

Contraceptive acceptance among post-abortion clients attending a tertiary care center: A descriptive cross-sectional study

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ABSTRACT

Introduction: Abortion is one of the major causes of maternal mortality in a developing country like Nepal. About 13% of maternal deaths is due to abortion related complications. Post abortion contraception plays a crucial role in reducing unintended pregnancies and preventing repeat abortions, contributing to improved maternal health.

Objectives: The aim of this study was to find out the post abortion contraceptive acceptance rate among post abortion clients attending the Department of Obstetrics and Gynaecology of a tertiary care center.

Methodology: A descriptive cross-sectional study was conducted in the Department of Obstetrics and Gynecology of a tertiary care center from 1st February 2025 to 30th July 2025 after obtaining ethical approval from the Institutional Review Committee (Reference no- 25122024/06). Convenience sampling method was used. Data was collected by the authors by using a pre-tested proforma. All women coming for abortion during the first and second trimester (n=96) were enrolled. Demographic and clinical data was collected. Point estimate and 95% confidence interval were calculated.

Results: Among 96 patients, the prevalence of acceptance for post-abortion contraceptive was found to be 78 (81.25%) [95% Confidence Interval (CI):73.44-89.06]. A total of 18 (18.75%) women did not accept the post-abortion contraceptives. The most commonly accepted contraceptive method was the oral contraceptive pill in 29 (37.18%) women followed by barrier methods (male condom).

Conclusion: This study highlights a substantial acceptance rate of post abortion contraception among women attending a tertiary care setting.

Key words: Abortion; Barrier method; Contraceptives; Family planning; Oral contraceptive pills.

Access this article online

Website: www.jkmc.com.np

DOI: <https://doi.org/10.3126/jkmc.v14i3.101201>

HOW TO CITE

Bajagain R, Aryal S, Bohaju A, K.C. S. Contraceptive acceptance among post-abortion clients attending a tertiary care center: A descriptive cross sectional study. J Kathmandu Med Coll. 2025;14(3):112-6.

Submitted: May 21, 2026

Accepted: Sep 12, 2026

Published: Sep 29, 2026

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ISSN: 2019-1785 (Print), 2091-1793 (Online)



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INTRODUCTION

Post abortion contraception plays a crucial role in reducing unintended pregnancies and preventing repeat abortions. Unsafe abortion remains a major public health concern worldwide, particularly in low- and middle-income countries. Most women who undergo abortion are at risk of experiencing another pregnancy if effective contraception is not initiated promptly. Globally, abortion-related causes accounted for approximately 8% of maternal deaths.¹ The use of effective contraception including post abortion, is crucial to reduce the incidence of future unwanted pregnancies and improve the reproductive health.² The unsafe abortion rate and mortality and morbidity related to it can be reduced by avoiding unwanted pregnancy. The abortion and contraception use has a strong correlation, whereas with the increase in contraceptive use there is decrease in abortion rate.³

Women's decision-making abilities are hindered by gender conventions, which also prevent them from

knowing where and when safe, legal abortion services are available, and they are also unable to travel to authorize facilities.^{4,5} Additionally, the taboo surrounding abortion in Nepali society may lead many women to seek care from unqualified practitioners.⁶ Because of this, one of the methods recommended by the International Federation of Gynecology and Obstetrics (FIGO) initiative for the prevention of unsafe abortion and its consequences is post abortion contraception.⁷ Post abortion contraception helps prevent repeat unintended pregnancies, reduces the incidence of unsafe abortion and helps to improve maternal and child health.

Therefore, this study aims to assess the acceptance of post abortion contraception and its determining factors among women in a tertiary care center.

METHODOLOGY

A descriptive cross-sectional study was conducted among women attending the Department of Obstetrics and Gynecology at Kathmandu Medical College (KMC), Sinamangal, Kathmandu, Nepal for a period of six months (from 1st February 2025 to 30th July 2025). Ethical approval was obtained from the Institutional Review Committee of KMC (Reference number -25122024/06). All women in the reproductive age group (15-49 years) seeking abortion services, both medical and surgical (manual vacuum aspiration) methods attending both inpatient and outpatient department (OPD) during the first and second trimester were included in the study. Those with gestational age more than 28 weeks were excluded from the study. Convenience sampling technique was used for data collection.

