



EFFECT OF FOCUSED AND STRUCTURED FAMILY PLANNING COUNSELLING ON KNOWLEDGE ABOUT CONTRACEPTION USE FOR BIRTH SPACING AMONG POSTPARTUM FEMALES

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ABSTRACT **BACKGROUND:** Although various safe and effective choices of contraceptive alternatives are available, the practical utilisation of contraceptive methods among postpartum women is quite low. The current study was thus conducted to determine the effect of focused and structured counselling on knowledge about contraception use for Birth spacing among postpartum females. **METHODS:** The study was conducted from July 2016 to December 2016 among postpartum females aged 18 years and above, in the reproductive age-group and postpartum period within 8 weeks of delivery. A maximum of 160 postpartum females were enrolled in the study using complete enumeration method. A well-structured organised questionnaire was prepared to collect data on the female's contraceptive choice (before and after counselling), and the reasons behind her post-counselling decision. **RESULTS:** The mean age of the study population was 27.86±2.41 years. Unawareness regarding contraceptive method was found to be significantly associated with age, urban residence and lower socioeconomic status ($p < 0.05$). Significant difference was observed in knowledge about health concerns in the context of infertility, weight gain and amenorrhoea, knowledge related to contraceptive use in relation to the educational status of postpartum females. After providing structured focused counselling the proportion of confused/indecisive females dropped down significantly from 25.7% to 8.3%. **CONCLUSION:** Focused and structured family planning counselling among mothers was found to have a profound effect in increasing the knowledge about both modern contraceptives (like injectables) as well as the conventional intrauterine devices during postpartum period.

KEYWORDS : Contraception, Counselling, Postpartum, Structured

INTRODUCTION

India is unique in that female sterilization is the predominant method with most couples prefer to achieve their desired family size before opting for a permanent method. Although during the past few decades an increased use of contraceptive methods has been observed among couples who have achieved their desired family size, equal success has not been achieved in the context of postpartum adoption of contraceptive methods [1] Birth spacing intervals are relatively short in India. About 61% of birth intervals in India are shorter than the recommended birth interval of 36 months with about 27% of births occurring within 24 months after a previous birth and 34 % of births occurring between 24-35 months. [2]

Only one fourth (26%) of women are using some sort of family planning measure during the first year postpartum. Contraceptive use during the postpartum period indirectly reduces maternal and infant mortality substantially by the prevention of unplanned and unwanted pregnancies and adverse consequences associated with same. [3]

Utilisation of safe and effective contraceptive methods among postpartum females is affected by their reliance on other classic contraceptive practices such as breast feeding, withdrawal technique and fertility-based awareness techniques. [4] Apart from this socio-cultural and structural barriers, including limited awareness, socio-cultural norms, and misconceptions play an intervening role. [5]

Although lactational amenorrhoea method is 99% effective when used correctly, during lactational amenorrhoea complete or nearly complete breast feeding is required up to six months. [6] Previous studies have also concluded that only about one-fourth of women with infants younger than 6 months are protected by the lactational amenorrhoea method when they are not exclusively breast feeding which is quite common in the Indian context. [3] Contraceptive usage is not more than 17 % among women immediately after delivery and even a year later only one-third of the females prefer using any contraceptive method. [3,5] The issue of spacing can be addressed most effectively during the postpartum period as this is the most cognitively receptive period for mothers to adopt any contraceptive method. Providing balanced and focused counselling to the postpartum women in the context of contraception and healthy pregnancy spacing could be one of the most cost-effective ways of achieving birth control. Counselling

would help the women acquire knowledge and make the decision to utilise various available contraceptives that can be used safely during postpartum period. Thus present study was thus conducted to determine the effect of focused and structured counselling on knowledge about contraception use for Birth spacing among postpartum females

MATERIALS AND METHODS

Study Design : Cross-sectional and interventional study

Study settings: The study was conducted in the Department of Obstetrics and Gynaecology, Hind Institute of Medical Sciences, Barabanki in collaboration with the Department of Community Medicine.

Study Population: Postpartum females aged 18 years and above in the reproductive age-group and postpartum period within 8 weeks of delivery. Those couples who underwent any permanent family planning method in due course were excluded from the study.

Study Duration: July 2016 –December 2016

Sampling Technique: Complete enumeration process was used. All the postpartum females fulfilling the inclusion and exclusion criteria during the time frame of study were enrolled in the study after obtaining written informed consent. A maximum of 160 postpartum females were enrolled. None of the eligible candidates refused to participate in the study.

