

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20210996>

Original Research Article

Awareness and acceptance of various contraceptive methods among postpartum women in a tertiary care center

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Received: 14 February 2021

Accepted: 08 March 2021

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ABSTRACT

Background: This study was conducted to know awareness and acceptance of contraceptive methods among postpartum women in the tertiary care centre of Chhattisgarh.

Methods: A cross-sectional interview-based study was conducted on a sample of 440 post-partum women. The interview included socio-demographic profile, awareness and acceptance of contraceptive methods in postpartum period and factors affecting its use.

Results: In our study, we observed that 95.9% were aware of some method of contraception. This knowledge increased with increasing education, socioeconomic class. 90.9 % accepted one of the contraceptive methods during their hospital stay. The most common contraceptive method chosen was IUCD (80.8%). Major source of information was health care worker (83.88%). The main reason for non-acceptance of contraception was fear of side effects.

Conclusions: High level of persistent motivation is required, so initiation of motivation regarding post-partum contraception should be done in antenatal visits and reinforcement in post-partum period should be done. Proper counseling regarding possibility of milder side effects and way of coping with them should be reinforced, continued motivation and reassurance will give positive attitude for acceptance of contraception. Reinforcement of awareness in society (family and friends/neighbor) this may give positive impact on awareness and acceptance. There is need of couple counseling for better acceptance. Emphasis is required for involvement of men/head of the family for it.

Keywords: Postpartum contraception, KAP, Awareness, Acceptance

INTRODUCTION

The world population has reached 7 billion on 31st October 2011. According to censuses 2011, the population of India is 1.21 billion.¹ India is the second most populous country in the world after China.² It is estimated that India would become the most populous country by 2025. The causes of overpopulation are poor family planning practices, reduced mortality rates and availability of good medical services.

India was the first country in the world to formulate the national family planning program in the year 1952 with the objective of “reducing the birth rate of the extent necessary

to stabilize the population at a level consistent with the requirement of National economy”.³

The progress achieved in this sphere is normally assessed from the result of Knowledge, attitude, and practice (KAP) survey. Although contraception usage has increased over a period of time, there exists a KAP gap, i.e., a gap between the KAP regarding contraception.^{4,5}

Family Planning is defined by World Health Organization (WHO) as “a way of thinking and living that is adopted voluntarily upon the basis of Knowledge, attitude and responsible decisions by individuals and couples in order to promote health and welfare of family groups and thus

contribute effectively to the social development of a country".⁶ Planning of parenthood is an important and most significant aspect of it.⁷ Postpartum family planning is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth.⁶

Postpartum family planning is often ignored and a number of biases and misconceptions have limited its availability. Childbirth presents an opportunity for providing contraception at a time when women are attending a service staffed by healthcare providers with the skills to offer a full range of methods and when women may be highly motivated to start using an effective method.⁸

The tendency to use a contraceptive method depends upon the individual's attitude as well as her preference of particular methods. Knowing individual's perceptions and preferences can help control and predict client's behavior, and as is well-known, predicting and controlling behavior will help community health practitioners determine the myths and misconceptions among women regarding the different contraception methods. It will also help the development of a package of intervention that can be applied to increase uptake. Furthermore, it is important to note that, although sexual relationships, pregnancy and childbirth are necessary and cannot be avoided, the social and cultural environment also determines the attitude and preferences of women regarding contraception methods.⁹

This study was undertaken with the objective to determine the awareness and acceptance status about various contraceptive methods among post-partum women in the tertiary care centre of Chhattisgarh.

METHODS

This was a cross sectional study, conducted in the Department of Obstetrics and Gynecology, Dr Bhim Rao Ambedkar Memorial Hospital Raipur between January 2019 and December 2019 among post-partum women. After getting permission from Institutional Ethics Committee, the study was conducted using a pre-structured questionnaire with an attempt to assess awareness and acceptance of contraception in postpartum women. Women who were delivered in the hospital and willing to participate in the study were included. Thus, a total of 440 post-partum women were selected, informed consent and confidentiality were ensured.