Sample size was calculated by using the following formula:

$$n = (Z^2 \times p \times q) / e^2$$

$$n = (1.96^2 \times 0.50 \times 0.50) / 0.1^2$$

$$n = 96$$

Where,

n= minimum required sample size

Z=1.96 at 95% Confidence Interval

p= prevalence taken as 50% for maximum sample size calculation

q= 1-p

e= margin of error, 10%

Hence, the final sample size taken was 96.

All cases fulfilling the inclusion criteria were explained about the purpose and procedure of study. Written informed consent was obtained. Data was collected by the authors by using a proforma via one-to-one interview. Sociodemographic details of the participants like age, parity, education, marital status, religion, occupation and different contraception accepted by women post abortion were taken. Admitted cases were followed-up till discharge. The staff of OPD and ward were informed about the ongoing study so that cases would not be missed.

Data was entered and analysed using Microsoft Excel 2019. Missing, incomplete and invalid data were discarded. Point estimate and confidence interval was calculated.

RESULTS

Among 96 women, 78 (81.25%) (95% CI: 73.44-89.06) accepted contraceptive post abortion. A total of 18 (18.75%) did not accept contraceptives post abortion.

Around one third of women who accepted post abortion contraception, 29 (37.18%) were in the age group of 25-30 years. The mean $\pm$ SD of the age was found to be 29.13 $\pm$ 5.80 years. Among them, 71 (91.03%) were married. Most of them, 73 (93.59%) followed Hindu religion. The majority of them were primigravida. More than one fourth of the women, 26 (33.35%) had obtained higher education. Among the 78 women who accepted contraception, majority of them, 50 (64.10%) were homemakers by occupation. Other occupation included services which included teachers, marketing officers, receptionists, finance officers etc. (Table 1).

The most used contraceptive was found to be oral contraceptive pills (OCPs) which was opted by 29 (37.18%) followed by barrier methods 26 (33.33%, table 2).

Among 78 women, induced abortion was the most common cause of abortion seen in 65 (83.33%) among which unwanted pregnancy was the most common cause of inducing abortion in around 59 (75.64%, table 3).

Table 1: Socio-demographic characteristics of women accepting post abortion contraceptives (n= 78).

Variables	n (%)
Age (in years)	
Less than 25	19 (24.36)
25-30	29 (37.18)
31-35	16 (20.51)
≥35	14 (17.95)
Marital status	
Married	71 (91.03)
Unmarried	7 (8.97)
Religion	
Hindu	73 (93.59)
Buddhist	4 (5.13)
Christian	1 (1.28)
Education	
Illiterate	3 (3.86)
Basic (1-8)	21 (26.92)
Secondary (9-12)	28 (35.90)
Higher education and above	26 (33.33)
Occupation	
Homemakers	50 (64.10)
Student	16 (20.51)
Business	3 (3.85)
Services	9 (11.54)
Gravida	
Primigravida	51 (65.38)
Multigravida	27 (34.62)

DISCUSSION

This cross-sectional study assessed post abortion contraceptive acceptance among the women receiving abortion care in a tertiary care center. In this study, the prevalence of acceptance of contraception post abortion was found to be 78 (81.25%). Acceptance of post-abortion contraception was 85% in a study conducted by Yogesh et al.⁸ Overall acceptance was comparable with our study. In this study, more than one third of patients, 29 (37.18%) opted for short acting contraception that is Oral contraceptive pill (OCP) followed by a barrier method. Preference for long- acting contraception was found. In a similar study done by Yogesh et al. in which 400 women were studied for acceptance of post-abortion contraception, it was found that 64 (16%) women used barrier method, 52 (13%) used pills, 70 (17.5%) cases had intrauterine copper-T device (IUCD), 106 (26.5%) cases had permanent method and 60 (15%) did not use any methods.⁸ More acceptance of oral contraceptive

Table 2: Contraceptive methods selected by women showing acceptance for contraceptives post abortion (n= 78).

