Original Article

Profile of Clients Seeking Abortion Care Facilities at a Tertiary Care Center in a Remote Place

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ABSTRACT

Background: It has been shown that the demographic profile, parity, religion, caste and ethnicity plays an important role in the timing of the females seeking abortion care and their choice of contraception. So, we wanted to conduct this study to access the demographic profile of the abortion seekers in the study area and the relation of these to the timing of seeking safe abortion services and to their choice of contraceptives.

Methods: This was a descriptive cross-sectional study conducted at KAHS, Jumla. The sampling technique was census sampling. The data analysis was done with the help of SPSS version 16 software. For descriptive statistics frequency and percentages, and for the inferential statistics Chi-square test was used. P value less than 0.05 was used for statistical significance.

Results: There were total of 163 clients who had received comprehensive abortion care during the study period. About 63.8% females were Brahmin and Chetri and 20.9% were dalits. Most of the females were in the age group of 18-20 and 21-35 years (36.2 % and 36.8%). Also most of the females had either no schooling (25.8%) or only primary level of schooling (38.7%). 24.5% of the females were unmarried in our study. Younger age group and unmarried status was significantly associated with late presentation. There was less acceptance of LARCs in the unmarried females (27.5%), females from rural populations (38.6%), primigravidas (13.7%) and among non-dalits (38.0%).

Conclusion: Timing of abortion is correlated to the demographic profile with the younger females, lower literacy status, females from the rural area, unmarried, under-privileged and primigravida tend to present later in the pregnancy for abortion. This also play a significant role in their choice of more reliable contraception. So, we should focus the awareness program in these females.

Keywords: abortion, contraceptives, demographic profile

Access this article Online	Article Info.
Quick Response (QR) Code	**How to cite this article in Vancouver Style?**
	Shah R, Basnyat S, Panta PP, Thapa J. Profile of clients seeking abortion care facilities at a tertiary care center in a remote place. Journal of Karnali Academy of Health Sciences. 2020; 3(3).
	Received: 9 October 2020 **Accepted**: 29 November 2020 **Published Online**: 1 December 2020
	Source of Support: Self **Conflict of Interest**: None

INTRODUCTION

According to the worldwide accepted norms, reproductive rights and decision to terminate or continue any pregnancy is the sole right of the women. To protect this right of women, government of Nepal had introduced "National guidelines on Safe abortion service 2060" to legalize abortion in Nepal.[1] The constitution of Nepal, 2072 has established reproductive right as the basic right of the female.[1]

Abortion constitutes of about 9% of all pregnancies in Nepal.[1] About 72% of the females chose medical abortion, while 17% chose manual vacuum aspiration and 7% chose dilatation and evacuation.[1] The females from the rural area were more likely to go for the medical abortion. The females from urban areas, those from higher economic status and females with an SLC or higher were more likely to visit authorized abortion facility[1]. Younger females tend to present later in the pregnancy and also have more likely to develop complications.[2, 3] In developing countries the adolescents' population comprises almost 40 to 50 % of all the cases of abortion complications.[4] The majority of females tend to choose short acting contraception post abortion. Younger females are less likely to choose long acting contraception. Similarly, females who has presented after 13 weeks are more likely to not choose any method of contraception then females who has presented before 12 weeks.[5]

In the Karnali resgion, this type of study was not done previously. So, we wanted to conduct this study to know the demographic profile of the abortion seekers in our area and the relation of these to the timing of seeking safe abortion services and to their choice of contraceptives. This would help us to intervene at the appropriate level.

MATERIALS AND METHODS

This was a descriptive cross-sectional study conducted at Karnali Academy of Health Sciences (KAHS), Jumla. The study was conducted after the ethical approval from Institutional review committee (IRC) of KAHS. The data was collected from the hospital records of Maternal and Child Health (MCH) clinic. All the females who had come for the safe abortion services at KAHS was included in the study, from the month of Mangshir, 2076 to Shrawan, 2077. The Comprehensive abortion care (CAC) services were started at KAHS from Mangshir, 2076. There were total 163 females who had come for safe abortion services during the study period. The females who had come for post abortion care were excluded.

The sampling technique was census sampling. The data were entered into a proforma and then into the Microsoft Excel sheet. The data analysis was done with the help of SPSS version 16software. For descriptive statistics, frequency and percentages were used. And for the inferential statistics, Chi-square was used.

For statistical significance, p value less than 0.05 was used.

RESULTS

Karnali Academy of Health Sciences had provided safe abortion services to a total of 163 females after the safe abortion services had started.

