

Russia Postabortion Care

Postabortion Family Planning Counseling and Services Lead to Increased Contraceptive Use

OR Summary 44 *The introduction of postabortion family planning service delivery involving training in counseling skills and job aids for providers led to increased use of modern contraceptive methods at 12 months postabortion. The provision of family planning counseling at a postabortion follow-up visit appears to be an important factor in reducing repeat abortions.*

Background

Despite declines in abortion rates in the last decade, abortion remains a primary means of fertility control in Russia and continues to be an important cause of preventable morbidity and mortality among women of reproductive age.

In 2000, the Russian Research Center of Obstetrics, Gynecology and Perinatology and EngenderHealth, in collaboration with FRONTIERS and the Perm Health Department, began a three-year operations research study to test the effects of new postabortion family planning service delivery models for increasing contraceptive use and reducing the repeat abortion rate (around 40%) among abortion clients in Perm, Russia.

This study used a quasi-experimental design to compare two interventions to institutionalize pre-discharge postabortion family planning counseling and services in five sites (two hospitals and three outpatient facilities). Model I consisted of training providers in family planning counseling and interpersonal communication skills and developing and supplying provider job aids and client education materials on postabortion family planning. Model II had the same intervention components, and in addition offered a free initial three-

month supply of condoms, pills, DMPA or an IUD to all postabortion clients requesting a modern contraceptive method.

The interventions were evaluated by comparing women assigned to each of the interventions to a control group of women attending the same facilities prior to the intervention. Researchers interviewed 1,516 women and observed 40 client-provider interactions prior to the clients being discharged. In addition, they interviewed 49 providers and conducted 1,079 13-month follow-up interviews with clients to assess contraceptive use and subsequent pregnancies.

Findings

◆ Knowledge about postabortion family planning and the rapid return of fertility increased among both providers and clients in the intervention groups. Prior to the intervention, only half of providers correctly responded that “fertility returns within two weeks” after an abortion, in contrast to 83 percent of providers after the intervention. The majority of women in the intervention groups (74 – 90%) also responded correctly, whereas less than half of women in the control group were able to answer correctly.

◆ The availability of commodities increased the likelihood that providers would discuss family planning with postabortion clients, but did not result in a significant increase in use of family planning at one year postabortion.

◆ Receiving family planning counseling at the follow-up visit was an important factor in reducing repeat abortion. Non-repeat abortion clients were significantly more likely to have received counseling during their follow-up visit as compared to those who received no counseling at their follow-up visit (50% versus only 39%). (see Table)

Selected Characteristics Of Repeat And Non-Repeat Abortion Clients*

Characteristics	Repeat abortion clients % n=120	Non-repeat abortion clients % n=959
21-30 years**	68	55
Planning to have children in the future**	67	57
Received family planning counseling before abortion	70	65
Came back for a follow-up visit**	67	78
Received family planning counseling during follow-up visit**	39	50

*Control and intervention combined **p<.05

◆ After the intervention, use of a modern contraceptive method was significantly greater among clients in the intervention groups (62% in Model I and 67% in Model II) than among control group clients (53%).

◆ At the 13-month follow-up interview, repeat abortion rates had declined in the all groups (18% in the control group, and around 13% for both the Model I and II groups). This suggests

factors other than the intervention influenced repeat abortion rates, such as client and service-use characteristics.

◆ Over three-quarters of respondents reported personal expenses for their abortion. In addition to fees, clients reported paying for lab tests, anesthesia, medications and travel expenses. Nearly one in five women (17%) experienced some type of complication, and of these about half were hospitalized, further raising the cost of abortion.

◆ With the exception of the IUD, the financial costs to the client of using contraception over the course of a year were significantly higher than the cost of abortion. The average cost of an abortion was 476 rubles (approximately US\$16), whereas the average cost of one-year of contraceptive use ranged from a low of 123 rubles (\$4) for the IUD to 741 rubles (\$25) for contraceptive pills and 1,008 rubles (\$33) for condoms.

Utilization

◆ The design and preliminary findings from this operations research study were the impetus for developing the first National PAC Services Delivery Guidelines for Russia. The guidelines were published in Moscow in April 2003 and are being widely disseminated.

Policy Implications

◆ A structured postabortion program appears critical to reducing repeat abortions. Post-abortion programs should include on-site provision of contraceptive methods and ensure follow-up visits that include family planning counseling.

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