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**STUDY OF ACCEPTANCE OF CONTRACEPTION AND
COUNSELLING IN POST ABORTAL WOMEN**

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ABSTRACT

INTRODUCTION-

Abortion is the most common adverse outcome of pregnancy. Out of 42 million MTPs each year globally, 20 million are done unsafe. Post abortion care (PAC) includes emergency treatment for complications related to spontaneous or induced abortions. It is necessary to create contraceptive awareness and to educate women regarding various modern contraceptives thereby decreasing unmet needs of family planning; hence, this clinical study is being conducted at our tertiary care centre.

OBJECTIVE-

- I. To study the awareness, acceptance and choice of contraception in post abortal women (spontaneous and induced abortion) .**
- II. To study the reasons for refusal and effect of counselling on contraception in post abortal women.**

MATERIAL AND METHOD- After approval from institutional ethics committee, this study was done in Obstetrics & Gynecology Department of GMCH Aurangabad, Maharashtra, India. It was an observational prospective study carried out on 700 Women of spontaneous/Induced Abortion between October 2018 to October 2020 at our centre after applying inclusion & exclusion criteria. A predesigned validated proforma was filled with all necessary data.

OBSERVATION & RESULTS- Awareness of contraception was present in 89.9% cases and acceptance of contraception was 71.71%. Most common choice of contraception was Oral Contraceptives (COCP) in 40% cases followed by LARC (IUCD) in 18.3% cases. Sterilization

was accepted by 12.48% cases. Diabetes mellitus was most common associated disorder, in post abortion contraceptive care. 31% didn't share reasons for refusal of contraception and 28.2% were willing for next pregnancy.

CONCLUSION- Failure of contraception, Spontaneous abortions and abortions done for congenital anomalies detected were main causes of abortions. Induced abortions were more than spontaneous abortions done by Manual vacuum Aspiration (MVA). Combined oral contraceptive pills, Long-acting reversible contraception (LARC) and DMPA were preferred contraceptives in the poor and low educated population.

KEY WORDS-

Contraception, IUCD (LARC), Counselling, Post abortion care (PAC).

INTRODUCTION-

Various reasons for induced abortions include postponement of childbearing, socioeconomic factors, lack of support from the partner, family pressure for having baby of a specific sex, disapproval of single mother or early motherhood, lack of access to or rejection of contraceptive methods¹. However, several studies have showed that most abortions are performed to limit family size or to space next pregnancy^{2,3}. Number of abortions performed annually in India vary considerably between 0.6 to 6.7 million⁵. As per National data from 2010-11 maximum number of abortions were performed in Maharashtra (78047)⁶. Post abortion care (PAC) includes emergency treatment for complications related to spontaneous or induced abortions, family planning and birth spacing counselling and provision of family planning methods for the prevention of further unplanned pregnancies that may result in repeat induced abortions⁷. Abortions account for approximately 8% of maternal mortality in India and contraception can prevent 90% of maternal mortality associated with unsafe abortions.

In India, there is poor acceptance of contraceptive methods. It is due to ignorance or fear of complications using them or other social, cultural, traditional, religious and financial limitations^{8,9}. The choice of the contraceptive method in India is influenced by a variety of factors like demographic, cultural, economic and social.

The concept of Comprehensive Abortion Care (CAC) was introduced in India in 2000 with efforts to transform abortion services from purely clinical procedures (MTP) to a comprehensive women-centred service (CAC). Our centre is a government recognized centre both for first and mid-trimester MTP. It is necessary to assess the practices of knowledge and attitude of the women towards contraception to create contraceptive awareness and to educate them regarding contraception to decrease unplanned pregnancy and repeated abortion. Hence, this clinical study is being conducted at our tertiary care centre.

AIMS AND OBJECTIVES-

- To study the acceptance of contraception and counselling in post abortal women (spontaneous and induced abortion).
- To study awareness, choice of Contraception and reasons for refusal
- To Study Socio-Demographic Factors amongst Post Abortion women.

MATERIAL & METHODS-

Study was done on 700 women of Spontaneous/Induced abortion coming to outpatient department and IPD of Obstetrics and Gynecology Department of GMCH, Aurangabad.

