

## REPRODUCTIVE HEALTH 2012 CONFERENCE ABSTRACTS

### A1

#### KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING METHODS AMONG WOMEN REPORTING TO A TERTIARY CARE HOSPITAL IN RAWALPINDI, PAKISTAN

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**Objectives:** The present paper aims at analyzing the level of awareness and adoption of family planning methods, assessing the source of information and ascertaining the reasons of nonacceptance.

**Method:** A hospital-based cross sectional descriptive study was done in the Obstetrics and Gynecology Department of the Military Hospital, Rawalpindi, Pakistan.

**Results:** The mean age of respondents was 31.22±7.23 years. A total of 242 (94.9%) respondents had heard of at least one modern method of contraception, and the main source of their information was health professionals (39.5%). Regarding the religious concerns of the participants; 136 (53.3%) declared family planning as prohibited in religion. Ninety-seven women were pregnant, out of which only 33 (33%) had a planned pregnancy. A total of 32.5% of married women were currently using some method to delay or prevent pregnancy. The most widely used method was condom (41%) followed by female sterilization (21.7%) and injectable contraceptives (13.3%). Almost half of the women (49%) had used some method for contraception in the past. Among discontinuations, the most common reasons given were menstrual side effects (36%) followed by wanting to have a child (17.3%). Fifty-one percent of women had never used any form of contraception. Among nonusers, the most common reasons for not using contraception were “up to God” (33.1%) and “wants more children” (30.8%).

**Conclusions:** The study highlights that there is still a need to educate and motivate the couples and improve family planning services to achieve more effective and appropriate use of contraceptives.

### A2

#### IMMUNE TO HIV? HOUSEWIVES BELIEVE THEY ARE. A HOUSEHOLD SURVEY IN KHARTOUM NORTH, SUDAN

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**Objectives:** Married women are fatally conceived to be a low-risk group. Multiple researches conducted in developing countries indicate that HIV-positive married women were likely to have been infected by their husbands. We hypothesized that due to their marital status, cultural customs and religious beliefs, housewives in Sudan may believe themselves not to be at risk of HIV infection, with this false sense of security negatively impinging on their attitudes and practice.

**Method:** A cross-sectional household survey was conducted in two randomly chosen districts in Khartoum North. Two hundred housewives aged between 15 and 49 years were interviewed using a semistructured questionnaire.

**Results:** Ninety-eight percent of housewives agreed that HIV can be transmitted between spouses. Only 57.5% knew that condoms protect against HIV, and 15.5% did not know what condoms were. When asked to mention protective measures against HIV, 40.7% mentioned intramarital sex, and only 6.5% mentioned condom use. The majority of housewives (56.6%) believe that it is impossible for them to acquire HIV. Eighty-eight percent did not know what voluntary counseling and testing (VCT) was, and only 27% knew the location of a testing center. Although 88% say that HIV testing is important for

everyone, only 45% claim that they are willing to be tested, and only 8% have tested before. Fifty-seven percent of the housewives are practicing some form of family planning, but only 2% are using condoms.

**Conclusions:** The majority of housewives believe that they are completely safeguarded against HIV, and this is reflected in their attitude and practice. Housewives should tactfully be made to realize that they too are vulnerable. Important future objectives should aim to empower housewives with sufficient knowledge, enabling them to assess their HIV risk accurately; increase HIV awareness in husbands, encouraging wives to discuss VCT and condom use with them openly; and actively promote VCT, thus removing preconceptions and allowing spouses to test for HIV more willingly.

### A3

#### POSTABORTION INSERTION OF AN INTRAUTERINE DEVICE: WHO CHOOSES IT AND WHY?

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**Objectives:** This study compared the personal characteristics and underlying reasons of women who chose to have an intrauterine device (IUD) inserted immediately after an abortion to those who did not.

**Method:** Women 16 years of age or older undergoing a first-trimester surgical abortion were provided with a voluntary, anonymous, self-administered questionnaire immediately prior to their procedure.

