

## Impact of Immediate Versus Delayed Post Abortion Family Planning Counseling on Increasing Contraceptive Rate at Beni Sueif General Hospital

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### Abstract

**Abortion** is the termination of a pregnancy by the removal or expulsion of an embryo or fetus from the uterus, resulting in or caused by its death. **The aim of this study:** Assess the impact of Immediate Versus Delayed Post Abortion Family Planning Counseling on Increasing Contraceptive Rate **Subjects and method:** All the included Post abortion women were randomly assigned into two main groups, **Intervention Group** women was counseled immediately after abortion about the family planning methods. **The Control Group** women who were receive the same counseling information but after one week of abortion at the Out Patient Family Planning Clinics.

**Results:** The majority of both groups had no pregnancy with using family planning methods "79.0%&79.5%" respectively, with sig, differences between both groups P.V (0.040). **Conclusion:** There is Sig. differences with P.V (0.001) between Intervention and Control group as regards to the rate of contraceptive use. So Delayed is better than Immediate post abortion Family Planning Counseling on Increasing Contraceptive Rate. **Recommendations:** Public health promotion programs approved by the Ministry of Health should promote child-spacing, modern methods of contraception.

**Key words:** *Abortion, Counseling , Family Planning &Methods.*

### Introduction

Post abortion clients are women and girls with a clear need for family planning. Even if a woman wants to have a child immediately, WHO guidelines recommend she wait at least six months after an abortion before getting pregnant again (WHO, 2006). Two hundred five million pregnancies each year worldwide, 80 million of them are unplanned. Of these, 42 million are terminated – 22 million legally and 20 million illegally (WHO, 2007).

Unsafe abortion accounts for 13% of maternal deaths worldwide and as much as 25% in some countries such as "West Africa" . Deaths related to unsafe abortion in developing regions are estimated as high as 100 deaths per 100,000 abortions in Latin America, 400 deaths per 100,000 abortions in Asia, and 600 deaths per 100,000 abortions in Africa (Sedgh, et al., 2007).

The WHO estimates that in Africa, one in seven maternal deaths result from unsafe abortion. About 1.7 million women in the region are hospitalized annually for treatment of complications of unsafe abortion (WHO, 2007).

In 2008, nearly all abortions in Africa were unsafe (Sedgh et al., 2012) and 41% of unsafe abortions in developing regions were among young women ages 15 to 24 years (Shah and Ahman, 2012).

Egypt Demographic Health Survey suggests that one-third had attempted to terminate a pregnancy. Other studies suggest that about one-third of abortions are

carried out without medical supervision, with women trying traditional remedies or overdoses of aspirin or quinine, at a risk to their own lives (EDHS, 2008).

**Significance of the study:** Effective linkage between post abortion care services (PAC) and family planning is essential for reducing the incidence of repeat unwanted pregnancy and unsafe abortion (Population Council and Family Health International, 2007) : It was estimated that one in five admissions to the Obstet./Gyn ward is for treatment of abortion complications , In a study conducted under Asia and Near East Operations Research Technical Assistance Project in Egypt, so abortion (spontaneous or induced) constitutes a public health problem in Egypt. (Population Council and Family Health International, 2007).

In 2010 ,The total number of abortion women in Beni-sueif General Hospital was (930) cases ,more recent data from 2011 show elevation to (1000) case until now, so the rate is increased with 7% of cases (Obstet. &Gyn. Department, Hospital Data Base, 2011).

### Aim of the study

Assess the impact of Immediate Versus Delayed Post Abortion Family Planning Counseling on Increasing Contraceptive Rate at Beni Sueif General Hospital.

## Subjects and methods

### Research Design

Randomized controlled trial was used in this study to compare the effect of using immediate versus delayed Post abortion Family Planning Counseling as a method for increasing contraceptive use.

**Setting:** The study was carried out at post partum ward and Family Planning Clinics, Beni-suief General Hospital. This hospital received approximately 1000 cases of abortion annually. The Obstetric Department has 25 nurses and 2 supervisors.

### Sample

It was calculated by sample size equation. Sample size estimation was based on the following parameters. The presumed difference between study and control groups “the presumed benefit from counseling” was around 20%, alpha- 5%, beta, 80%. So the calculated sample size was (210) in either group.

