

Barriers and perceptions regarding different contraceptives and family planning practices amongst men and women of reproductive age in rural Pakistan: A qualitative study

[Syed Khurram](#)¹, B. Mohsina, M. Hafsa, S. Noah, H. Waqas

¹*Research & Metrics, Marie Stopes Society Pakistan*

International Journal of Gynecology and Obstetrics, Volume 107, Supplement 2 (2009), Page S352

Abstract

Objectives:

To understand the perceptions and barriers towards different contraceptives and to gauge knowledge and attitudes regarding family planning practices amongst men and women in rural Pakistan.

Materials and Methods:

A qualitative study was conducted using content analysis based on data from eight focus group discussions with men and women of reproductive age (15-49 years). Men and women were grouped separately for the focus group discussions.

Results:

Sufficient knowledge of both traditional and modern contraceptives exists amongst all groups; however, their usage was low. Furthermore, traditional method usage was high amongst user ; nevertheless adopting a modern method without any contrivance e.g (IUD) was preferred. In addition, personal, social factors such as limited mobility and side effects were seen as barriers to contraceptive use by majority of women whereas most male respondents perceived money and religio-cultural factors as barriers. In addition, most participants believed that size would bring more finances and a prosperous future compared to the health and child rearing benefits of a smaller family.

Generally, any cost-effective, easily accessible, and easily administered modern method was preferred by the majority; however, males exclusively favored methods that would not impede their climax. The quality of services offered by private clinics was found satisfactory; although perceived very expensive by majority of the male and female participants as compared to the public sector which was termed unsatisfactory. According to the majority of the men, affordability and willingness to pay took precedence over quality services. On the contrary, women's desire of local integrated services and satisfaction of the treatment took precedence over economy especially for contraception and to reduce stigma.

Conclusions:

Efforts aimed at promoting modern contraceptive use in rural Pakistan must address issues of affordability, accessibility, quality of care, and ease of use. However, the research clearly suggests that solely focusing on supply-side issues will be of limited success. Socio-cultural beliefs regarding the benefits of large family size, as well as common perceptions regarding side effects and the impact of certain contraceptive methods on the quality of one's sexual experiences must be explicitly addressed in order to achieve higher family planning uptake in rural communities.

Oral mifepristone and misoprostol induced early first trimester medical abortion: Prospective audit of 329 cases.

[Azmat S. K.](#), Mohsina B, Noah S, Waqas H.

Research & Metrics, Marie Stopes Society Pakistan

(Awaiting Publication in European Journal of Contraception and Reproductive Health Care)

Presented as poster presentation in The 10th Seminar of the European Society of Contraception and Reproductive Health held in Belgrade from 18 to 19 September 2009.

Abstract

Introduction/Rationale: Medication abortion process used in the treatment of septic and incomplete abortion or can be performed in cases where early first trimester termination (5 weeks

– 9 weeks gestation) is indicated on medical grounds. A safe, effective, inexpensive medical abortion regimen can facilitate women's access to an underutilized reproductive health technology and can help improve the lives of women worldwide. Use of misoprostol for pregnancy termination of gestations up to 9 weeks LMP has a success rate of 85—90%. In most countries, the transition to services in which both surgical and medical abortion are available is moving far more slowly than it should be, due mainly to restrictive laws, policies that have not kept up with best practice, lack of training for providers, provider unwillingness to re-train and in-availability of vacuum aspiration equipment and/or medical abortion drugs. Even where, abortion remains legally restricted such as in Pakistan (where abortion is only legal when it is a threat to mothers life), however, women are getting access to medical abortion, mainly mifepristone and misoprostol from several gynecologist and obstetricians; general practitioners; nurses; midwives and if necessary using them without proper clinical support. Although, this situation is far from optimal, it has meant that even poor women in these countries no longer have to accept more dangerous invasive methods, resulting in a reduction in mortality from unsafe abortions. The regimen of mifepristone followed by a suitable prostaglandin analogue (usually misoprostol) has become increasingly available and is now the gold standard for this indication.¹ Furthermore the audit also aimed to improve the local practice in the management of safe medical abortion and ensure the maximum safety and efficacy of the regimens for medical abortion in a timely and effective manner

Objective: To assess efficacy, safety of oral mifepristone followed by oral misoprostol for early first trimester medical abortion.

Methods: Prospective, case audit of 362 women for a period of 30 days from April to May 2009 presenting for early first trimester (4-9 weeks) termination of pregnancy in private health clinics in Karachi, Pakistan. All clients went through screening (medical history and physical examination) after which they were given regimens based on provider selection. Each client then received a first dose of mifepristone (200 mg) orally on day one. A second dose of 800 mcg misoprostol was administered orally on the day two. The following socio-demographic information was collected for each woman: age, religion, education, number of children, previous pregnancies and terminations, gestational age, side effects, and complications. The process of abortion was monitored to assess the outcome measures (complete abortions, time of expulsion, side effects and complications). Data were entered into Visual FoxPro 6.0 and analyze into SPSS 16.0.