Selection of participants-

1. Pregnant cases who desire MTP
2. Cases who aborted spontaneously or had induced abortion outside

Inclusion Criteria:

All cases of spontaneous or induced abortion inside or outside our hospital with normal or pathological pregnancy with complete or incomplete abortion, who were willing to participate in study.

Exclusion criteria-

1. Women who were < 18 year of age.
2. Women who were not willing to participate and women who were lost to follow up after 2 weeks.

Tool for Data collection-

A Pre validated Case proforma was used. Data was also collected from the records of MTP and spontaneous abortion cases after Screening and applying inclusion & exclusion criteria. MEC wheel was used while prescribing Contraception to concerned cases. Those who refused for contraception at the time of abortion or MTP and got discharged from hospital was followed up for 2 weeks period through phone to pursue any method of contraception of their choice by Cafeteria approach. If she was unable to decide at the end of 1st week she was again counselled telephonically and if she was not able to decide till 2nd week, follow up was stopped and she was excluded from the study.

Data collected was compiled in MS EXCEL Sheet 2018. Analysis of Data was done by SPSS Software Version 2.0. Both Qualitative and Quantitative data were represented in the form of tables.

RESULTS-

1. Demographic profile-(Table: 1)

- 60% cases that had abortion/MTP were between age group 21 to 30 years i.e. reproductive period. 391 (55.86 %) are from lower class. 172 (24.57 %) women are from lower middle class. 435 (62.14 %) had Primary Education and 14 (2 %) women are Illiterate. Thus, lower status of education and poverty favoured necessity of abortions.
- Prevalence of abortion or MTP was more in gravida 2 and 3 women; it might be due to unplanned pregnancy and already existing kids.

2. Distribution of cases according to Gestational Age (Table: 2)

- 60% reported in 1st trimester for MTPs or with spontaneous abortions. A high 40% in mid-trimester, 30% being termination for anomalous foetus.
- 320 (45.71 %) women were of Spontaneous abortion and 380 (54.29 %) women were of Induced abortion.
- In 154 (32.08 %) women, Medical method (MMA) was used for abortion. Out of 320 cases of spontaneous aborted women, 100 (20.84 %) women required evacuation (MVA) for incomplete abortion. In 226 (47.08 %) cases, MVA was done as a method of surgical abortion who came for MTP.
- According to MTP Grounds. 290 (50 %) women fell under MTP Ground V (**Failure of contraception**), 114 (30 %) fell under MTP Ground III (**Anomalous baby**), 46 (12.10 %) fell under MTP Ground IV (**caused by Rape**), 24 (6.32 %) fell under MTP Ground I (**to save life of pregnant women**) and 6 (1.58 %) fell under MTP Ground II (**physical and mental health of pregnant women**). So, we need to prescribe contraception having low failure rate as 50% were under ground V.
- In 629 (89.9 %) cases awareness about Contraception was present and in 71 (10.1 %) it was absent. 502 (71.71 %) were willing and 198 (28.29 %) women denied contraception. From the present study, it can be concluded that 71.71% had acceptance of contraception after first counselling. 28.29% unfortunately denied contraception and were subjected to 2nd counselling. 26 (13.13%) cases of 198 (28.29%) got ready to choose contraception after 2nd counselling and 124 (62.6%) cases denied even after 2nd counselling. 24.2% were lost to follow up.
- 502 accepted contraception. Combined Oral Contraceptive Pill (COCP) is chosen by 201 (40.03 %) women, Centchroman (CHHAYA) was chosen by 3 (0.60 %) women, Hormonal injection (ANTARA) was chosen by 84 (16.73 %) women, Intra Uterine Contraceptive Device (375/380) A was chosen by 92 (18.33 %) women, Condoms was chosen by 55 (10.1 %) women, Mini laparotomy was chosen by 45 (8.1 %) women, Laparoscopic Tubal Ligation was chosen by 22 (4.38 %) women and others method (withdrawal method, implanton, vasectomy, abstinence) was chosen by 13 (2.59 %) women. Among associated medical conditions, Diabetes mellitus was most common medical disorder who underwent abortion in 30.2 % (35 cases).

