

Choice Of Contraceptive Use Amongst Women Concurrent with Medical Termination of Pregnancy

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Abstract—Background: The Medical termination of pregnancy (MTP) Act, 1971 with its amendments has been a pathbreaker in women's reproductive health in India. Despite liberalization of safe abortion services, many women seek non-standardized and unsafe means of abortion. Inaccessibility, lack of awareness and apprehension regarding contraceptive methods leads to unintended pregnancies. Most of these ends in abortion. **Aim:** To determine the indications of medical termination of pregnancy amongst reproductive age women and their contraceptive seeking behavior concurrently.

Materials and Methods: A retrospective observational study conducted in a public sector tertiary care institute from January 2022 to December 2023. Data of 300 women who underwent medical termination of pregnancy was analyzed using descriptive statistics.

Results: 264 out of 300 women opted for a modern method of contraception and rest opted for natural methods. Most common indication for MTP was unplanned pregnancy or to limit family size (78.4%). Tubal ligation was the most accepted (36%) method for concurrent contraception followed by intrauterine device (24%). There were religious differences in choosing a contraception. Multiparous women mostly adopted permanent method while others opted for spacing methods.

Conclusion: Awareness, education and alleviation of fear in reproductive age women with respect to contraception is required to prevent unplanned pregnancies and unsafe abortions.

Index Terms—abortion, contraception, MTP Act, reproductive health, unplanned pregnancy

I. INTRODUCTION

India is the first country to introduce family planning program (1952) in its first five-year plan. It legalized abortion with the medical termination of pregnancy (MTP) Act (1971) to prevent deaths due to unsafe abortions. It has been a long journey since then and the recent amendments of 2021 aim to expand the umbrella to unmarried women, include various other grounds for termination of pregnancy, and protect the identity of the woman seeking an abortion¹. However, there is a definite gap in utilization of safe abortion services. Infact, complications arising from unsafe abortions are the third leading cause of maternal mortality in India².

Worldwide, about 121 million unintended pregnancies occurred annually of which 61% ended in induced abortion³. One in seven of the unintended pregnancies occurred in India⁴. This data depicts poor maternal healthcare utilization⁵. An unplanned pregnancy is not just a personal issue. Pregnancy wastage and cost to the nation's healthcare system are added issues. Reasons vary from rape to familial and cultural beliefs to stigma regarding contraception.

As per National Family Health Survey-V (2019-2021) there is 9.4% unmet need for family planning⁶. There

is a wide variation from 3% to 18% amongst women of different age groups and as high as 27% in some states⁶. Inaccessibility, lack of awareness and apprehension regarding contraceptive measures are seen in both the woman and her partner. In some societies, cultural beliefs prevent access to contraception. End result of this stigma is that many women end up using medical termination of pregnancy as a means of contraception to limit family size.

This study explores the various grounds on which women in a tertiary care institute seek medical termination of pregnancy and what contraceptive measures they choose following the procedure.

II. MATERIALS AND METHODS:

This is a retrospective descriptive study conducted in a tertiary care institute located in Mumbai suburban area. The duration of study was two years (January 2022 to December 2023).

Data of 300 ever married women (age >18years) who underwent MTP were accessed from the records of family planning unit. Variables used were age, religion, parity, gestational age, indications for MTP and concurrent use of contraception. Indications were laid out as per The MTP Act (1971) and amendment of 2021.

Contraception methods offered in the hospital free of cost are Tubal ligation, Copper-T 380A, injectable contraceptive depot Medroxyprogesterone acetate (DMPA), combined oral contraceptive pills (MALA-N) and barrier method (male condom).

Descriptive statistics were used to analyze the data by using PSPP software (Version 3.0).

III. RESULTS:

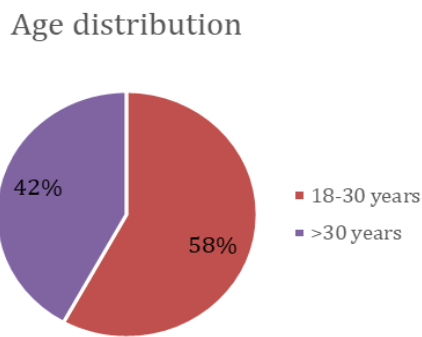


Fig. 1: Age distribution

58% women (174) were in age group 18 to 30 years and 42% women (126) were aged above 30 years. Mean age was 29.9 years, median age 30 years and standard deviation 5.3.

Hindu women accounted for 72% cases (216), Muslim women for 26% cases (78) and other religions were about 2% cases (6).

Table 1: Distribution as per gestational age

Gestational age (weeks)	Frequency	Percentage
Upto 12	174	58
12 to 20	90	30
20 to 24	36	12
Total	300	100

Total 68.4% (205) first trimester and 31.6% (95) second trimester MTP were performed. 12% (36) procedures were performed between 20-24 weeks gestational age.

