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Original Research Article

Study of awareness of contraception in postnatal women

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ABSTRACT

Background: This study was undertaken to know the awareness of contraception in postnatal women in a Government Hospital in Maharashtra.

Methods: Authors conducted a prospective study in Department of Obstetrics and Gynecology at Government hospital, Miraj between January 2015 to September 2016. All postnatal patients in this hospital, willing to participate in the study were included in the study after a thorough written informed consent. Patients were given pre decided questions for answering. Answers were noted, counselling was done.

Results: Out of 4860 women, 97% of the women were aware of at least 1 contraceptive method, the highest being of female sterilization (91%) 20.8% of women had ever used the contraception before and most of them used it in between pregnancies (64.4%). 79.2% had not used any contraception before and main reason for not using was found to be, they wanted to conceive (46%) followed by fear of side effects (24.7%) Regarding willingness to use the contraception after counselling, 48.5% of women said they were not sure. Among rest 51.4% women, female sterilization (32.4%) was preferred method followed by copper-T (22.8%) The most common source of information was by media and books which was 39.3%.

Conclusions: There is a large lacuna between the awareness and practice of contraception. Proper education of both partners, increasing female literacy, socio economic upliftment, effective health care system is needed.

Keywords: Awareness, Contraceptive methods, Practice, Postnatal women, Source of information

INTRODUCTION

Woman must have the fundamental freedom of choosing whether or not she shall be a mother and how many children she will have. That right to decide imposes upon her the duty of clearing the way to knowledge by which she may make and carry out the decision.¹

Instead of the fact that India was the first country in the world to implement a national population control program in 1952, rise in contraceptive practices however did not match the significant fall in estimated birth rate.²

A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries. Side effects

perceived or real are major causes of stoppage of use of contraceptives. Other reason is the disparity that exists between woman's facility preferences and her family planning practices. It has been found most of the women of reproductive age who do not want to have a child soon or ever, are not using any contraception.³ According to Bongaarts, there is no complete correspondence between the knowledge and attitudes and between attitude and practice of family planning methods.⁴ Fawcett also reported that respondents usually exhibit considerable knowledge and attitude change over time, but they do not always exhibit corresponding changes in contraceptive practice. Hence there is still need to educate and motivate couples and improve family planning services to achieve more effective and appropriate use of contraceptives and to arrest the trend towards increase in population.⁵

Post partum women are more likely to have an unmet need for family planning than women in general. Also, studies have shown that postpartum and post abortal periods are crucial for a woman as for many patients who belong to rural areas, this may be the only time she comes in contact with the health personnel. Hence counselling done at this period is very crucial and effective too.⁶

The choice of a postpartum contraceptive method and the timing of its initiation depend on whether the woman is breast feeding. For normal non- breast- feeding women, the first ovulation occurs, on average, at 45 days postpartum, indicating the need for an effective (even if temporary) contraceptive method by four weeks after delivery. Condoms, spermicides, male and female sterilization, IUDs, progestin- only pills, injections and implants are all appropriate options for postpartum women who are not breast feeding. For breast feeding women, contraceptive methods can be organized into a hierarchy of clinical appropriateness:

- Non hormonal methods that do not interfere with lactation- lactational amenorrhea method, postpartum tubal sterilization, IUDs and barrier/ spermicide methods.
- Progestin- only hormonal methods.
- Hormonal methods. Combined estrogen- progestin formulations should be avoided by all women for at least three weeks postpartum to avoid elevating the risk of thromboembolism.⁷

Aims and objectives of the study was to study awareness of different types of contraception among women in postnatal period in a tertiary care center in Maharashtra.

METHODS

This was a questioner based prospective study conducted at Department of Obstetrics and Gynecology in Government Medical College, Miraj from January 2015 to September 2016 over 4860 patients. Patients were given pre- decided questions for answering.

Inclusion criteria

- All postnatal patients delivering live full-term babies in this hospital
- Patients willing to participate in the study.

