villages on direct interviews and seen in records of peripheral health facilities. The urban health facilities were used by women of other districts and other states also. However in cities also PAC after IA was not 100% even after IA for spacing or economic reason. Post SA contraceptive acceptance was very low even in medical colleges and district hospitals. WHO [12] reported that a change was needed. Interventions comprised of refresher training for the providers, counselling tool, supportive supervision, availability of contraceptive services 7 days a week. Tran et al., [13] reported that Yam Daabo, a multi-intervention, single-blinded, cluster-randomised controlled trial, did not have a significant effect on the overall use of effective modern contraceptive but significantly increased implant use in women post partum who lived in urban settings. Study by Gafar et al., [14] highlighted the determinants of contraceptive use among married women in Indonesia and reported that women's age, the number of living children, education level, wealth index, promotion on the importance of using contraception and access to information influenced contraceptive use. Kungu et al., [15] reported that their study showed a gap in addressing the reproductive health goals of younger women whose inconsistent use of contraception was high in spite of their great need for it. Their own study also revealed that socio-demographic factors age, education, wealth status and type of region were predictors of contraceptive use.

Conclusion

Contraceptive information and services should be enhanced

for young women to make informed choices concerning their reproductive health, specially with SA and IA. A lot of awareness in the communities, advocacy, availability of contraceptive at peripheral health facilities are required. It is essential to promote PAC use for women's and children's health.

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