



EVALUATION OF POSTPARTUM ACCEPTANCE OF CONTRACEPTION-OUR EXPERIENCE

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ABSTRACT

Background: India was the first country in the world to launch the family planning programme in 1951. But still lags behind in practising contraception and limiting the family size.

Methods: A retrospective study was conducted on 588 postpartum women who underwent their deliveries in the department of obstetrics and gynaecology, Government medical college and ESIC hospital, Coimbatore.

Results: Out of 588 postpartum women, 99.2% primigravida and 94.2% multigravida accepted one of the contraceptive methods during their hospital stay. The common contraceptive of choice were condom and postpartum intrauterine contraceptive device (PPIUCD).

Conclusions: In order to reduce the unintended pregnancies, unsafe abortions and to decrease maternal and neonatal morbidity and mortality rate, an effective antenatal and postpartum contraceptive counseling is mandatory. To prevent these complications, health providers play an important role in providing counseling on postpartum contraceptive methods during antenatal and immediate postpartum period.

KEYWORDS: Contraception, Postpartum, Counseling

Introduction

Census report of India 2011, shows that India with its population of 1210 million ranks second in world population next to china [1]. It will cross china in next few decades, if it keeps on increasing by this exponential population growth. In 1951, India was the first country in the world to launch National family planning programme [2]. This was first step taken to stabilize population, but still lags behind in practicing contraceptive usage and limiting family size.

Contraceptive advice plays a crucial component of good preventive health care. Birth spacing is very important for the maintenance of the mother's health. According to recent Indian National Family Health Survey (NFHS) data show that children born 3-5 years after a previous birth are about 2.5 times more likely to survive than children born before 2 years [3,4]. To control of family size is most essential for the maintenance of mother's as well as child's health and to avoid the grave risks of high parity. Fertility control confers interrelated benefits on women, children, the family and community.

More than half a million women die each year as a result of complications related to pregnancy and childbirth in developing countries. In India a large number of pregnancies are unintended and associated with inadequate birth spacing. A woman with short inter pregnancy intervals were at high risk of maternal mortality, premature rupture of membranes and anemia. Family planning could prevent upto one third of all maternal deaths by allowing women to delay pregnancy by providing proper birth spacing, avoid unintended pregnancies and unsafe abortions and stop child bearing when they have reached their desired family size [5,6].

To avoid those complications, postpartum period is most crucial as appropriate birth spacing can improve maternal and infant mortality rates. Family planning can reduce both maternal and infant mortality rate, number of illegal abortions and the proportion of births at high risk [7,8]. Hence postpartum period is the ideal period to initiate effective contraception.

Methods

A retrospective study was conducted on a sample of 588 postpartum women who underwent their deliveries in this hospital in 18 months duration in the department of obstetrics and gynaecology, Government medical college and ESIC hospital, Coimbatore. The study was carried out between January 2016 to

June 2017.

Results

Table 1: Acceptability of contraceptive methods based on age

Age in year	Acceptance	Non acceptance
<20 (n=12)	8(66.7%)	4(33.3%)
20-25(n=152)	147(96.7%)	5(3.3%)
26-30(n=262)	256(97.7%)	6(2.3%)
31-35(n=108)	104(96.3%)	4(3.7%)
>35(n=54)	52(96.3%)	2(3.7%)

Table 2: Acceptability of contraceptive methods based on education

Education	Acceptance	Non acceptance
Illiterate	6(37.5%)	10(62.5%)
Primary education	112(95.7%)	5(4.3%)
Secondary education	87(94.6%)	5(5.4%)
Higher secondary	126(97.7%)	3(2.3%)
Graduate	232(99.1%)	2(0.9%)

Table 3: Total deliveries

Parity	Vaginal deliveries	Caesarean deliveries
Primigravida(n=261)	98(37.5%)	163(62.5%)
Multigravida(n=327)	105(32.1%)	223(67.9%)

Table 4: Acceptability of contraceptive methods based on parity

Parity	Acceptance	Non acceptance
Primigravida	259(99.2%)	2(0.8%)
Multigravida	308(94.2%)	19(5.8%)

Table 5: Acceptability of temporary methods of contraception

Parity	PPIUCD	Condom
Primigravida	34(13.1%)	225(86.9%)
Multigravida	19(22.4%)	66(77.6%)

Table 6: Acceptability of permanent methods of contraception

Mode of delivery in multigravida	Acceptance	Non acceptance
Vaginal delivery (n=105)	42(40%)	63(60%)
Caesarean delivery(n=222)	181(81.5%)	42(18.5%)

Table 7: Reasons for non acceptance of contraceptive methods (n=21)

Reasons	Percentage distribution
Husband away/infrequent sex	9.5
Not acceptable to husband/family	4.8
Expectation of a male child	9.5
Fear about side effects	38.1
Natural methods	4.8
Breast feeding	9.5
Wants to delay till puerperium	23.8

Table 8: Decision makers for the use of contraception

Husband	52%
Both	25%
Self	13%
Family members	10%

From the analysis, 256 (97.7%) women who accepted contraception were in the age group of 26 to 30 years (Table 1). According to the table 2, the acceptability of contraceptive methods was found to be highest (99.1%) among graduates and least among the illiterate (37.5%). This could be because of knowledge about the availability of various contraceptive methods and its advantages, increased awareness about the need for small family norms and spacing of child birth, higher exposure to mass media and their peer group.