DISCUSSION-

➤ In the **Present study (2021)**, 420 (60 %) were in the age group of 21-30 years. 230 (32.86 %) respondents were in the age group of 31-40 years, 10 (1.43 %) respondents were in the age group of ≥ 40 years and 40 (5.71 %) respondents were in the age group of 18 to 20 Years. In **Arundhti et al (2016)**¹⁷ study subjects in 18 to 20 age group were

0, 21 to 30 age group were 44.4 %, 31 to 40 age group were 39 % and > 40 age were 16.6 %. In **Archana et al (2018)¹⁸** study subjects in 18 to 20 age group were 5%, 21 to 30 age group were 81%, 31 to 40 age group were 14% and > 40 age were 0. In present study, women majority belong to age group of 21-30 years i.e reproductive period and was comparable to different studies. We need to increase awareness about contraception and safe abortion facilities in the society in this age group.

- In the **Present study (2021)**, 391 (55.86 %) were from lower class. 172 (24.57 %) women were from lower middle class, 117 (16.72 %) women were from upper lower class, 15 (2.14 %) women were from upper middle class and 5 (0.71 %) women are from upper class. In **Yohannes Moges et al (2018)¹²** study subjects in upper class were 3.5%, upper middle was 21.5%, upper lower were 2%, lower middle was 11.75% and lower class were 41.25%. **Mogilevkina, Hellberg (2000) et al¹⁹** study subjects in upper class were 1.36%, upper middle was 17.76%, upper lower were 22.32%, lower middle was 23.3% and lower class were 35.3%. Our present study is comparable with above studies, and emphasizes the need to increase awareness of Contraception in lower socio-economic status people.
- In our study (2021), 437 (62.42 %) are Hindu by religion. 259 (37 %) women are Muslim by religion, 1 (0.14 %) woman are Sikh by religion, 1 (0.14 %) woman are Christian by religion and 2 (0.28 %) women are from other religion. In **Matiyas Asrat et al (2018)¹⁰** study Hindu were 84.25%, Muslim were 10.25%, Sikhs were 0, Christian were 8.1% and others were 7.48%. In **Yohannes Moges et al (2018)¹²** study Hindu were 84.25%, Muslim were %, Sikhs were 0, Christian were 2.75% and others were 2.75%. In **Sundari Ravindran and Balasubramanian et al (2003)²⁰** study Hindu were 52.5%, Muslim were 37.2%, Sikhs were 0.42%, Christian were 3.38% and others were 6.35%. Our study is comparable with rest of studies. Religion has an impact on acceptance of contraception.
- In the **Present study (2021)**, 435 (62.14 %) have done Primary Education, 186 (26.57 %) women have done Secondary Education, 65 (9.29 %) women are Graduate and 14 (2 %) women are Illiterate. In **Yohannes Moges et al (2018)¹²** study illiterate was 19.25%, primary education was 25.5 %, secondary education was 41% % and graduate were 14.25. In **Matiyas Asrat et al (2018)¹⁰** study illiterate was 27.7%, primary education was 39.4 %, secondary education was 22.1 % and graduate were 10.68%. In **Renjen prachi et al (2007)²¹** study illiterate was 18.7%, primary education was 81.3 %. These studies show that education plays an important role in acceptance of contraception and high educated women have low abortion rates due to family planning.
- In the **Present study(2021)**, 185 (26.43 %) women are Primigravida and amongst multigravida 225 (32.14 %) women are Gravida 2, 275 (39.29 %) women are Gravida 3, 5 (0.71 %) women are Gravida 4 and 10 (1.43 %) women. In **Aradhana Thapa (2015)²³** study primigravida were 25% and multigravida were 66.8% (2nd gravida-45.5%, 3rd and

above gravida-21.3%). In **Matiyas Asrat et al (2018)¹⁰** study primigravida were 21.2% and multigravida were 34.8%. In **Yohannes Moges et al (2018)¹²** study primigravida were 39.25% and multigravida were 60.75%. Present study is comparable with previously done studies and women with higher parity accept more family planning methods following abortion compare to primigravida. Primigravida cases are interested in further pregnancies after this loss

□ **Awareness & Willingness for Contraception after Counselling (Table:3)**

Awareness was better and increased in our study (2021) compared to others (2018).

□ **Choice of Contraception (Table:4)**

Our study findings were similar to study conducted by **Sushant Banerjee¹³ (2015)** where most common contraceptive used post abortion were COCP followed by IUD.

From above, choice of contraception differs from study to study indicating that different samples of population have different choices and availability of different contraceptives at that place. In our study IUCD use is low (18.3%). The Government of India is in favour of increasing utility of LARC (IUCD) as the use of this method is in control of medics. The low usage of female sterilization compared to other study is a matter of concern and needs efforts for improvement from us.