Data was entered in Microsoft Excel and analyzed. Data was expressed as frequency and percentage and Chi-Square test was used to test the significance of association. $P < 0.05$ was considered to be statistically significant.

RESULTS

A total of 440 post-partum women were included in the study.

Table 1: Socio-demographic profile of women under study.

	Number	Percentage
Age (years)		
15-20 years	56	12.72%
21-25 years	241	54.77%
26-30 years	118	26.81%
31-35 years	18	4.09%
>35 years	07	1.59%
Educational status		
Illiterate	50	11.36%
Up to 5th	50	11.36%
Up to 8th	109	24.77%
Up to 12th	183	41.59%
Degree and others	48	10.90%
Per capita income		
≤2000 Rs	189	42.95%
2000-5000 Rs	251	57.04%
5000-10000 Rs	00	0%
>10000 Rs	00	0%
Residence		
Urban	202	45.90%
Rural	238	54.09%
Parity		
Primipara	216	49.09%
Multipara	220	50.01%
Grand multipara (≥5 birth)	04	0.90%
Occupation		
Homemaker	421	95.68%
Working	19	4.31%

Socio-demographic profile of study participants revealed that maximum (54.77%) belongs to 21-25 years of age. The mean age group in study population was 24.6 years. Most of the cases (69.54%) got married at ≤ 20 years of age. 57.27% were found to be in 2-5 years duration of marriage. 54.09% women belonged to rural area and 45.90% belong to Urban area. 42.27% belonged to OBC caste, 28.63% belonged to General, 14.54% belonged to ST, 14.54% belong to SC. Maximum (95.68%) were homemaker and only 4.31% were working. Most of the cases were educated up to 12th Standard (41.59%). 70.68% of study participants belonged to nuclear family. 50.01% were multipara, 49.09% were primipara, only 0.90% was grand multipara. 57.04% had per capita income of 2000-5000 Rs. Majority of the cases (98.4%) belonged to Hindu religion.

Awareness about contraception was found to be 95.9% while only 4.09% women had not heard about contraceptives. Most popular methods known by respondents were IUCD (80.8%) and condom (79.8%). Least popular methods known by respondents were POP (0.47%) followed by calendar method (0.23%). (88.62%) study participants has access to contraception through hospital. Most common (83.88%) source of information about contraception found to be health worker. Most of

cases have awareness about IUCD (77.25%) followed by sterilization (62.08), contraceptive methods that can be used in post natal period. 43.83% have understanding that family planning is a way of delaying pregnancy. 89.57% cases don't know what their neighbourhood think about family planning. 69.9% cases think that family planning is useful to family and friends.

Table 2: Knowledge and awareness regarding family planning methods.

	Number	Percentage
Awareness about family planning	422	95.9%
Contraceptive methods known n=422		
IUCD	341	80.8%
Condom	337	79.85%
COC	158	37.4%
POP	02	0.47%
DMPA	92	21.8%
LAM	10	2.36%
Coitus interruptus	10	2.36%
Calendar method	01	0.23%
Sterilization	259	61.37%
Others	0	0%
Source of availability n=422		
Health centre	82	19.43%
Hospital	374	88.62%
Clinical personal	51	12.08%
Pharmacies	140	33.17%
Others	10	2.36%
Source of information n=422		
Television	38	9%
Newspaper/Magazines	16	3.79%
Health worker	354	83.88%
Family	133	31.51%
Friends	24	5.6%

When asked question whether there is need to use contraception to delay the pregnancy, (72.72%) cases replied yes. 88.86% cases not found any difficulty in getting information about contraception. 76.59% cases not found any difficulty in getting family planning services. When asked question regarding their attitude towards contraceptive use in post-natal period, (71.36%) cases intended to use them in future. 52.04% cases want to discuss about contraception with their husband. 93.4% cases have attitude that using contraception is profitable. 66.36% cases want to support the family and friends to use contraception. 50.45% cases had information regarding knowledge about gap of 3-5 years between consecutive pregnancies.

