

# **International Seminar on Interrelationships between contraception, unintended pregnancy and induced abortion**

*Addis Ababa, Ethiopia, 1-3 December 2008*

Organized by the IUSSP Scientific Panel on Abortion

Chair: Susheela Singh; Panel members: Agnes Guillaume, Sandra Garcia, Hailemichael Gebreselassie, Ali Mohammad Mir, Friday Okonofua.

## **REPORT**

The IUSSP Scientific Panel on Abortion, in collaboration with Ipas–Ethiopia Office, held a seminar on “Interrelationships between contraception, unintended pregnancy and induced abortion” in Addis Ababa, Ethiopia on 1-3 December 2008. The seminar was supported by funds provided by the IUSSP, the Department of Reproductive Health and Research of the World Health Organization, Venture Strategies, Ipas and the Population Council–Mexico.

The objective of this seminar was to document, stimulate and advance research on interrelationships between contraception, unintended pregnancy and induced abortion. The seminar addressed issues related to abortion decision-making and the prevention of unplanned pregnancy among individuals and couples, as well as macro or aggregate-level relationships including trends over time and differences among population groups and across countries. This area of abortion research is at a stage where it was of great benefit to engage in scientific exchange, both for purposes of advancing research methodologies but also because of the high level of relevance of this area of research for contraceptive and abortion policies and programs.

The 25 papers that were accepted for presentation at the seminar addressed issues that included: interrelationships at the national and cross-country levels; contraceptive and abortion decision making; barriers to the use of contraception and their effect on unintended pregnancy and abortion; post-abortion contraception; providers’ attitudes and roles; the influence of social and cultural factors; and examples of programmatic responses.

Seminar participants came from diverse backgrounds and regions. They included demographers, sociologists, epidemiologists, anthropologists, and health service providers from Latin America (4), Asia (7), Sub-Saharan Africa (6), North America (5), and other developed countries (7). Participants were at different career stages – about one-third were junior scholars. Approximately one-quarter of the participants were male (7).

One outcome of the seminar will be an IUSSP Policy and Research Paper. In addition, panel members are actively pursuing possibilities to have as many of the papers presented at the seminar submitted to journals and hopefully published.

## **Contraception, Unplanned Pregnancy and Abortion: Aggregate-level Interrelationships**

The first session of the seminar presented a comparative analysis of the developing world, examining patterns in the relationships between contraceptive prevalence (with some detail on contraceptive method mix), unmet need for contraception, and estimated rates of induced abortion globally and regionally whether or not abortion is legal. The session reviewed results demonstrating that contraceptive prevalence does not have a linear relationship with abortion, partly because of factors such as efficacy in using contraception and method mix. Additional factors include attitudes towards abortion, access to abortion services, quality of family planning services, frequency of sexual intercourse and the extent of sexual activity among unmarried women. Four national case studies were presented (Armenia, Georgia, France and Iran) using survey data to examine trends in contraceptive use and abortion. In the case of Armenia, the analysis showed a decline in abortion between 2000 and 2005. However, use of effective methods did not increase after having an abortion, and there was a lower rate of postabortion contraceptive uptake in 2005 compared to 2000. In Georgia, two different methodologies were implemented to study change in contraceptive use and its relationship to the trend in abortion over time; the paper concluded that 54% of the decline in the abortion rate in Georgia is related to increased use of modern contraceptive methods between 1999 and 2005. The paper on France examined contraceptive use before and after abortion. It found that about one in three pregnancies are reported as unintended and 62% of these end in abortion. Incorrect and inconsistent contraceptive use was the most common factor associated with abortion; but about one third of women having an abortion had not used contraception at the time they became pregnant, and this was more common among socially disadvantaged women. The use of highly effective methods did increase after an abortion. The paper on Iran assessed trends over the period 2000-2005 in levels of unintended pregnancies and pregnancy outcomes, nationally and by province, and their correlates. The analysis partly relied on reported levels of miscarriage, given the high level of underreporting of induced abortion. About half of unwanted pregnancies occurred while the couple was using contraception, and three in five of these accidental pregnancies occurred while the couple was using a modern method.