Exclusion criteria

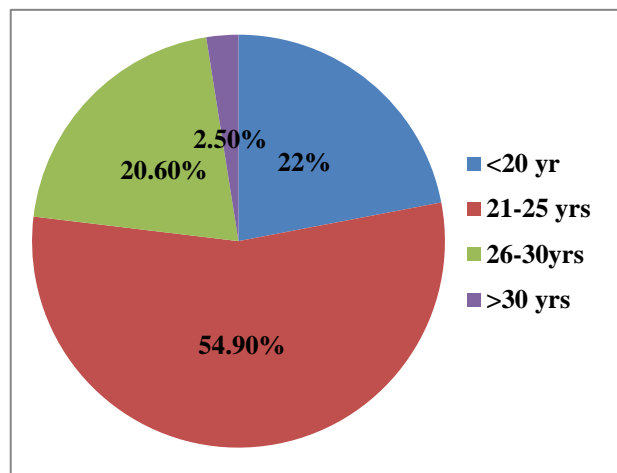
- Women in post abortal period
- Women who have delivered an intrauterine dead fetus.
- Women not willing to participate in study.
- Patient delivered babies with congenital anomalies.

Data was entered into Microsoft excel data sheet and was analyzed using SPSS 22 version software. Chi-square test was used as test of significance for qualitative data.

Continuous data was represented as mean and standard deviation. p value (Probability that the result is true) of <0.05 was considered as statistically significant after assuming all the rules of statistical tests.

RESULTS

The various results obtained from our study were tabulated and analyzed as mention in results.



Mean age of subjects was 23.46±3.3 years

Figure 1: Age distribution of subjects.

Table 1: Distribution of subjects according to education status.

		Count	%
Patients education	Illiterate	330	6.8%
	Primary	960	19.8%
	Secondary	2350	48.4%
	Higher secondary	850	17.5%
	Degree and others	370	7.6%
	Total	4860	100.0%

There were 48.4% of women had secondary education, 19.8% had primary education, 17.5% had education till higher secondary, 7.6% had degree and 6.8% were illiterates.

There were 96.3% of women were house wives while 3.7% were self employed or had job. 69.8% of women were from rural areas and 30.2% were from urban areas. 95.1% of women were from lower class, 4.1% were from middle class and 0.8% were from upper class. 55.3% were multi para and 44.7% were primi para.

There were 20.8% of subjects had used contraceptive methods earlier and 79.2% had not used any contraceptive methods earlier. 64.4% patients used contraception in between pregnancies, 24.8% used before pregnancy, 10.8% used contraception as spacing and not to have pregnancy.

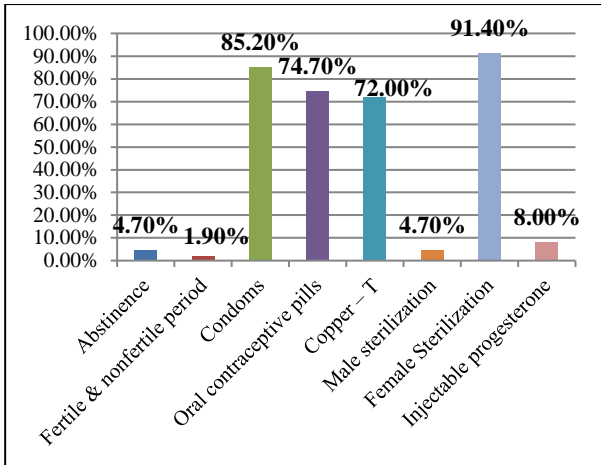


Figure 2: Awareness of contraceptive method in postnatal patients.

Table 2: Reasons for not-using any method of contraception.

Contraceptive methods	Count	(%)
Abstinence	180	6.4
Condoms	510	19.6
Oral contraceptive pills	380	15.2
Copper – T	520	20.8
Female Sterilization	810	32.4
Injectable progesterone	100	3.6

Table 3: Patient willing to use contraceptive method after counseling.