### Intervention

**Counseling Place and time:-**At Post abortion ward (Immediately).At the Outpatient Family Planning Clinic (After 1week).All the included Post abortion women were randomly assigned into two main groups, women in each: **Group (A):** Intervention Group (210) women was counseled immediately after abortion. (After 6 hrs) about the family planning methods. The researcher emphasized the importance of educating post abortion women about the family planning methods, their advantages and disadvantages and the suitable methods for them. Women were also counseled about the referral system for using the family planning method at the Out Patient Family Planning and the time of visit. **Group (B):** The Control Group (210) women who were receive the same counseling information but after one week of abortion at the Out Patient Family Planning Clinics.

### Randomization

Randomization was done using computer-generated random table. After acceptance of eligible women to participate in the study, they was assigned randomly to either one of the above groups .Allocation concealment was done using serially-numbered closed opaque envelope. Counseling for participation was done before recruitment. Once allocation had been done, it could not be changed.

### Pilot Study

A pilot study was carried out to assess the expected difference between study group and control group to test the feasibility and clarify the study tool. The sample of pilot study was (42) women were excluded from the total sample. The necessary modification was done if needed.

### Ethical Considerations

An official permission was obtained from the Dean of the Faculty of Nursing to the administration of Beni-Suief General Hospital.

## Result

### Part I: Socio demographic characteristics of the post aborted women

Table (1): Distribution of women according to Sociodemographic characteristics.

Sociodemographic characteristics	Intervention Group		Control group		P. value
	Frequency (n=200)	Percentage %	Frequency (n=200)	Percentage %	
<b>1.Age (Mean <math>\pm</math> SD)</b>	<b>26.6+6.7</b>		<b>26.4+5.9</b>		<b>0.924</b>
• $\leq$ 20 year	17	8.5	18	9	0.939
• (20-25) year	86	43	84	42	
• (26-30) year	45	22.5	51	25.5	
• (31-35) year	27	13.5	26	13	
• $\geq$ 36 year	25	12.5	21	10.5	
• Total	<b>200</b>	<b>100.0</b>	<b>200</b>	<b>100.0</b>	
<b>2.Residence</b>					0.277
• Rural	134	67	144	72	
• Urban	66	33	56	28	
• Total	<b>200</b>	<b>100.0</b>	<b>200</b>	<b>100.0</b>	
<b>3.Education</b>					0.951
• illiterate	102	51	102	51	
• R & W	31	15.5	29	14.5	
• Primary	2	1	3	1.5	
• Preparatory	3	1.5	5	2.5	
• Secondary	56	28	53	26.5	
• University	6	3	8	4	
• Total	<b>200</b>	<b>100.0</b>	<b>200</b>	<b>100.0</b>	
<b>4.Occupation</b>					0.522
• Employer	6	3	4	2	
• House Wife	194	97	196	98	
• Total	<b>200</b>	<b>100.0</b>	<b>200</b>	<b>100.0</b>	

### Part II Obstetric History of the post aborted women

Table (2): Distribution of women according to their Obstetric History.

Obstetric History	Intervention Group		Control group		P. value
	Frequency(n=200)	Percentage %	Frequency(n=200)	Percentage %	
<b>Gravidity</b>	<b>2.5+1.5</b>		<b>2.6+1.5</b>		<b>0.451</b>
1-3	158	79	159	79.5	0.165
$\geq$ 4	42	21	41	20.5	
<b>Total</b>	<b>200</b>	<b>100</b>	<b>100</b>	<b>200</b>	
<b>Parity</b>	<b><math>\neq</math> 2.2<math>\pm</math>1.3</b>		<b>2.2<math>\pm</math>1.2</b>		<b>0.729</b>
0	1	0.5	4	2.0	0.451
1-3	171	85.5	165	82.5	
$\geq$ 4	28	14	31	15.5	
<b>Total</b>	<b>200</b>	<b>100</b>	<b>100</b>	<b>200</b>	
<b>Abortion</b>	<b><math>\neq</math> 1.3+0.6</b>		<b>1.4+0.7</b>		<b>0.179</b>
0	153	76.5	141	70.5	0.493
1-4	47	23.5	59	29.5	
<b>Total</b>	<b>200</b>	<b>100</b>	<b>100</b>	<b>200</b>	