The collection and use of clinical audit data followed acceptable guidelines and principles in relation to ethics and confidentiality. To make this happen, all audit data and results were anonymised. Clinical audit was conducted abiding by the principles of the Data Protection Act.

Results: Out of a total of 362 women, complete data was recovered for 329 women – 90.9% (33 cases with missing information). In terms of the profile of the women included in the study: 78.9% clients had no previous abortion history, and the majority of clients were in the 20-24 and 25-29 year age groups. The mean time to expulsion was 3.8 hours (std. dev. 3.5). The proportion of women who aborted successfully was 95.4%. The total proportion of women who aborted successfully was 95.7%. A total of 14 (4.3%) clients had failure of method for the induction of abortion and had opted for a repeat dose of misoprostol after 24 hours all of whom successfully aborted. Side effects were reported by 19 clients and that nausea was the most frequently reported side effect, followed by vomiting, dizziness, and weakness. No significant association was found between expulsion with client's age, gestational age, education, number of children, and history of previous abortion with both regimens.

¹ A) Ashok PM, Hamoda H, Nathani F, Flett GMM, Templeton A. Randomized controlled study comparing oral and vaginal misoprostol for cervical priming prior to surgical termination of pregnancy. *BJOG* 2003; 110:1057–61.

B) Honkanen H, Piaggio G, Herten H, Bartfai G, Erdenetungalag R, Gemzell-Danielsson K, et al. WHO multinational study of three misoprostol regimens after mifepristone for early medical abortion. *BJOG* Jul 2004; 111(7):715–25.

C) Jain JK, Dutton C, Harwood B, Meckstroth KR, Mishell Jr DR. A prospective randomized, double-blinded, placebo-controlled trial comparing mifepristone and vaginal misoprostol to vaginal misoprostol alone for elective termination of early pregnancy. *Hum Reprod* Jun 2002; 17(6):1477–82.

D) Henshaw RC, Naji SA, Russell IT, Templeton AA. Comparison of medical abortion with surgical vacuum aspiration: women's preferences and acceptability of the treatment. *BMJ* 1993; 307: 714–7.

Conclusions: The two regimens for safe abortion seem safe and efficacious for induction of the early first trimester medical abortion with a small number of minor side effects. However, similar audits and trial are proposed before documenting any evident conclusion or making future recommendation.

Perspectives and understanding of law professionals towards the abortion law and women rights to safe abortion in Pakistan: a qualitative study.

[Azmat S. K.](#), Mohsina B, Hafsa M, Noah S, Waqas H.
Research & Metrics, Marie Stopes Society Pakistan—

Poster Presentation in the 5th Asia Pacific Conference on Reproductive and Sexual Health and Rights (the 5th APCRSR) 17- 20 October 2009, Beijing, China

Abstract

Objective:

To obtain an understanding of law professionals' views towards the abortion law and women's rights to safe abortion in Pakistan

Introduction/Rationale:

Unsafe abortion remains a public health concern due to the high incidences of associated complications. World Health Organization estimates that 19 million unsafe abortions occur around the world annually and that 68,000 of these result in the woman's death². Complications of unsafe abortion are said to account, globally, for approximately 13% of all maternal mortalities, with regional estimates including 12% in Asia.³ In Pakistan 29 of every 1,000 Pakistani women of reproductive age seek to terminate their pregnancies, where an estimated 890,000 abortions occur in Pakistan annually⁴.

This study aimed to obtain an understanding of the differences in knowledge, attitudes and understanding among legal professionals and law enforcement officials towards women's rights to safe and legal abortion in Pakistan, in order to inform the strategies for advocacy to liberalize abortion law and practice. The study findings will help in a greater understanding of the perspectives of this group and will inform future capacity building, attitude reconstruction efforts and the development of advocacy tools for action directed towards reduction of maternal death due to unsafe abortion.

Methodology:

Through purposive sampling, 29 in-depth interviews were conducted using a semi-structured questionnaire in Karachi. The research team interviewed 8 practicing lawyers, 8 law enforcement officers, 4 judges, 4 medico-legal officers (MLO), and 5 law students. The sample selection was guided by a screening questionnaire to ensure a diverse group of legal professionals are selected for the interview that had considerable experience in their respective fields as well as familiarity with family law, women or abortion related issues. The research tool was developed by Asia Safe Abortion Partnership which is a regional network supported by the International Consortium for Medical Abortion (ICMA). This tool was translated and piloted in two interviews (one lawyer and one police personnel) after which it was further modified, finalized and translated into the local dialect. All interviews were tape recorded after respondent permission and conducted in Urdu after which they were transcribed and translated in English. The interviews were analysed thematically.