➤ **Refusal of contraception (Table:5)**

The present study has higher rate of fear of side effects (28.2%) as compared to other study. This emphasizes the need for further counselling to increase use of contraception. The opposition from partner for acceptance of contraception has got reduced from 56.2% in **2015 (Aradhana Thapa study)** to 19.2% in 2021 (present study). This is a welcome sign. Still 31.2 % were using abortion as a method of contraception in our study; we failed to get the reason for non-acceptance of contraception in 18.2% cases. Religion has an impact on contraception.

□ In the **Present study (2021)**, 289 (41.3 %) women were having Gestational Age Up to 9 weeks, 131 (22 %) women with gestational age 9.1 to 12 weeks and 280 (40 %) was with gestational age 12.1 to 20 weeks. In **Matiyas Asrat et al (2018)¹⁰** study, first trimester were 66.7 % and second trimester were 33.3%. In **Sushant K Bannerjee (2014)¹³** study, first trimester were 90.9 % and second trimester were 2.2%. In **Anjali Radkar et al (2003)²² studies**, first trimester were 66 % and second trimester were 34 %. Our study is comparable with previously done studies, mid-trimester are high in present study with 30% of them seeking MTP for anomalous foetuses.

□ In the **Present study (2021)**, 320 (45 %) women were Spontaneous abortion and 380 (55%) women underwent Induced abortion. In **Yogesh Thawat et al (2018)¹¹** study, Spontaneous abortion cases were 44% and Induced abortion cases were 56%. In **Matiyas Asrat et al (2018)¹⁰** study, Spontaneous abortion cases were 88.6% and Induced abortion cases were 13.4%. **Yohannes Moges et al (2018)¹²**, Spontaneous abortion cases were 18.75% and induced abortion cases were 81.25%. In **Sushant K Bannerjee (2014)¹³** study, Spontaneous abortion cases were 35.5% and induced abortion cases were

64.5%. The high rate of induced abortion in our study indicates unplanned pregnancies and need of better PAC services, there by indicating the need to work on it.

- MTP under ground IV was done by **Navyatha et al(2021)²³ and Abebe Muche et al(2019)¹⁵study** and in **present study(2021)** in respectively 9%,16.7% and 12.10%.Under ground V, **Navyatha et al(2021)²³** had 30% and present study has 50%.Thus these studies were comparable with us.

CONCLUSION-

Women seek abortion services for failure of contraception and foetal anomalies for aborting anomalous foetus. Poor awareness of contraception, religious believes, myths, societal factors influence abortion and contraceptive services. A repeat abortion was used like contraception by few. The acceptance of LARC and permanent method of sterilization needs more efforts by us. People who denied contraception need more efforts by us to offer PAC services.

Conflict of interest- None.

REFERENCES:

1. Finer L. B., Frohwirth L. F. Dauphinee L. A., Singh S., Moore A. M. Reasons U. S. women have abortions: quantitative and qualitative perspectives. *Persp Sex Reprod Health*. 2005;37 (3):110-8.
2. Ganatra BR. Abortion research in India: what we know and what we need to know. In: Ramasubban R, Jejeebhoy S, eds. *Women's Reproductive Health in India*. 1st ed. Jaipur, India: Rawat Publications; 2000: 186-235
3. Malhotra A, Nyblade L, Parasuraman S, MacQuarrie K, Kashyap N. Realizing reproductive choices and rights: abortion and contraception in India. In: Malhotra A, Nyblade L, Parasuraman S, MacQuarrie K, Kashyap N, eds. *ICRW*. Washington, DC: International Center for Research on Women (ICRW); 2003: 5-35.
4. World Health Organization. Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003. In: WHO, eds. *WHO Book*. 5th ed. Geneva: World Health Organization; 2007: 1-43.
5. Khan, M. E., Barge S., Kumar N., Almroth S. Abortion in India: current situation and future challenges. In: Pachauri, S., Subramaniam, S., eds. *Implementing a Reproductive Health Agenda in India: The Beginning*. 1st ed. New Delhi: Population Council Regional Office; 1998: 507-529 .
6. Shah R. Family welfare statistics in India - 2011. In: Shah R., eds. *Statistics Divisions Ministry of Health and Family Welfare*. India: Government of India; 2011: xviii.
7. Johnston H. B. Abortion practice in India: a review of literature. In: Johnston H. B., eds. *Working Paper, Abortion Assesment Project*. 1st ed. Mumbai: Centre for Enquiry into Health and Allied Themes (CEHAT); 2002: 23