Obstetric History	Intervention Group		Control group		P. value
	Frequency(n=200)	Percentage %	Frequency(n=200)	Percentage %	
<b>Still Birth</b>	$\neq 1.3+0.5$		$1.1+0.3$		<b>0.246</b>
0	188	94	187	92.5	0.489
1-2	12	6	13	6.5	
Total	200	100	100	200	
<b>Neonatal. Death</b>	$\neq 1.1\pm 0.3$		$1.0\pm 0.0$		<b>0.071</b>
0	189	94.5	191	95.5	0.456
1-2	11	5.5	9	4.5	
Total	200	100	100	200	
<b>Living Child</b>	$2.1+1.2$	$2.1+1.1$	0.616	Living Child:	$2.1+1.2$
0	1	0.5	4	2.0	0.961
1-3	174	87	174	87	
$\geq 4$	25	12.5	22	11.0	
Total	200	100	100	200	
<b>Male</b>	$1.02\pm 0.85$	$1.09\pm 0.84$	0.408		
0	57	30	40	20	
1-4	143	70	160	80	
Total	200	100	100	200	
<b>Female</b>	$1.02\pm 0.89$	$1.01\pm 0.89$	0.911		0.907
0	60	30	64	32	
1-4	140	70	136	68	
Total	200	100	100	200	
<b>Previous Delivery</b>					
C.S	60	30	58	29.0	0.386
N.V	139	59.5	138	69.0	
NO	1	0.5	4	2.0	
Total	200	100.0	200	100.0	

**Part III: History of Family Planning Methods****Table (3): Distribution of women according to History of Family Planning Methods.**

History of Family Planning Methods	Intervention Group		Control group		P. value
	Frequency (n=200)	Percentage %	Frequency (n=200)	Percentage %	
<b>1.Use of F.P.M</b>					
Yes	167	83.5	168	84	0.892
NO	33	16.5	32	16	
Total	<b>200</b>	<b>100.0</b>	<b>200</b>	<b>100.0</b>	
<b>2.Last F.P.M</b>					
Injection	19	9.5	13	6.5	0.502
I.U.D	72	36	76	38	
Natural Contraceptive's Method	10	5	19	9.5	
Norplant	1	0.5	1	0.5	
Pills	65	32.5	59	29.5	
NO	33	16.5	32	16	
Total	<b>200</b>	<b>100.0</b>	<b>200</b>	<b>100.0</b>	

History of Family Planning Methods	Intervention Group		Control group		P. value
	Frequency (n=200)	Percentage %	Frequency (n=200)	Percentage %	
<b>3. Causes of Discontinuation of F.P.M</b>					
Desire of husband	19	9.5	25	12.5	0.778
Side effect	46	23	43	21.5	
To get pregnant	80	40	73	36.5	
Others	22	11	27	13.5	
NO	33	16.5	32	16	
Total	200	100.0	200	100.0	

**Part IV: The current condition****Table (4): Distribution of women according to the current condition.**

The current condition	Intervention Group		Control group		P. value
	Frequency (n=200)	Percentage %	Frequency (n=200)	Percentage %	
<b>1. Gestational age.(Weeks)</b>	10.1±2.9		10.4±3.1		0.342
5-10	122	61	122	61	0.911
11-15	66	33	64	32	
16-20	12	6	14	7	
Total	200	100.0	200	100.0	
<b>2. Type of abortion</b>					
Induced	8	4	8	4	0.945
Inevitable	5	2.5	6	3	
Incomplete	177	88.5	177	88.5	
Missed	8	4	8	4	
Spontaneous	1	0.5	0	0	
Complete	1	0.5	1	0.5	
Total	200	100.0	200	100.0	
<b>3. Method of evacuation</b>					
D&C	196	98	194	97	0.775
Suction	1	0.5	1	0.5	
Others	3	1.5	5	2.5	
Total	200	100.0	200	100.0	

**Part V: Follow up****Table (5): Distribution of women according to using of Family Planning Method.**

Follow up	Intervention Group		Control group		P. value
	Frequency (n=200)	Percentage %	Frequency (n=200)	Percentage %	
Missed cases	4	2	25	12.5	0.001
Never using method	18	9	8	4	
Stop using method	20	10	2	1	
Yes still using	158	79	165	82.5	
Total	200	100.0	200	100.0	

**Table (6): Distribution of women according to Side effects of Family Planning Methods**

Follow up	Intervention Group		Control group		P. value
	Frequency (n=178)	Percentage %	Frequency (n=167)	Percentage%	
<b>2.Any side effect</b>					
No side effect	113	63.5	102	61.1	0.442
Complained of side effect	65	36.5	65	38.9	
Total	<b>178</b>	<b>100.0</b>	<b>167</b>	<b>100.0</b>	