87.5% had not used contraception before; only 12.5% had used contraception before. 90.9% cases want to use contraceptives in post-natal period. 77.27% cases want to use contraceptives in post-natal period, to prevent unwanted pregnancy. Among the factors that support the choice of contraception, most common were fewer side

effects (44.09%). Among the study population, who had used contraceptives before, most common method found to be Condom (61.8%) followed by DMPA (32.7%) and least common were POP (3.63%) and Calendar method (3.63%), sterilization (0%). In study population, most common temporary method accepted in post-natal period was IUCD (44%) and least common were LAM and Coitus interruptus (1.5% for each). Most common permanent method accepted in post-natal period was female sterilization (21.75%).

Table 3: Practice of family planning methods (n=440).

	Number	Percentage
Any contraceptive used in past		
Yes	55	12.5%
No	385	87.5%
Want to use contraception in post-natal period		
Yes	400	90.9%
No	40	9.09%
Contraceptive methods want to use in postnatal period, n=400		
IUCD	176	44%
Condom	83	20.75%
COC	00	0%
POP	12	3%
DMPA	30	7.5%
LAM	06	1.5%
Coitus interruptus	06	1.5%
Calendar method	00	0%
Sterilization	87	21.75%
Others	00	0%
Reason precluding women to practice contraception, n=40		
Wants to have more children	10	25%
Fear of side effects	13	32.5%
Religion	01	2.5%
Prohibition of family	03	7.5%
Prohibition of Husband	03	7.5%
Lack of information	09	22.5%
Husband works out of town	01	2.5%

The most common problem encountered by cases who had used contraceptives before, was abnormal vaginal bleeding (40%) followed by painful menstruation (22.85%) and Least common problem encountered was Headache (8.57%) while using contraceptives. (74.28%) cases discontinued without changing to another method, as a result of side effects perceived while using contraception. Most common reason for not using contraception was found to be fear of side effects (32.5%). Significant association found between education and KAP score (p<0.05). Higher education was associated with comparatively better KAP score. Significant association found between per capita income and KAP score (p<0.05%).

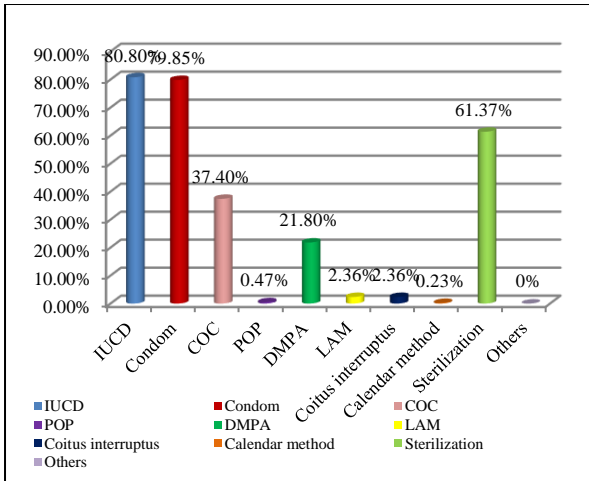


Figure 1: Awareness about various contraceptive methods.

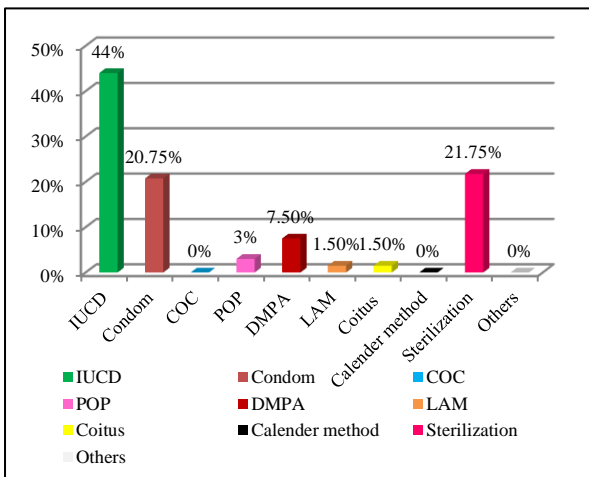


Figure 2: Family planning methods want to use in post-natal period.

