ORIGINAL ARTICLE

BARRIERS TO USE CONTRACEPTIVE METHODS AMONG POST ABORTION CLIENTS IN SARGODHA, PAKISTAN: A QUALITATIVE STUDY

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ABSTRACT

World Health Organization (WHO) recommends at least 6 months inter pregnancy interval after an abortion. Pakistan has low contraceptive prevalence rate and high unmet need of contraception. Post abortion women are the potential clients for contraception but national data reveal low uptake of contraceptive method by these clients. This study aimed to explore the barriers to adopt contraception among post abortion clients in district Sargodha, Pakistan. A qualitative research design was used. Study participants were recruited from three private and three public sector hospitals in district Sargodha, Pakistan. Study was conducted from July 2018 to November 2018. Ninety-nine in-depth interviews (IDIs) of post abortion women were conducted using an un-structured interview guide within the period of one month after abortion. Detailed field notes were made. Interviews continued until thematic saturation had reached. Content was organized into a matrix based on themes and sub-themes. A descriptive thematic analysis using both inductive and deductive coding was conducted. Reasons of not adopting contraceptive methods were explored Although many clients expressed desire to limit fertility, some barriers were found to be hindering uptake of contraception. Major barriers expressed by clients were un willingness of husband, resistance of other family members and real or perceived fear of side effect of contraceptive methods. Lack of adequate knowledge about fertility and contraception was another factor which contributed in decision of not adopting contraception. Socio-cultural norms to have large family size were also reported by some clients. Other barriers include religious beliefs, focus on other health issues, financial unaffordability, infrequent intercourse and plan for tubal ligation. The study concluded that without addressing the barriers post abortion contraceptive uptake unlikely to improve. Identification of barriers is the first step to address the existing unmet need contraception.

***Keywords**: Abortion, Contraception, Post-abortion family planning, Unmet need*

INTRODUCTION

Pakistan has become the 5th most populous country in the world with high unmet need (17%) for contraception and low contraceptive prevalence rate (34%)[1]. High unmet need for family planning indicates the large gap between women's desire to avoid pregnancy and contraceptive method usage[2]. The country is also facing the high population growth, increasing at a rate of 2.4% every year[3].

Low contraceptive uptake and high unmet need for family planning accompanied by lack of women's empowerment, lead to high fertility rates and increased population growth[4]. On a global scale, addressing the unmet need for contraception has remained a challenge, particularly in the post-partum and post abortion period. Post abortion family planning is an important intervention for achieving overall family planning coverage. After an abortion a woman is at high risk of closely spaced subsequent pregnancy due to rapid return of fertility[5]. That is why, post abortion care (PAC) should include discussion of post abortion fertility, optimal and desired timing of future pregnancy, contraception, and, if the client chooses, the actual provision of a contraceptive method[6]. Unintended pregnancies and unsafe abortions can be reduced by increasing contraceptive use among post abortion clients[7]. It is thought that women having an abortion may be highly motivated to secure contraception and this may also be a convenient time for them to do so[8]. But a very low percentage of post abortion client adopt contraceptive method to space and limit births. This missed opportunity to provide contraception can result in high magnitude of unmet need[9]. Our social set up is complex and it strongly affects health seeking behavior of women[10]. This also implies to decision making about contraceptive uptake after an abortion.

Barriers to adopt post abortion family planning occur at multiple levels: socio-cultural; service accessibility; couple and family; and individual levels[11]. Socio-cultural influences, restricted female's mobility, large family norm, fear of side effects of contraceptive methods, religious and financial limitations have been considered as the major barriers towards the adoption of family planning methods. A major factor influencing Pakistani women's intention to use any methods

of contraception is the approval of key decision makers, particularly husband.

In Pakistan, there is an urgent need to explore the reasons for non-adoption of contraception among post-abortion clients. Identifying barriers, is important if we are to increase met need for contraception. Limited data is available in our country in this regard. This study would be helpful in identifying the reasons for not adopting a contraceptive method and formulating strategies to promote the uptake of contraceptive methods among post abortion clients.

METHODS

The study was carried out in three public sector and three private sector hospitals of district Sargodha from July 2018- Nov 2018.

Participants: Inclusion criteria was women aged 15–49 years who reported any type of abortion before 20 weeks gestation and who gave written consent. Women with a plan or desire for next pregnancy within 6 months and who developed life threatening complications were excluded. Approval from Ethical Review Committee of Army Medical College was obtained. Ninety-nine post abortion clients participated in the study, using consecutive sampling technique. Study participants included both urban and rural residents who sought medical care from either private or public sector after abortion. Women of different age groups and varying parity were included in the study.

