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]
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]

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 25–33% if contraception was accessible and used consistently by women desiring to avoid pregnancy.[10] Many
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