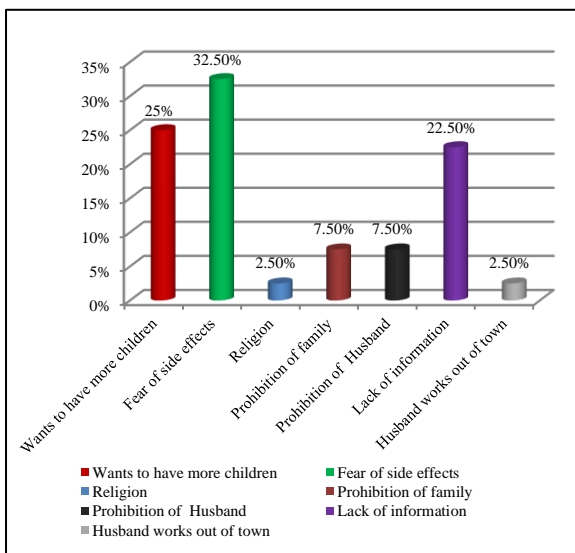


Figure 3: Reason for not using contraception.

DISCUSSION

In present study, majority of cases were belonging to 21-25 years of age (54.77%). The mean age group in present study population was 24.6 years. This study is contrast to Gaikwad et al 2017, Rokade et al 2018 and Sharma et al 2015 in which majority of women were respectively in age group of 25-34 years, 26-30 years (mean age was 23 years), 16-47 years (mean age was 28.4±5.3 years).¹⁰⁻¹² This may be because contraceptive use varies with age, usually reaching peak around 21-25 years and then declining. This study is extremely contrast to the Italian study conducted by Giacomo et al 2013 in which the mean age was 33 years. This difference is because of the early age of marriage in India.¹³

About 95.9% postpartum women had heard of at least one of the contraceptive methods but only 12.5% had ever used any of them, which is comparable to studies in which awareness about contraception were following Jahan et al 2017 (93.1%), Kripa et al 2017 (88%), Shweta et al 2004 16 (90%) and slightly higher when compared to 69% from Thapa et al 2014 and 70% from Sharma et al 2015 and 55.69% from Gaikwad et al 2018.^{10,12,14-17} This is in contrast study done by Young et al 1994¹⁸ where awareness about contraception was only 8%, may be it is due to older study, as in 20th century lot of efforts were made for contraceptive awareness. In present study most of the women were educated up to 12th Standard. Education helps to increase awareness of contraception

In present study, out of 95.9% (422/440) cases which have awareness about contraception, maximum awareness was for IUCD (80.8%) and condom (79.8%), followed by sterilization (61.37%), DMPA (21.8%), LAM (2.27%),coitus interruptus (2.27%), POP (0.47%) and least awareness for calendar method (0.23%) which is comparable to Kaushal et al which showed awareness around 92.5% for IUCD, 97.1% for OCPs, 8.6% for DMPA.¹⁹ This study differ with Gaikwad et al 2018 10 study which showed awareness around 91% for sterilization, 81% for IUCD, 42% for barrier method, 17% for DMPA, 1% for LAM. This study also differs with Rokade et al 2017 which showed the highest awareness for female sterilization (91.4%) followed by condom (85.2%), OCPs (74.7%), IUD (72%), DMPA (8%), 4.7% of abstinence and male sterilization.¹¹

This suggested that the common method, which has publicity from government, media has given good impact on awareness and few methods are negligibly known to patient, especially during post- natal period so that there is high unmet need regarding these post-partum contraceptive methods and it suggest that more emphasis should be given on such methods.