Procedure: Researcher introduced herself to participants and shared the reasons of doing the research with them. In-depth interview data were collected by trained bilingual researcher. Participants provided voluntary written informed consent immediately prior to the interview. Each face-to-face, in-depth interview took 30–45 minutes and was conducted in Urdu, using an un-structured interview guide. The interview started with open-ended questions to collect participant's demographic characteristics. Questions about respondent's previous experience of contraceptive method use, experience of being counselled, perceptions of the barriers to family planning use, and future fertility intensions were asked from study participants. Interviews continued until researchers became convinced that no new information was emerging from the additional interviews, that is, when saturation was achieved. Detailed field notes were made.

Data Analysis: A descriptive thematic analysis using both inductive and deductive coding based on the research questions and topic guide, was conducted. Two researchers among authors reviewed the first five interviews to reach mutual consensus on coding structure.

RESULTS

The mean age of study participants was 28.4 ± 6.04 years. About two thirds of participants were urban residents and rest one third belonged to rural areas. Approximately 98% participants were Muslim and belonged to Punjabi ethnicity. Marriage was a norm in the society, so all the study participants were married. Majority (about 80%) were literate. About 50% participants had 1-2 living children while about 39% participants had 3 or more issues. All the participants had access to reproductive health services. Some participants had the experience of using contraceptive methods in past.

Three main themes were identified by the researchers. These were personal barriers, social & cultural barriers and health care related barriers. In context to personal barriers, five sub-themes were observed like fear of side effect of contraceptives, religious concerns, preference for permanent method, focus on other health issues and contraception was not a felt need. Social & cultural barriers comprised of two sub-themes, opposition to limiting fertility like un willingness of husband and un willingness of family and social pressure to have large family size. Health care related barriers included lack of knowledge about contraception due to lack of comprehensive counseling by health care providers, negative attitude of health professionals and financial constraints because in private sector, clients have to pay for to avail desired quality services.

Un willingness of husband

Although most modern contraceptive methods are designed to be used by women, married women are not involved in decisions like whether to use contraception or not. In Pakistani society, husband is key decision maker in all types of decisions including family planning. Mostly post abortion women do not adopt contraception because they anticipate husband's resistance. Women are usually reluctant to discuss the matter with their spouses. Health care providers do not involve the husbands in counseling related to post abortion family planning. Desire for more children, son preference, unwillingness to use condoms, fear of being ridiculed by peers and gender inequality are the reason behind this barrier.

My husband would not allow me to adopt family planning method. If I do so, he will marry another woman to have more children (35 years old, Para 4)

My husband says that Muslim are allowed multiple marriages to increase the Muslim in the world. Every new born child comes to world is granted livelihood subsistence by Allah. (28 years old, Para 3)

In my husband's opinion, we do not need contraception now, because we do not have any child yet. We will think about birth spacing after our first son. We should not delay first pregnancy. Every one around us asks about it. (23 years old, nulliparous)

I can't adopt any family planning method because my husband looks after me only during pregnancy. Otherwise, he is least bothered about my needs and my presence. (32 years old, Para 3)

My husband said that the inheritor of our land and property should be the male child. Our surname will be held by our son only. (25 years old, Para 1)

Un willingness of family

Adoption of contraceptive method is not considered as the mutual right of a couple. Other family members influence this decision especially if the couple is young or is the part of extended family. Desire to have more grandsons and concerns about return of fertility after discontinuation of method were the main reasons behind this resistance. Few mothers in law thought that contraceptive will make their daughters in law infertile.

My mother-in-law says that if you use any family planning method after this abortion, you will never be able to conceive again. So, I do not want to take risk (20 years old, nulliparous)

I have three daughters and I am not allowed to adopt any family planning method till I deliver a male. My in-laws think family planning methods will make me infertile (29 years old, Para 4)

Social pressure to have large family size

Cultural norms to have large family size were also reported as a barrier. According to the participants, women are influenced by the peer pressure to have a large family, and the primary pressure mostly comes from immediate relatives and friends.

My husband is the only son and he has four sisters. All the time my mother-in-law insists me to become pregnant and have at least four male kids (23 years old, Para 2)

The fear of side effect of contraceptives

The fear of side effect of contraceptives was one of the major concerns to adopt post abortion contraception. Some of the side effects mentioned were weight gain, bleeding and spotting, perforation of uterus by IUCD, continuous lower abdomen pain and inability to conceive again.

