ORIGINAL ARTICLE J. Med. Sci. (Peshawar, Print) October 2014, Vol. 22, No. 4: 201-204

CONTRACEPTIVE AWARENESS & USE AMONG WOMEN SEEKING TERMINATION OF PREGNANCY

Fauzia Afridi[1], Nargis Gulab[2], Qudsia Qazi[1], Mehr-un-Nisa[1]

[1]Department of Obstetrics and Gynaecology, Hayatabad Medical Complex, Peshawar - Pakistan

[2]Department of Obstetrics & Gynaecology, Northwest General Hospital & Research Center, Peshawar - Pakistan

ABSTRACT

Objective: To determine the status of contraceptive awareness and its use in women seeking termination of pregnancy.

Material and Methods: This descriptive, questionnaire-based cross-sectional study was carried out in Civil Hospital, Jamrud from March 2013 to April 2014, on 54 women presenting at OPD and seeking termination of pregnancy.

Results: Their ages ranged from 15-49 years with mean age of 32 (± 2 years) and the predominant age group was 30-35 years (42%). Majority of the respondents were married (96%), did not have any formal education (65%) and were house wives (81%). Ninty-four percent were multigravida with mean number of children being 5. Majority of the respondents (83%) were aware of contraceptives but only 27% had ever used any method. The most common method used was oral contraceptives. The most common reasons quoted for seeking termination of pregnancy were having too many children (58%) and poverty (52%). Husbands'/in-laws' opposition (22%) and perceiving contraception as against social/religious norms (30%) were the major reasons for not using contraception.

Conclusion: Despite reasonable contraceptive awareness, the actual use is very low among women seeking termination of pregnancy. The socio-cultural and religious myths regarding contraception are the key factors in hampering its uptake and reducing the incidence of induced abortion.

Key Words: Contraception, termination, pregnancy.

INTRODUCTION

Unsafe abortion is one of the major health problems in the developing world, resulting in serious health complications, accounts for 13% of maternal deaths world-wide and 95% of these occur in developing countries[1,2]. Contraceptive prevalence rate (CPR) in Pakistan is strikingly low at 27% with more than one quarter contraceptive users relying on traditional, low-efficacy methods like withdrawal or periodic abstinence[3]. WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by person lacking the necessary skills or in an environment that does not conform to minimal medical standards[4]. Unsafe abortion accounts for 13% of maternal deaths world-wide and 95% of these occur in developing countries[5,6].

In Pakistan, about 2.4 million unintended pregnancies occur annually; around 900,000 of these end in induced abortion[7,8]. As current law permits abortion in very limited circumstances[9], women seeking termination of pregnancy often resort to untrained providers and unsafe procedures, resulting in complications like septicemia, blood loss, uterine perforation, visceral perforation and even death. These complications result in about 200,000 hospital admissions annually and account for 10-12% of maternal deaths in Pakistan[10,11].

High rate of unsafe abortion reflects high level of unintended pregnancies which in itself is an index of unmet need for contraception. Contraceptive prevalence rate (CPR) in Pakistan is strikingly low at 27%, when compared regionally (CPR of India, Bangladesh and Sri Lanka are 55%, 61% and 68%) as well as globally (CPR of UK and US are 84% and 78% respectively)[13] with more than one quarter contraceptive users relying on traditional, low-efficacy methods like withdrawal or periodic abstinence[12]. This study aims to explore the awareness and use of contraception among women seeking termination of pregnancy or induced abortion.

MATERIAL AND METHODS

This is a descriptive, cross-sectional, questionnaire-based study conducted among 54 consecutive women seeking termination of pregnancy and attending Civil Hospital, Jamrud. All women of reproductive age (15-49 years), with confirmed pregnancy (by urine pregnancy test and / or ultrasound) and seeking termination of pregnancy were included. Women requiring termination of pregnancy for medical reasons, anomalous baby or missed miscarriage were excluded from the study.