**Table (7): Distribution of women according to the way of using contraceptive method after counseling.**

Follow up	Intervention Group		Control group		P. value
	Frequency (n=178)	Percentage %	Frequency (n=167)	Percentage %	
Failure of using method	20	11.2	8	4.8	0.001
Success/correct use of the method	158	88.8	159	95.2	
Total	<b>178</b>	<b>100.0</b>	<b>167</b>	<b>100.0</b>	

**Table (8): Distribution of women according to the occurrence of pregnancy.**

Follow up	Intervention Group		Control group		P. value
	Frequency (n=200)	Percentage %	Frequency (n=200)	Percentage %	
<b>4.Occurance of pregnancy</b>					
No pregnancy with used method	158	80.6	159	90.9	0.040
No pregnancy without used method	12	6.1	5	2.8	
Yes pregnancy with used method	20	10.2	8	4.6	
Yes pregnancy without used method	6	3.1	3	1.7	
Total	<b>196</b>	<b>100.0</b>	<b>175</b>	<b>100.0</b>	

**Table (1)** : shows that less than half of the women at both groups are in the age group between 20-25 years (43.0%&42%) respectively. More than two thirds of people in both groups are from rural area (67.0%&72.0%) respectively. Whereas more than half of women of both groups are illiterate (51.0%&51.0%) respectively .While the majority of the both groups are house wives (97.0%&98%) respectively.

**Table (2)** : Concerning Obstetric history, table 2 indicates that the majority of the women at both groups were multigravida "79.0%&79.5%" respectively. The mean of gravidity was  $2.5 \pm 1.5$  &  $2.6 \pm 1.5$  respectively. As for parity, majority of the women were had a previous history of 1-3 deliveries "85.5%&82.5%" respectively. The mean of parity was  $2.2 \pm 1.3$  &  $2.2 \pm 1.2$  respectively. Majority of the women had no history of previous abortion "76.5%&70.5%" respectively. The mean of abortion was  $1.3 \pm 0.6$  &  $1.4 \pm 0.7$  respectively. Concerning history of previous labors, two third of the women at both groups were had a previous history of normal vaginal delivery "59.5%&69.0%" respectively. One third of women at both groups were had a previous

history of Cesarean Section "30.0%&29.0%" respectively.

Concerning the use of family planning methods, **Table (3)** : show that the majority of both groups were using family planning methods "83.5%&84.0%" respectively. More than one third of both groups were using I.U.D "36.0%&38.0%" respectively, while the use of pills represents one third of them "32.5%&29.5%" respectively. Concerning the cause of discontinuation of F.P.M, more than one third at both groups mentioned to get pregnant "40.0%&36.5%" respectively.

**Table (4)**: Concerning the current condition, table (4) show that nearly two thirds of both groups are (5-10) weeks of Gestation "61.0%&61.0%" respectively. Concerning the type of abortion, the majority of both groups are incomplete abortion "88.5%&88.5%" respectively. The vast majority of both groups have Dilatation and Curettage (D&C) "98.0%&97.0%" respectively. Concerning the desire of use F.P.M, the vast majority of them were accepted to participate in the study "96.0%&96.0%" respectively.

**Table (5):** This table shows that participants who still continue on F.P.M were significantly higher in Control group P. value 00.01.

**Table (6) :** shows that about two thirds of both groups have no side effects from F.P.M"63.5%& 61.0%" respectively with no significant between both group P. value (0.44).

**Table (7) :** shows that using F.P.M correctly was significantly higher in Control group P. value 0.001.

**Table (8) :** shows that the majority of both groups had no pregnancy with using family planning methods "79.0%&79.5%" respectively, with sig. differences between both groups P.V (0.040).

## Discussion

In the present study, nearly half of women (43.0% & 42%) in the intervention & control groups respectively were in (20-25) year category of age.

This findings is supported by **Ahmed (2006)** who shows in her study about {Effect of husband counseling toward female contraceptive methods in Assuit City}, And **Hassan (2011)** who reported in her study about {Emergency contraception as a backup of Lactational Amenorrhea method of Contraception} that was mean age in both the control and intervention groups was in the young age category, While **Youssef et al., (2007)** reported (39.1% & 32.8%) in age groups (20-30) year.

This findings is against with this **Ferreira et al., (2010)** that was "82.7%" of (20-39) category, and **Ceylan et al., (2009)** that is 23.2% in (20-24) category.

Almost half of women in this sample (51%) were illiterate with no significant difference in women of both groups as regards the level of education.

