



INTENTIONS ON CONTRACEPTIVES USE AND METHOD OF CHOICE AMONG THE POSTPARTUM WOMEN ATTENDING A TERTIARY CARE HOSPITAL IN JHARKHAND.

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ABSTRACT **Background** Postpartum family planning (PPFP) information and services can prevent maternal and child morbidity and mortality in low-resource countries, like India, where high unmet need for PPFP remains despite opportunities offered by routine postnatal care visits. There is a high unmet need for limiting and spacing child births during the postpartum period. Our objective was to establish the intentions on contraceptive uptake among postpartum women in a referral hospital in Jharkhand.

Methods. We conducted a cross-sectional study using a convenience sample of 100 Postpartum women before their discharge following delivery at a tertiary care hospital from January 2018 to March 2018 in MGM Medical college Jamshedpur. Participants were interviewed using structured questionnaires, data was collected and information was obtained from mothers regarding their perceptions on family planning methods, use, availability, and acceptability.

Result: 100 women participated in the study. 86% women intend to use a method of postpartum contraception. The most preferred intended postpartum contraceptive was IUDs (25.5%) followed by injectables (20.9%) and condom (11.6%). The most commonly cited reason for the intended choice of contraceptive method was convenience. Reasons for non-use of postpartum contraception include spouse refusal, religious beliefs, effect on fertility, desire for further child bearing.

Conclusion: Although most women intended to use contraceptive, they did not receive adequate prenatal counseling on postpartum contraception. Counselling on postpartum contraception during the antenatal and postnatal period can help women to make informed choices among the wide range of available contraception.

KEYWORDS : Contraceptive use, intention, Postpartum, Unintended pregnancy

INTRODUCTION

High fertility rate and hence high population growth rate are among the leading economic and social problems faced by the developing world. The high population growth rate has been associated with increased level of poverty and decreased life expectancy. [1-4]. Postpartum women are at a high risk of unplanned pregnancies, especially in the first year after delivery [5]. Effective contraceptive use among postpartum women is important for preventing adverse perinatal outcomes resulting from inadequate inter-pregnancy intervals [6-9]. Contraceptive is an effective means of Family planning and fertility control and therefore very important in promoting maternal and child health. [10]. Increasing contraceptive use in the developing countries has cut the number of maternal deaths by 40% over the past 20 years, merely by reducing the number of unintended pregnancies.[11] About 4.7 million European women aged 15-49 years are estimated to be at risk of an unintended pregnancy[12] and almost half of the 6.3 million pregnancies in the United States are unintended, despite the availability of a wide variety of highly effective contraceptive methods.[13] Contraceptive use averts almost 230 million births every year[14] and prevents 272,040 maternal deaths worldwide.

Adoption of postpartum contraceptives leads to not only a reduction in unplanned pregnancies, but also improves maternal and child well-being [15], since short birth intervals of less than 15 months are associated with adverse pregnancy outcomes: induced abortions, miscarriage, preterm births, neonatal and child mortalities, still births and maternal depletion syndrome [16-18]

During the postpartum period, there are multiple contacts between women and healthcare providers when women are seeking child immunization services, yet the unmet need for contraception is still high [19-20] Studies have shown that the need for contraceptives varies during a woman's reproductive years, but demand is highest during the postpartum period [21-22].

Despite these interventions, unmet need for family planning among postpartum women remains high [23-24] So the study was designed to establish the intentions on contraceptive uptake among postpartum women and the role of health providers in contributing to uptake of postpartum family planning.

METHODS:

This cross-sectional study was conducted at tertiary hospital. The respondents were randomly selected from the hospital in the month of January 2018 to March 2018 in MGM Medical college Jamshedpur.

We recruited 100 mothers, interviewed and options for choosing contraception (CAFETERIA APPROACH) was done before discharge from the hospital.

The questionnaire covered the following headings: sociodemographic characteristics, contraceptive history (method, type and preferences), intention to start a method in the postpartum (any intention, method intended to use, intended timing of initiation, and rationale for selected method), knowledge of contraindications to postpartum contraceptive use, and recall of counseling during prenatal care on postpartum contraception.