Table 1: Socio-Demographic Profile

Ethnicity	Frequency	
	Number	Percent
Dalit	34	20.9
Janajati	7	4.3
Madhesi	1	0.6
Muslim	1	0.6
Brahmin and Chhetri	104	63.8
Others	16	9.8
Age Group(years)		
Less than 18	28	17.2
18 to 20	59	36.2
21 to 35	60	36.8
More than 35	16	9.8
Address		
Chandannath	62	38
Others	101	62
Education Level		
No Schooling	42	25.8
Primary	63	38.7
Secondary	34	20.9
Higher School	24	14.7
Marital Status		
Married	123	75.5
Unmarried	40	24.5
Total	**163**	**100**

Most of the females were Brahmin and Chhetri (63.8%). There were about 20.9% of the dalits in our study. Most of the females were in the age group of 18-20 and 21-35 years (36.2 % and 36.8%). About 38% of the females were from Chandannath Municipality. Also most of the females had either no schooling (25.8%) or only primary level of schooling (38.7%). About 24.5% of the females were unmarried in our study (Table 1). About 31.3% of the females were primigravida in our study. Most of them 85.3% had presented us in the first trimester. Similarly, about 41.1% of the females had chosen LARCs or depoprovera as the method of post-abortion contraception (Table 2).

Table 2: Frequency Table of Gravidity, Weeks of Gestation and Types of Contraceptives

Gravidity	Frequency	
	Number	Percent
Primigravida	51	31.3
Multigravida	112	68.7
Weeks of Gestation		
First Trimester	139	85.3
Second Trimester	24	14.7
Types of Contraceptives		
LARC and Depo-Provera	67	41.1
Condom and OCPs	89	54.6
None	7	4.3
Total	**163**	**100**

Table 3: Relationship of timing of abortion with the demographic profile

Age Group	Timing Of Seeking Abortion Services		p-value
	First Trimester	Second Trimester	
Less than 18 years	20(71.4)	8(28.6)	0.026
18 to 20 years	49(83.1)	10(16.9)	
21 to 35 years	57(95.0)	3(5.0)	
More than 35 years	13(81.3)	3(18.7)	
Marital Status			0.009
Married	110(89.4)	13 (10.6)	
Unmarried	29(72.5)	11(27.5)	
Address			0.332
Chandannath	55(88.7)	7(11.3)	
Others	84(83.2)	17(16.7)	
Gravidity			0.096
Primigravida	40(78.4)	11(21.6)	
Multigravida	99(88.4)	13(11.6)	
Ethnicity			0.103
Dalits	26(76.5)	8(23.5)	
Non-Dalits	113(87.6)	16(12.4)	
Total	139 (85.3)	24(14.7)	

It showed that the younger age was significantly associated with the presentation of the females late, in their second trimester (*P*= 0.026). Similarly marital status was also significantly associated with females presenting in the second trimester (*P*= 0.009). Females from the rural community, primigravida and Dalits were also more likely to present in second trimester for abortions (Table 3).

Table 4: Relationship of Choice of Contraception to the demographic profiles

Age Group	Types of Contraceptives accepted			p-value
	LARC and Depo-Provera	Condoms and Pills	None	
Less than 18 years	6(21.4)	20(73.8)	2(4.8)	0.111
18 to 20 years	25(42.4)	30(54.4)	2(3.2)	
21 to 35 years	27(45.0)	33(46.2)	3(8.8)	
More than 35 years	9(56.3)	6(43.7)	0	
Marital Status				0.095
Married	56(45.5)	63(51.2)	4(3.3)	
Unmarried	11(27.5)	26(65.0)	3(7.5)	

Address				0.660
Chandannath	28(45.2)	32(51.6)	2(3.2)	
Others	39(38.6)	57(61.4)	5(5)	
Gravidity				0.000
Primigravida	7(13.7)	41(80.4)	3(5.9)	
Multigravida	60(53.6)	48(42.8)	4(3.6)	
Ethnicity				0.505
Dalits	18 (52.9)	14(41.2)	2(5.9)	
Non-Dalits	49 (38.0)	75(58.1)	5(3.9)	
Total	67	89	7	

The females of age group less than 18 years were less likely to choose LARCs or Depo-Provera than other groups (21.4%). There was less acceptance of LARCs and Depo-Provera in the unmarried females (27.5%), females from rural populations (38.6%), primigravidas (13.7%) and among non-Dalits (38.0%) (Table 4).