Variables	n (%)
Oral Contraceptive Pills (OCP)	29 (37.18)
Male Barrier methods (Condom)	26 (33.33)
Intrauterine contraceptive device (IUCD)	8 (10.26)
Depoprovera injection	5 (6.41)
Implant	6 (7.69)
Permanent sterilization (female)	4 (5.13)

Table 3: Abortion related variables of women (n=78).

Variables	n (%)
Type of abortion	FnNFFF
Induced	65 (83.33)
Spontaneous	13 (16.67)
Reason for inducing abortion	
Unwanted	59 (75.64)
Health issues	3 (3.85)
Congenital anomaly second trimester	2 (2.56)
Early pregnancy failure	1 (1.28)

in our study may be due to easy availability of oral contraceptive pills .

In the study done by Ferreira et al, 97.4% accepted the use of at least one contraceptive method. Half of the women chose injectable, while the second most chosen method was oral contraceptives (33.6%), followed by barrier methods (15.1%). Only one woman chose an intrauterine copper device (IUCD), whereas in our study 8 (10.26%) women chose IUCD. Women had good preference for long-acting reversible contraception like IUCD in our study as compared to others. This may be due to the reasons that many women in our study were homemakers who prefer long-acting family planning methods. The most popular methods were oral contraceptives and injectable, followed by barrier and IUCD.⁹

The post abortion period is considered to be the right time to introduce contraceptive service because most women are receptive. In the study done by Risal et al in Nepal, it was found that 75% of women took immediate post abortion contraception immediately after abortion and counselling was done which increased the rate of acceptance. This was found to be similar to our study.¹⁰ In a study done by Kathpalia et al, female sterilization was the commonest method of family planning (39.6%)

adopted by the couples and barrier contraception was the second most common method (18.6%).¹¹ However in our study only 4 (5.13%) adopted female sterilization which was very low in comparison to other studies. In a study done by Shrestha et al in Nepal, the contraceptive acceptance rate was 78% which is almost similar to our study.¹² The finding was slightly low in comparison to the post abortion contraceptive acceptance rate in other parts of the world.

In a study published from Ethiopia the post abortion acceptance rate was 90.6%.¹³ Likewise, it was 97.8% in a study published from Brazil in 2008.¹⁴ These findings were higher than the findings of our study as well as another similar study conducted in Nepal by Khanal et al with 83% post abortion contraceptive acceptance rate.¹⁵

In about 91% women ovulation occurs within a month post-partum and almost 40% have unprotected intercourse in the first month post abortion, making them vulnerable to pregnancy.¹⁶ Therefore, contraceptive counseling should be done to all irrespective of induced or spontaneous abortion. Among those participants who accepted contraception post abortion in our study, 65 (83.35%) had induced abortion and 13 (16.67%) had spontaneous abortion. Among those who accepted contraception, most opted for oral contraceptive pills (OCPs) followed by barrier methods. This may be due to

easy availability of contraception in our context. It was contrary to the study which concluded most chosen methods were injectables followed by OCPs. Borges et al in their study included both spontaneous and induced abortion, and reported maximum respondents used oral contraceptive pills over time following abortion.¹⁷ Kathpalia SK in his study had reported maximum women undergoing induced abortion preferred permanent sterilization 39.6% followed by semi-permanent methods of contraception.¹¹ Since this is a descriptive cross-sectional study done in a single tertiary care center at relatively developed part of our country with small sample size, the findings of this study cannot be generalized to a broader population throughout the country.

CONCLUSION

The acceptance rate of post abortion contraceptive methods was good in this study. However, a considerable number of women left without adopting any contraception. Addressing barriers like misconceptions and strengthening counseling services post abortion plays a significant role in improving contraceptive acceptance post abortion.

Conflict of interest: None

Source(s) of support: None

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