I am already fat and I have heard that pill and injection cause weight gain (28 years old, Para 3)

Bleeding pattern irregularities was reported as one of the most significant reasons of reluctance to adopt contraception.

I used family planning injection. When I wanted to conceive after a gap of one year, I could not get pregnant and I have to consult a doctor to treat infertility (24 years old, Para 2)

Rumors and misconceptions regarding are prevalent in our society and women share the bad experiences of their friends and relatives with each other.

I am eye witness of a woman who had IUD insertion, that went into abdomen and was removed by major operation (30 years old, Para 4)

One of my neighbors got the injection and she had no period for one year. So, I cannot take the risk (24 years old, Para 2)

Lack of knowledge about contraception

Another important barrier is the lack of knowledge about contraceptives among post abortion client. Low socioeconomic status and illiteracy are the contributory factors regarding knowledge about contraception. Many misconceptions and rumors are prevalent in the society. Many couples think that after abortion, there is no chance of becoming pregnant till the resumption of regular menstrual cycle. Moreover, post abortion care lacks comprehensive contraceptive counseling. The content of counselling should take women's contraceptive preferences and previous experience into account, include information on a wide range of methods, reassure women on how to deal with side effects, and address common misconceptions.

I will start using family planning after my next menses. There is no chance of pregnancy as I did not have periods after abortion (30 years old, Para 3)

Religious concerns

Religious concerns also play a role in decision-making. Cultural and religious barriers are major factors hindering the uptake of contraception. Some couples think that religion only allows 'natural' birth control and use of modern methods of contraception are prohibited. Some participants believed that their family and society does not encourage the use of contraception for religious reasons. Many participants stated that they have asked religious leaders about the use of family planning methods and they were told not to use contraception but to respect the natural order established by God.

My husband says that we the Muslims are allowed multiple marriages to have more children and increase the number of Muslims in

the world. So, no family planning at all can be opted (40 years old, Para 5)

Plan for tubal ligation
Tubal ligation is the most commonly adopted method in Pakistan especially by lower socioeconomic group women who have completed their family. Some study participants told, that they have decided to opt permanent method after a month. Women did not understand the importance of use of interim period or they think that they are not at the risk of becoming pregnant again.

I have made my mind about tubal ligation, so I will not adopt any method. I have heard a lot of problems related to these methods (35 years old, Para 3)

Financial constraints
According to some post abortion clients, high cost of the modern contraception was reported to be a barrier to adopt contraception. Most Pakistani women are house wives and dependent upon the limited income of their husbands. Consequently, they are unable to pay the health care provider's fee and charges of method provision.
I wanted to get implant but fee of doctor was too much, beyond my affordability limit. May be, I would be able to arrange the amount after few months (31 years old, Para 2)

Infrequent intercourse Some women said that they have sexual intercourse infrequently or not at all. Husband is doing job in some other city or abroad.
I do not need any method because my husband serves in army and he comes home for few days after 2-3 months and I take EC Pills during that time (34 years old, Para 3)

Focus on other health issues for example weakness due to anaemia, genital tract infection, diabetes or hypertension or any health issue of children.
Women were not ready to face side effects related to method.
My husband says, you are facing many health issues so far family planning relies on me, I will be careful (23 years old, Para 1)

DISCUSSION

The objective of this study was to identify the major barriers that resulted in low contraceptive uptake among post abortion women in Sargodha. It specifically focused on attitudes that would affect the uptake of contraceptive methods. The study found that post abortion women in Sargodha have high un met need of contraception.

In this study, husband's resistance to use family planning method was the most important barrier. Participants of this study expressed that husband is the prime decision maker in all types of decisions including decision about family size, birth spacing and contraceptive use. The findings of another qualitative study conducted in three provinces of China also showed that husbands had main influence over decisions on when and what types of contraception were used. Women lack decision power to use a method of their choice, or to use contraception at all; some women reported that their partners refused to use barrier method[12]. Another study which described women's perception and attitudes towards contraception in Europe and North America, revealed a positive association was found between communication with the partner and contraceptive use.[13] However, the contraceptive prevalence in Europe was estimated to be 74%, indicating higher rate of use of contraceptives. This higher rate is the reflection of women empowerment and autonomy in decision making.[14]