OBSERVATION

TABLE 1: - Sociodemographic characteristics of postpartum women -

FACTOR	CLASSIFICATION	FREQUENCY	%
Age	<19	5	5%
	20-24	37	37%
	25-34	40	40%
	35 and above	18	18%
Marital status	Married	74	74%
	Separate/Divorced	26	26%
	widowed		
Education	Illiterate	23	23%
	Primary level	32	32%
	Secondary level	37	37%
	Post-secondary level	8	8%
Employment status	Not employed	88	80%
	Employed	22	20%
Religion	Hindu	36	36%
	Muslim	27	27%
	Christians	32	32%
	Others	5	5%
No. of children	1-2	34	34%
	3-4	57	57%
	>5	9	9%

TABLE 2: - Contraception intentions among postpartum women: -

Intentions of using contraception	Number	%
Yes	86	86%
No	14	14%

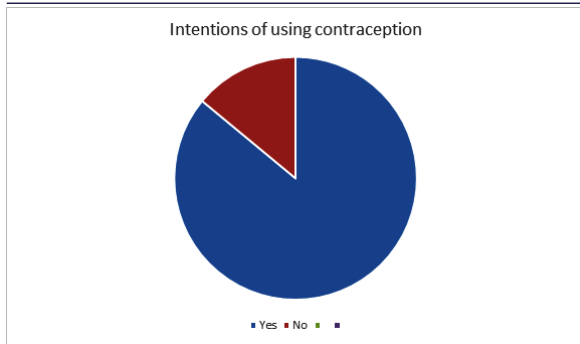


TABLE 2 A: - Intended contraceptive method (n=86)

Method	Number	Percentage
Intrauterine device	22	25.58
COCs	8	9.30
POPs	2	2.33
Female sterilisation	9	10.47
Male sterilisation	4	4.65
Male condoms	10	11.63
Withdrawal	4	4.65
Lactational ammenorhea	3	3.48
Injectables	18	20.93
Calendar method	6	6.98

TABLE 3: - Reason for not wanting to use contraception (n=14)

Reason	Number	%
Spouse Refusal/Consent	4	28.57
Fear of effect on Fertility	2	14.28
Religious belief	4	28.57
Side effect	2	14.29
Desire for further childbearing	2	14.29

TABLE 4: - Planned timed of contraception initiation (n=86)

Planned timed of contraception initiation	Number	%
Before hospital discharge	5	5.81
In next 6 weeks	12	13.95
between 6 weeks and 6 months	25	29.07
between 6 months and 1 year	39	45.35
after 1 year	5	5.82

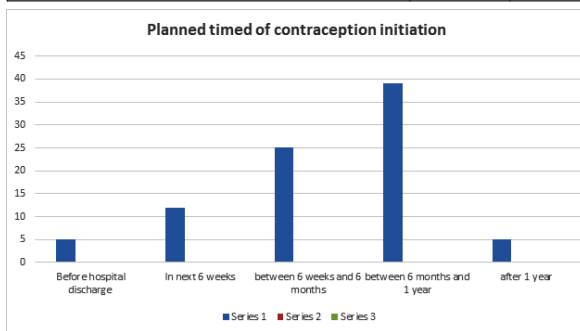


TABLE 5: - Last contraceptive method use (n=100)

Method	Number	Percentage
COCs	30	30%
POPs	3	3%
Intrauterine device	21	21%
Withdrawal	9	9%
Condom	18	18%
Calendar method	8	8%
No history of contraception use	11	11%

RESULTS:

The total number of respondents interviewed was 100 and all of them had delivered within 6 weeks.

Table 1, shows maximum number of respondents were in the age group of 25-34yr (40%) followed by group of 20-24yr of age respectively.

Maximum participants were married. (74%). Majority of respondents were educated up to secondary level (37%),

followed by primary level (32%) and 23% of them were illiterate.

Majority of them were unemployed (88%). Maximum participants were Hindu (36%), followed by Christians (32%), followed by Muslims (27%).

Maximum participants were having 3-4 children (57%), followed by 1-2 children (34%) respectively.

Table 2 & Table 2A shows the contraceptive intention among postpartum women. Maximum participants (86%) was intend to use contraception, while (14%) were not ready to use any contraception. When asked to preferred choice of contraception in post-partum period, majority 22(25.58%) out of 86 preferred to use Intra uterine devices, followed by injectables 18(20.93%), followed by male condoms 10(11.62%), followed by female sterilization 9(10.46%), followed by COCs 8 (9.3%) respectively.

Table 3 shows, out of 14 women who did not want to use method of contraception in postpartum, 4 (28.5%) attributed to their non-use due to their spouse refusal/consent, 4 (28.5%) due to religious belief, 2 (14.28%) due to side effect, 2 (14.28%) due to fear of effect on fertility, 2 (14.28%) due to desire for further childbearing respectively.