**Results:** Of the 873 abortions performed during survey administration, 640 surveys were completed (78% response rate). One hundred eighteen women (18%) wanted an IUD inserted after their abortion. They were older (26.1 vs. 24.8 years), had more children (1.3 vs. 0.7) and had used more birth control methods (2.7 vs. 2.4) ( $p < .05$ ) than women who did not want an IUD. Women who had heard of the IUD from the nurses at their appointment and women with drug coverage were more likely to want an IUD ( $p < .05$ ) than if they had not heard of it or had no drug coverage. The main reasons for immediate insertion included the IUD's effectiveness (74%), lack of a daily pill (70%) and long duration (70%). Common reasons for *not* wanting an IUD included not wanting something inside of them (47%) and preferring other forms of birth control (38%). Only 33% cited cost as a reason to not get an IUD.

**Conclusions:** A woman's choice regarding immediate insertion of an IUD postabortion is multifactorial. The results of this study identify the most common deterrents and, when considered together, create counseling opportunities that, if addressed, could potentially increase use of IUDs postabortion.

### A4

#### POSTPARTUM IUD IN PARAGUAY. A CASE SERIES OF 3000 CASES

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**Objectives:** To demonstrate a successful postpartum intrauterine device (PPIUD) program and the importance of counseling and technique to improve clinical results.

**Method:** In 2000, PPIUD services were expanded at National Hospital in Asuncion, Paraguay. Family planning counseling was systematically done, and technique was standardized. Method choice and contact information for clients were recorded in ward registers. Patients were requested to return for follow up at 1, 6 and 12 weeks.

**Results:** From 2000 to 2009, 5141 women received the IUD immediately following pregnancy: 70% immediately postpartum, 28% intracasear and 2% postabortion. More than 65% of IUD acceptors (3029) returned for follow-up and were assessed for method-related complications. Ninety-five percent had no complications, 3.4% requested removal of the IUD at follow-up, 0.1% had infection, and 1.4% had spontaneous expulsion of the IUD.

There were no perforations. Women were satisfied with the method, with more than 90% continuation.

**Conclusions:** Globally, the reported expulsion rate of IUDs inserted in the postpartum period ranges from 10% to 14%. In this group of women, the overall expulsion rate was less than 2% among acceptors. Attention to technique can improve program results. We believe that three important elements of our technique resulted in the low expulsion rate: first, the use of the Kelly placental forceps for insertion, a longer instrument which allowed the operator to confidently reach the uterine fundus; second, extension of the uterus to allow navigation of the vagino–uterine angle; and third, attention to fundal release of the IUD and careful withdrawal of the instrument to avoid inferior displacement of the IUD.

## A5

### AWARENESS AND ATTITUDES TO HPV VACCINATION AMONG DIVERSE INNER CITY POPULATION

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**Objectives:** The rate of human papillomavirus (HPV) vaccine utilization among eligible population remains relatively low. We evaluated the attitudes and knowledge of HPV infection and vaccination among ambulatory clinic population.

**Method:** Pilot prospective 20-item survey of all patients (18–26 years of age) seen in the gynecology clinic at Queens Hospital Center over a 2-week period. Inclusion criteria: 18–26 years of age, nonpregnant, agreement to participate in the survey. Pearson correlation and Student's *t* test were used for statistical analysis.

**Results:** Sixty-nine patients participated in the study. Fifty-one percent were immigrants from West Indies (51%), 12% emigrated from Asia, and 25% were born in the USA. A total of 30.4% were married; 69.6% were single or separated. A total of 92.8% completed high school or some college level education; 75.4% were unemployed or underemployed. Major source of information regarding HPV was television (56.5%) and healthcare providers (18.8%). The largest barrier to HPV vaccination was lack of knowledge regarding the vaccine (53.3%) and apprehension (35%). A total of 34.8% believed that HPV vaccination causes vaginal discharge. Longer stay in the USA, nonimmigrant status, level of education, smoker status and being single correlated positively with greater knowledge about HPV and vaccination. Awareness of HPV and its consequences positively correlated with knowledge of vaccination preventive effects. Age, employment status, household income, prior pregnancy and childbearing appeared to have no effect on HPV and vaccine awareness.