Family pressure especially from mother-in-law was found to have strong influence on decision about adoption of contraceptive method. A study conducted in India described the role of family pressure regarding non adoption of contraception. Few participants disclosed that pressure from family members plays a significant role in having a large family size. Few of them told that "waiting for birth of a male child" was an obstacle in convincing husband/family members about using contraception[15]. Women have more autonomy in their contraceptive decisions in western societies and no evidence of family pressure is documented in western world. Prevalence of post abortion contraception is high in European countries.[16]

In this study cultural norms to have a promote large family size were reported as a barrier to adopt contraception. A study conducted in Kinshasa, Congo highlighted that different focus groups, expressed their un willingness to contraceptive use because it is against socio cultural norm. Women are pressured by others to avoid family planning because of the desire for large families and the perceived side effects of modern contraceptive methods[17] A study conducted in Maharashtra India, demonstrated the sociocultural concerns. Family expects that couples should have children soon after marriage, ideally within a year of marriage to demonstrate health and fertility and marital happiness. Son preference is rooted in socio-cultural traditions where sons inherit the family name, property/lands, and are family voice in the community. [18]

The current study found that fear of side effects was the important barrier in contraceptive method uptake among post abortion clients. The fear of secondary infertility after using any birth

spacing method was expressed by many respondents. Concerns about bleeding and spotting were mainly reported regarding use of hormonal methods. Myths about IUCD being "displaced into abdomen leading to surgery" were also stated as barrier for its use by many post abortion clients. Friends and relatives were cited as the most common sources of information. Fear of weight gain, infection and irregular cycles were the perceived barriers for adopting pills as family planning method. Another qualitative study conducted in Pakistan by Mustafa et al., described that majority of participants, particularly women, are not willing to use contraception due to perceived side-effects for example, permanent loss of fertility, black spots and hair growth on face, and impotency[19]. Health care providers must counsel the couple about contraception and give the scientific basis of non-truthfulness of prevalent myths about side effects. Mass media can play its role in creating awareness and health education of people regarding contraception. Training of doctors and paramedic staff in counseling skills, availability of printed brochures and availability of cafeteria approach of contraceptive methods can address this issue.

The current study revealed that lack of awareness about family planning is a significant deterrent to its use. Moreover, health care providers do not focus on post abortion family planning counseling. If counseling is done, it lacks comprehensiveness. In a study conducted by Penfold et al., post abortion clients quoted that main reason of not taking up contraceptive services was not being informed about contraception by the health care provider[20].

Effective post-abortion contraception also requires immediate offer of contraceptive methods before the discharge of women from hospital. Counseling about contraception and provision of method should be simultaneously done. In current study, very few clients were offered comprehensive counseling and service provision before discharge from hospital. Another longitudinal study conducted at Brazil study showed that post-abortion family planning care was poorly delivered. In fact, very few women were provided with contraceptive prescription while hospitalized[21].

Another barrier towards family planning was the religious beliefs. The results of the study are in accordance to a study conducted among Somali immigrants in Oslo, some participants believed that their community looks unfavorably upon the use of contraception for religious reasons. Many participants reported that they have taken guidance by religious scholars regarding the use of contraception. According to them, people should not use contraception and must respect the natural order established by God[18].

In this study participants have plans for tubal ligation in future and not considering any method for interim period. According to PDHS, permanent method is a method of choice for many women of child bearing age after completion of family size. Same approach is reflected in the choice of method by post abortion clients. These findings are similar to a study conducted in India. Female sterilization is often the preferred means of contraception in India as well, after achieving the desired number and gender of children[22].

Some clients thought that the risk of becoming pregnant is low after abortion due to infrequent intercourse, lack of awareness about rapid return of fertility and knowledge about range of family planning methods.
Few non adopters revealed that cost of family planning methods and fee of health care provider is the reason of not adopting a contraceptive method. In another study conducted at Nigeria, respondents described that family planning products, except condoms, were considered as 'now becoming expensive'[23].

CONCLUSION

Barriers to adopt post abortion contraception include un willingness of husband and in-laws, fear of side effects, lack of knowledge about contraception, plan for tubal ligation in future, infrequent intercourse, focus on other health issues and religious beliefs. Eliminating the barriers to adopt post abortion contraception will have important public health implications, including prolonging inter-pregnancy intervals, and addressing the existing unmet need of family planning. The findings of this study can be helpful in developing culturally sensitive programmes and strategies, which help Pakistani women overcome the identified barriers to contraception.

Conflict of interest
None to be declared.

Ethics approval
Ethics approval for this study was granted by Ethical Review Committee of Army Medical College Rawalpindi, Pakistan.

Funding source
None

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