This finding was supported by Shaaban and **Glasier (2008)** who reported that the study participants were predominantly illiterate. **Ceylan et al., (2009)** and **Youssef et al., (2007)** reported in their studies about {Linking family planning with post abortion services in Egypt: Testing the feasibility, acceptability and effectiveness of two models of integration} that about half of the sample were illiterate.

However, in disagreement with this, **Ahmed (2006)** reported that (80.0%) in both groups were read & write. **Afifi (2007)** **Ferreira et al., (2010)** **Hassan (2011)** who reported in their studies that half of women were in secondary level of education .While, **Prata et al., (2011)** reported that 75.0% of the sample had secondary education or above.

According to the present study, the majority of women in the sample (97.0% & 98.0%) in intervention & control groups respectively were housewives.

Similar findings were reported by **Ahmed (2006)** **Tilley, et al., (2009)** and **Hassan (2011)** who noted in

their studies in Egypt that the vast majority of the study participants were housewives. **Azmat et al., (2012)** found that (83.9%) of the sample were housewives.

However, in disagreement with this, **Ferreira et al., (2010)** reported in their study about {Choices on contraceptive methods in post abortion family planning clinic in the northeast Brazil} that half of the sample were employed, **Biney, (2011)** who reported in her study about {Exploring Contraceptive Knowledge and use among Women experiencing induced abortion in the greater Accra Region ,Ghana} that 82.6% of the sample were employed. According to the present study, about two thirds of the women (67.0% & 72.0%) in intervention & control groups respectively were living in rural area.

Similar findings were reported by **Ahmed, (2006)** **Shaheen et al., (2007)** **Tilley, et al., (2009)** **Abdel Fattah (2011).** and **Hassan (2011)** who noted that the vast majority of the study participants were living in rural areas. The majority of women in this study had **no previous history of abortion** (76.5%&70.5%) for intervention & control groups respectively. **Similar** findings were reported by **Youssef et al., (2007)** that (64.1% & 64.5%) of intervention & control groups of the sample had no previous abortion , **Ceylan et al., (2009)** who reported in their study about {Post abortion family planning counseling as a tool to increase contraception use} that (73.4%) of the sample had no previous abortion , **Ferreira et al., (2010)** who reported that (73.4%) of the sample had no previous abortion , **Prata et al., (2011)** also reported that just 30.0% of the sample had previous abortion.

However, in disagreement with this , **Savelieva et al., (2003)** reported in their study about {Post abortion family planning operations research study in perm, Russia} is about 71.7% of intervention I, intervention II& control groups had a previous history of abortion and **Biney (2011)** that the majority of the sample had a previous history of abortion. The present study showed that the majority of the women "83.5% & 84.0%" respectively of both groups used family planning methods previously.

This result is supported by **Jackson et al., (2003)** **Ahmed ( 2006)** who reported that (76.0% & 77.0%) respectively in both groups of women were previously used family planning methods and **Hassan (2011)** who reported that more than half of the sample used contraceptive methods before.

In disagreement with this, **Savelieva et al., (2003)** reported in their study that 90.0% of the total groups had never used contraceptive methods before; While **Youssef et al., (2007)** who reported that (62.8% & 54.7%) respectively in both the groups women were previously never used family planning methods

before. **Ceylan et al., (2009)** reported that 55.3% had not used contraceptive methods and **Ferreira et al., (2010)** who reported that (68.6%) of the sample had not used of family planning methods previously.

According to the present study, more than one third of two groups "36% & 38%" respectively were using I.U.D and nearly one third of sample "32.5% & 29.5%" respectively of both groups were using pills.

These findings are in agree with **Ferreira et al., (2010)** who reported that "15.4%" of the women were using oral contraceptive , while **Prata et al., (2011)** reported that "55.0%" of the women were using pill .

**Opoku (2012)** reported in his statistical study about {Contraceptive preferences of post- abortion patients in Ghana} that "25.0%" of women were used oral contraceptives. In disagreement with this, **Matthew et al., (2008)** reported that "20.0%" of the women were not used I.U.D, **Ceylan et al., (2009)** reported that no women with no I.U.D. **Azmat et al., (2012)** who reported in his study about {Post-abortion care family planning use in Pakistan} that "7.1%" of the women used pills and no women used I.U.D method.

The current study showed also the main reason for family planning discontinuation of the women was to get pregnant which is "40.0% & 36.5%" in intervention & control groups respectively.

Similar findings were reported by **Savelieva et al., (2003)** who mentioned that "57.8%" of the women had a planning to have children in the future, **Ahmed (2006)** who reported that "87.0%" of the women did not use a family planning method to get pregnant, while **Youssef et al., (2007)** reported that "69.4%" of the women wanted to have more children.