**Conclusions:** Lack of information provided by healthcare professionals and false beliefs regarding HPV vaccine side effects seem to be the most prominent barriers to increasing vaccination rates among eligible population.

## A6

### USER-CENTERED DESIGN OF AN ERGONOMIC APPLICATOR FOR THE INSERTION OF A RADIOPAQUE CONTRACEPTIVE ETONOGESTREL IMPLANT

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**Objectives:** To design an ergonomically optimized next-generation applicator (NGA) for the insertion of a radiopaque contraceptive etonogestrel implant.

**Method:** The user-centered industrial design (UCID<sup>®</sup>) approach required six phases: initiation, conceptualization, design, engineering, realization and optimization. During the initiation phase, we considered designs to prevent the following scenarios: use of an empty applicator, implant accidentally falls out

before insertion, insertion of implant too steep, implant inserted beneath dermis, two-handed complex handling, the applicator does not indicate if the implant has left the applicator and risk of accidental contact with the needle after completion of the insertion.

**Results:** During the conceptualization and design phases, functionality, ergonomics and aesthetic design changes were based on user tests. During the engineering phase, clinicians performed use-tests on functional models and evaluated handling, ease of insertion and ability to complete successful insertion. During the realization phase, clinicians (*n*=32) from Europe, Asia and North America performed tests to validate usability and safety. Printed instructions and an instructional video were also evaluated. During engineering and realization phases, we initiated a small-scale production process using a single cavity mold and a semiautomatic production line. During the last two phases (engineering and realization), all design changes were tested in the hands of the user.

**Conclusions:** An ergonomic NGA requiring minimal experience to insert the radiopaque etonogestrel implant with one hand in a successful manner was developed using the UCID approach. UCID proved to be a valuable tool in identifying, solving and validating critical scenarios. The NGA developed is now produced commercially.

## A7

### A SURVEILLANCE PILOT STUDY OF UNINTENDED PREGNANCY AND CONTRACEPTIVE FAILURE IN THREE KENTUCKY TITLE X FAMILY PLANNING CLINICS

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**Objectives:** This study addresses gaps in family planning research among women attending Kentucky Title X clinics for emergency contraception or pregnancy tests. Data will be used as a planning tool for clinic staff to improve counseling protocols.

**Method:** This pilot study was conducted in three Title X family planning clinics in Lexington, Kentucky, over a 1-month period. The sample consisted of women over 17 years old who attended any of these clinics for a pregnancy test or emergency contraception. Researchers utilized a cross-sectional, self-report, survey design to measure prevalence of unintended pregnancy and contraceptive failure. Pregnancy intention was measured using the London Measure of Unplanned Pregnancy (LMUP).

**Results:** The 96 participants ranged from 18 to 47 years old with an average age of 25 years. A majority of women (57%) had ambivalent feelings about potential pregnancy followed by women who planned theirs (23%) and women who were not intending a pregnancy (20%). Despite the fact that only 23% of women were planning a pregnancy, nearly 60% said they would be pleased or very pleased if the pregnancy test was positive, and 50% said they were hoping that the test was positive. Approximately 18% of women reported that they suspected they were pregnant due to contraceptive failure.

**Conclusions:** The complexity of pregnancy intention measurement is reflected in the current study with a majority of women scoring in the ambivalent range on the LMUP. Although most women were not intending a pregnancy, few reported using contraception at last sexual intercourse.

## A8

### DO URBAN PRIMARY CARE PHYSICIAN JUDGMENTS INFLUENCE ADOLESCENTS' ACCESS TO INTRAUTERINE CONTRACEPTION?

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