

Uptake of post-abortion contraception among women who had manual vacuum aspiration at Federal Medical Centre, Owerri: A 5-year review

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ABSTRACT

Background: Unexpected or unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in low resource countries. Post-abortion contraception is one of the key methods of reducing maternal mortality globally.

Objectives: This study was conducted to determine the uptake of contraception among women who received post-abortion care following spontaneous or induced abortion at the Federal Medical Centre, Owerri.

Materials and Methods: This study was a 5-year retrospective study that involved 480 women who received post-abortion care from January 1st 2009 to December 31st 2013 in the Federal Medical Centre, Owerri.

Results: The overall uptake of contraception among the study population was 79.8%. This was found to be 78.7% among nulliparous women whereas an uptake of 80.9% was seen among parous women. The age range was from 15 to 46 years with a mean age of 28.5 ± 3.5 years. Women aged between 20 and 39 years accounted for 94% of the study population. While 77.9% accepted to use the barrier method, 20.2% did not accept any method of contraception. Incomplete abortion contributed to 81.3% of the total cases.

Conclusion: The uptake of contraception was high at the Federal Medical Centre, Owerri. It was found to be higher with the parous women than nulliparous women. Most of the women were between 20 and 39 years and were highly sexually active; therefore, reinforcing the importance of contraception from time to time among this age group will help reduce the incidence of unplanned/unwanted pregnancies, and thus, the morbidities and mortality associated with abortion.

Key words: Abortion; contraception; manual vacuum aspiration.

Introduction

An estimated 123 million couples, mainly in low resource countries, do not use any method of modern contraceptives, despite a desire to space or limit their childbearing.^[1] If contraception were accessible and used consistently and correctly by women desiring to avoid pregnancy, maternal deaths would decline by an estimated 25–35%; non-use or inconsistent use of contraception contributed to most

of the unwanted pregnancies.^[2] Post-abortion counseling incorporated into post-abortion care has been regarded as an appropriate venue or vehicle to decrease unwanted pregnancies and induced abortions.^[3] Post-abortion

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counselling is pertinent especially in countries like Nigeria that has restrictive abortion laws.

Regardless of the model used, providing post-abortion family planning benefits individuals, families, communities and countries in many ways leading to increased modern contraceptive use and decreased abortion, reduced maternal and child mortality, prevention of mother-to-child human immunodeficiency virus (HIV) transmission and new HIV infections and reduced social costs.^[4]

Those who did not use any contraceptive method may lack access or face barriers to using contraception. These barriers include lack of awareness, lack of access, cultural factors, religion, opposition to use by partners or family members and fear of health risks and side effects of contraceptives.^[5] Other factors include age, women's educational level including the educational level of the husband/partner, occupation, environment (urban/rural) and high price of contraceptives.^[6]

Fortunately, studies have suggested that gender equality may encourage women's autonomy and may facilitate the uptake of contraception because of increased female participation in decision making.^[7] Consequently, much of the relevant demographic literature that has addressed the links between gender inequality and fertility regulation has focused on women's autonomy.^[8] Uptake of a method has also been shown to be influenced by counselling time.^[9]

Materials and Methods

This study was a retrospective study carried out at the Federal Medical Centre, Owerri. It was based on the manual vacuum aspirations (MVAs) done from January 1st 2009 to December 31st 2013. Ethical approval was obtained from the Ethical Committee of the Federal Medical Centre, Owerri. The case notes were retrieved from the hospital medical records and studied in detail. The Information needed for analysis was obtained from the register in the MVA room.

The cases that met the inclusion criteria for the study were selected. Woman who had induced or spontaneous abortion and MVA during the period of the study were included in the study. Post-abortion period was defined as the period between abortion and 6 weeks post abortion. During the 60-month study period, 480 women were included having undergone MVA at Federal Medical centre, Owerri. The data collected and analyzed were age, parity, gestational age at which the abortion occurred and uptake of at least a method of contraception.

Results

The overall acceptance of at least one method of contraception was found to be 79.8% of the total patients who underwent MVA. The acceptance among nulliparous women was 78.7%, whereas acceptance among the parous women was slightly higher at 80.9%. Three hundred and seventy four (77.9%) women accepted to use the barrier method of contraception, whereas 97 (20.2%) did not accept to use any form of contraception. Only 6 (1.3%) women out of the 480 women accepted using hormonal contraception after the procedure.

The age ranged from 15 to 46 years, and the mean age was 28.5 ± 3.5 years. Most of the women (451) were in the 20–39 years age range [Table 1], i.e, the highly sexually active group. They contributed 94% of the study population.

From our study, 239 (49.8%) were nulliparous, while 241 (50.2%) were parous [Table 2]. The overall acceptance of at least one method of contraception was found to be 79.8% of the total patients who had manual vacuum aspiration done. The acceptance among nulliparous women was 78.7%, while acceptance among the parous women was slightly higher at 80.9%. Three hundred and seventy four (77.9%) women accepted to use the barrier method of contraception, while 97 (20.2%) did not accept to use any form of contraception. Only 6 (1.3%) women out of the 480 subjects accepted to use hormonal contraception after the procedure [Table 3].