DISCUSSION

The abortion services was legalized in Nepal in September, 2002. Comprehensive abortion care services was started in March, 2004.The present abortion law allows women to abort their pregnancies for under 12 weeks of gestation on the basis of women's decision if she is 18 years or older, and for pregnancies in the second trimester in following conditions- rape or incest, medical risk to mother (at any gestation), mental illness of the females, malformed or deformed fetus, For, minor the consent of the guardian is must. The law however forbids the abortion without female's consent, sex selective abortions and abortions performed outside the legal set-up.[1]

Our study showed that most of the females presenting for the safe abortion services Brahmins and Chhetri (63.8%) followed by Dalits (20.9%). Dalits are the underprivileged members of the society in this place. The findings are similar to the findings in a study by Folmer.[6] Chandanath Municipality is a relatively urbanized area. About 38% percent of the service seekers were from Chandannath Municipality. Majority of the clients were in the age group of 18-20 and 21-35. In other way 53.4% of the females were in the age group of 20 years or less. This is probably due to the early marriage being very common in this part. In the study by Rehan et al and Pattanaik et al, the majority of female were more than 35 years in contrast to our studies.[7, 8] The study by Vishvanath et al and Yadav et al had similar findings to ours with majority of the clients in their study in the age group of 21 to 29 years.[5, 9] In our study about 38% of the clients were from Chandannath Municipality which is the urban area. Most of the clients in our study had either no schooling (25.8%) or only primary schooling (38.7%).

This shows the poor literacy level of our area. This findings are similar to the findings in the studies in North India and South India.[9, 10]

About 24.5% of our clients were unmarried which is in contrast to the study by Yadav et al where no unmarried females had come for abortion.[5] This is probably due to culture of eloping before marriage and marrying once they get pregnant, frequently at an early age.Our study showed that 68.7% of the clients were multigravida which is lower than the study by Gupta et al (84.21 %) but much higher than Pal et al (49%).[11, 12]Similarly, 85.3% of the female had come for the first trimester abortion which is similar to the findings of Agrawal et al and Sreelaxmi et al.[13, 9] but slightly higher than Ramkrishna et al which had 74.8% of multiparous females seeking abortion care facilities.[14]

Long acting reversible contraception (LARC) includes implants, intrauterine devices and depoprovera. About 41.1% of females have chosen LARC or Depoprovera as the method of postabortion contraception. The study by Borthakur et al showed about 35.8% female accepted LARC which is similar to our study[15] but the study by Zavier et al showed only 18.3% chose LARC as their post abortion contraception.[16] Our study showed that females of the age 18 years or less were more likely to present late and undergo second trimester abortions. This finding is similar to the study by Ushie et al and Mulat et al[17, 18] but different from Ramkrishna et al, where they found no relationship of timing of abortion to the age.[14] Our study also showed that the unmarried females were also more likely to present late in their second trimester. This is due to the fact that more often than not they are of younger age and they hesitate to explain this to their family members and also hesitate to timely seek the abortion services. In our study the females from the rural area i.e. from the area other than from Chandannath were more likely to present late in their pregnancy. This finding is similar to the study by Ushie et al and Mulat et al. [17, 18] This may be due to the poor transportation facilities and also the females from rural areas tend to marry earlier. Our study also showed that primigravida were more likely to present later than multigravidas. A study by Ramkrishna et al also showed similar findings.[14] Similarly, dalits were more likely to present late. This is not surprising as they are the most underprivileged members of the society.

Females of 18 years or less were less likely to adopt more reliable form of contraception like LARC or depo-provera in our study. This is similar to the study by Benson et al.[19] Also unmarried females are less likely to choose LARC and depo-provera then married females. This is probably due to them being younger. Similarly, females from comparatively urban area are more likely to choose LARC. This may be due to the higher education

level and delayed childbirth in the urban area. The findings in our study is in contrast to the findings by Maxwell et al and Matiyas et al. where married females had lesser chances of up taking LARC. [20, 21] Also in contrast to the study by Maxwell et al and Matiyas et al, our study shows females who are multigravida and from urban areas are more likely to choose LARC.[20, 21] Our study shows that the dalits are more likely to choose LARC and depoprovera. Though they are underprivileged but the uptake of LARC is more by them probably they desire for better long term protection.

CONCLUSION

Timing of abortion is correlated with the demographic profile with the lesser age group females, lower literacy status, females from rural, area, unmarried females, females from under-privileged background and primigravida females tend to present later in the pregnancy for abortion. Also, these factors play a significant role in their choice of more reliable contraception like LARCs. So, we should focus the awareness program in these females so that they present earlier and avoid unwanted complications and also use more effective contraception. Also during their outpatient department visit we should focus more on them and counsel them properly.

Acknowledgement: I would like to thank all the patients and the staff involved in the recording of the data.

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