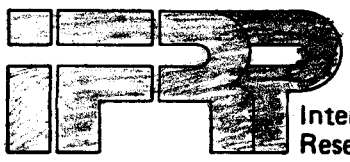
Research Report
spx026

ABORTION IN LATIN AMERICA

(IFRP 1980)



International Fertility Research Program
Research Triangle Park, NC 27709 USA

III. PRE- AND POSTABORTION CONTRACEPTIVE USE

Women who have terminated an unwanted pregnancy are likely to have another abortion should they subsequently become pregnant (Armijo and Monreal, 1965). Therefore, making effective contraceptive services available to women hospitalized for treatment of abortion can contribute significantly to reducing the incidence of illegal abortion and should be a high priority for health care providers. Women who have just terminated unwanted pregnancies are likely to be highly motivated to accept a method of contraception, and for many of these women, this hospitalization may be their only encounter with a source of contraceptive services.

This chapter describes previous contraceptive use among women treated for abortion, as well as contraception provided or prescribed before patients are discharged, and the contraceptive use reported at a two to four week postabortion follow-up visit.

Previous contraceptive use

Less than half the women hospitalized for abortions reported having used contraception during the month before they became pregnant (Table VIII). The lowest percentage was in Guatemala (3.6%) and the highest in Brazil (42.3%). Of the women who had contracepted, over half used the most effective contraceptives: orals and IUDs. In Chile, for example, where 33.2% of the women reported using a contraceptive in the month of conception, 18.4% reported using an IUD and 9.1% reported using orals, and these two methods account for 83% of contraceptive users. The high percentage of women reporting that they used an effective method suggests method failure

and implies that abortion is used as a contraceptive backup. However, the most important finding is the generally low percentage of women contracepting before pregnancy, indicating the low level of protection against the risk of unwanted pregnancy. Where family planning programs are weak and few women have used contraception, abortion is the primary method of controlling fertility.

Contraceptive method provided or prescribed

When a woman treated for abortion leaves the hospital, she may be provided with either contraceptives or a prescription. The variation among countries in provision of postabortion contraception is extremely large, both with regard to the percentage of women accepting contraception, and to the methods provided (Table VIII). In Chile, orals and IUDs are prescribed about equally, and sterilization is less likely to be prescribed. In El Salvador, orals are the method prescribed most often, followed by sterilization; the IUD is rarely prescribed. The mix of methods prescribed in Honduras is similar to that in El Salvador except that sterilization is chosen less often and the IUD more often. In Colombia, too, the usual method prescribed is orals, followed by the IUD and sterilization. In Mexico, sterilization is overwhelmingly the method most often prescribed. This sets hospitals in Mexico apart from those in other countries.

Some hospitals have a policy of providing or prescribing contraception at a follow-up visit rather than at the time of discharge. While many of these hospitals appear to perform poorly in providing postabortion contraception, they do a good job overall, because they are successful in getting

women to return for follow-up visits and contraceptive services are provided at that time.

Surgical contraceptive services during hospitalization

Women may be sterilized at the time of the abortion procedure or before discharge from the hospital. However, the general picture is that few women receive such services, although there are notable exceptions. The hospitals in Chile, Mexico and El Salvador, in that order, do provide a significant percentage of women with surgical contraceptive services during admission for abortion. In Mexico, sterilizations were planned by 18% of the women, and of these, almost half were sterilized before they left the hospital (Table IX). Nine percent of the women in El Salvador planned sterilizations, of whom more than half were sterilized during their hospital stay. In all other countries, the percentages of women receiving surgical contraceptive services before discharge from the hospital is negligible.

In many countries, arrangements for sterilization require a great deal of consultation and paper work before the procedure. Because incomplete abortion treatment is on an emergency basis, all of these arrangements will most likely not have been made at the time of hospitalization, so that women who want to be sterilized postabortion must return at a later time for such services.

Within those countries where surgical methods are provided, there are variations by hospital in the provision of those services. These variations may be due to the availability of the facilities needed to provide postabortion sterilization.

women do not return for follow-up, a policy of immediate postabortion sterilization should be encouraged. Less than 1% of the women report that they have had an IUD inserted. The percentage of women reporting they use orals is also very low (2%).

In Guatemala, less than 4% of the women contracepted before the pregnancy, contraceptives are rarely prescribed at discharge, and almost no woman receives surgical contraceptive services during her hospital stay. There are no data on follow-up contraceptive use since the center at which data were collected did not record follow-up data on contraception. On the basis of the available evidence, however, it seems clear that women in Guatemala are no better protected after the abortion than they were before the pregnancy that resulted in abortion.

In Colombia, 26% of the women contracepted before the pregnancy, and 45% reported that they were contracepting at follow-up, with only 6% of the women not returning. Over 13% of the women reported that they were using IUDs at follow-up, but only 2% of the women received IUDs immediately postabortion. Sterilization accounted for less than 5% of the contraceptors. Orals were the most important method, with nearly a quarter of the women choosing this method.

Discussion

Contraceptive use, both before pregnancy and after abortion, varies by country and within country by hospital. For some hospital populations, contraceptive use increases greatly between the prepregnancy period and the time a woman returns to the hospital for follow-up. In others, contraceptive use changes little. Even though contraceptive use may be high at

follow-up, in many countries few women return for follow-up. If the women who do not return do not obtain contraceptives elsewhere, then the hospital has failed in its responsibility to ensure that these women will be protected aginst additional pregnancies. For example, if the hospital delays providing such services as IUD insertion and female sterilization until follow-up and many women do not return, then hospitals should change their policies and provide these services before discharge. It is extremely difficult to ensure that a woman will return for follow-up, so in areas where loss to follow-up is high, contraceptive services not readily available from other sources must be offered and provided before discharge.

The hospitals in Peru and Guatemala do the poorest job in encouraging women to contracept. Since contraceptives are not widely available elsewhere in these areas, the failure of these hospitals to provide postabortion contraception is irresponsible. Where contraceptives are available elsewhere, as they are in Brazil (at least orals, but not sterilization or IUDs), then the failure of the hospital to provide contraceptives is less serious.

Some hospitals, especially those in Panama, Chile and El Salvador, do an excellent job in providing services. In each of these countries, follow-up is good and sterilizations are readily available. IUDs are also readily available in Chile.

The other hospitals fall somewhere in the middle. Mexico does a good job in providing sterilization, but many women report they are not contracepting at follow-up. The vast majority of women returning to the hospital in Tegucigalpa report that they are contracepting, but so many

women do not return, and their ability to receive services elsewhere, particularly sterilization, is limited. In Colombia, many women receive IUDs but sterilizations are rarely done, and the majority of women report that they are not contracepting.