Address for Correspondence:
Dr. Fauzia Afridi
H. No.141, St.3, J-2, Phase 2, Hayatabad,
Peshawar - Pakistan
Cell. 0333-9596977
Email: fauzia_afridi@yahoo.com

Before starting data collection for this research, permission was taken from the Hospital's ethical committee. The purpose of the study was explained and confidentiality ensured to the participants. Written informed consent was taken. Because of the high illiteracy rate in this area, pre-structured questionnaire was verbally administered to the subjects, after translating it to Pashto, by trained medical practitioners.

The questionnaire comprised of socio demographic and obstetrical data as well information regarding contraceptive use and disuse and reasons for requesting termination of pregnancy. The data collected was analyzed using SPSS 10. Mean ± standard deviation was calculated for all numerical variables, and percentage for all categorical /qualitative variables. Results were presented as tables and graphs using the MS Excel.

RESULTS

The study included 54 subjects. Their ages ranged from 15-49 years with mean age of 32 (± 2 years) and the predominant age group was 30-35 years (42%). Majority of the respondents were married (96%), did not have any formal education (65%) and were house wives (81%). (Table 1). Ninety-four percent were multigravida with mean number of children being 5 (Fig 1).

Majority of the respondents (83%) were aware of contraceptives but only 27% had ever used any method (Figure 2). The most common reasons quoted for seeking termination of pregnancy were having too many children (58%) and poverty (52%) (Table 2). Husbands'/ in-laws' opposition (22%) and perceiving contraception as against social/religious norms (30%) were the major reasons for not using contraception (Table 3).

DISCUSSION

Unsafe abortion is a major cause of maternal morbidity and mortality and reflects inadequacies in reproductive health services. As compared to Sindh and Punjab, it is more widespread in Khyber Pakhtunkhwa and the down trodden tribal areas, with estimated incidence of 37 abortions per 1,000 women aged 15-49 years[7,8].

Khyber Agency is a Federally Administered Tribal Area (FATA) of Pakistan that ranges from Teerah valley down to Peshawar. Jamrud is a town located in Khyber Agency, in the outskirts of Peshawar. Being in the tribal belt in general, and due to the recent surge of Talibanization in particular, the inhabitants have strong cultural and religious views which substantially influence their health seeking behavior, especially regarding socially sensitive issues like contraception and abortion.

In this study on 54 consecutive abortion seekers, the mean age of the subjects was 32 (± 2.2) years and the predominant age group was 30-34 years (42%) followed by 35-39 years (22%). These results are similar to

Table 1: Socio demographic characteristics (N=54)

Characteristics Age (years)	No. of patients and percentage
15-19	1(2%)
20-24	2(4%)
25-29	8(15%)
30-34	23(42%)
35-39	12(22%)
40+	8(15%)
Educational Level	
Illiterate	35(65%)
Primary	11(21%)
Secondary	6(10%)
Intermediate and beyond	2(4%)
Occupation	
House wives	44(81%)
Employed	10(19%)
Marital Status	
Married	52(96%)
Single	2(4%)

Table 2: Reasons For Requesting Induced Abortion*

Reason	No. of patients and percentage
Too many children	31(58%)
Previous child was young	18(33%)
Contraceptive failure	6(11%)
Pregnancy outside marriage	2(4%)
Poverty/Financial Reasons	28(52%)

*participants could choose more than one option.

those in other studies conducted in Pakistan. In a study conducted by Population Council Pakistan[14], 70% of women were aged 25-39 in another study by Tayyab[15], 78% were aged 25-34.

Almost all the women in this study were married (96%). Moreover, majority (52%) had five or more living children. Similar figures have been quoted in studies done in Peshawar[16,17] as well as in other regions of Pakistan[18,19]. In contrast to Pakistan and other Asian countries, in regions such as sub-saharan Africa and European countries, induced abortion is more common among unmarried younger women[20].