## **Managing Unplanned Pregnancies**

The second session of the seminar focused on reproductive control over contraceptive and abortion decision-making and presented different perspectives on decisions around contraception and abortion. The papers were a mix of quantitative and qualitative methods, spanning countries with both high and low contraceptive prevalence levels (Madhya Pradesh in India; Pakistan), and included a five country qualitative study (Mexico, Nigeria, Pakistan, Peru and the United States), and well as one that used results from a study of abortion decisions in France and applied them to Burkina Faso. Two of the papers (on India, and France/Burkina Faso) used a life course (or process) approach given that women have different fertility regulation needs at different times of their lives. Some of the papers addressed the issue of gender roles and male involvement in decision-making and found differences between men and women as well as differences depending on the type of relationship (long term or casual). The session highlighted the themes of the importance of correct and comprehensive knowledge of contraception; widespread misperception, mistrust and incorrect information about methods; access and availability of methods, even where contraceptive prevalence is high; and unintended pregnancy. Regardless of the level of

contraceptive prevalence, unintended pregnancy was high across all of the countries for which data were presented. A strong theme of problems with contraceptive use emerged from the five-country study, but since the data collected were relatively small-scale and exploratory, further work is needed before conclusions and policy implications can be made about specific countries.

## **Barriers to the Use of Contraception and Impact on Unintended Pregnancy and Abortion**

Barriers to contraceptive use exist across a wide variety of country settings but the specific barriers to use vary depending on the country as well as the life stage of different women within that country. This session included a mix of quantitative and qualitative papers: four were country-specific papers (Cameroon, Thailand, India and Nigeria) and one was a regional examination of Latin America and the Caribbean. Barriers to contraceptive use are often a result of gender inequality that results in poor communication about family planning between partners, social prescripts which prohibit sexual behavior among a certain segment of the population, and poor service delivery. The consequent unintended pregnancies that end in an induced abortion were examined in this session.

The two qualitative papers, on Cameroon and Thailand, provide insights into why the use of modern contraception remains low despite good government policies. Both studies found that poor quality of contraceptive services including lack of information was a reason for low contraceptive uptake leading to unintended pregnancies, some of which end in abortion. The two country-specific quantitative studies came from Nigeria and India. The Nigeria study of married and unmarried men found that men played an important role in financially assisting their partners to obtain abortions; however, only a minority (less than 20%), acknowledged the importance of preventing the unwanted pregnancy in the first place. The paper from India examined barriers among adolescents to obtaining an abortion. The authors were able to identify correlates of later term abortions which included having experienced unwanted or forced sex by someone other than a boyfriend/fiancé, as well as not having the support of one's partner to access abortion services. As unmarried adolescents are not supposed to be sexually active, even though abortion is legal in India, some of the respondents in this study tried to use other abortifacients before making it to the clinic.

The paper from Latin America provides an extensive review of studies that explore barriers to successful contraception - including personal, relationship, social, cultural and institutional factors that constrain effective and continuous use of contraception. While there are high levels of contraceptive prevalence, there are also high levels of abortion. This pattern suggests ongoing contraceptive failure and large inequalities in access in some countries, leading the authors to identify the need for developing a "culture of prevention and planning" for successful contraception uptake, however, this is a challenge in some countries with high levels of unemployment and high levels of union instability.

## **Contraception after Abortion**

These papers identified factors that facilitate or hinder women's post-abortion uptake of contraception in India (two papers), Cambodia, and Mexico. Studies were conducted in settings where post-abortion contraceptive counselling ranged from inconsistent (rural India)

to widely available and integrated into abortion services (Mexico City, urban India). All of the studies were quantitative and drew from large clinic or community samples of women who had undergone induced surgical abortions. The studies drew from diverse contexts, but arrived at similar conclusions. Postabortion contraceptive uptake ranged from around 40% (rural India, Cambodia) to a high of 86% in urban India. In general, women opted for more permanent methods such as tubal ligation and IUD. Also, the availability of contraceptive counselling immediately after the procedure was an important factor in women's acceptance of a method. The Mexico City study found that acceptance of a postabortion contraceptive method was significantly associated with higher education, prior contraceptive use, reported abortion-related complications, and having a greater number of children. The Cambodian study found that women were significantly more likely to accept a method if they presented at sites with integrated services and where there were had a range of contraceptive options. In sum, there is an ongoing need to strengthen postabortion contraceptive uptake, even in settings where these services are widely available. These services should be an integral part of post-abortion care, offer a range of methods, and promote informed choice.

## **Policies and Programs**

Papers on policies and programs in Nigeria, Togo, Ethiopia and Ghana as well as Bolivia show quantitatively and qualitatively that there remain significant barriers to improving contraceptive, abortion and postabortion care services. Barriers are interpersonal as well as structural. Many women and providers have negative attitudes and perceptions about abortion and its possible legalization. In some countries abortion is legal in case of rape but abortion is rarely provided under this or other permitted indications. Some providers are reluctant to treat postabortion complications because of ethical and moral reasons or fear of legal condemnation. Furthermore, providers are sometimes not sufficiently qualified to perform abortions. There is a deficiency of postabortion care, including contraceptive counseling and method availability. The papers identified the need to train all providers including doctors, nurses and midwives during their professional training on counseling and supply of contraception, abortion and postabortion care. One of the Bolivia papers proposed a guideline for physicians to develop new counseling skills with patients.