Incomplete abortion was found to be the most common indication for MVA among both groups of women, i.e, 390 cases constituting 81.3% of the total cases. Among the parous women, 60 (24.9%) had missed abortion, approximately 5 times as much as the proportion of missed abortion among the nulliparous women. Conversely, 16 (6.7%) of the 239 nulliparous women had septic abortion, almost 6 times as much as the proportion of septic abortion among the parous women [Table 4].

Overall, nearly 50% of cases occurred at the gestational age of between 11 and 13 weeks. This was largely contributed by parous women. However, among the nulliparous women, 49.8% occurred at the gestational age of 8–10 weeks [Table 5].

Discussion

While complications associated with abortions globally lead to 13–25% of maternal deaths, it is estimated that these would decline by 25–35% if contraception was accessible and used consistently by women desiring to avoid pregnancy.^[10] Many

Table 1: Age distribution of the study group

Age (years)	Frequency (%)
<20	20 (4.2)
20-29	256 (53.3)
30-39	195 (40.6)
40 and above	9 (1.9)
Total	480 (100.0)

Table 2: Obstetrics characteristics of participants

Parity	Frequency (%)
Nulliparous	239 (49.8)
Parous	241 (50.2)
Total	480 (100.0)

Table 3: Type of contraceptive use amongst participants

Type of contraceptive	Nulliparous (%)	Parous (%)	Total (%)
IUCD*	0 (0)	3 (1.2)	3 (0.6)
Barrier	185 (77.4)	189 (78.4)	374 (77.9)
Hormonal	3 (1.26)	3 (1.2)	6 (1.3)
Nil	51 (21.3)	46 (19.1)	97 (20.2)
Total	239	241	480 (100.0)

*IUCD - Intrauterine contraceptive device

Table 4: Distribution of women according to their type of abortion

Type of abortion	Nulliparous women (%)	Parous women (%)	Number of women (%)
Missed	11 (4.6)	60 (24.9)	71 (14.7)
Incomplete	212 (88.7)	178 (73.9)	390 (81.3)
Septic	16 (6.7)	3 (1.2)	19 (4.0)
Total	239	241	480 (100.0)

Table 5: Gestational ages at which manual vacuum aspiration was performed

Gestational age (Weeks)	Nulliparous women (%)	Parous women (%)	Total (%)
<8	27 (11.3)	10 (4.1)	37 (7.7)
8-10	119 (49.8)	87 (36.1)	206 (42.9)
11-13	93 (38.9)	144 (59.8)	237 (49.4)
Total	239	241	480 (100.0)

women do not receive immediate post-abortion family planning services, even though they are at risk of pregnancy within 2 to 3 weeks. In addition, 31 million women have spontaneous abortions each year. While many of these women desire to replace the pregnancy that was lost, experts recommend birth spacing of 6 months after a spontaneous abortion of a desired pregnancy for optimal pregnancy outcomes.^[11]

From this study, the overall acceptance of at least a form of contraception after MVA was 79.8%. This is higher than the 70% acceptance rate recorded in Tanzania.^[12] However, this

contrasts with some studies conducted in Zimbabwe^[13] and China^[14] that gave an acceptance rate close to 100%. This disparity may have been due to some barriers that are peculiar to our sub-region, including religious and cultural beliefs.

The barrier method was the most common (77.9%) form of contraception accepted by the patients. This contrasted with a study done in Brazil where the most common method chosen was hormonal contraceptive (83.6%) whereas only 15.1% chose the barrier method.^[15] This may be due to aversion to hormonal contraception because some believe that it may prevent them from getting pregnant when they eventually get married.

It was seen that 94% of the women were in the 20–39 years age range, with a mean age of 28.5 ± 3.5 years. This is slightly above the mean age of 25 years recorded in studies done in Brazil^[15] and Addis Ababa, Ethiopia.^[16] In Nnewi, southeast, Nigeria, the mean age was found to be 23.5 ± 4.4 years.^[17] The lower mean age in that study may have been due to the fact that a majority of the study population were students, including secondary school students, who were much younger.

Conclusion

Uptake of contraception was found to be high in Federal Medical Centre, Owerri. It was more common with parous women. Barrier method was found to be the most common form of contraception. Most women in the study belonged to the age group that is known to be highly sexually active; therefore, reinforcing the importance of contraception from time to time among this age group will help reduce the incidence of unplanned/unwanted pregnancies, and thus, the morbidities and mortality associated with abortion.

Limitation of the study

The women were not classified to have had either induced or spontaneous abortion because the uptake was expected to be different in each group.

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Conflicts of interest

There are no conflicts of interest.

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