

CONTRACEPTIVE DISCONTINUATION AND ABORTION—HOW STRONG IS THE MOTIVATION TO AVOID AN UNWANTED PREGNANCY?

Background

Despite the restrictive laws that limit abortion care in the public sector, and social stigma faced by women who have abortions, research in Pakistan has shown that couples who experience unwanted pregnancies are likely to resort to induced abortion (Kamran et al., 2011). In fact it is estimated that about one in seven pregnancies ends this way (Sathar et al., 2007). This indicates that abortion plays a significant role in fertility control in Pakistan.

The low contraceptive prevalence rate and high unmet need for family planning in Pakistan (30 percent and 25 percent respectively, PDHS 2006-2007) put a large proportion of women at risk of unwanted pregnancy. Estimates suggest that almost 37 percent of all pregnancies are unwanted (Sathar et al., 2007). The annual abortion rate in 2002 was estimated to be 29 per 1,000 women aged 15-49, higher in provinces where contraceptive use is lower (Sathar et al. 2007) implying that low usage of contraception is strongly related to the abortion rate. But a relatively under researched area is how the observed high discontinuation rates of contraceptive use (Kayani et al. 2001; Naz and Mahmood, 2012) contribute to the pressure on women to have abortions. In most countries the percentage of accidental pregnancies that end in miscarriage, stillbirth or abortion lies in the range of 5% to 20% (Ali et al., 2012).

Previous research at the national level conducted by Population Council has shown that a significant proportion of women who seek abortion are in fact contraceptive users at the time of pregnancy or have been in the interval before the unintended pregnancy (Casterline and Arif, 2003). Faced with contraceptive failure, women who are intent on avoiding unwanted fertility resort to unsafe procedures carried out by unskilled providers. Morbidity resulting from unsafe abortion has a substantial impact both on women's health and on the country's health care system. Although likely underreported, complications arising from unsafe abortions are an important contributor¹ to the maternal mortality ratio of Pakistan (276 maternal deaths per 100,000 live births, PDHS 2006-2007). An under-studied topic in high fertility countries, contraceptive failure merits research in the Pakistani context especially in relation to abortion as it can lead to dire consequences for women in the form of postabortion complications.

¹ Data on cause of death are based on verbal autopsies and many families may not mention abortion or complications arising from it

This paper expands on this past research on unwanted pregnancy and abortion in Pakistan and explores the link with the causes of contraceptive failure, focusing on incorrect or inconsistent use among women having experienced an abortion. With a recently collected rich data set on contraceptive continuation rates (Naz and Mahmood, 2012) and an in depth qualitative exploration of care seeking behavior among women who have recently had an abortion, we are ideally placed to probe this issue further.

Data and methods

We use data derived from two national studies conducted by the Population Council, detailed below.

1. National study on postabortion complications, 2012: IDIs with 44 women residing in five urban and rural localities in Punjab and Sindh, two of the four provinces of Pakistan and encompassing most of its population (79%). The interviewees had experienced an abortion in the six months preceding the study. Key informants were utilized to identify and locate these respondents. We will analyze the qualitative accounts of these women in order to explore the reasons that emerge for contraceptive discontinuation.
2. Family Advancement for Life and Health (FALAH) project, baseline survey, 2008-2009: structured interviews of a subset of 6,026 women who had used at least one reversible contraceptive method in the four years preceding the survey. The baseline survey for the FALAH project was conducted in 29 districts in all four provinces of Pakistan, in urban and rural localities. We will look specifically at episodes of contraceptive failure and their outcome using life table analysis.

Research questions

Using the above-mentioned data the paper will explore the following questions:

- Is weak motivation and high discontinuation of contraceptive use typical among abortion seekers?
- What is the role of husbands' motivation in this link?
- Which particular modern methods lend themselves to discontinuation and abortion?

Preliminary results

At the time of pregnancy half of the interviewed women who sought an abortion (22 out of 44) had been using contraception and so experienced contraceptive failure. The vast majority had been using condoms, with only three women using oral pills, one using an IUCD and one who had been sterilized.

Most cases of contraceptive failure can be attributed to inconsistent use. Among condom users this was mainly due to lack of condoms at hand. Typically the wife relies on her husband to procure condoms but the latter does not seem to be motivated enough and the consequences of unprotected intercourse are not taken very seriously by either partner, as illustrated in the following quotes:

“We were using condoms but that day we had run out. My husband didn’t bring any. He said it’s alright, nothing will happen.” Housewife, 30 years, 7 pregnancies, 1 abortion

“We’ve been using condoms for a long time...we use it when we feel like it, it’s just laziness.” Housewife, 42 years, 7 pregnancies, 1 abortion

Many condom users report breakage or leakage and blame the poor quality of contraceptives for their unwanted pregnancy.

“My husband brought a condom but it turned out to be of substandard quality because it ripped...in the end it depends on the quality, doesn’t it?” Housewife, 32 years, 9 pregnancies, 1 abortion

“Condoms are deceptive. Sometimes you just can’t tell when using it, when it rips you can’t tell.” Housewife, 28 years, 4 pregnancies, 1 abortion

Regardless of their use status at the time of the unwanted pregnancy, the majority of women interviewed had previously used contraception. Many had used effective modern methods but experience of adverse side effects makes them abandon or become inconsistent users of that particular method.

These are preliminary results which will be subjected to further analysis. We intend to use the quantitative data to study the proportion of births or (assumed) pregnancy terminations which

occur as a result of contraceptive discontinuation. Our complementary analysis can help family planning providers and policy makers support more effective contraceptive use to avoid unwanted fertility and abortions and their consequences.

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