Journal title: APH

Article Number: 514434

Dear Author/Editor,

Greetings, and thank you for publishing with SAGE. Your article has been copyedited, and we have a few queries for you. Please respond to these queries when you submit your changes to the Production Editor.

Thank you for your time and effort.

Please assist us by clarifying the following queries:

<table>
<thead>
<tr>
<th>No</th>
<th>Query</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Please check that all authors are listed in the proper order; clarify which part of each author’s name is his or her surname; and verify that all author names are correctly spelled/punctuated and are presented in a manner consistent with any prior publications.</td>
</tr>
<tr>
<td>2</td>
<td>Please confirm whether the conflict of interest statement is correct.</td>
</tr>
<tr>
<td>3</td>
<td>Please confirm whether the funding statement is correct.</td>
</tr>
</tbody>
</table>
A Qualitative Exploration of Contraceptive Practice and Decision Making of Malaysian Women Who Had Induced Abortion: A Case Study

Wen Ting Tong, Bsc(Hons)1, Wah-Yun Low, MSc, PhD1, Yut-Lin Wong, MPH, MPhil, DrPH1, S. P. Choong, MBChB, FRCA(E)2, and Ravindran Jegasothy, MBBS, MMed, FRCOG, FAMM, FIAMS, FICS3

Abstract

Background. This study explores contraceptive practice and decision making of women who have experienced abortion in Malaysia. Study design. In-depth interviews were carried out with 31 women who had abortions. Results. Women in this study did adopt some method of modern contraception prior their abortion episodes. However, challenges to use a method consistently were experiences and fear of side effects, contraceptive failure, partner’s influence, lack of confidence, and cost. The decision to adopt contraception was theirs but the types of contraceptive methods to adopt were influenced by their spouses/partners. Conclusions. The women wanted to use modern contraception but were faced with challenges that hampered its use. More proactive contraceptive promotion is needed to educate people on the array of contraceptive methods available and made accessible to them, to correct misconceptions on safety of modern contraception, to increase men’s involvement in contraceptive choices, and to encourage consistent contraceptive use to prevent unintended pregnancies.

Keywords
ccontraception, abortion, unintended pregnancy, decision making, qualitative study

Introduction

Globally, many women are not using contraception despite not wanting to become pregnant (ie, the unmet need for contraception). In 2008, among the 818 million married women or unmarried (but who were sexually active in the previous 3 months) from developing countries, unmet needs for contraception accounted for 215 million of the total, with some adopting ineffective traditional
methods. These women account for 82% of unintended pregnancies that have occurred. In 2008, 1 in 5 pregnancies ended in abortion, almost half of which were estimated to be unsafe. In many developing countries where abortions are restricted, women perform self-induced abortions or seek unsafe abortion services, which are often dangerous leading to morbidity and mortality.

Malaysia government is signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the 1994 Cairo International Conference for Population and Development Programme of Action, and the Beijing Women’s Conference, which recognize women’s reproductive rights to access to affordable and quality reproductive health services. However, the government’s recognition for reproductive rights is only for married couples. In Malaysia, reproductive health care is focussed on maternal health care. Therefore, married women generally have the freedom to access sexual and reproductive health services such as antenatal and obstetrics services. Unfortunately, societal norms, cultural and religious beliefs, and social stigma serve as barriers for women to access contraception and abortion services especially for those who are unmarried.

Prior to 2011, the public health care policy restricted provision of contraception to the unmarried. Nevertheless, they could still obtain condoms and oral contraceptive pills (OCPs) from private health care sectors such as retail pharmacies and private clinics at higher cost. In 2011, the policy of providing contraception to women irrespective of the marital status was developed by the Malaysia government; however, this policy has not been uniformly implemented at ground level because of the influence of the conservative polices of Malaysia Department of Islamic Development on health care providers especially in the public sector (public sector staff are predominantly Muslim), who tend to use their personal discretion when providing service to single women. While the private health care sector is less strict, higher costs may be a barrier for those in the lower income groups.

Malaysia has a population of 28.3 million, of which 67.4% are Malays, 24.6% are Chinese, 7.3% are Indians, and the remaining 0.7% are made up of other ethnic minorities. Since the 1970s, the contraceptive prevalence rate for Malays has always been the lowest (39), followed by Indians (51) and Chinese (64). Malays tend to have an early marriage and have lower use of contraception. Because of historical events, Malaysia has a policy for special privileges to be given to the Bumiputeras (Malays and natives of Sabah and Sarawak), thus giving them better access to government scholarships, higher education, and employment in civil service. Hence, this may influence decisions on childbearing, a likely factor for Malays having a higher fertility rate while Chinese and Indians to be more likely to either marry late or not marry at all, and are also likely to use efficient contraceptive methods since childbearing is relatively more expensive.