Reasons for not using contraception	Count	%
Fear of side effects	950	24.7%
Husband staying away	80	2.1%
Decision of family	150	3.9%
No information regarding contraceptive methods	900	23.4%
Wanted to conceive	1770	46%
Total	3850	100%

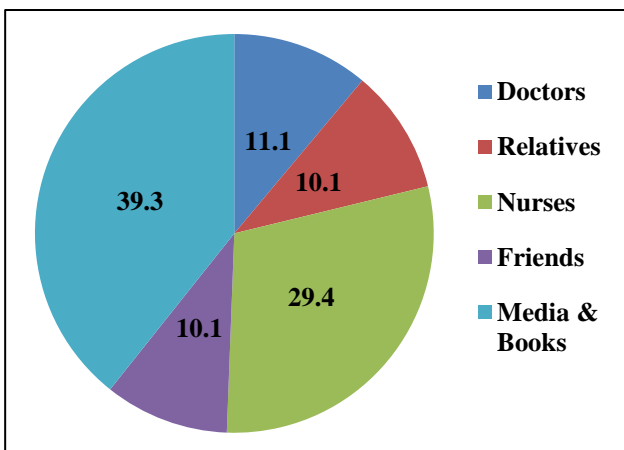


Figure 3: Source of information.

DISCUSSION

Post partum women are more likely to have an unmet need for family planning than married women in general. Demographic and Health surveys (DHS) in 27 developing countries conducted between 1993 and 1996 have demonstrated that during the extended post partum period, up to a year after delivery, most women wished to delay the subsequent pregnancy for 2-3 years or prevent any further pregnancies altogether. Women with an unmet need for family planning were defined as those who have had a recent delivery, thus presumed to be fecund, and report not wanting any more children at all or wanting to delay the birth of their next child; but not using any method of contraception. It has been suggested that such women should adopt a contraceptive method as early as possible after delivery and before resumption of sexual activity.⁸ Also studies have shown that postpartum and post abortal periods are crucial for a woman as for many patients who belong to rural areas, this may be the only time she comes in contact with the health personnel. Hence counselling done at this period is very crucial and effective too.

The mean age in present study is 23 years. This is comparable to study conducted by Jyotsna Sharma et al, at JIMPER, Puducherry, where the mean age is 23.86 years.⁹ In the Italian study conducted by Patrizia Di Giacomo et al, at university of Genova, the mean age is 33 years.¹⁰ This difference is because of the early age of marriage in India, as per study conducted by Anita Raj et al, on prevalence of child marriage in India.¹¹

In the present study, 48.4% of women had secondary education. This is comparable to study conducted by Jyotsna Sharma et al, in which 58% of women had secondary education. Educational interventions can help increase knowledge of available contraceptive methods, enabling individuals to make informed decisions and use contraception more effectively.

In the present study, 96.3% were housewives. According to study conducted by Singh M et al, 83.7% were housewives.¹²

In this study 69.8% of the subjects were from rural areas while 30.2% were from urban areas. The key barriers for unmet need in rural areas could be poor spousal communication, sociocultural norms (especially the husband’s role as primary decision-maker and the desire for a large family), fear of side effects. In the present study 95.1% were from lower socio-economic class. As the study conducted at Govt set up the class coming for health facility are lower and lower middle class.

In the present study, 55.3% were multipara and 44.7% were primipara. The present study shows that 97% of women were aware of at least 1 contraceptive methods, the highest awareness being for female sterilization(91.4%) followed by Condom (85.2%), OCPs

(74.7%), IUD (72%), DMPA (8%), 4.7% of Abstinence and male sterilization. The NFHS -4 shows knowledge of contraceptive methods is practically universal (at least 98% of women are aware of modern method, only 49% know a traditional method). Female sterilization (97%) is the widely known method followed by OCPs (85%), Male sterilization (79%), IUD (69%), Injectables (50%), Condom (74%).¹³ As per study conducted by Meenakshi Singh et al, 75.8% of women had heard of at least one of the modern contraceptive methods, highest being the terminal methods (80%) followed by Condoms (72%), IUD (71%), Natural methods (71%), Oral pills (69.5%) and Injectable Contraceptives (26%).