8. Lodewijck E, et al “Attitudes towards contraception and some reasons for discontinuation” *Contracept Fertil Sex Nov*; 15(1(11):1025-30, 1987.
9. Gilliam ML, Warden M, Goldstein C, Tapia B et al “Concerns about contraceptive side effects among young Latinas: a focus-group approach” *Contraception Oct*; 70(4):299-305, 2000.
10. Matiyas asrat, Delayehu bekele, Sarah D. Rominski. saint paul’s hospital millennium medical college, addis ababa, ethiopia. department of obstetrics and gynecology, university of michigan. post-abortion contraceptive acceptance and choice determinants among women receiving abortion care at saint paul’s hospital, addis ababa, ethiopia. *ethiopian journal of reproductive health (ejrh) volume 10 no. 1 february, 2018*
11. Dr. Yogesh Thawal, Dr. Hemant Deshpande, Dr. Meenal Patvekar, Dr. Prashant Suryarao, Dr. Rinky Bhalani and Dr. Shikha Jindal. Study of acceptance of post-abortal contraception in tertiary care centre. *International Journal of Clinical Obstetrics and Gynaecology 2018; 2(5): 147-152*
12. Moges Y, Worku SA, Niguse A, Kelkay B. Factors Associated with the Unplanned Pregnancy at Suhul General Hospital, Northern Ethiopia, 2018. *J Pregnancy. 2020 Jun 27;2020:2926097. doi: 10.1155/2020/2926097. PMID: 32685212; PMCID: PMC7336205.*
13. Sushanta K. Banerjee, Sumit Gulati, Kathryn L. Andersen, Valerie Acre, Janardan Warvadekar, and Deepa Navin. Associations Between Abortion Services and Acceptance of Postabortion Contraception in Six Indian States. *Studies in Family Planning 46(4), December 2015*
14. Alka Barua. Availability and accessibility of Abortion care in Ahmedabad Urban Slums. *Abortion assessment project of India-a qualitative studies report 2003; pg 36-45*
15. Muche A, Bewket B, Ayalew E, Demeke E. Utilization of post abortal contraceptive use and associated factors among women who came for abortion service at Debre Berhan Hospital, Debre Berhan, Ethiopia March 2019: Institution based cross sectional study. *Clin J Obstet Gynecol. 2019; 2: pg 025-033.*
16. Thulaseedharan JV. Contraceptive use and preferences of young married women in Kerala, India. *Open Access J Contracept. 2018 Jan 5;9:1-10.pg-1-10.*
17. Dr Arundhati Gosavi, Registrar, Department of Obstetrics and Gynaecology, National University Hospital, National University Health System, NUHS Tower Block, Level 12, 1E Kent Ridge Road Singapore 119228. arundhati_gosavi@nuhs.edu.sg. Knowledge and factors determining choice of contraception among Singaporean women. Department of Obstetrics and Gynaecology, National University Hospital, Singapore²-Yong Loo Lin School of Medicine, National University of Singapore, Singapore. *Singapore Med J 2016; 57(11): 610-615*
18. Archana Bamniya, Savitri Verma. The study of knowledge, attitude and practice about abortion and technology at the tertiary centre in the region of Mewar, Rajasthan, India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology Bamniya A et al. Int J Reprod Contracept Obstet Gynecol. 2018 Aug;7(8):3320-3324*