The contraceptive prevalence rate among married women in Malaysia is 54% with 34% using modern methods, since the 1980s. However, the contraceptive prevalence rate has since remained stagnant while the total fertility rate decreased from 3.0 in 2000 to 2.3 in 2008 in Malaysia. With rising age at marriage, premarital sex may be increasing and this may lead to an increase in abortion especially among unmarried women who are not included in family planning services programs.

Unintended pregnancies can only be prevented when a method of contraception is adopted and effectively used. Contraceptive decision can either be individually or jointly made. However, women’s degree of control toward the use of male-controlled contraceptive methods (eg, condom, withdrawal) may be reduced as it requires cooperation and willingness of the partner. Therefore, men play an important role in influencing women’s contraceptive decision making and their reproductive health. Women’s unmet needs for contraception have been associated with men’s opposition to modern contraception as reported by women. This led women to practice a combination of modern and traditional methods of contraception, with a preference toward the traditional method. It is pertinent to understand why women are having unintended pregnancies but are not using efficient contraception to prevent them despite its availability. This article aims to explore contraceptive practices and decision making among women who have experienced abortion.
Methods

This study adopted a qualitative approach. Data collection was conducted in one of the researchers’ (SPC) private family planning clinic in Penang, Malaysia in 2011. This clinic was chosen as the site for participant recruitment and data collection as it offers family planning services, which include abortion and contraceptive services, and also consented to a research study to be conducted. The interviews were carried out in a private room within the clinic whereby privacy and confidentiality were ensured.

Clients’ sociodemographic and medical information were obtained from medical records. Women older than 21 years and who have experienced induced abortions were selected to participate in the study. The clinic’s nurses assisted with contacting and inviting the selected women who fitted the study’s inclusion criteria. Participants were also selected from diverse sociodemographic backgrounds so that the study population mimics the multicultural population. During the telephone invitation, the women were informed on the objectives of study, procedures to be followed and that the study participation is entirely voluntary. Once a woman agreed to be interviewed, an appointment is made with her for the interview to be carried out. Women were given reimbursement for their transportation to the clinic.

Data were collected using both structured and semistructured questions. The sociodemographic, obstetrics history, and contraception practice postabortion were obtained from a short structured questionnaire. A semistructured interview guide that was developed based on literature review and expert opinion was used to probe and prompt participants during the interviews. The guide consisted of a series of open-ended questions probing on history of contraception use (types of contraception used, reasons to nonuse), barriers in obtaining contraception, communication with partners regarding contraception use and decision making (alone or with partner) prior to their abortions.

The women were informed that the interview would be audio-recorded for data analysis purposes and that all information given would be kept confidential. Verbal and written informed consent was obtained from all the women. Ethics approval was obtained from the University Malaya Medical Centre Medical Ethics Committee (Date of approval: February 10, 2011; MEC Reference No. 830.25)

The audio recordings of the interviews were transcribed verbatim for data analysis. Data analysis was conducted with the aid of the qualitative software data manager NVIVO version 9. Thematic analysis was adopted to describe, analyse and report on repetitive themes and patterns that emerged. Transcripts were read line by line and were familiarized. Coding was conducted to categorize statements with similar meanings and the codes were later compared, linked, and categorized to form themes that explain women’s contraceptive practice and decision making. All codes and themes were formed on discussion and general consensus among researchers.

In this article, condoms, OCPs, IUCD (intrauterine contraceptive device), postcoital pill, contraceptive patch, and contraceptive injection were categorized as modern contraceptive methods while withdrawal and rhythm methods were categorized as natural methods.

Participants’ sociodemographic and obstetrics characteristics are provided below the quotes. Para indicates the number of living children the women had while gravida indicates the number of pregnancies they have experienced. The contraception practice post abortion was summarised from the quantitative findings from the structured questionnaire and included in the Results section.

Results

Sociodemographic Background and Obstetrics History

Forty-five women were approached for participation and only 31 (mean age 30 years; age range 21-43 years) women agreed to participate. Reasons given for nonparticipation were unwillingness
to participate, unavailability, spousal disapproval, and confidentiality concerns. The duration since their last abortion to the day of interview ranged from 1 to 14 months.

Sixteen Malays, 10 Chinese, and 5 Indians participated in this study. Most (n = 25) of the women were married, 5 were single, and 1 was separated from her partner at the time of the interview. Majority of the women were working while 7 of them were housewives. Majority (n = 25) of the women were from lower and middle income groups with an average monthly household income of less than US$1300 (~RM4000).