In disagreement with this, **Ceylan et al., (2009)** shows that "68.4%" of the women wanted to stop childbearing and "31.6%" of them were planning to postpone childbearing. **Khanal et al., (2011)** who reported in their study about {Practices and perceptions on contraception acceptance among clients availing safe abortion services in Nepal} that "48.0%" of the women stop continuation of the family planning methods due to their side effects.

The present study showed that the majority of the women "77.5% & 82.5%" respectively of both groups is still continuing the use of F.P.M with highly significant (0.001) of two groups .

These finding is supported by **Ahmed (2006)** who shows that increase the continuation rate of family planning use after counseling was "84.0%". **Ceylan et al., (2009)** reported in their study that "75.9%" of women had high contraception usage rate and **Ferreira et al., (2010)** who reported in her statistical study that "97.4%" of the women accepted at least one contraceptive method .

Similar findings were reported by **Prata et al., (2011)** shows in her study that "86.0%" of women used post abortion contraceptive method, while **Khanal et al.,**

**(2011)** shows that "91.0%" are acceptable the F.P.M counseling. **Abdel Fattah et al., (2011)** shows that "53.0%" of the women had post abortion contraceptive use, Similar findings were reported by **Hassan, (2011)** who shows that "53.9%" of the women used contraceptive methods during follow up period, while **Prata (2011)** shows that "57.0%" of the women were using contraceptive methods. **Azmat et al., (2012)** shows that "72.9%" of the women had post abortion contraceptive use, while **Opoku, (2012)** shows that "68.0%" of the sample had high acceptance rate of contraception following counseling. In contrast , **Savelieva et al., (2003)** mentioned that "62.0%&67.0%" of intervention I& control groups were not continued the methods, **Fasubaa (2004)** reported that "54.0%" of the women were not continued the methods, While **Langston et al., (2010)** reported in their study about {Structured contraceptive counseling—A randomized controlled trial} that "56.0%" of the women were not chose any method. The present results have also revealed that "63.5%&61.0%" respectively of both groups did not complain from any side effects from using family planning methods.

This is supported by **Ahmed (2006)** who reported that "88.5%" not complained from any side effects from using Family Planning Methods. In contrast with **Hassan (2011)** who shows that "59.8%" of the sample complained of side effects to the usage of F.P.M. The present study shows that "89.0% & 95%" of the intervention & control groups used the F.P.M correctly but the control group was significantly higher than intervention group P. Value (0.001). This is supported by **Savelieva et al., (2003)** that only "84.1%&79.2%" respectively of the sample had no pregnancy after 12 month of abortion. In contrast with **Fasubaa, (2004)** shows that "51.0%" of the sample were pregnant in the follow up period.

The present study shows that more than quarter of both groups had Continuation of using Family Planning Methods inconsistently "35.0%&25.0%" respectively of both groups as regards the reason of F.P.M failure ,

The present study shows that the majority "79.0% & 79.5%" respectively of both groups did not get pregnant with the used method in the period of follow up. This finding is supported by **Savelieva et al., (2003)** shows in that only "84.1%&79.2%" respectively of the sample had no pregnancy after 12 month of abortion , while **Ferreira et al., (2010)** and **Hassan (2011)** that shows "97.0%" had no pregnancy.

In contrast with **Fasubaa (2004)** shows that "51.0%" of the sample were pregnant in the follow up period. In this study there is about "2.0%&12.5%" respectively from the total sample were missed cases.



The majority of missed cases from Control group due to Commitment of appointments from the women.

### Conclusions

In the light of the present study findings, it can be concluded that the main reason for family planning discontinuation is the desire of pregnancy which is "40.0% & 36.5%" respectively of both groups. It can also be concluded that more qualified counseling techniques including proper communication skills is required in post abortion period. There is Sig. differences with P.V (0.001) between Intervention and Control group as regards to the rate of contraceptive use. So Delayed is better than Immediate post abortion Family Planning Counseling on Increasing Contraceptive Rate.

### Recommendations

1. Public health promotion programs approved by the Ministry of Health should promote child-spacing, modern methods of contraception and the risks of unsafe abortion.
2. Educational programs should be designed to participate in increasing post abortion contraceptive use and reduce the rate of unwanted pregnancy.
3. New studies should be established to increase the rate of post abortion contraceptive use.
4. All post-abortion women should receive voluntary post abortion family planning counseling.

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