

Induced abortion and contraception: survey of 576 young women in Naples

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Summary

The aim of the study was to investigate the link between induced abortion and contraceptive methods. Five hundred and seventy-six women who underwent induced abortions at the Obstetrics and Gynecology Institute of the Second University of Naples were interviewed. They were asked about their knowledge of contraception methods; age, school attendance rate and marital status were also considered. The women were 27.8 (mean age) years old, high school educated (58.5%), married (41%), nulliparous (63%). Twenty-four percent of the women admitted a previous induced abortion. Withdrawal (176 women), condoms (104) and oral contraceptives (74 women) were the most widely used contraceptive methods. Withdrawal (37%) resulted in being the most utilized method during the cycle in which conception occurred; no method had been employed by 31% of the women. We found that 35% of the women had used their contraceptive method in a regular way but became pregnant nevertheless. Another group of 40% had forgotten to use their contraceptives for a few days and became pregnant by accident. In the last group of 25% the women had not used any contraceptive methods. The diffusion of modern methods of fertility regulation influences the number of induced abortions as shown by its reduction since 1982. Our data confirm that induced abortion is the consequence of an insufficient use of modern contraceptives. Therefore more information is necessary to get women and men to use contraceptive methods regularly.

Key words: Induced abortion; Contraception; Fertility regulation.

Introduction

The concept of pregnancy prevention, has been evolving among even the most primitive societies. Throughout the world, preliterate people developed various measures to prevent conception, such as prepubertal coitus, prolonged lactation, delayed marriage, celibacy, withdrawal or various substitutes for natural sexual intercourse [1].

It is evident that the need to prevent pregnancy has been recognized since the beginning of history. The impetus for the extension of family planning has developed from two concerns: the health and welfare of the individual, and the consequences of high rates of population growth [1, 2]. The development of technological means of conception control has increased recently, no doubt in response to growing interest as well as expanded scientific resources. More recent innovations include the development of injectable and implant technologies to deliver steroidal hormones and simplified methods of surgical contraception [1, 2].

Modern contraceptive techniques seek to interrupt the process of conception by impacting on the ovum, the sperm, the meeting of ovum and sperm and implantation. Various means of obstructing the passage of sperm have been employed by women: these include the vaginal diaphragm and the cervical cap, both similar in principle.

Generally effectiveness refers to the ability of any given contraceptive method to prevent conception [3, 4].

There are, however, several different components: theoretical effectiveness, use effectiveness, program effectiveness and cost effectiveness. Such factors are often used to measure the difference between various methods or approaches. An essential component in the assessment of contraceptive methods is safety. This is of concern to policy makers, clinicians and particularly to users, because so many healthy women use methods with potential complications, often for long periods of time [3-6]. The frequency with which abortion is actually practiced depends upon a number of factors, the most important being religious and moral education, public opinion, attitudes of the medical profession, availability of personnel and facilities, and the law and its enforcement [7-10]. A survey of the world today reveals the widest possible range in attitudes toward abortion and its practice. At one extreme are countries in which legal abortion is all but completely forbidden; at the other are those in which pregnancy may be interrupted at the simple request of the woman. Between these extremes, all possible intermediates exist.

In order to better evaluate the link between voluntary pregnancy termination and "contraceptive attitudes", the authors studied a sample of 576 women who underwent induced abortion.

Materials and Methods

Beginning January 1997, 576 women who underwent voluntary termination of pregnancy at the Obstetrics and Gynecology Institute of the Second University of Naples were approached for inclusion in the study.

All patients were only interviewed without submission to any physical or psychological test. The design was a prospective study of women seeking abortion. All were asked about the contraceptive methods used preceeding their actual pregnancy.

We collected information about the age, school attendance and marital status of all women who were asked if the contraceptive method was used in a regular way. Sexual behaviour and eventual previous induced abortions were also investigated.

The aim of the study was to gain information about contraceptive methods in women having sexual intercourse without desiring pregnancy.