Table 4 shows the planned timed of contraception initiation in postpartum period. Maximum 39 (45.3%) want to start contraception between 6 months and 1 year, 25 (29.06%) in between 6 weeks and 6 months, 12(13.9%) in next 6 weeks respectively.

Table 5 shows the use of last contraceptive method among the participants. Maximum participants used COCs (30%) followed by IUDs (21%), condom (18%), withdrawal (9%), calendar method (8%) and POPs (3%) respectively. However, 11% of participants had no history of contraception use earlier.

Among women who previously used a method of contraception maximum wanted to continue using the previous method for postpartum contraception.

DISCUSSION

There is indeed a great chance that many couples may initiate sexual activity prior to 6 weeks postpartum and therefore risking the chance of having an unintended pregnancy.

The risk is especially high if women do not exclusively breastfeed their babies during this period. Therefore, interaction with women during antenatal care, delivery, postnatal and immunization clinics offer unique opportunities to be counselled and offered their preferred choice of contraception.

This study therefore aims to highlight women’s prior knowledge and use of contraception as well as assessing their intention on a postpartum contraceptive method before their next desired planned pregnancy.

Non-utilization of contraception appears to be influenced by the various reasons. In this study were due to the religious beliefs, husband’s influence/refusal, desire for further child bearing, fear of effect on future fertility and possible complications or side effects from the contraceptives. Maximum 57% (8 out of 14) were due to religious belief and spouse refusal. 86% respondents intended to use a method of postpartum contraception. This is higher than the rate observed in the study by Okunowo. et al.

In our study, as in prior studies, married women were more likely to adopt family planning compared to their unmarried counterparts. This could be because married women are exposed to frequent sexual activities [27]. Adoption of PPF was high among women with post primary education, this is in keeping with other studies [25,26], and there was a significant association between higher education level and contraceptive awareness.

We also found that among women who intended to use a postpartum contraceptive, the rates were higher among women who were aged 25-34 years (40%), had 3-4 children alive (57%), and were Hindu (36%). This may therefore suggest that women’s age, level of education, parity, religion and duration of marriage play an integral role in uptake and utilization of postpartum contraception. This is also reflected in the study by Rutaremwa et al, which showed that utilization of modern postpartum family planning was significantly associated with women’s education level, wealth status, religion, age of the woman,

number of surviving children, exposure to the media and utilization of reproductive health services. However, in our study maximum women were unemployed.

The most preferred contraceptive methods from our study were IUDs (25.58%) and injectables (20.93%). Rahmanpour et. al found that the most preferred contraceptive used after delivery were the minipill (29.3%) and the intrauterine contraceptive device (25%) while in the study by Chaovitsaree et. al. Depot medroxy progesterone acetate (38.4%) and the progestin-only pills (26.0%) were the preferred postpartum contraceptive methods. These findings also show that among women who had previously used a contraceptive method were satisfied with the previous method and wanted to continue with the same method in the postpartum period also.

The recent best practice in postpartum family planning by the Royal College of Obstetricians and Gynaecologists has provided information on the various contraceptive methods and their effectiveness [28]. It is therefore important for women to have a method of contraception they can start before the chances of pregnancy returns soon after delivery.

Our findings showed that condoms were most popular among women with primary level of education and below, whereas methods such as injectables and IUCDs were more common among women with secondary education and above.

Lack of counseling on contraception is associated with incorrect or inconsistent use of contraception or method discontinuation and inadequate knowledge could leave women ill-informed about the timing of the return of fertility and insufficiently motivated to initiate the use of postpartum contraception.

CONCLUSION

Among postpartum women attending a government hospital, we found that uptake of family planning between six months and one year postpartum was high and was strongly associated with marital status, higher education level, younger age, and getting contraceptives at the government hospital. Public health campaigns targeting women with low levels of education should be the focus of future efforts to improve uptake of PPF. Appropriate counselling to women during antenatal and postnatal period for various family planning methods to make sure that postpartum women who do not want additional children are to use the various methods. The study also reveals a gap in the skills and knowledge of family health care workers especially those in private facilities and presents an opportunity for training them in family planning methods. The effectiveness of prenatal and postnatal counselling on postpartum contraceptive uptake can be improved through development and adoption and adapting institutionalized protocols as well as staff training. Government hospitals are trusted and attended by women in the community; therefore, it is the simplest way to increase uptake of PPF. All these can certainly cut the maternal morbidity and mortality, related to unsafe abortion, miscarriage etc.

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