In present study, out of 95.9% (422/440) cases who had awareness about contraception, most common source of information about contraception found to be health worker (83.88%) followed by family (31.51%), Television (9%)

friends (5.6%), respectively and least common source of information was found to be newspaper /magazines (3.79%), which is comparable to Gaikwad RA et al 2018 study where health care system was found to be the most common source of information and contrast to Hayat et al 2013 where, media was found to be the most common source of information and Rokade et al 2017 where main source of information was mass media (53.2%) followed by friends and relatives (24.6%) and only 22.2% from health personnel's and Srivastava et al study where main source of information was friends and family (70%) and 39% from television and radio.^{10,11,20,21}

It is found that women in the postpartum period who had information about contraceptive from health facility were more likely to utilize postpartum contraceptive. Contrary to this finding study conducted in Uganda stated that women who had exposure to media on family planning were significantly more likely to use post-partum family planning.²² The difference might be due to the credible source information might affect the utilization of postpartum contraception.

In present study population, majority of cases (87.5%) had not used contraception before; only (12.5%) had used contraception before which is comparable to Rokade et al 2017 where only 20.8% of women had ever used the contraception before.¹¹ The concept of spacing between two children is not commonly practiced in India. Women are not well versed of proper methods of spacing after child birth and get conceived even before they get the first menses after delivery. There is high level of awareness of contraceptives but there is less usage, the main reason behind this is more than half of the participants do not had proper knowledge as well as acceptance regarding the types of contraceptives they should use according to their need and another reason of not using contraceptives is fear of its side effects. Although the knowledge of contraception can be high as in the present study, a low motivation for its use may be responsible for the lack of use.

In present study population, majority of cases (90.9%) want to use contraceptives in post-natal period, only 9.09% don't want to use contraceptives in post-natal period. This study is comparable Jayati et al 2017 in which after receiving post-partum contraception counseling as many as 95% women were willing to use contraception and contrast to Kripa et al 2017 where only 37.1% were willing for contraception (either permanent or temporary) whereas the rest of the women were not willing for contraception.^{23,15} This might be due to women who were delivered immediately had experienced lot of pain during child birth and had increased motivation to avoid another pregnancy and they want to use contraception. Facility delivery remains important windows of opportunity to provide access to family planning messages and to offer women various contraceptive methods. We can take the advantage of the hospital stay during delivery to increase

the uptake of family planning during the critical postpartum period.

In study population, out of 90.90% (400/440) cases who want to use contraception, most common temporary method accepted in post-natal period were IUCD (44%), followed by Condom (20.75%), DMPA (7.5%), and POP (3%) and least common were LAM and Coitus interruptus (1.5% for each). In this study, the level of knowledge regarding intrauterine devices, which is invasive, were high, but most of them were ignorant of other methods which may be used. the least known contraception was LAM (1.5%), which may be because cases know that LAM is one of the method of contraceptives but does not have complete knowledge of all its aspect like about how long, it can be used and exclusive feeding day and night is required. This study is comparable to Gaikwad et al 2017 where, most common contraception accepted in post-partum period were, 33.6% for IUCD, 20% for barrier, 26.5% for DMPA, 10% for POP, 3.9% for LAM.¹⁰ Most common permanent method accepted in post-natal period was female sterilization (21.75%). In contrast to Singh et al 2016 where, 40% women preferred barrier method, 46% preferred no contraceptive method and 7.4% preferred traditional method.²⁴

Majority of women convinced to use PPIUCD and barrier methods may be because of free government supply and better reliability, no need of daily use required. Only 9.09% women did not prefer to use any contraceptive method. It was found that women who received family planning advice during postnatal care were more likely to use a contraceptive than those who did not receive such advice.

It is found that contraceptive use was higher amongst the females who were delivered at a hospital/health centre as compared to those delivered at home. This can be attributed to the family planning advice received by the females delivered at a hospital/health centre during prenatal and postnatal care.²⁵

In present study population, out of 9.09% (40/440) who don't want to use any contraceptives, most common reason for not using contraception was found to be fear of side effects (32.5%), followed by wants to have more children (25%), lack of information (22.5%), prohibition of family (7.5%), prohibition of husband (7.5%) and least common reason for not using contraceptives were religion (2.5%), husband out of town (2.5%). This study is also similar to Singh et al 2015, where the main reason for non-acceptance was anxiety about side effects (24%) and least common reason for not using contraception was husband away (2%).²⁶ This study is differ from Rokade et al 2018 where most common reason for not using contraception was wanted to conceive (46%) followed by fear of side effects (24.7%), lack of information (23.4%), decision of family (3.9%), husband staying away (2.1%).¹¹