The present study shows that only 20.8% of women had ever used the contraception before and most of them used it in between pregnancies as spacing methods (64.4%). As per study conducted by Keyal NK et al, at Koshi Zonal Hospital in eastern Nepal, there was big increase in contraceptive use after the birth of first child from 6.9% (before first child) to 41.8%.¹⁴

In the present study, 79.2% had not used any contraception before and main reason for not using was found to be, they wanted to conceive (46%) followed by fears of side effects (24.7%), no information regarding contraceptive methods (23.4%), decision of family (3.9%) and husband staying away (2.1%). The concept of spacing between two children is not commonly practiced in India. Women are not aware of proper methods of spacing and get conceived before they get the first menses after delivery.

Regarding preferred method of contraception for future use, 48.5% of women said they were not sure of which contraception they were going to use and said they need to decide with their husband and family. Among rest 51.4% female sterilization (32.4%) was the preferred method followed by Copper - T (22.8%) 19.6% of women preferred condoms. Only 15.2% preferred OCPs as there is chance of pregnancy if pills are missed and fear of side effects in some. 6.4% preferred Abstinence, mainly in postpartum period and shift to any above methods as soon as possible or before resuming intercourse. 2% of women opined their willingness to use 3 monthly progesterone injections. None of the women chose male sterilization as contraception. As per study conducted by Singh M et al, after family planning counseling, almost 3/4th of contraceptive acceptors selected temporary spacing methods while only 22% accepted terminal method of sterilization. In this study, terminal method acceptors are more because of higher percentage of multipara (55.3% in this study compared to 47% in Delhi study). As per study conducted by Kshama Vishwakarma et al, 61% were willing for Tubal ligation, followed by 32.6% for IUCDs, 17.6% for DMPA, 13.4% for OCPs, 8.2% for barrier, Natural methods (0.2% for lactational amenorrhoea method and 4% for abstinence).¹⁵

Regarding source of information, present study shows 39.3% from media and books, 29.4% from nursing staff, 11.1% from doctor, 10.1% from relatives and 10.1% from friends. Similar results have been shown by study conducted by Keyal NK in Nepal and Dr. Jayati Nath et al, at Ambala, Haryana. Access to health facility, freedom of communication at home and even at health facility regarding choice of contraception are mainly governed by husband and in laws.

In this 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. Similar observations were made by study conducted by Srivastav et al and H. Tuladhar et al.

There was significant association between patient's education and time of use of contraception. 68% of women with degree used contraception before first pregnancy and 49.2% of women with higher secondary education used contraception in between pregnancy. Higher the education, early is the use of contraception. Similar association of higher education status with knowledge of spacing contraception has been observed in studies conducted by Kanojia JK et al, Hernandez LE et al, and Hayat H et al.¹⁶⁻¹⁸

Among Lower class most commonly preferred contraceptive method was female sterilization (42.6%) Among middle class, OCPs (25%) was the most preferred methods and among upper class, female sterilization (75%) was the preferred method of contraception. As per NFHS-4, female sterilization is opted maximum by women of fourth wealth index. Maximum pill users were from Highest wealth index. Condoms and IUCDs were used maximum by women belonging to highest wealth index.

CONCLUSION

From the study authors concluded that women are aware of contraceptive methods and have knowledge and positive attitude also towards use of contraceptive methods. But still women are not practising contraception. There is wide gap between knowledge and practice of contraception.

After delivery, during immediate post partum period, maximum women wish for contraception Hence these women can be served by family planning services before discharge from hospital to ensure the acceptance of contraceptive practices among them. This would curb unwanted pregnancies and its future consequences.

The use of contraception is not increased by grand promotion alone but by proper education. Increasing female literacy is an important tool for improving contraceptive practices as well as decreasing male child

preference. Efforts are needed to educate people about safety, convenience of modern, long term, reversible methods of contraception.

As ours is a male dominant society, many decisions are taken by husband and his parents regarding number of children and spacing in between them. So there is need to educate both husband and wife together.

Fear of side effects of contraception is the main reason for non usage. This can be reduced by proper selection of contraception before starting its use and adequate follow up of women using contraception by family planning services. Particular attention is to be given regarding meaning of side effects as perceived by women, which lead to discontinuation of use of contraception and women educated accordingly.

Proper education of masses regarding contraception, upliftment of socio economic level, strong political commitment, effective health care system, change in knowledge, attitude and practice of contraception as a whole constitute important factors in increasing acceptance of contraception.

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

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