In this study, majority of women were illiterate (65%) and house wives(89%). Although the low level of education in the study population is alarming, it reflects the low female literacy rate of this socially disadvan-

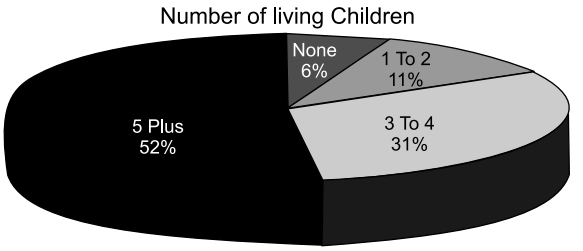

Figure 1

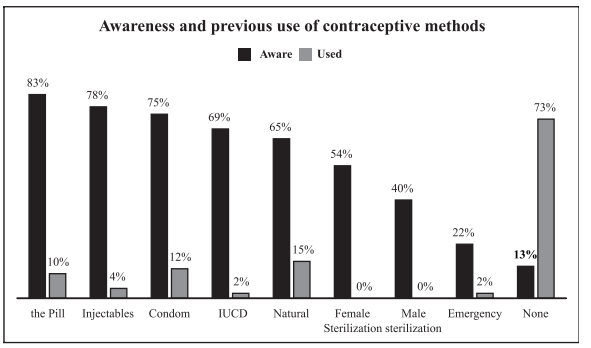

Figure 2:*
*participants could choose more than one option

taged region. Studies indicate that educational profile of women resorting to unsafe abortion in similar to that of female population in general[21].

Regarding the reasons for seeking abortion, having too many children was the predominant one, followed by poverty, child spacing, failed contraception, and pregnancy outside of marriage, (Respondents could give more than one reason). In a study conducted in three of the four provinces in Pakistan, too many children, poverty, and child spacing were cited by 55%, 54% and 25% of women respectively[14]. Another study by Rehan N[21] cited implicated failure of contraceptive method and pregnancy outside marriage as reason for induced abortion in 20% and 10% of cases respectively.

In this study, 83% of women were aware of one or more contraceptive methods, however previous contraceptive usage among them was shockingly as low as 17%. These results, unfortunately, are similar to those in other studies[22,23] which too, show wide disparity between contraceptive awareness and usage, irrespective of age, parity, educational status and social class. To seek an explanation for this observation, the participants of the study were asked the reasons for not using contraception. The fact that contraception is considered a social stigma in this war-afflicted, socially disadvantaged zone is evident from the fact that more than half of the respondents quoted husbands'/in-laws' opposition (22%), or contraception being against religion/social norms (30%) as the reasons behind not using contraception. 28% women did not practice contraception because of fear of side-effects whereas 20% did not do so because they thought they were not at risk of pregnancy at that time, being either in lactational amenorrhea, approaching menopause, having infrequent intercourse or irregular periods. A study done in Kohat[24] shockingly revealed that 81% of women think family planning is prohibited by religion and hence a sinful act. It is an irony that contraception is considered questionable in many Muslim communities but at the same time, induced abortion is not considered so[25]. These negative perceptions regarding contraception need to be dispelled to stop women from paying with their health and even lives for getting rid of an unwanted pregnancy.

CONCLUSION

Despite reasonable contraceptive awareness, the actual use is very low among women seeking termination of pregnancy. The socio-cultural and religious myths regarding contraception are the key factors in hampering its uptake and reducing the incidence of induced abortion.

RECOMMENDATIONS

There is a need to develop Universal Reproductive health services program which not only ensures universal availability and access to contraceptives but also takes cognition of religious and cultural imperatives, which so strongly influence family planning services in this part of the world.