Table 2: Indications for MTP

S. No.	Indication	Frequency	Percentage
1.	Unplanned pregnancy/Limit family size	235	78.4
2.	Fetal anomalies	50	16.6
3.	Prevent injury to physical or mental health of mother	15	5
	Total	300	100

78.4% cases (235) of MTP were for unplanned pregnancy or to limit family size, 16.6% cases (50) were for fetal anomalies and 5% cases (15) were to prevent injury to physical or mental health of mother or due to change of marital status

Of the 300 women who underwent medical termination of pregnancy, 88% women (264) opted for concurrent modern method of contraception and 12% women (36) opted for natural method of contraception.

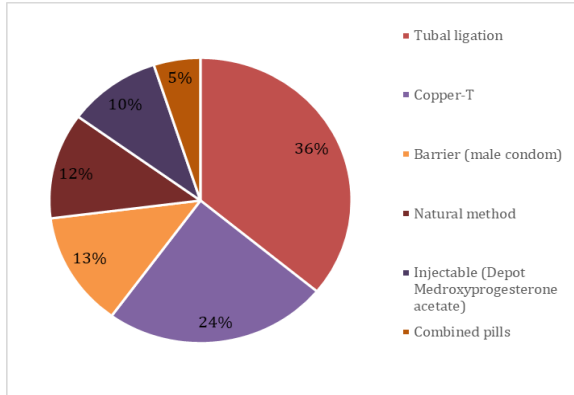


Fig. 2: Use of various contraceptive methods

Tubal ligation was opted by 36% cases (108), Copper-T by 24% cases (72), barrier method by 13% cases (39), natural method by 12% cases (36), depot Medroxyprogesterone acetate by 10% cases (30) and combined contraceptive pills by 5% cases (15).

Table 3: Parity and choice of contraception

Number of living children	Frequency	Percentage	Most common choice of contraception
No living child*	30	10	Barrier method (29%)
Single living child	101	33.6	Copper-T (49.5%)
2 or more living children	169	56.4	Tubal ligation (72%)
Total	300	100	

[*Indication was fetal anomalies]

10% women (30) undergoing MTP had no living child, 33.6% women (101) had single living child, while 56.4% women (169) had 2 or more living children. 72% of multiparous women opted for permanent contraception, i.e., tubal ligation, 49.5% of women with one child opted for Copper-T and 29% of women with no living child opted for barrier method.

Table 4: Religion and use of contraceptive method

S. No.	Method	Hindu (and others) †	Islam	Total
1.	Tubal ligation	87 (39)	21 (27)	108
2.	Intrauterine device (Copper-T)	58 (26)	14 (18)	72
3.	Barrier (male condom)	28 (12.6)	11 (14)	39
4.	Injectable (DMPA)	25 (11.5)	5 (6.4)	30
5.	Combined pills	12 (5.5)	3 (3.8)	15
6.	Natural methods	12 (5.4)	24 (30.7)	36
	Total	222	78	300

[†Other religions include Jainism, Christianity & Sikhism.

Figures in parenthesis represent percentages]

IV. DISCUSSION:

As per study conducted, 88% women undergoing MTP opted for modern methods of contraception, while 12% women chose natural methods. This is a depiction that women are making more health directed choices when proper counselling is done and their fears regarding contraception are alleviated.

More than half the women (58%) seeking MTP were in age group 18 to 30 years. Enhanced contraceptive counselling is of utmost importance in this younger and vulnerable age group.

About two-thirds of the procedures were first trimester MTP. Most common indication was an unplanned pregnancy and couple wanting to limit their family size. This indication was corroborative with studies conducted by Shipra et al⁸ and Mahima Jain⁹.

As per research done at Guttmacher Institute, fully meeting women's contraceptive needs can bring down unintended pregnancies by 68% and unsafe abortions by 72% in India⁷.

Tubal ligation was adopted as the most common contraception by 36% women. This was followed by Copper-T, barrier method, natural method, injectable (DMPA) and combined pills. 72% women having two

or more living children preferred tubal ligation as permanent method of contraception while, 49.5% of women having single child preferred Copper-T. Comparable with studies conducted by Shankaraiah et al¹⁰ and Mahima Jain⁹, tubal ligation and intrauterine device were two most commonly used contraceptives.

Table 5: Contraceptive methods used.

Contraception	Our study	Shankaraiah et al	Mahima Jain
Tubal ligation	36%	40.3%	55.9%
Intrauterine device	24%	23.1%	23.3%

Religious differences are also seen with more Hindu women opting for modern contraceptive methods compared to other religious communities. This may be due to their cultural beliefs.

Women in India adopt permanent method of contraception more easily, but they are still apprehensive about the modern spacing methods. Awareness and education can help to fill this gap. Current contraceptive prevalence rate in India is 67% and it can be raised to 76% when all married women adopt some method of contraception⁶.

V. CONCLUSION:

Despite the socioeconomic progress of the country there is high rate of unmet need for contraception. The acceptance of a contraceptive method by a woman is based not only on her medical and obstetric history but also on her education, occupation, religious and cultural beliefs. It is important to counsel the woman and her husband and clarify doubts and myths related to different methods by the health care provider to prevent unplanned pregnancies. This would help prevent psychological setback to the woman, reduce pregnancy wastage and cost to the nation's healthcare system.

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