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Original Research Article

Study of community awareness regarding contraception and its practices

Pallavi Pathak*, Akansha Parihar, P. Rohini

Department of Obstetrics and Gynecology, MGM Medical College, Indore, Madhya Pradesh, India

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***Correspondence:**
Dr. Pallavi Pathak,
E-mail: pallavipathak596@gmail.com

ABSTRACT

Background: Family planning (FP) programmes impact women's health by providing universal access to sexual and reproductive healthcare services and counselling information. The ability to decide freely the number, spacing and timing of one's children is a basic human right, endorsed at the International Conference on Population and Development in 1994. Family planning programmes are associated with lower fertility and lower maternal mortality. Through family planning programmes, women gain access to contraceptives, increasing the likelihood that they can achieve their desired family size.
Methods: Married women 18-49 years of age were recognised and randomly selected from different areas Indore. Preformed questionnaire containing demographic information and relevant questions was used for data collection.
Results: About 80.6% women were aware about PNC contraception. Majority undergone female sterilization (40.0%), 24.8% were using condoms, followed by IUCDs (6.5%) and contraceptive pills (4.7%).
Conclusions: In this cross sectional study, awareness regarding contraceptive practices and taboos was not found to be at par with the requirement and lower in concurrence with low education, income, rural residence. Specific intervention programs need to be planned to improve their health practices and thereby improving the health status of the mother and child.

Keywords: WHO, FP, IUDs, SDG

INTRODUCTION

World Health Organization (WHO) refers maternal health as the health of women during pregnancy, child birth the postnatal period.[1] It is an important aspect that mothers have a positive in all the stages of maternity. It is meant to focus on physical, mental, and social well-being of pregnant female for a healthy mother and a healthy baby.[2] Hence it becomes very important for a country to promote maternal health for its development through various services and practices.[3]

Family planning (FP) programmes impact women's health by providing universal access to sexual and reproductive healthcare services and counselling information. FP also has far-reaching benefits which go beyond health, impacting all 17 sustainable development goals (SDGs).[4]

The ability to decide freely the number, spacing and timing of one's children is a basic human right, endorsed at the International Conference on Population and Development in 1994.[5] Family planning programmes are associated with lower fertility and lower maternal mortality.[6] Through family planning programmes, women gain access to contraceptives, increasing the likelihood that they can achieve their desired family size. Yet, despite the well-documented benefits of family planning, an estimated 40% of pregnancies are unintended and unmet need for contraception remains high despite increased availability of methods.[7,8] Persistent barriers to contraceptive use and

related behaviours underscore the need to expand the understanding of, and improve efforts to address, structural drivers of contraceptive use, such as women's empowerment.[9]

Access to various contraceptives like condoms, intrauterine devices (IUDs), contraceptive pills, injectables, implants, male and female sterilization methods helps in delaying, spacing and limiting pregnancies this improving the quality of maternal health.[10]

METHODS

Study type

It was an observational type of study.

Study place

The study was conducted at the department of obstetrics and gynaecology, MGM Medical College, Indore, Madhya Pradesh.

Study period

The duration of the study was from July 2021 to July 2022.

Selection criteria of patient

Married women, 18-49 years of age, delivered during study period of within one year of start of study were selected for the study.

Procedure

Permission from the institutional ethics committee and university clearance was obtained.

Meeting and rapport building with the study participants made. Married women 18-49 years of age were recognised and randomly selected from different areas Indore.

The patients were provided with the study information sheet and consent form and were explained about the relevant details about the study in a language best understood by them.

Informed written consent was obtained after explaining about the purpose, nature and process of the study and then data collection was started.

Preformed questionnaire containing demographic information and relevant questions was used for data collection.

The data collected was entered into Microsoft (MS) excel and then analysed using statistical package for social sciences (SPSS, version 2.0) software. Percentages and data to be entered and $p<0.05$ to be considered significant.

Ethical approval

Ethical approval was given by ethics and scientific review committee, MGM Medical College and MY Hospital, Indore, Madhya Pradesh (MP) in June 2021.

Statistical analysis

The data collected was entered into MS excel and then analysed using SPSS, version 2.0 software. Percentages and data to be entered and $p<0.05$ to be considered significant.

RESULTS

Majority of study participants belong to 18-25 year of age and maximum had lower grade of education. 58% women were non-working and among working majority (31.4%) were labourers. Joint family was seen but more than half (54%) and 61% living in rural areas (Table 1).

As per study, 80.6% women were aware of contraceptive methods available at delivery centres which is a good proportion. 40% women underwent female sterilization and opted for permanent method of contraception with condom being second most commonly used contraceptive (24.8%). Male sterilization was the least preferred method showing reluctance of male to participate in contraceptive procedure (Table 2).

Table 1: Distribution of socio-demographic factors.