The problem of sexual abuse was discussed in a context where women are sexually active at younger ages: some unwanted pregnancies and abortion occurred in this situation. This question of sexual violence is an important social and health problem, which must be taking account in health programs: in some countries abortion is legal in case of rape but this access remains more theoretical than real.

All these papers underline the lack of studies to address the reasons for contraceptive non use and reasons to abort, the need to develop in depth survey about abortion process to understand socio-cultural factors than could explain abortion practice, among men, women and couples. They noted the need for more research to understand post-abortion contraceptive uptake in the larger community. Up to date, only small scale studies have addressed this question and we need to take this research to a grander scale to assess the impact on the more general population. Community based studies in particular, out side of healthcare facilities, are needed to cover a larger population.

More intervention studies using quasi-experimental design are necessary to test the effect of post-abortion counseling in different settings. We need to generate new data to understand

how, in a limited resource context with little money, interventions on post-abortion care can be effective in the general population.

The researches focused also on the need for a comprehensive training to all providers (nurses, doctors, midwives...) during their medical education curriculum or professional training for counseling and supply of abortion and contraception; and also the need to develop sexual education program for young men and women.

### **Some important general points arising at the seminar**

Future work on the relationships between contraception, unintended pregnancy and abortion must use culturally relevant concepts to capture abortion. One example of this is menstrual regulation. Menstrual regulation (MR) continues to confound estimates of abortion, in part because MR is used differently across diverse settings. In some countries, MR is provided without pregnancy testing; and in other settings, MR is used to avoid using the much more sensitive term abortion.

There was also a call to be specific about what we are measuring: safe abortion or unsafe abortion. Legal and illegal cannot be substituted for safe and unsafe abortion, respectively, as the data from India demonstrate.

Postabortion contraceptive counseling arose repeatedly as a critical point of intervention and service delivery. The Mexico City paper highlighted the importance of strengthening postabortion contraceptive services tailored to specific groups, namely, adolescents, and women without prior contraceptive use who had the lowest uptake in their sample. While higher contraceptive uptake postabortion is generally lauded as a success, some postabortion contraceptive uptake may be happening coercively as the paper on rural India found. Voluntary uptake should therefore be stressed above uptake in general.

Future research would benefit from a standardization of measurement techniques with validated instruments to improve comparability and trend analysis. Comparability could also be facilitated through all estimation approaches explicitly stating their assumptions.

The use of mixed methods to estimate abortion incidence or morbidity was also encouraged because confidence in results is strengthened by triangulation of methods. Lastly, misoprostol must be taken into account as an important new method of abortion which has the potential to greatly reduce the severity, and most likely the frequency of abortion morbidity and mortality.

More research was called for to examine the reasons for contraceptive non-use and reasons women decide to have an abortion; socio-cultural factors influencing the abortion process to understand abortion practice among men, women and the couple; population-based research on postabortion contraceptive uptake; intervention studies using quasi-experimental designs to test the effect of postabortion counseling in different settings; and how, in a limited resource context, postabortion care can be effectively provided.



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the Department of Reproductive Health and Research of the World Health  
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Venture Strategies and the Population Council

**Programme**

**Monday, December 1**

**8:30: Registration in Gallery Hall**

**9:00-9:45 Welcome (Ipas-Ethiopia, Panel, IUSSP)**

*9:45-10:00 Coffee Break*

**10:00-12:30 Session 1: Contraception, Unplanned Pregnancy and Abortion: Aggregate-level Interrelationships**

*Chair: Haile Gebreselassie Discussant: Clementine Rossier and Susheela Singh*

- Contraceptive prevalence, unmet need, and unsafe abortion: Global and regional patterns.  
*Elisabeth Ahman and Iqbal H Shah*
- Contraceptive use, unwanted pregnancy and abortion in Iran. [Cancelled]  
*Meimanat Hosseini-Chavoshi, Peter MacDonald and Mohammad Jalal Abbasi-Shavasi*
- Patterns of contraceptive use before and after an abortion: Results from a large nationally representative survey of women undergoing abortion in France.  
*Caroline Moreau and Nathalie Bajos*
- Does induced abortion influence the subsequent uptake and continuation of contraceptive method use: Insights from surveys in Armenia.  
*Mohamed M. Ali and Iqbal H. Shah*

- Contraception matters: Evidence of the abortion decline in Georgia using two approaches.  
*Florina Serbanescu, Paul Stupp and Charles Westoff*