Of the 31 women, 7 did not have any children. For those who do, the number of children ranged from 1 to 5. The number of pregnancies the women of this study had ranged from 1 to 11 while the number of abortions experienced ranged from 1 to 8.

**Contraception Practice**

**Preabortion.** The most common contraceptive method used was OCPs, followed by combination methods namely withdrawal, condom, and rhythm method. However, use of modern contraceptive methods ceased for various reasons.

*Personal experience and fear of side effects.* While women in this study did adopt some form of modern contraceptive methods, their experience of its side effects caused women to struggle to find a suitable method, making them switched from one method to another. Some of them experienced weight gain, dizziness, and bleeding, and thus discontinued the use of OCPs and IUCD.

> During sexual intercourse, it [IUCD] caused bleeding. During sex, I will bleed. The bleeding makes me feel uneasy. So I took it [IUCD] out. (42 years old, Chinese, primary education level, married, para 3, gravida 8)

The consistent use of modern contraception particularly OCPs, condom, and IUCD is deterred by fear of their side effects and the lack of sexual pleasure it would cause. Among the common fears were weight gain, headache, dizziness, future infertility, and that the IUCD would become rusty and cause harm to their bodies. Fear of the side effects from modern contraceptive methods caused majority of the women to practice natural methods. The fear of side effects and negative attitudes toward modern contraception arose from hearsays from friends and hearing negative contraceptive experiences by close relatives.

> I do not dare to take medicine [OCPs]. Someone say side effect, later you will have diseases. You will be fat, have heart attack as the heart becoming weaker. This is all being told by other people. One of my friend became fat after taking the oral contraceptive pills. Very fat. (43 years old, Chinese, secondary education level, married, para 2, gravida 5)

Intrauterine contraceptive device insertion and condom were believed to cause discomfort and displeasure during sexual intercourse and hence some women were advised by their close relatives to practice the withdrawal method instead.

*Partner’s influence.* The women were also concerned if the use of condom or IUCD would cause displeasure for their partners. The partner’s/husband’s lack of favor in using condoms or having their wives use IUCDs lead couples to resort to using natural methods. At times when withdrawal was not practiced, few women reported to “jump and wash after sex” hoping to discharge the sperms from their bodies to prevent getting pregnant even though they were not sure of the efficacy of such methods.
Yeah some men they cannot accept that [withdrawal]. I do ask him if he feels unsatisfied as I am also afraid if he would be unsatisfied. So sometimes he would ejaculate inside. Then I have to quickly run to the toilet after that. (29 years old, Malay, secondary education level, married, para 2, gravida 4)

**Contraception failure.** Personal experiences of contraceptive failure and hearing similar stories experienced by others were also other reasons why women stopped or did not initiate use of other types of modern contraception. This caused women to have a lack of confidence in some modern contraceptive methods particularly condom use.

Since I have experienced the tearing [tearing of condom] once, I am scared to use the condom again. So I only asked my husband to take care [withdrawal]. (Malay, 22 years old, secondary education level, married, para 1, gravida 2)

Lack of knowledge also contributed to contraception failure. While some were aware that breastfeeding could prevent pregnancy from occurring (exclusive breastfeeding on demand for 6 months has a contraceptive effect, ie, lactation amenorrhea method), poor understanding of how lactation amenorrhea method works caused them to practise the method incorrectly, hence, causing them to have unintended pregnancies. In addition, some women also incorrectly believed that “jumping and washing after sex” would prevent one from getting pregnant.

I went to see doctor for vomiting and dizziness. Then, they checked my urine and told me I am pregnant. After that, I asked the doctor, “I am still breastfeeding, how can get pregnant?” That’s why now no, one month to six months, you will not get child [pregnant]. After that, you have to watch yourself [contraception]. Whether you are breastfeeding or not, you can still get child [pregnant]. (28 years old, Indian, secondary education level, married, para 3, gravida 4)

**Lack of confidence in contraception.** Lack of confidence in the effectiveness of modern contraceptive methods led women to adopt natural methods. This is attributed to the fact that the pill must be taken diligently without a miss and this is a commonly cited barrier. Women claimed that they were easily forgetful due to work pressure or missed taking the pill when traveling. When they missed taking the pill, women complained that their regular menstrual cycle would be disrupted and this forms another reason for not wanting to take the OCPs.

