Post abortion contraception following medical and surgical abortion in Bihar and Jharkhand, India

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Context

- Limited evidence on contraceptive behaviour and needs of women undergoing medical abortion

- Available evidence in India focuses on post abortion contraception after surgical abortion highlighting that:
  - Post abortion contraceptive counseling is not universal
  - Abortion services are conditional to adoption of concurrent sterilization/IUCD insertion

- No study compared contraceptive use patterns following medical abortion and surgical abortion among women in India
Why compare post abortion contraception among acceptors of medical and surgical abortion?

We hypothesize that

• Post abortion uptake may differ among women who undergo medical abortion compared to those who undergo surgical abortion because:
  • Medical abortion provides more opportunities for intensive client-provider interactions (+)
  • Medical abortion less likely to be associated with coerced contraceptive adoption (+)
  • Medical abortion does not permit concurrent sterilization or IUCD insertion (-)
  • Ease of undergoing medical abortion may encourage women not to opt for contraception (-)
The objectives of this paper are:

• To compare the patterns of post abortion adoption and continuation of contraceptive methods among women who have undergone medical and surgical abortion.

• To explore the differences, if any, in adoption and continuation of contraception following medical and surgical abortion.
Study design
Study sites

Bihar and Jharkhand selected purposively:

- Both states poorly developed
- High levels of maternal mortality and unmet need for contraception
- High abortion rates
- Poor health service delivery structures
- Presence of Janani, a major NGO provider of reproductive health services
- Janani conducts a significant proportion of all abortions conducted
The study was conducted in 4 high-volume facilities of Janani (a DKT affiliate) in Bihar and Jharkhand, two poorly developed states in India

- 2 facilities in Bihar (Patna)
- 2 facilities in Jharkhand (Ranchi, Jamshedpur)
Study setting and design

• Exploratory and prospective

• Data collected between November 2009 to May 2010

• All enrolled women were interviewed at two times:

  – First interview: (N=800 – 367 MA & 433 MVA)
    • On the day of MVA or shortly thereafter
    • One the day (15/21) abortion was judged to be complete or shortly thereafter for MA

  – Second interview
    • 6 months thereafter
    • Clients undergoing sterilization at the time of abortion were not interviewed
    • A weekly calendar to obtain information, for 6 months following the abortion, beginning the week in which contraception was adopted, on method continuation and switching, reasons for discontinuation and contraceptive decision-making

The paper focuses on data from 679 women (308 MA & 371 MVA)
Findings
Socio-demographic profile of women enrolled in the study

<table>
<thead>
<tr>
<th></th>
<th>MA</th>
<th>MVA</th>
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<tbody>
<tr>
<td>Mean age (years)</td>
<td>27.1</td>
<td>27.4</td>
</tr>
<tr>
<td>Mean years of education***</td>
<td>10.1</td>
<td>8.5</td>
</tr>
<tr>
<td>Mean number of surviving children***</td>
<td>1.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Worked during the past one year* (%)</td>
<td>12.3</td>
<td>18.9</td>
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<tr>
<td>Ever practiced contraception*** (%)</td>
<td>77.3</td>
<td>65.8</td>
</tr>
<tr>
<td>Abortion related experiences:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced multiple abortions* (%)</td>
<td>52.6</td>
<td>43.7</td>
</tr>
<tr>
<td>Satisfied with the services received from the provider*** (%)</td>
<td>98.4</td>
<td>95.7</td>
</tr>
<tr>
<td>Husband accompanied the woman to the clinic for abortion</td>
<td>89.3</td>
<td>84.9</td>
</tr>
<tr>
<td>Number of women</td>
<td>308</td>
<td>371</td>
</tr>
</tbody>
</table>

*p<=0.05; **p<=0.01; ***p<=0.001
Women who had undergone MA were much less likely than those who had undergone MVA to have adopted contraception in the first month following abortion.

Of MA clients who did not adopt a method of contraception, 76% reported that they had abstained from sexual relations in the first month following their abortion and only 6% of MVA clients reported this.

Adoption of contraception increases sharply in the following weeks – from 9% in Week 2 to 58% in Week 4 for those who had undergone MA.
Post-abortion contraception adoption (Monthly)

- By the end of Month one, 58% of MA clients and 86% of MVA clients were using a method of contraception

- By Month 6, the differences are marginal – 89% and 94% respectively for MA and MVA clients

*p<=0.05; **p<=0.01; ***p<=0.001
Methods adopted following abortion

- Women who had undergone MA were more likely to have opted for IUCD and condom by the end of first month.

- Women who had undergone MVA were more likely to have opted for sterilization and IUCD by the end of first month.

- Few women who had undergone MA opted for sterilization and few women who had undergone MVA opted for condoms.

- By the end of 6 months, the composition of the method of contraception did not change.
Contraception continuation following abortion

Analysis is restricted to 415 women who had adopted a non-terminal method of contraception in the first month following the abortion.

Notably, there are no significant differences between MA and MVA clients in continuation of non-terminal method use at any week following abortion.

The 24 week discontinuation rate for women who adopted a non-terminal method was 5% for those who underwent MA and 8% for those who underwent MVA.
Method-wise contraception continuation following abortion

- Method switching negligible among those who adopted non-terminal method in the first month of their abortion
- 24 week discontinuation rates not very different between the two groups
Summary

• Findings suggest that post-abortion contraception adoption and continuation are similar among women who underwent medical or surgical abortion

• Findings highlight that equally widespread adoption and continuation rates may be achieved irrespective of the type of abortion

• The distinctions in terms of timing of adoption of contraception and the method adopted noted in the first month following the abortion narrow over time

• Women who underwent MA were more likely to opt for IUCD or condom as compared to those who underwent MVA who opted for sterilization or IUCD

• Method-wise discontinuation rates were also not different between the two groups of women
Limitations

- This study was conducted in ideal service settings and hence calls for similar studies in service settings that are more diverse and reflect a more realistic situation at the ground level.

- Due to design constraints, we could not measure continuation beyond six months and therefore, findings are unable to assess whether discontinuation rates experienced by women who underwent MA or MVA differed beyond six months.