



TRIALS FOR PREVENTION OF  
UNNECESSARY INDUCED  
ABORTION IN VIET NAM

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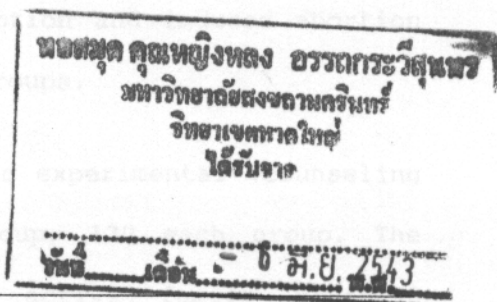
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**Title:** Trials for Prevention of Unnecessary Induced Abortion  
in Viet Nam

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### ABSTRACT

This study actually consisted of two interventions. The first intervention provided an active family planning counseling to induced abortion women and tested the hypothesis that women undergoing induced abortion who received counseling were more likely to use a contraception and less likely to have a repeat unintended pregnancy than those who received no counseling. The second intervention provided urine pregnancy test to women seeking menstrual regulation services, measured effectiveness of the test in preventing unnecessary menstrual regulation and assessed cost-benefit of the test.

The first intervention was a randomized controlled trial that was conducted at the Institute for the Protection of the Mother and Newborn in Hanoi, Viet Nam. From April to June 1997, 260 eligible

subjects were recruited. The effectiveness of the counseling was assessed by measuring and comparing post-abortion proportions of contraceptive use and repeat unintended pregnancy, changes in knowledge and attitudes toward contraception and induced abortion between the counseling and the control groups.

The subjects were randomly allocated into experimental (counseling group) and control (non-counseling) group, 130 each group. The experimental group was provided an active family planning counseling that was a prepared package to counsel on contraception and induced abortion. The counseling method (GATHER) of the Population Information Program, the Johns Hopkins University, was applied by FP doctors. The subjects were followed-up during 12 months. At the twelve-month follow-up, the total number of subject lost to follow-up from each group was the same, 17 cases (13.1%). The remainder(86.9%) of the sample completed the study.

The intervention indicated that all counseling subjects accepted a contraception during follow-up compared to 94.9% of the control subjects. The counseling subjects were covered by any kind of contraceptive and by a highly effective method for respectively 91.7% and 56.7% of the time at risk compared to 83.6% and 24.7% among the control subjects. The counseling reduced the rate of repeat unintended pregnancy that was 18.7 per 100 women-years in the counseling group and 35.9 per 100 women-years in the control group (adjusted hazard ratio = 0.53; 95% CI: 0.32-0.88). The calculation also showed that providing counseling to six induced abortion women (10 minutes each) at the induced abortion clinic prevented one repeat induced abortion in one year. In addition,

the counseling resulted in a greater improvement in knowledge and attitudes of women toward contraception and induced abortion. The counseling group increased the scores by 6.8 and 5.5 in the general knowledge and general attitude compared to 3.1 and 3.8, respectively, in the control group. Based on these results, we concluded that the provision of counseling to induced abortion women was effective in increasing contraceptive use, especially the use of highly effective methods and contributed to preventing repeat induced abortion. It was also effective in improving the knowledge and attitudes of women toward contraception and induced abortion.

The second intervention was carried out at two menstrual regulation services in Hanoi, Viet Nam from September 1998 to January 1999. Five hundred eligible subjects were recruited among women seeking menstrual regulation services. The objectives of this study were to measure percentage of menstrual regulation prevented by testing the urine, to assess the woman's acceptability of the urine pregnancy test and to evaluate cost-benefit of providing the test in the menstrual regulation services.

All subjects were provided free of charge the urine pregnancy test to confirm the pregnancy prior to the menstrual regulation procedure. The urine pregnancy test used in this study was the One-step Dipstick test using the monoclonal antibody technology (manufactured by TECO DIAGNOSTICS, USA). It could detect human chorionic gonadotropin (hCG) as early as 7-10 days after ovulation with a level of 25 mIU per ml and gave the result in less than 5 minutes. Its cost was about USD 0.6 per one test.

This intervention revealed that the urine testing to confirm the pregnancy prior to the menstrual regulation procedure avoided 19.8% unnecessary menstrual regulation. In fact, a higher proportion of unnecessary menstrual regulation could be prevented if all women acknowledged the benefit of the urine pregnancy test and did not insist on menstrual regulation when their test showed a negative result. Over 93% of women who had the negative urine pregnancy test accepted the waiting and follow-up policy while less than 7% did not accept the waiting period and had insisted on menstrual regulation. Assuming the provision of the urine pregnancy test throughout the country, the annual net cost of intervention would be USD 652,398. However, USD 2,675,839 could be derived from the saving cost of unnecessary menstrual regulation prevented by testing urine prior to the procedure. Therefore, a net amount of USD 2,023,441 would be saved for the health care resources and the women every year. The finding proved that the provision of the urine pregnancy test in the menstrual regulation service was not only effective in prevention of unnecessary menstrual regulation but also attractive in terms of economic benefit.

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