In our study out of 588 deliveries, vaginal delivery in primigravida was 37.5% and 32.1% in multigravida. 62.5% of primigravida and 67.9% of multigravida underwent caesarean section (Table 3). Among observation, in view of prior caesarean section the rate of caesarean was higher in multigravida. 99.2% of primigravida and 94.2% of multigravida who opted for any one of the contraceptive methods (Table 4). The main reason for the non acceptance of contraception was fear about the side effects. Most of the multigravida preferred permanent method of contraception. Temporary method was advised for those multipara, if sterilization was rejected in view of mothers medical condition and baby sake. The non acceptance in multigravida was mainly to delay till puerperium and to improve the general condition.

The acceptability of PPIUCD in primigravida was 13.1% and for condom it was 86.9%. In case of multigravida the acceptance for PPIUCD it was 22.4% and for condom it was 77.6% (Table 5). The temporary methods of contraceptive acceptance in multigravida were less due to preference for permanent methods. The acceptability of permanent methods in multigravida was 40% in vaginal deliveries and 81.5% in caesarean deliveries. The non acceptance was about 60% in vaginal deliveries and 18.5% in caesarean deliveries (Table 6).

The acceptance of contraception was significantly associated with the female and her husband, family members, educational and socioeconomic status. From this study, in 52% of women, husband plays an important role in deciding about mode of contraception (Table 8).

Discussion

According to this study, the acceptability of one of the contraceptive methods was found to be 99.2% in primigravida and 94.2% in multigravida. From NFHS-3 (2005-2006) data in rural UP, around 20% were using any one of contraceptive methods for spacing [9]. The higher prevalence of postpartum contraception of 41% has been reported from a population council study [10]. Since our study was conducted in urban area, the prevalence of contraception was higher compared to the various studies conducted in rural area. The majority of the women were in the age group of 26 to 30 years (97.7%). This finding was same as study conducted in a slum of Bhopal by Shweta Shrivastava et al (2014).

The significant influence of the women educational status on utilization of contraceptive methods was observed in the present study. Similar findings have been reported by other Indian studies.

According to the analysis, the acceptance rate of contraception among the graduate and postgraduate females was found to be 99.1% and 37.5% in the illiterate females. In contrary from the study conducted by Jyoti, Meena et al in Delhi where 52.4% of the illiterate females accepted the family planning methods. Among those who adopted postpartum contraception in our study, the major contraceptive in use was condom, IUCD followed by sterilization and nil for pills and injectables. Condom use was maximum reported in various studies such as Singh et al (2014), Goel et al (2010) and Agrawal Shraddha et al (2006). This could be due to easy availability, usage and least side effects. In the study conducted by Makade et al in urban slums of Mumbai, the practice was maximum for oral contraceptive pills followed by condoms. In the present study the awareness about the pills and injectables were very less among the postpartum women. In the present study, the main reason for non acceptance of contraception was fear about the side effects of contraceptive devices. Similar finding was noted in study conducted by Chadwik et al.

According to the observation, the preference for permanent method in multigravida who underwent caesarean delivery was more than those who had vaginal delivery to avoid repeat surgical procedure. Sterilisation rejection for sake of baby (physiological jaundice) and maternal medical illness was more in the women who had vaginal delivery. These women were advised temporary method till puerperium and to report for interval sterilization. Those who not adopting any of the temporary methods were following the lactational amenorrhea method for meantime.

The acceptance of contraception was significantly associated with the female and her husband, influence of family members including inlaws, educational status and socioeconomic status. Husband's attitude has a definitive impact on the use and choice of postpartum contraception. In this study, among 52% of women, husband was the decision makers, so husband was playing an important role in contraception acceptance. Therefore there is need for counseling sessions for both the patient and her husband as a whole during antenatal and immediate postpartum period. This opportunity can be very well sought in women seeking institutional deliveries.

In a study conducted in Mexico, it was found that the women who received contraception advice during postnatal period were more likely to use a contraception than those who did not receive such advice [11].

Conclusion

Contraceptive use was significantly associated with awareness, age, parity and literacy level. Education plays a very important role in acceptance of contraceptive method. Regular and comprehensive counseling should be done to all pregnant women in every level of health care system. Women who receive contraception counseling during their hospital stay for delivery are more receptive to the idea of using contraception in the postpartum period. Such an approach will break all the myths and wrong beliefs among the women about contraception.

FP counselors play an important role in providing proper contraception counseling in immediate postpartum period. To ensure all postpartum women before discharge from the hospital to adopt any one of contraceptive methods. This would lower unwanted pregnancies which leads to illegal abortions and contributes to maternal mortality.

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