

The Compliance Of Contraceptives In Post Abortion In Women

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Abstract

Objective

After MTP women are concerned about recurrent unwanted pregnancies and yield for option of family planning – contraception. Ideal contraceptive method should be highly effective, accepted, simple to use and requiring minimal motivation, maintenance and supervision. The contraceptive methods included in our study are: MALA-N, CuT-380A, ANTARA and CHHAYA.

Aim of present study is to understand the compliance of various contraceptive methods.

Material and Methods

A prospective study was performed from Jan 2019 to Aug 2020, in the department of obstetrics and gynecology, Siliguri district hospital, Siliguri, Darjeeling. All the cases reported for MTP are included. Post abortion follow up and any other untoward outcome if any were recorded.

Result

In our study, 42 women had choice of contraceptive MALA-N, 19 of CuT-380, 28 with ANTARA, and 11 of CHHAYA. Out of 100 women 71 show compliant with different contraceptives as- 29 with MALA-N, 14 with CuT-380A, 19 with ANTARA and 9 with CHHAYA. There are various reasons for non-compliance of contraceptive use in women.

Discussion

Every woman of reproductive age group coming to OPD must be counselled about contraceptive use. Highest number of women accept MALA-N and the compliance of MALA-N was highest among women on contraceptives.

Conclusion

The regular counselling of women in hospitals and in their localities is of utmost importance, so that the contraception is practiced in a proper manner. This counselling should include- Various types of contraceptives, their side effects, the benefits of contraceptives to them as well as their family. Further study is yet required for the better usage of contraceptives.

Keywords: Contraceptive, counselling, reproduction, women

Introduction

Medical termination of pregnancy either by medical or surgical methods before the 20 weeks of gestation is legal according to constitution of India by “Medical termination of pregnancy Act” of 1971, which was introduced in 1972 and revised in 1975.¹

After MTP women are concerned about recurrent unwanted pregnancies and yield for option of family planning – contraception.

Contraception: All the measures temporary or permanent designed to prevent pregnancy due to coital act.

Ideal contraceptive method should be highly effective, accepted, safe, reversible, cheap, having non contraceptive benefits, simple to use and requiring minimal motivation, maintenance and supervision.²

Various contraceptive methods included in our study are:

1. Oral contraceptive pills like MALA-N – it is a steroidal oral contraceptive pill containing levonorgestrel (progestin) 0.15mg and ethinylestradiol (estrogen) 30µg. It has 28 pills with 21 hormonal and 7 iron tablets. One tablet has to be taken every day. It can be given immediately within 7 days of first or second trimester abortion without any backup contraceptive.³

2. Intrauterine contraceptive devices Cu -T 380a. It is a medicated device containing Cu. There are two threads used for detection and removal of device.⁴

3. Injectable DMPA, it is available as ANTRA, which is 150mg of depot medroxy progesterone acetate given within 5 days of menstruation every 3 months.⁵

4. Centchroman – CHHAYA, Ormeloxifene, it is a nonsteroidal compound. It is taken orally 30mg twice a week for 3 months then once a week to continue.⁶

The aim of present study is to understand the compliance of various contraceptive methods

1. Proportion of women choosing specific contraceptives (MALA-N / Cu T380a / ANTRA / CHHAYA)
2. Proportion of women complaint in 1 month
3. Proportion of women complaint in 3 months
4. Proportion of women complaint in 6 months
5. Proportion of women who are non-complaint and specific cause for the same under association with different variables.

Material and methods

The present study was conducted in the department of obstetrics and gynecology ,Siliguri district hospital , Siliguri, Darjeeling. A prospective study was performed from Jan 2019 to Aug 2020.

All the cases who reported for MTP to the hospital for abortion are included. This was performed as outpatient or as in patient depending on the period of gestation and medical or surgical being adopted. Sociodemographic parameters like age, parity, period of gestation, indication for abortion were recorded. All the cases were enquired about their future planning regarding contraceptive after abortion. The cases that had undergone abortion elsewhere were also part of the study if they had reported to the hospital for any complication like hemorrhage, fever or sepsis. They were also asked for the contraceptive planning. Post abortion follow up and any other untoward out come if any were recorded.

The present study was conducted on 100 patients from the age group of 16 – 40 years.

Exclusion criteria

1. Those who refused contraceptive method
2. Those who had some medical or surgical complication

3. Those who did not come back for follow up

Result

In our study, 42 women had choice of contraceptive MALA-N, 19 of CuT-380, 28 with ANTARA, and 11 of CHHAYA. Out of 100 women 71 show compliant with different contraceptives as- 29 with MALA-N, 14 with CuT-380A, 19 with ANTARA and 9 with CHHAYA. Out of 13 women of non-compliant of MALA-N, 6 in 1 month, 3 in 3 months and 4 in 6 months. In 5 women of non-compliant with CuT-380A – 2 in 2 month, 2 in 3 month and only 1 in 6 months. In ANTARA, no compliant in 1 month, 4 in 3 months and 5 in 6 months. Non-compliant of CHHAYA – 1 woman in each 1 and 3 months but no in 6 months.