In present study, significant association ($p < 0.05$) found between education and KAB score. We found that educational status of the women and per capita income were significant predictor of higher level of knowledge about contraception. This is comparable to Hayat et al 2013 and Patro et al 2005, Gaikwad et al 2017 where association of higher education status with knowledge of contraception has been observed.^{10,20,27}

In present study there was significant association between patient's education and awareness about contraceptive methods. i.e. subjects with higher education had better awareness. Highest awareness was seen among subjects with degree and above as education status. The level of women's education had a significant impact on future use and non-use of postpartum contraception. Women with higher education were more willing to use contraceptives in this period as compared to uneducated women. This may be due to the fact that educated women are more likely to appreciate the advantages of small family with proper spacing between children.

Shows that majority of cases belong to per capita income 2000-5000Rs (56.13%), out of which majority had moderate knowledge about contraception (74.07%) and favorable attitude (95.61%), favorable behavior (93.22%). Significant association found between per capita income and KAB score ($p < 0.05\%$).

In present study, significant association ($p < 0.05$) found between per capita income and knowledge, attitude and behavior score. We found per capita income were significant predictor of higher level of knowledge about contraception. This is comparable to Thapa et al 2014 and Jayati et al 2015, where association of socio-economic status with knowledge of contraception has been observed.^{17,23}

CONCLUSION

Good awareness and favorable attitude does not always lead to the acceptance of contraceptives. The study reveals that there is a good awareness regarding contraceptive usage in post-partum period, but the real acceptance in practice is quite low in comparison to the level of awareness. There is an unmet need of filling this gap. Despite women indicating and stating their preference for a postpartum contraceptive method, these women were not using the method they had chosen and hence a reflection of wide gaps in prenatal contraceptive counseling.

Women who receive counseling during hospital stay for delivery are more likely to use contraception in post-partum period. Thus, there is need to observe more closely, the role of family planning policies and health care providers in effectively generating motivation and knowledge among Indian women to use contraception in post-partum period. Such an approach will break all the myths and wrong beliefs and notions among the general population regarding contraception and various devices

that are available and help improve the general health of the women and their children. It is also essential to target the poor and less educated women for the success of post-partum family planning programmes in India. Post-partum counseling and contraception provisions should be an essential part of the maternal health services.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Population challenges and development goal. Department of Economic and Social affairs, Population Division, United Nations. New York, 2005.
2. Sunita TH, Desai RM. Knowledge, attitude and practices of contraception among women attending a tertiary care hospital in India. *Int J Reprod Contracept Obstet Gynaecol.* 2013;2(2):172-6.
3. Ministry of Health & Family Welfare. National Population Policy-2000. New Delhi: Department of Family Welfare; Ministry of Health & Family Welfare, Government of India. 2000. Last accessed on 21 November 2020.
4. Charles W, Ann P. Alternative measure for unmet need for family planning in developing countries. *Int Fam Plann Persp.* 2000;7(4):126-35.
5. Shrestha A, Stoeckel J, Tuladhar JM. The KAP-gap in Nepal: Reason for non-use of contraception among couples with an unmet need for family planning. *Asia Pac Popul J.* 1991;6(1):25-38.
6. World Health Organization (WHO). Last accessed on
7. Park K. Demography and Family planning. Text book of preventive and social medicine 21st Edition.
8. Royal College of Obstetricians and Gynaecologists. Postpartum family planning. United Kingdom: RCOG. 2015.
9. Anaba R, Ugwa EA. Knowledge, Attitude, and Contraception preferences among postpartum women in Izzi, Ezza south, and Ikwo local government areas of Ebonyi state, Nigeria *Hosp Pract Res.* 2018;3(1):11-5.
10. Gaikwad RA, Gadappa SN, Deshpande SS. Awareness of contraception in post partum women in a tertiary care centre. *Int J Reprod Contracept Obstet Gynecol.* 2017;6(9):3850-4.
11. Rokade JV, Hanji VR. Study of awareness of contraception in postnatal women. *Int J Reprod Contracept Obstet Gynecol.* 2018;7(6):2462-6.
12. Sharma J, Dorairajan G. Knowledge and attitude towards contraceptive methods for spacing and decision making factors regarding its use in postpartum women. *Int J Reprod Contracept Obstet Gynecol.* 2015;4(3):750-4.
13. Di Giacomo P, Sbarlati A, Bagnasco A, Sasso L. Woman's contraceptive needs and preferences in the