I got a strip [of OCPs], however; I didn’t manage to finish it all. It just that when you took the pills for one week, then one day you will forget to take the pill, and you will get your period uncertain. So, after that, I didn’t take the pills anymore. I always forgot to take the pill. Sometimes we forget. 1 day, 2 days, then period comes, then lost count. Period got mess up. (42 years old, Chinese, primary education level, married, para 3, gravida 8)

Fear of side effects of OCPs lead many women to discontinue its use and adopted natural methods. However, their uncertainty of its effectiveness caused them much anxiety.

Not really sure if it really works right [on withdrawal method]. But feel that is easier. Because contraceptive pill also have a lot of side effects. The problem is every month you will feel scared [to get pregnant]. Because last time nurse did said, “You use this method also not really, not really 100% [effective].” (23 years old, Malay, tertiary education level, married, para 0, gravida 1)

**Cost.** Cost was a consideration among some of the women to decide on the types of contraception use. Married women were able to obtain OCPs for free in the public health sector. However, for contraception such as IUCD, implants, and the patch, these are more expensive and are unaffordable for some.
It’s expensive [contraceptive patch]! I cannot afford to use. Expensive! I went to ask many clinics to ask for discount. Those poor people who are only suitable to use the patch will be in trouble. People with no money cannot afford to put the patch. (42 years old, Chinese, primary education level, married, para 3, gravida 8)

Postabortion. Majority of women practiced at least one form of contraception after their only or first abortion. However, few were still not using contraceptive methods despite having gone through an abortion, and some even after their second abortion. Only one woman reported not using any contraception despite 2 abortions.

Contraceptive Decision Making

Most women made the decision to use contraception by themselves while some discussed it with their partners. Majority of the women’s spouses were noted to be supportive with their wives’ decisions on adopting modern contraception and were cooperative. However, the types of contraceptive methods adopted were influenced by their spouses. There were some men who were reluctant when asked to use condom or have their wife undergo an IUCD insertion. Such methods were said to disrupt sexual pleasure. When it came to discussing the use of condoms with their partner, Muslim women faced more difficulties as they were concerned that their husbands/partners would not agree or would be dissatisfied in terms of sexual pleasure.

I discussed with him because I’m scared if he always ejaculate outside [withdrawal], he will not be satisfied. I have asked him before [on dissatisfaction with withdrawal] and he said yes sometimes. But sometimes he ejaculated into the vagina but after that, I have to be smart to go to toilet and wash. (29 years old, Malay, secondary education level, married, para 2, gravida 4)

Chinese women were more assertive in using contraception such as OCPs and IUCD claiming that it is their own body and they should be the one to decide as it did not affect their partner.

I never discussed such matter [with her husband] because it is our body. Why do we need to discuss with him, right? It is my body so I know what is suitable for me. If he gives answers which are not good, I will get even more confused. (42 years old, Chinese, primary education level, married, para 3, gravida 8)

Discussion

Barriers to Effective Contraceptive Use

Most women in this study had used some form of modern contraception, especially OCPs, prior to their abortions. However, various barriers contributed to the high dropout rate of OCP users causing the women to resort to condoms and natural methods. Condom and natural methods are the least effective methods of contraception and common cause of unintended pregnancies. However, when condoms and OCPs are used correctly and consistently, the effectiveness is more than 80% and 90%, respectively. Hence, failure of OCPs and condoms are mainly caused by noncompliance among women and their partners. This study also highlighted their poor understanding of lactational amenorrhea method and the completely ineffective procedure of jumping and washing after sex to prevent pregnancies. This clearly reflected their poor understanding of contraception.

Until recently, there was no sex education, which includes contraception being taught in Malaysia. Only elements of sex education were taught under biology, physiology, morals, and within the religious context. Hence, information on contraception and safe sex practices were not
given. In a study conducted among 1034 secondary school students, 64.4% of the students’ main source of information about sexual and reproductive health was their friends. Since most women in this study seemed to obtain contraceptive information from family members and friends, it is possible that some inaccurate sexual and reproductive health information was being disseminated through such channels. It is only in 2011 that a reproductive health and social education (PEERS) was introduced among students covering topics on personal hygiene, sexuality education to life, skills such as self-respect and negotiation skills.

**Availability and Accessibility of Contraception**

The barriers to contraceptive use highlighted by women in this study are personal experience and fear of side effects from modern contraception, partner’s influence, contraceptive failure, lack of confidence, and cost. Such reasons were also echoed among women who have experienced induced abortion in other studies. Until 2011, only older high-dose OCPs were available in the public sector. This may have contributed to the side effects experienced by some women, which eventually led them to drop out. The low dose versions were only available in the public sector in 2011 although available earlier in the private sector. It is also in 2011, when this study was conducted, that the policy of provision of contraception to the unmarried was developed; hence, unmarried women of this study may not have been able to access contraception that may be more suitable for them from public health care. Even if it has been implemented, conscientious objection from health care providers may hindered the unmarried women from obtaining the contraception.