Results

The average age of the patients was 27.8 years (ranging from 18 to 39 years) and the partner's mean age was 37 years (ranging from 19 to 51 years); 40.97% of women (236) were married, 46.70% were single (269), 10.59% were divorced [61] and 1.74% [10] were widowed (Table 1).

The educational level was assessed and 58.5% of the patients resulted in having a high school education as shown in Table 2. Data about obstetrical history of the patients referred for an induced abortion showed a prevalence of nulliparous women (363 patients; 63%).

As for sexual behaviours we found that 230 women (40%) had the first sexual intercourse before 18 years of age when they were minors.

One hundred and thirty-seven patients (23.78%) admitted a previous induced abortion. Withdrawal (176 women) was the most frequently used method of fertility regulation in the study group, followed by condoms

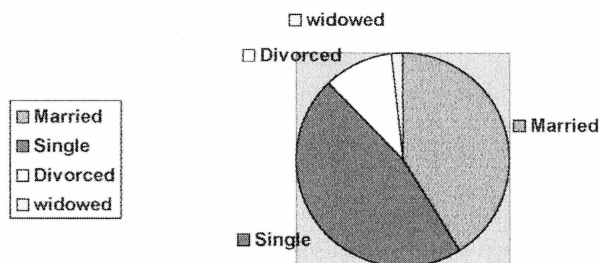


Table 1. — Marital status of the 576 women interviewed.

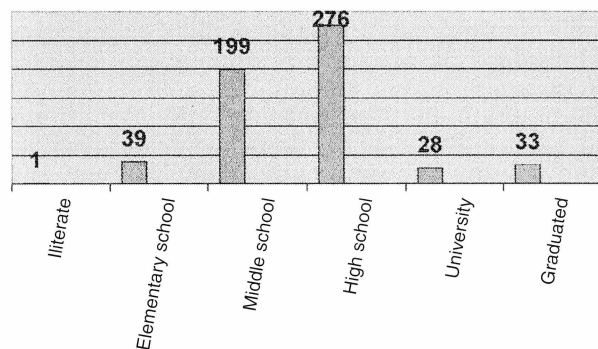


Table 2. — Educational degree of the patients who underwent induced abortions.

(104), oral contraceptives (74), intrauterine devices (50), natural methods (48) or others (41); 83 women widely used no method (Table 3). Withdrawal was the most utilized method during the cycle in which pregnancy occurred (213 women: 37%); no method was used by 178 women (30.9%) (Table 4).

We found that 202 women (35.07%) had used their contraceptive method in a regular way but became pre-

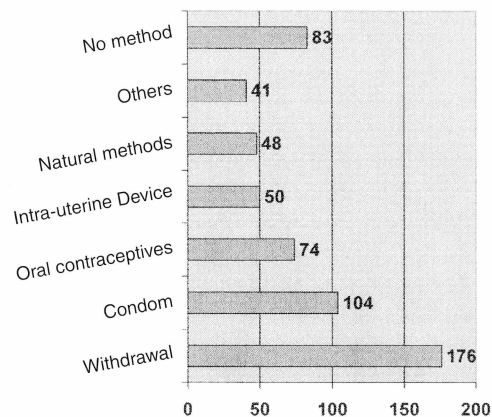


Table 3. — Contraceptives most widely used by the study group.

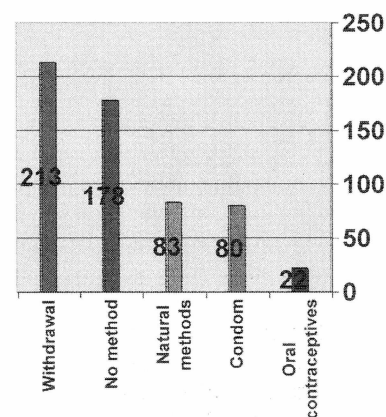


Table 4. — Contraceptive method utilized during the cycle in which pregnancy occurred.

