

Investigating contraceptive use and continuation among women obtaining legal abortion services in Nepal

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Executive Summary

Following the historic legalization of abortion in Nepal in 2002, descriptive data on the prevalence of legal abortion services are now available, but little is known about access to contraception and method use, or reproductive behaviors and intentions following abortion. Our mixed-method study examines women's contraceptive use and continuation after obtaining a legal abortion, with attention to method access, the contraceptive counseling experience, and personal and contextual factors influencing contraceptive use and availability in Nepal.

We conducted a prospective cohort study of women obtaining abortions at 4 clinics (2 public and 2 private) within the Kathmandu Valley and outside will be conducted. Participants were interviewed at the clinic on the day of abortion services (n=838) and at 6-months (n = 654) and 12-months (n=624). In addition, in-depth interviews with abortion service providers, facility managers, and other key stakeholders responsible for contraceptive supplies and provision were conducted to characterize health care structure and process barriers to contraceptive use (n = 24).

One-third of women receiving an abortion did not receive any contraceptive counseling (34%), and only half of the abortion patients received counseling on 2 or more methods. At baseline, 57% of women selected a modern method of contraception. This percentage dropped to 52% at 6 months and 50% at 12 months, but with changes in the method mix. The most common method used was the injectable (28%); the oral contraceptive pill was next most common (14%). The 12-month continuation rate for the injectable was 49.6 per 100 person years and for the pill was 63.8 per 100 person years. Although few women initiated use of long-acting reversible contraception (3.5%), continuation rates were higher for these methods than for the pill or injectable (92.3 per 100 person years, $p < .01$).

The five most common reasons given for discontinuation were husband away or infrequent sex, side effects of contraception, ran out of method, partner's objection and difficult to use the method. Qualitative interviews with providers revealed supply side barriers to uptake of other methods, including shortages of long-acting reversible contraceptives, the need for more trained providers and counselors, and challenges to providing quality counseling. Factors affecting demand included individual factors, including concerns over side effects, and socio-cultural factors, such as family influence.

Low adoption of modern methods of contraception post-abortion and high discontinuation rates in the following year were observed in this study. Our findings will contribute to the scientific literature by examining multiple levels influencing contraceptive use and reproductive health of women seeking legal abortion, and are hopefully useful for advocates working to improve and expand access to contraception and improve the quality of reproductive health care for women in Nepal and in similar countries striving to improve reproductive health policy and services. Addressing supply and service delivery issues could improve post-abortion contraceptive service delivery in Nepal.