REFERENCES

1. UNICEF. Report highlights risks of maternal mortality in developing world. [online] Available from http://www.unicef.org/media/media_45684.html [Accessed 2014-08-14].
2. World Health Organization. Maternal mortality in 2005: estimates developed by WHO, UNICEF, UNFPA and The World Bank. Geneva: WHO; 2007.
3. Singh S, Wulf D, Hussain R, Bankole A, Sedgh G. Abortion worldwide: a decade of uneven progress. New York: Gultmacher Institute; 2009.
4. World Health Organization. The prevention and management of unsafe abortion: report of a technical working group. Geneva: WHO; 1992.
5. Singh S. Hospital admissions resulting from unsafe abortion: estimate from 13 developing countries. Lancet 2006; 368: 1887-92.
6. Rai NK, Dali SM. Making pregnancy safer in south East Asia. (online) 2002. Available from URL: http://www.searo.who.int/linkfiles/regional_health_forum_volume_6_no_1_pregnancy_safer.pdf.
7. Sathar ZA, Singh S and Fikree FF. Estimating the incidence of abortion in Pakistan. Stud Fam Plann 2007, 38(1): 11-22.
8. Population Council, Unwanted pregnancy and Post-Abortion complications In Pakistan: Findings from a National Study, Islamabad, Pakistan: Population Council, 2004.

9. United Nations Population Division. Abortion policies: A Global Review. Newyork: United Nations, 2002.

10. Jafarey SN. Maternal Mortality in Pakistan – An overview of Maternal and Perinatal Health in Pakistan. Proceedings of Asian and Oceanic federation of obstetrics and Gynaecology workshop, Karachi, November 1991. Karachi: TWEL Publisher; 1992.

11. Unwanted pregnancy and post-abortion complications in Pakistan: Report of findings from a National study.. Population Council , Islamabad, October 2004. http://www.popcouncil.org.

12. National Institute of Population Studies (NIPS) and Macro International. Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan: NIPS, 2008.

13. United Nations, Department of Economic and Social Affairs, Population Division (2012). World Contraceptive Use 2012 (POP/DB/CP/Rev2012).

14. Casterline J, Arif S. Dealing with unwanted pregnancies: insights from interviews with women, Research Report, Islamabad, Pakistan: Population Council, 2003, No. 19.

15. Tayyab S, Samad N. Illegally induced abortions: a study of 37 cases; J Coll Physicians Surg Pak 1996, 6(2): 104-106.

16. Nara R. Reasons due to which, women resort to illegally induced abortions. J Postgrad Med Inst; 22(4): 309-312.

17. Naib JM, Siddique MI, Afridi B. A review of septic induced abortions cases in one year at Khyber Teaching Hospital, Peshawar. J Ayub Med Coll 2004; 16: 59-62.

18. Korejo R, Noorani K, Bhutta S. Socio cultural determinants of induced abortion, J Coll Physicians Surg Pak 2003, 13(5): 260-62.

19. Siddique S, Hafeez M. Demographic and clinical profile of patients with complicated unsafe abortion. J Coll Physicians Surg Pak 2007, 17(4) 203-206.

20. Adinma ED, Adinma JIB, Eke NO, Iwuoha C, Akiode A, Oji E. Awareness and use of contraception by women seeking termination of pregnancy in south eastern Nigeria. Asian Pac J Trop Dis 2011; 1(1): 71-75.

21. Rehan N, Inayatuallah A, Chaudhary I. Characteristics of Pakistani women seeking abortion and a profile of abortion clinics. J Womens Health Gend Based Med 2001; 10(8): 805-10.

22. V. Bhat P, Prabhu A, Kumar P, Nair S. Contraceptive Knowledge, practice and acceptance among women seeking termination of pregnancy at a secondary level hospital in Southern Karnataka. Health and Population- Perspectives and issues 2008, 31 (3), 157-62.

23. Abiodun OMA, Balogun ORA: sexual activity and contraceptive use among young female students of tertiary educational institutions in Ilorin, Nigeria. J Contracept 2008, 79(2): 146-49.

24. Jabeen M, Gul F, Wazir F, Javed N. Knowledge, Attitude and practices of contraception in women of Reproductive Age. Gomal J Med Sci 2011; 9(2): 223-29.

25. EL Hamri N. Approaches to family planning in Muslims communities. Islamic relief world wide. J Fam Plann Reprod Health Care 2010; 36: 27-31.

The Journal of Medical Sciences, Peshawar is indexed with WHO IMEMR (World Health Organisation Index Medicus for Eastern Mediterranean Region) and can be accessed at the following URL.

http://www.who.int/EMRJorList/details.aspx?docn=4468