**12:30-2:00 Lunch**

**2 :00-5:30 Session 2: Managing Unplanned Pregnancies**

*Chair: Sandra Garcia*

*Discussant: Ndola Prata*

- Women and reproductive control: The nexus between abortion and contraceptive use in Madhya Pradesh  
*Jeffrey Edmeades, Susan M. Lee-Rife, Anju Malhotra and Kerry MacQuarrie*
- How Pakistani women choose contraception and abortion to deal with unwanted pregnancies  
*Iram Kamran*
- Managing unplanned pregnancies in five countries: Perspectives on contraception and abortion decisions  
*Contraception and Abortion Study Team—presented by Susheela Singh and Ann Moore*
- Barriers to consistent and correct contraceptive use and the role of abortion in the US  
*Ann Moore, S. Singh and A. Bankole*
- Modelling abortion as a process: Western versus African specificities  
*Clémentine Rossier*

**3:40-4:00 Coffee Break** Followed by Discussant statement and Open Discussion

**7:00 Dinner – All Participants Invited**

**Tuesday, December 2**

**9:00-12:30 Session 3: Barriers to Use of Contraception and Impact on Unintended Pregnancy and Abortion**

*Chair: Susheela Singh*

*Discussants: Friday Okonofua and Ann Moore*

- “I was all alone”: Networks, contraception and abortion experiences in Cameroon.  
*Sylvie Schuster and Pamela Feldman-Savelsberg*
- “Why am I pregnant?”: Unplanned pregnancies and contraceptive use among Thai rural mothers.  
*Wiraporn Toom Pothisiri*
- Unintended pregnancy among unmarried adolescents: Pathways to abortion.  
*Shveta Kalyanwala, A.J. Francis Xavier, Shireen Jejeebhoy and Rajesh Kumar*
- The complex relationship between contraception and abortion: Barriers and challenges in Latin America and the Caribbean.  
*Susana Lerner and Agnes Guillaume*
- The role of men in decision-making on contraceptive use, unintended pregnancy and induced abortion in Nigeria. [Cancelled]  
*Peter Olasupo Ogunjuyigbe*

**10:40-11:00 Coffee Break** Followed by Discussant statement and Open Discussion

**12:30-2:00 Lunch**

## **2 :00-5 :30 Session 4: Contraception after Abortion**

*Chair: Agnes Guillaume      Discussant: Saumya Ramarao*

- Adoption and continuation of post abortion contraception: Evidence from rural settings in Maharashtra and Rajasthan.  
*A.J. Francis Xavier, Shveta Kalyanwala and Shireen J. Jejeebhoy*
- Determinants of family planning acceptance among Cambodian abortion patients.  
*Janna Mcdougall, Tamara Fetters, Kathryn Anderson Clark and Tung Rathavy*
- Contraception after abortion  
*Suneeta Mittal*
- Sociodemographic and contraceptive characteristics of the first 8,405 women who have received elective first trimester abortions in Mexico City post-reform.  
*Manuel Mondragón y Kalb, Patricio Sanhueza Smith, Claudia Díaz Olavarrieta, Kate S. Wilson, Aremis Villalobos, and Sandra G. Garcia*

*3:30-4:00 Coffee Break      Followed by Discussant statement and Open Discussion*

## **Wednesday, December 3**

### **9 :00-10:45 Session 5(a): Policies and Programs**

*Chair: Sandra Garcia      Discussant: Agnes Guillaume*

- A survey of the attitudes and practices relating to reproductive health and family planning services among private medical practitioners in four states of Niger-Delta region of Nigeria.  
*Hammed Musbau Afolabi, Friday E Okonofua, S. Ojobo, O.C. Koroye, A.I. Itabor, A.O. Okpani, O.B. Daramola*
- The influence of social and cultural factors on unintended pregnancy and on unsafe abortion decision-making among women in Lomé (Togo).  
*Afiwa N'bouke*
- The cause of unwanted pregnancy and its impact on maternal health and utilization of health services.  
*Amanuel Gessesew*

*10:45-11:00 Coffee Break*

### **11:00-12:45 Session 5(b): Policies and Programs**

*Chair: Friday Okonofua      Discussant: Janie Benson*

- The reproductive reality of Bolivian women: Interviews and observations within three public hospitals in La Paz and El Alto.  
*Virginie Rozée*
- Analysing women's reproductive conflicts and decisions: A qualitative tool for staff education and training.  
*Susanna Rance*
- Programmatic responses to abortion in Ghana.  
*Saumya RamaRao, Philomena Nyarko, Placide Tapsoba and Cletus Adonzhin*

**12:45-2:30 : Lunch**

### **2:30-4:00 Session 6: Next Steps and Closing**

*Chair: Haile Gebreselassie*



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**List of Participants**

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