Findings:

All of the respondents knew the abortion law since it was part of the law curriculum and felt abortion was not allowed according to Islam with a few exceptions, such as saving the mother's

² World Health Organization. (2004). "Unsafe abortion: global and regional estimates of unsafe abortion and associated mortality in 2000.

³ Salter, C., Johnson, H.B., and Henqen, N. "Care for post abortion complication: saving women's lives", *Population Reports* 25.1 (2004)

⁴ **Unwanted Pregnancy and Post Abortion Complications in Pakistan**. Oct. 2004. Population Council. Mar. 2008 <<http://www.populationcouncil.org>>.

life. Almost none were aware of the current rate of abortion in Pakistan. All agreed that rising abortion rates is an indication of immorality, and they believed that most abortion clients were unmarried women. Respondents recognized the health hazard of unsafe abortion and recommended use of contraception to avoid unwanted pregnancy.

In addition, most respondents stated that abortion cases were underreported and settled outside of the formal court system, which only sees 2 to 3 abortion cases annually, mostly related to divorce or domestic violence issues. Judges, MLOs, and law enforcers felt that the government needs to remove the ambiguity in the abortion law to make it more severe and crack down on safe abortion providers to discourage immorality. Most of the lawyers and students felt that NGOs are playing a positive role to discourage abortion.

Conclusion:

Despite the diversity of respondents included in the study, there was little variation in views on abortion-related issues. Respondents largely misunderstood practices of abortion: underestimating the number of abortions, citing a need to discourage safe abortion providers as a measure to reduce abortion, and assuming that most abortion seekers are unmarried, immoral women. However, it is evident that despite a law that prohibits abortion; few cases are formally taken to the courts. The ground realities call for liberalization of abortion laws; however, this study suggests that law and law-enforcement professionals, who hold very negative views towards abortion, must be engaged as part of efforts to create a social and legal environment in which women who need comprehensive abortion care, can access those services safely and without recourse.

The efficacy of two oral drug regimens for safe abortion: findings from a prospective audit."(100-MS poster presentation)

*S.K. Azmat, M. Bilgrami, W. Hameed, H. Mustafa, T. Fatima, N. Sprafkin
Research and Metrics, Marie Stopes Society Pakistan*

Poster Presentation in Conference on Women's Health and Reproductive Rights Foundation of Thailand (WHRRF) The 1st International Congress on Women's Health and Unsafe Abortion January 20-23, 2010 v Imperial Queen's Park, Bangkok, Thailand.

Abstract

Introduction: The audit aimed to improve the local practice in the management of safe medical abortion.

Action: Prospective, case audit of 362 women (200 women with Regimen 1 – Mifepristone and Misoprostol plus Diclofenic Sodium and 162 women with Regimen 2 – Mifepristone and Misoprostol only) for a period of 30 days presenting for early first trimester (4-9 weeks) termination of pregnancy in private health clinics in Pakistan.

Outcome: Out of a total of 362 women, complete data was obtained from 329 women – 90.9%. The mean time to expulsion was 3.8 hours (std. dev. 3.5) in the regimen 2 group and 4.15 hours (std. dev. 4.46) in the regimen 2 group. The total 95.7 % women aborted successfully – where 96 % with regimen 1 and 95.4 % women with regimen 2 have aborted successfully. A total of 14 (4.3%) (7 each in both groups) clients had failure of method for the induction of abortion and had opted for a repeat dose of misoprostol after 24 hours all of whom successfully aborted. Side effects were reported by more women used regimen 1 compare to regimen 2 (18 versus 1 women, respectively), and nausea was the most common side effect, followed by vomiting, dizziness, and weakness.

Recommendation: Two drug regimens for safe medical abortion- Regimen 1 and Regimen 2 seem safe drugs for induction of the early first trimester medical abortion, where more side effects were reported for Regimen 1. Similar audits and trials are proposed before documenting any future recommendation.

Knowledge and perception of law professionals towards the abortion law and women's rights to safe abortion in Pakistan: a qualitative study."(101-WH oral presentation) .

[Azmat S. K.](#), Mohsina B, Hafsa M, Noah S, Waqas H.
Research & Metrics, Marie Stopes Society Pakistan—

Abstract: See previous page.

Poster Presentation in Conference on Women's Health and Reproductive Rights Foundation of Thailand (WHRRF) The 1st International Congress on Women's Health and Unsafe Abortion January 20-23, 2010 v Imperial Queen's Park, Bangkok, Thailand.