Socio-demographic factors	Count	Column N %
Age group (years)		
18-25	354	70.8
26-30	86	17.2
31-35	37	7.4
>35	23	4.6
Education		
Illiterate	108	21.6
Primary school	171	34.2
Middle school	133	26.6
High school and above	88	17.6
Occupation		
Housewife	290	58.0
Labour/agriculture	157	31.4
Service	31	6.2
Business	22	4.4
Type of family		
Nuclear	230	46.0
Joint	270	54.0
Residence		
Urban	193	38.6
Rural	307	61.4
Income		

Continued.

<5000	67	13.4
5,000-10,000	264	52.8
>10,000	169	33.8

Table 2: Details regarding PNC contraception.

PNC contraception	Count	Column N %
Aware of contraceptive methods after delivery		
Yes	403	80.6
No	97	19.4
What method used		
Condom	100	24.8
Female sterilization	202	40.0
Male sterilization	4	1.0
IUCD	26	6.5
Pills	19	4.7
Injectable	7	1.7
Aware of other methods of contraception		
Yes	352	70.4
No	148	29.6

Among women who were aware of contraceptive method, 79.78% were literate showing importance of education in any health resource utilization aspect. Maximum housewife was aware of the contraceptive method in contrast to the working sector which showed decline.

Residence was not of important determining factor since both rural and urban showed similar percentage of aware women regarding contraception (Tables 3-5).

Table 3: Distribution and association of contraceptive awareness with education.

Awareness of contraceptive methods after delivery	Education								P value
	Illiterate		Primary school		Middle school		High school and above		
	N	N %	N	N %	N	N %	N	N %	
Yes	37	19.47	153	80.53	124	65.26	88	46.32	0.0
No	71	79.78	18	20.22	9	10.11	0	0.00	

Table 4: Distribution and association of contraceptive awareness with occupation.

Awareness of contraceptive methods after delivery	Occupation								P value
	Housewife		Labour/ agriculture		Service		Business		
	N	N %	N	N %	N	N %	N	N %	
Yes	231	65.63	121	34.38	28	7.95	22	6.25	0.03
No	59	62.11	36	37.89	3	3.16	0	0.00	

Table 5: Distribution and association of contraceptive awareness with residence.

Awareness of contraceptive methods after delivery	Residence				P value
	Urban		Rural		
	N	N %	N	N %	
Yes	195	48.51	207	51.49	0.02
No	35	35.71	63	64.29	

DISCUSSION

As per Table 2, about 80.6% women were aware about PNC contraception. Majority undergone female sterilization (40.0%), 24.8% were using condoms, followed by IUCDs (6.5%) and contraceptive pills (4.7%). In Madhya Pradesh (NFHS-5), this proportion is 51.9%, 8.1%, 1.1% and 1.9% respectively.[11] According to data of Indore district as per NFHS-5, proportion of female sterilization, condoms, PPIUCD and contraceptive pill usage is 47.9%, 22%, 2.3% and 4.6% respectively.[12,13] The data reported in the current study is in accordance with the survey data of Indore for usage of condoms, PPIUCDs and contraceptive pills as seen in Table 2.[13] Taboos regarding PPIUCDs and prevalent misconceptions in women found to be one of the reasons for its less use in accordance with Yadav et al.[14] Similarly, as seen in Vekemans et al, it was also found that lactational amenorrhea method was the most convenient and used method for post-partum contraception.[15]

As per Tables 3-5, awareness in family planning practices have shown statistically significant association with level of education, type of occupation, area of residence and type of family. Participants with higher education (middle school and beyond), homemakers, urban residents and those living with joint family were significantly well aware about the practices and benefits than their other counterparts.

Summary

Mean age of study participants was 23.9±4.9 years. Majority of participants were literate (78.4%),

homemakers (58%), living in joint family (54%), residing in rural areas (61.4%) and with monthly income ranging between Rs. 5000 to 10000. Majority of women in the study were primigravida (52.4%). About 88% births were institutional delivery and 30% were caesarean section.

Awareness about PNC contraception among the participants was 80.6% and majority of participants opted for female sterilization (40.0%) as method of contraception. Awareness regarding breastfeeding benefits and practices was reported to be low among the study participants. Prevalence of taboos are a major setback for the use of available contraceptives.

Education is directly or indirectly related to earning capacity of the individual, and decision making. Education improve maternal health by bolstering women's autonomy in the home. In India, men have traditionally been the economic providers for their families and the ones to determine how household resources are spent. However, if education increases women's employment or earnings, then women's greater ability to provide for their families may grant them more decision-making power within the home, including decisions about whether resources are spent on their own healthcare.

CONCLUSION

In this cross sectional study, awareness regarding contraceptive practices and taboos was not found to be at par with the requirement and lower in concurrence with low education, income, and rural residence. Specific intervention programs need to be planned to improve their health practices and thereby improving the health status of the mother and child. We conclude that IEC activities should be planned on panchayat levels in rural areas and at Palika-level in urban area to educate and spread awareness as well as remove taboos related to different contraceptives along with specific awareness program planned regarding national health programs and schemes run by GoI and incentivising more to ASHA/AWW/ANMs.

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

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