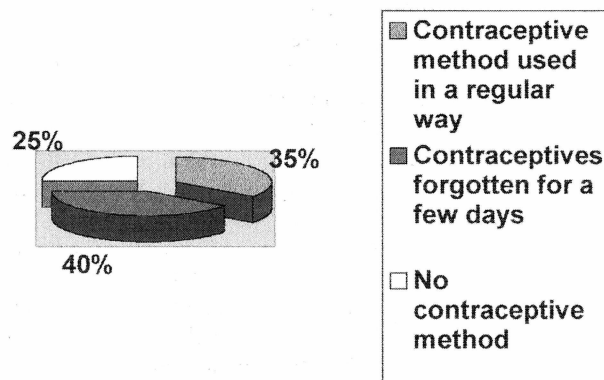


Table 5. — Answers to the question: Was the contraceptive method used in a regular way?

gnant nevertheless; a group of 230 women (40%) had forgotten to use their contraceptives for a few days and became pregnant by accident; the last group of 144 women (25%) had not used any contraceptive methods (Table 5).

Discussion

By comparing data related to the contraceptive method used during the cycle in which pregnancy occurred and the other information collected it is clear that women using withdrawal or no method are more at risk of undesired pregnancy. The results of our interviews demonstrate that oral contraceptives, intrauterine devices and other modern methods of fertility regulation are less and incorrectly used than others. On the other hand the number of induced abortions in Italy, as indicated by the progressive decrease of voluntary termination of pregnancy starting from 1982, is correlated to the diffusion of modern methods of fertility regulation and to an increase in oral contraceptive diffusion [10-13].

In the absence of an ideal method of contraception, it is important to make available as wide a range of suitable methods as possible. Unfortunately, contraceptive choice is often limited for young people in ways that may reflect the unwillingness of society to acknowledge that sexually active adolescents exist. It has been demonstrated that the health risks for adolescent sexual activity can be substantially reduced if reproductive health services tailored to the needs of adolescents are available [2, 14, 15].

According to the present state of knowledge, health risks associated with contraceptive use can be classified into two categories: well established health risks, and concerns about safety that have been raised but have not been confirmed or are still under study [2, 16]. Unfortunately, media often give much attention to such unconfirmed concerns, leading many users to assume that they are confirmed facts.

A reduction of unwanted pregnancies has been accomplished through successful strategies for the prevention of teenage pregnancy: sex education, open discussion on sexuality in mass media and educational campaigns [11]. When adolescents, whether married or unmarried, become pregnant, they should have access to obstetric care and services that are frequently not available.

The efficacy of contraceptive methods is often expressed in terms of failure rates. Hormonal and intrauterine contraception is generally associated with higher efficacy [3, 4]. While there is a wide variation in effectiveness among different methods, there can also be a wide range of effectiveness for the same method, depending on the user and on the provider. In actual use, however, the most effective methods are generally those that are not user-dependent. Less effective are user-dependent methods that are coitus-related: the barrier methods. Least effective in actual use are the behavioral methods: periodic abstinence and withdrawal. Therefore the ques-

tion "Was the contraceptive method used in a regular way?" was asked to evaluate these aspects of women's contraceptive knowledge.

Any evaluation of the comparative safety of different contraceptive methods has to take into consideration three important attributes of the method: its effectiveness, its non-contraceptive health benefits and the health hazards associated with its use. In addition, in actual practice, the efficacy of a contraceptive depends on whether it is user-dependent or not and on how user-dependent it is [2, 3, 16].

Careful information about the prevalence of abortion are impossible to obtain, especially for illegal abortions. However, it appears to be a widespread method of fertility control [17-19]. Abortion is usually measured by rates, which relate the number of abortions to population, or by ratios, which relate the number of abortions to the number of births or pregnancy [9, 12, 17, 18]. Epidemiological data on abortion are available in a number of countries in which abortion is legal and freely available. Moreover, it seems highly probable that the widespread practice of legal abortion would cause a fall in the birth rate [7, 9, 17].

Conclusion

Our data, although limited in number, confirm that induced abortion is the consequence of an insufficient use of modern contraceptives. It is concluded that more information is necessary to get women and men to use contraceptive methods regularly with better precision and more seriousness.

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