Study Procedure: Participants were involved from two sites within the institute. Primarily those mothers were included who delivered the baby within institute and those who came for regular post-natal check-up. Apart from that a few new mothers were also enrolled from immunisation clinic. The consultants of the gynaecology department were directly involved in all steps of the study. Apart from providing therapeutic services for health seeking mothers during their initial or follow-up visits, they were involved in counselling sessions too. The participants were initially assessed for baseline knowledge and their choice of contraceptive method before counselling. After providing comprehensive information through focussed counselling to mothers in relations to benefits and side effects of various hormonal and non-

hormonal contraceptive methods, their opinion and thoughts were reviewed again.

Data collection tool: A well-structured organised questionnaire was prepared to collect data on the female's contraceptive choice (before and after counselling), and the reasons behind her post-counselling decision. Information on the socio-demographic characteristics of the participants was collected along with the assessment of their baseline knowledge regarding contraceptive use and various factors associated with same were also explored by the study tool.

Data Analysis: Data collected was initially entered in Microsoft Excel and then transferred to Epi-Info software for final analysis after data cleaning and sorting. Descriptive data was summarised by the means of frequency and percentages with 95% confidence interval (CI). Comparison of choice of contraceptive method before and after counselling was analysed by means of McNemar's Chi-square test.

RESULTS

The mean age of the study population was 27.86±2.41 years. Age was found to be significantly associated with unawareness among postpartum females. The unawareness about contraceptive methods was thirty-seven times and six times higher in the age-groups of 18-24 years and those aged more than 35 years respectively as compared to those in the age group of 25-34 years. Also, unawareness was significantly higher (eight times) among postpartum females belonging to urban areas. However, none of the factors like educational status, religion, employment status and gravidity were found to be associated with awareness about contraceptives among postpartum mothers. Socio-economic status was found to be significantly associated with awareness about contraceptives. Those belonging to lower middle class and the groups below were around twelve times more unaware about methods of contraception. [Table No.1]

Significant difference was observed in knowledge about health concerns in the context of infertility, weight gain and amenorrhea, knowledge related to contraceptive use in relation to the educational status of postpartum females. [Table No.2] Out of 37 mothers with a negative attitude towards contraceptive use, 81.0% perceive the same due to fear of side-effects, followed by husband disapproval (78.3%), lack of knowledge (62.1%) and stigma (16.2%).

When data was analyzed, proportion of postpartum females who were confused/indecisive about preferred method of contraception decreased significantly with counselling. After providing structured focused counselling the proportion drops down significantly from 25.7% to 8.3%. Also, knowledge about preferred method of contraception changes significantly for barrier methods, injectables contraceptives and intrauterine devices. [Table No.3]

A thorough overview was also done to explore the source of knowledge about various contraceptives among wary postpartum females. The primary sources of knowledge were family members (40.9%) followed by doctors (36.1%), television (34.0%), community health worker (28.4%) and books/magazines/newspapers (20.1%).

DISCUSSION

Adequate birth spacing is of utmost importance to the health and well-being of both mothers and infants. The postpartum period is an opportunistic phase to sensitize the mothers for contraceptive use and make them aware about its benefits. Proper knowledge inculcation of this in the mother could play an important role for the management of future conception. In spite of the fact that about 50% of the females desire a gap of three year between two births the adoption of contraceptive methods remains low in India. [7] As per National Family and Health Survey (NFHS-IV), the prevalence rate of use any contraceptive method was 53.5%. [8] Thus, postpartum contraception adoption could help to bring down the cases of pregnancies within short intervals. In the present study only 1% of the females were unaware about any contraceptive method. The finding is quite favorable from health promotion point of view. Paradoxically it could be interpreted that awareness about contraceptive method was much higher as compared to previous Indian studies. [9,10,11] But this finding must be recognised in light of the fact that this study was conducted in hospital settings and mothers were enrolled directly from there. The visits of these mothers to hospitals during different times for various purposes itself reflects their health consciousness. It has been observed in a previous study that both knowledge as well as preference

for opting a contraceptive use change significantly through counselling among post-partum females. [12] In our study it was observed that after structured focused counselling, the proportion of postpartum mothers who were confused/indecisive earlier reduced significantly. Also, knowledge about preferred method of contraception was found to change significantly for barrier methods, injectables and intrauterine devices. Similar findings were also reported by Chhabra HK et al., who in their study reported significant differences between the women's choices of contraceptive methods in the pre and post counselling sessions. [4] Also Sheriar N et al, similar to the findings of our study reported significant reduction in the proportion of women who were initially indecisive. [13] It was found in the present study that there has been a significant increase in preference towards use of injectables contraceptives and IUCDs after counseling. Similar to the findings in previous studies; [9,14,15,16] fear of side effects, husband disapproval, lack of knowledge were found to be the common causes playing a detrimental role leading to negative attitudes towards contraceptive use. Although the study revealed few significant findings, the results must be inferred in light of its limitations. Since the study was conducted in hospital settings, its generalizability to the whole population is quite limited. Secondly, since the study was cross-sectional, temporal relationships could not be assessed.