The reason for non-compliant in MALA-N was most common missed pill as 11 out of 13, while in CHHAYA it was 1 out of 2 about 50%. It has been found that only 1 woman had irregular menstruation in MALA-N and CHHAYA while 8 in ANTARA. 1 woman had non-compliant in ANTARA due to weight gain, leucorrhoea in MALA-N, missed thread and partner feeling thread in CuT-380A each. In CuT-380A - 3 women non-compliant due to lower abdominal pain.

Discussion

There is a huge void in family planning area the women who are very minimally literate and belong to lower socioeconomic status. Every woman of reproductive age group coming to OPD must be counselled about safe abortion methods and contraceptive use. Ferreira AL et al(2010)⁷ found that all women enrolled in his study, 97.4% accepted at least one contraceptive method. Most of them have no abortion history. Among 4 choices, most of the women (42) preferred MALA-N contraceptive compared to other contraceptives ANTARA (28), CuT-380A (19) and CHHAYA (11). The choice they made was in general their local counselling of ladies or their known ASHA worker. Most women chose MALA-N because they heard about it in neighbourhood. Women who chose ANTARA, want to avoid daily reminder for pill and free of worry for 3 months. Women chose CuT-380 and CHHAYA were due to counselling in our hospital.

Paul M et al (2016)⁸ found that contraceptive use was measured at 2 weeks among women successfully followed up and 3 months in the sub set of women who were included if they were recruited at one of the urban study sites, owned a phone and agreed to a three-month follow-up. There were no differences between contraceptive use and continuation between study groups at 3 months (76% clinic follow-up, 77% home- assessment), however women in the clinic follow-up group were most likely to adopt a contraceptive method at 2 weeks, while women at home assessment group were most likely to adopt a method after next menstruation. 52% of women who initiated a method at 2 weeks chose the three-month injection or CuT-380A intrauterine device. Only 4% of women prefer sterilization.

We found that the women who preferred MALA-N contraceptive, highest number (29) of women had compliant and 13 had non-compliant which was statistically significant

($p=0.0005$) and the reason for non-compliant were missed the pill (11 women), menstrual irregularities (1 woman) and leucorrhoea (1 woman). We also found that after using of MALA-N contraceptive, 6 women have non-compliant at 1 month, 3 women has non-compliant 3 months and 4 women have non-compliant at 6 months. We found that missing dose was main issue with the non-compliance and women lack of knowledge on how to continue the rest of the course if the miss 1 or 2 pills was the main hurdle for them to continue further. Every step counselling is important. Yet the women did not perceive these counselling so cautiously but further counselling help many women.

In our study out of 100 women 19 had used CuT-380A contraceptive and among them highest number (14) women had compliant and 5 women had non-compliant, which was statistically significant ($p= 0.0035$) and

the reason for non-compliance were lower abdominal pain (3 women), missed thread and partner feeling thread (1 women) each. We also found that after using of CuT-380A contraceptive, 2 women had non-compliance at 1 month and 6 months, 2 women had non-compliance at 3 months. We found that women have many misconceptions about IUCDs like they cause pain / infection and other diseases. Most women had minor discomfort which were neither directly nor indirectly related to IUDs. The misconceptions among these women group was very high when they come to follow up. Constant counselling and reassurance is needed in every follow up, and 84% women who choose CuT-380A become compliant.

The women used ANTARA contraceptive (28), most of them compliant (19 women) and 9 women had non-compliant, which was statistically significant ($p=0.0076$) and the reason for non-compliance were menstrual irregularity (8 women) and weight gaining (1 woman). Onset of non-compliance in ANTARA was late as 4 women at 3 months and 5 women at 6 months, while no case in 1 month. The reason of choice of ANTARA was mainly – they did not want to add one daily task of taking a pill and did not want IUDs. Regular menstrual cycle is an important part of women's health, and ANTARA causing menstrual irregularities scared most of the women, but in this study 28% women were not convinced and wanted to change to some other contraceptive method.

In this study, out of 100 women, only 11 women had used CHHAYA contraceptive and among them highest number of (9 women) had compliant and 2 women had non-compliant which was statistically significant ($p = 0.0028$) and the reason for non-compliance were menstrual irregularity and missed pill one woman each. We also found that after using CHHAYA contraceptive the non-complaint of one woman at one month and at three months. CHHAYA contraceptive is very new for women which came for MTP. The dosing course is tricky for some women. Most women coming to OPD did not choose CHHAYA. From our study we found that most of the women (38%) had non-compliance at 6 months and 31% had non-compliance at one month and three month each which were not statistically significant ($p = 0.2983$).

Conclusion

After this study, we reach the conclusion that regular counselling of women in hospitals and in their localities is of utmost importance, so that the contraception is maintained in a proper manner. This counselling should include, but not be limited to: Various types of contraceptives, how to manage their side effects, the benefits of contraceptives to them as well as their family. Further study is yet required for the better usage of contraceptives.

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