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Planned versus unplanned pregnancies among women seeking Post Abortion Care - PAC, in Kenya

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Worldwide, approximately half of the 42 million induced abortions that take place every year are unsafe. Nearly one in five maternal deaths can be attributed to unsafe abortion. Induced abortion is only legally permissible in Kenya to save the life of a woman, however a national Kenya study showed that nearly 120,000 women received care in health facilities for complications resulting from unsafe abortions (Post Abortion Care – PAC) in 2012, and 70% of those women were not using a method of contraception. These findings illustrate that there are still significant barriers to face the reality of unwanted pregnancies and access of effective contraceptives in Kenya. Accordingly, there is little research on women seeking PAC. **The aim** was to investigate women seeking PAC, and associated factors for planned versus unplanned pregnancy.

Methods: a randomised controlled equivalence trial at district level at two facilities in Kisumu, the Nyanza province, Kenya. Eligibility criteria were women with signs of incomplete abortion. Women with first-trimester incomplete abortion were randomly allocated to PAC, provided either by a physician or a midwife (clinical assessment and treatment with misoprostol and contraceptive counselling), in a low-resource setting. From June 1, 2013, to November 30, 2015, 691 women were randomly assigned to each group (348 to midwife group and 343 to physician group). A regression model was used to assess associated factors for unplanned pregnancy.

Results: The overall proportion of women reporting a planned pregnancy was 51% (unplanned 49%), similar proportions distributed between the midwife group and the physician group ($P=0.67$). Associated factors to a planned versus unplanned pregnancy were age, educational level, occupation and previous live births. To be single (OR 1.53) and low educational level (OR 2.99) were independent factors associated with unplanned pregnancy. After counselling provided by midwives or by physicians women's most common choice of contraceptive method is hormonal injection (39%), regardless if the pregnancy was reported as planned or not.

Conclusions: Unplanned pregnancy is common among women seeking PAC, and marital status and educational level are independent factors associated with unplanned pregnancy. Contraceptive counselling and provision of long-term contraceptives seem to be important in PAC also to women who outlines the pregnancy as planned. There is a need of more knowledge in the field of stigma related to abortion and contraceptive use, to address the root causes to unsafe abortions.

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