19. Mogilevkina J, Hellberg D, Nordstrom ML and Odlind V. Factors associated with pregnancy termination in Ukrainian women, Acta Obstetrica Gynaecologia Scandinavia, 79(12), December 2000, Pg 1126-31.
20. Sundari Ravindran TK, Balasubramaniam P, Mishra US. Processes and factors underlying choice of induced abortions in rural Tamil Nadu. Abortion assessment project of India. Qualitative studies report 2003, pg 110.
21. Renjhen, Prachi & Gupta, Shuva & Das, & Barua, Ankur & Shipra, Jaju & Binita, Khati. (2007). A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J ObstetGynecol India. 58.
22. Anjali Radkar. Abortion in Rural Communities near Urban areas-experience of married women. Abortion assessment project of India. Qualitative studies report 2003: pg 75-78
23. Dr. Navyatha Bandarupalli1 , Dr. R. Nithya2 , Dr E Sneha Preethi(2021). A Study on Unintended Pregnancies and Reasons for Opting MTP. International Journal of Science and Research (IJSR) ISSN: 2319-7064 SJIF (2019): 7.583. Volume 10 Issue 1, January 2021pg 757-759.
24. Aradhana Thapa. Repeat abortion and use of contraception among post-abortion women in Nepal – A prospective cohort study. University of Washington 2015 Committee: Annette L. Fitzpatrick, PhD Emily M. Godfrey, MD, MPH .

TABLES:

TABLE (1) Sociodemographic features of study population

1) Age (Years)	Number of Cases	Percentage (%)
18 to 20 Years	40	5.71 %
21 to 30 Years	420	60 %
31 to 40 Years	230	32.86 %
≥ 40 Years	10	1.43 %
2)Socio-Economic Status	Number of Cases	Percentage (%)
Upper Class	5	0.71 %
Upper Middle Class	15	2.14 %
Upper Lower Class	117	16.72 %
Lower Middle Class	172	24.57 %
Lower Class	391	55.86 %
3)Religion	Number of Cases	Percentage (%)
Hindu	437	62.42 %
Muslim	259	37 %

Sikhs	1	0.14 %
Christian	1	0.14 %
Others	2	0.28 %
4) Educational Status	Number of Cases	Percentage (%)
Illiterate	14	2 %
Primary Education	435	62.14 %
Secondary Education	186	26.57 %
Graduate	65	9.29 %

TABLE (2) Gravida status and Gestational age distribution in study population

1) Gravida		Number of Cases	Percentage (%)
Primigravida		185	26.43 %
Multigravida	Gravida 2	225	32.14 %
	Gravida 3	275	39.29 %
	Gravida 4	5	0.71 %
	Gravida 5	10	1.43 %
2) Gestational Age	Weeks of Gestation	Number of Cases	Percentage (%)
First Trimester	Up to 9 weeks	289	41.2 %
	9.1-12 weeks	131	18.8%
Mid Trimester	12.1-20 weeks	280	40 %

TABLE (3) Awareness & Willingness for Contraception after Counselling

Awareness about Contraception	Yogesh Thawat et al (2018) ¹¹	Matiyas Asrat et al (2018) ¹⁰	Yohannes Moges et al (2018) ¹²	Present Study (2021)
Present	47.5%	63.4%	64%	89.9%
Absent	52.5%	57.83%	56.25%	10.1%

TABLE (4) Choice of Contraception

Choice of Contraception	Alka Barua et al (2003) al ¹⁴	Sushanta K. Banerjee et al (2015) al ¹³	Yogesh Thawat et al (2018) ¹¹	Matiyas Asrat et al (2018) ¹⁰	Yohannes Moges et al (2018) ¹²	Abebe Muche et al (2019) ¹⁵	Present Study (2021)
Oral Contraceptive	21.6%	33 %	52.3%	14.7%	19.8%	18.8%	40.63%
Hormonal injection	6.6%	0.06 %	14.1%	56.2%	4.8%	25.3%	16.7%
Intra Uterine Contraceptive Device	25.8%	11 %	20.5%	2.2%	28.2%	7.6%	18.3%
Condoms	26.1	20 %	18.8%	0.7%	32.6%	–	10.1%
Female Sterilization	19.7%	16 %	31.2%	0.4%	14.4%	–	12.48%
Others		–	–	9.4%		–	2.59%

TABLE (5) Refusal of Contraception

Reason for refusal of contraception	Yogesh Thawal et al (2018) ¹¹	Thulaseedharan JV (2018) ¹⁶	Aradhana Thapa (2015) ¹⁷	Present Study
Fear of Side Effects	16.7%	30.6	6.8%	28.2%
Opposition from Partner	10.5%	2.4%	56.2%	19.2%
Religious Reasons	2.63%	1.5%	–	3.03%
Not Willing to Share Reason	21%	–	11%	18.2%
Willing for further Pregnancy	49.1%	23.5%	–	31.32%