Women in this study were often concerned that the use of condoms and withdrawal would cause dissatisfaction for their partners. Clearly, such methods need partner’s cooperation, the lack of which would often force women to resort to ineffective methods such as “washing and jumping up and down” after sex. These are significant factors affecting women’s contraceptive use. Thus, the inconsistent use of less effective methods when men refuse to cooperate, often caused women to lose their reproductive control and face risks of unintended pregnancies.

**Men’s Role in Contraception**

While majority of the women acknowledged support from their partner to adopt contraception, nevertheless, the choice of contraception is often decided by partners especially in male-oriented methods such as the condom. Because contraception is promoted mainly as maternal health care, men tend to be excluded from the service. Thus, this has led to a lack of understanding of the role of men in contraceptive practice. Men’s reluctance to use male-controlled contraceptives has been reported to be due to myriad factors such as social constructs of masculinity, mistrust of condoms, religious reasons, difficulties in performing withdrawal and rhythm methods, the loss of pleasure in sexual intercourse, and also the belief using these methods defeats the purpose of marriage and sexual intercourse. When men refuse to use contraception, the woman would bear the consequences of unprotected sex leading to unintended pregnancy. If she insists on practising a contraception method against her partner’s wish, she may be subjecting herself to domestic violence or may lose her partner and relationship.

**Social and Cultural Construct in Contraceptive Decision Making**

Chinese women in this study were more assertive in making contraceptive decisions without reference to their husbands or partners. Perhaps Chinese women are more mindful about the costs of raising a child. This reflects a cultural acceptance of women making their own contraceptive decisions. Although generally men and women both make the decision together on
whether or not to use contraception, a study exploring their respective roles in the decision-making process found that men play a lesser role in deciding on the type of contraception and in consistency of use. Also, Asian social constructs dictate that contraception is a women’s responsibility and since most effective reversible contraceptive methods are female controlled, men’s involvement in decision making is limited. On the other hand, Malay women seem to face more difficulties when discussing the practice of withdrawal and condom use with their husbands. Under Muslim culture, women may feel compelled to fulfill their husband’s sexual needs; thus, the condom and withdrawal methods, which are perceived as reducing sexual enjoyment, are not so consistently used. Hence, Muslim women would relent when their partners refused to use these methods.

**Study Recommendations**

The Malaysian government has a moral obligation to implement the international declarations and United Nations covenants on sexual and reproductive health and rights that it is signatory to, and to implement policies that enable its people to gain access to comprehensive and affordable reproductive health services of good quality so that they can make informed choices on their reproductive health. While majority of the women and their partners had practised contraception, nevertheless, their problems with side effects of some methods highlighted the need for more active promotion to improve accessibility to a wider range of contraceptive methods so that couples can decide on a method that best suits their needs for greater compliance. Experiences of contraceptive failure despite using OCPs and IUCDs among women in this study call for efforts to educate men and women on correct and consistent contraceptive use. There should also more capacity building among health care providers so that they are able to give provide sound advice on effective contraceptive use. A woman’s concern with her partner’s satisfaction and his influence on her use of contraception warrant efforts to educate both men and women on gender equality as well as women’s reproductive rights. These efforts can be done through awareness campaigns and workshops, dissemination of information through mass media or through patient–doctor communication. Women must also be empowered to make decision and to communicate with their partners on their sexual and reproductive health needs.

**Study Limitations**

The qualitative nature of the study does not allow generalization to the general population. Some women had had their abortion some time ago; hence, recall bias might have occurred. In addition, this study only managed to recruit participants from a single private clinic and involved only women. Recruitment of participants from both private and public healthcare sector including involvement of their partner’s would perhaps provide a holistic understanding on contraception practice.

**Conclusions**

The study reveals that women abortion seekers struggle to consistently use effective modern contraceptive methods. However, the lack of access to more comprehensive choices of contraceptive methods, and lack of spousal cooperation, often leads to unintended pregnancies and the subsequent terminations. More efforts should be made to disseminate information on the array of contraception available and made accessible to them. Other issues that need to be addressed are to correct misconceptions on safety of modern contraceptive methods use, to increase men’s involvement in contraception choices, and to encourage more consistent contraceptive use to prevent unintended pregnancies.
Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. [AQ: 2]

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was financially supported by the World Health Organization (Malaysia). [AQ: 3]

References