CONCLUSIONS

Focused and structured family planning counselling among mothers was found have a profound effect in increasing the knowledge about both modern contraceptives (like injectables) as well as the conventional intrauterine devices during postpartum period. After structured focused counselling, the proportion of postpartum mothers who were confused/indecisive earlier reduced significantly. Since the study was conducted in an institution that primarily serves rural areas, this indirectly reflects the opportunity to motivate and create awareness among mothers regarding modern contraceptive methods available during postpartum period with the help of community health workers.

TABLE NO.1 Association between biosocial characteristics and baseline awareness about contraception among postpartum females.

Characteristic	Number (%)	Unaware (n=16)	Aware (n=144)	Unadjusted OR 95% CI
Age group (Years)				
18-24	78 (48.7)	11 (68.7)	67 (46.5)	6.0 (1.3-28.4)*
>34	6 (3.7)	3 (1.8)	3(2.1)	37.1(4.4-311.1)*
25-34	76(47.5)	2 (1.2)	74 (51.4)	Reference
Religion				
Non-Hindu	47(29.3)	7 (43.7)	40(27.7)	2.0(0.7-5.7)
Hindu	113 (70.6)	9 (56.2)	104(72.2)	Reference
Place of residence				
Urban	19(11.9)	7 (43.7)	12 (8.3)	8.5 (2.7-27.4)*
Rural	141 (88.1)	9 (56.2)	132 (91.7)	Reference
Gravida				
G1-2	100(62.5)	14 (87.5)	86 (59.7)	1.1(0.1-9.9)
G3-4	52 (32.5)	1(6.2)	51 (35.4)	0.1 (0.01-2.45)
G5 & above	8(5.0)	1(6.2)	7 (4.9)	Reference
Educational Status of postpartum women				
Illiterate	67(41.8)	3 (18.7)	64 (44.4)	0.1(0.01-1.7)
Up to primary	68 (42.5)	9 (56.2)	59(40.9)	0.4(0.04-6.54)
Up to High school	21 (13.1)	3 (18.7)	18 (1.2)	0.5(0.03-6.5)
Graduate and above	4(2.5)	1 (6.2)	3 (2.0)	Reference
Employment status				
Housewives	127(79.3)	15 (93.7)	112(77.7)	4.2 (0.5-33.6)
Employed	33(20.6)	1 (6.2)	32(22.2)	Reference
Socioeconomic Status (Modified B G Prasad socioeconomic scale 2015)				
Low Middle and below	13(8.1)	6 (37.5)	7 (4.9)	11.7(3.3-41.6)*
Middle and above	147(91.8)	10 (62.5)	137 (95.1)	Reference

*p<0.05, significant association.

TABLE NO. 2 Association between education status of postpartum females and knowledge about health-related concerns related to contraceptive use.

(N=144)

Health concerns*	Illiterate (n=64)	Primary (n=59)	High school (n=18)	Graduate or above (n=3)	Statistical significance 'p' value
Irregular periods	33 (51.6%)	28 (47.5%)	6 (33.3%)	0 (0%)	0.209
Infertility	17 (26.6%)	24 (40.7%)	12 (66.7%)	3 (100%)	0.002
Vaginal discharge	40 (62.5%)	31 (52.5%)	5 (27.8%)	1 (33.3%)	0.061
Weight gain	15 (23.4%)	14 (23.7%)	11 (61.1%)	2 (66.7%)	0.005
Polymenorrhagia	35 (54.7%)	21 (35.6%)	8 (44.4%)	1 (33.3%)	0.345
Amenorrhoea	6 (9.4%)	4 (6.8%)	8 (44.4%)	3 (100%)	<0.001
Cancer	20 (31.3%)	23 (39.0%)	9 (50.0%)	1 (33.3%)	0.506

*Multiple responses

Table No. 3 Knowledge about post-partum use of different methods of contraception before and after counselling of postpartum females.

(N=144)

Knowledge about Contraceptive Methods*	Pre-intervention		Post-intervention		Statistical significance	
	No.	%	No.	%	χ^2	'p'
LAM	28	19.4	35	24.3	0.996	0.318
Barrier	60	41.7	23	16.0	23.172	<0.001
OCP	4	2.8	8	5.6	1.391	0.238
DMPA	4	2.8	28	19.4	20.25	<0.001
IUCD	3	2.1	23	16.0	16.91	<0.001
Safe method	16	11.1	15	10.4	0.036	0.849
Undecided/ No method	37	25.7	12	8.3	15.37	<0.001

*Multiple responses

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