- postpartum period: an Italian study. *J Clin Nurs.* 2013;22(23-24):3406-17.
14. Jahan U, Verma K, Gupta S, Gupta R, Mahour S, Kirti N et al. Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India. *Int J Reprod Contracept Obstet Gynecol.* 2017;6(2):500-506.
 15. Kripa S, Shetty H. Knowledge, attitude and practice of contraception among the postnatal women in a tertiary care hospital in a rural area in Southern Karnataka, India. *Int J Reprod Contracept Obstet Gynecol.* 2017;6(5):1821-4.
 16. Dabral S, Malik SL. Demographic study of Gujjars of Delhi: IV KAP of family planning. *J Hum Ecol.* 2004;16(4):231-7.
 17. Thapa S, Rani A, Mishra CP. Knowledge, attitude and belief about contraception in post-partum and post abortal women in a tertiary care centre. *Int J Reprod Contracept Obstet Gynecol.* 2014;3(3):533-9.
 18. Young LK, Farguhar CM, McCowan LME Roberts HE, Taylor J. The contraceptive practice of women seeking termination of pregnancy in an Auckland clinic. *NZ Med J.* 1994;107:189-91.
 19. Kaushal SK, Saxena SC, Srivastava VK, Gupta SC, Nigam S. KAP study on contraceptive methods in Kanpur district of UP. *Indian J Community Health.* 2010;22(1):33-8.
 20. Hayat H, Khan PS, Imtiyaz B, Hayat G, Hayat R. Knowledge, attitude and practice of contraception in rural Kashmir. *J Obstet Gynecol India.* 2013;63(6):410-4.
 21. Srivastav A, Khan MS, Chauhan CR. Knowledge, attitude and practices about contraceptive among married reproductive females. *International Journal of Scientific Study.* 2014;1(5):2-4.
 22. Rutaremwa G. Contraceptive use during the postpartum period among women in Uganda: *BMC Public Health.* 2015;15: 262.
 23. Nath J, Islam F. A study on the knowledge, attitude and practice about contraception in postpartum women of North India. *International Journal of Science and Research (IJSR).* 2017.
 24. Singh A, Meena P, Radhakrishnan G, Rutela M. A knowledge, attitude and practice study on awareness and acceptance of contraception in postpartum women in a tertiary care hospital. *Int J Reprod Contracept Obstet Gynecol.* 2016;5(6):1921-4.
 25. Mahmood SE, Srivastava A, Shrotriya VP, Shaifali I, Mishra P. Postpartum contraceptive use in rural. *Indian Journal of Community Health.* 2011;23(2).
 26. Sing M, Mehta S, Ranjan R, Das B. Awareness and acceptance of contraception in post partum women in a tertiary care hospital of Delhi. *Int J Reprod Contracept Obstet Gynecol.* 2015;4(3):690-5.
 27. Patro BK, Kant S, Baridalyne N, Goswami AK. Contraceptive practice among married women in a resettlement colony of Delhi. *Health Popul Perspect Issues.* 2005;28(1):16-21.

Cite this article as: Jaiswal J, Naik S, Rangari R, Sinha A. Awareness and acceptance of various contraceptive methods among postpartum women in a tertiary care center. *Int J Reprod Contracept Obstet Gynecol* 2021;10:1352-8.