



AWARENESS AND ACCEPTANCE OF CONTRACEPTION IN POST PARTUM WOMEN

Dr Nabanita Deka Associate professor(O&G) Diphu medical college Assam

Dr Manoj Kumar Majumdar Assistant Professor (O&G) Gauhati medical college Assam

Dr Ninob Kemprai* post graduate trainee Gauhati medical college *Corresponding Author

ABSTRACT In this era where women are considered to be equal to men the decision of family planning is still lagging behind. India realised the need for population control and family with the introduction of NATIONAL FAMILY PLANNING PROGRAMME in the year 1951 itself. Postpartum period is very crucial for a woman especially for many of those belonging to the remote villages as this may be the only time she comes in contact with a health personnel and seek contraceptive advice. Therefore this study was conducted to assess knowledge, awareness and acceptance about contraceptive methods during postpartum period.

METHODS: Authors conducted a prospective study in the department of obstetrics and gynaecology from a period of 01/06/2018 to 31/05/2019 for a period of 1 year. A pre designed questionnaire was prepared and post partum women fulfilling the inclusion and exclusion criteria were interviewed. A total of 300 women were interviewed regarding their knowledge, practice and choice of contraception.

KEYWORDS : Awareness, acceptance, contraception, post partum

INTRODUCTION

Contraception methods are by definition preventive methods to help women avoid unwanted pregnancies. Contraception is a good component of preventive health care, its acceptability depends on its efficacy, compliance and other side effects associated with it. India is estimated to have a population of 1.2 billion and increasing rapidly India can take the legitimate pride in having been the first country to launch an official program of family planning in 1952. An expert committee of WHO 1971 defined family planning as “ a way of thinking and living that is adopted voluntarily ,upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to social development of a country”. Contraception provides a better quality of life by helping their families to use their resource of food clothing housing schooling and medical care. Its counselling during post partum period has become an integral part of post partum program who are highly motivated for birth spacing and control fertility rate. . According to NHFS-3 data about 30% fertility in India was unwanted, indicating a huge gap between the demand and supply of family planning and the unmet need for the country as a whole is 13% and this is high among married woman aged 15-19 years (25% for spacing and 2% for limiting) and those among aged 20 -24 years (15% for spacing and over 6% for limiting). Lack of accessibility of family planning services, low female literacy rate, lack of awareness, social pressure and gender bias has been responsible for low percentage of contraceptive usage. The present approach in family planning is cafeteria approach “that is to offer all methods from which an individual can choose according to her needs and wishes and promote family planning as a way of life.

METHOD

A Cross sectional study was taken up in the department of obstetrics and gynaecology for a period of 1 year in which 300 post partum cases were interviewed on a random basis after taking informed consent with a pre designed questionnaire. The domains of questionnaire included demographic data like age, socioeconomic status, education and occupation of both the partners, parity etc., data on awareness about the various methods of contraception, their source of information, the attitude of women towards use and choice of methods of contraception was included.

Data was entered into Microsoft excel data sheet and was analyzed using SPSS 22 version software.

RESULTS

Socio-demographic profile of study participants revealed that maximum (47%) of them belonged to age group of 20-25 years.

Table 1: Distribution according to Socio-demographic profile of participants.

Characteristics		n=	percentage
Age in years	<20years	54	18%
	21-25 years	141	47%
	26-30 years	75	25%
	31-35 years	30	10%
Parity	Primi	120	40%
	multi	180	60%
Socio economic status	Lower	36	12%
	Upper lower	204	68%
	Lower middle	45	15%
	Upper middle	15	5%
	Upper	nil	Nil
Religion	Hindus	171	57%
	Islam	120	40%
	others	9	3%
Occupation	House wife	254	84.6%
	working	46	15.3%
Education	Illiterate	80	26.6%
	primary	127	42.33%
	secondary	78	26%
	graduate	15	5%

*socioeconomic class according to modified kuppuswamy scale

Out of 300 cases 54(18%) of them were of the age group <20 years, 141 (47%) of them belonged to age group of 20-25 years, 75(25%) of them belonged to age group of 26-30 years, 30(10%) of them belonged to age group of 31-35 years. Majority of cases 127 had received primary education, 78 had completed secondary education and 15 were graduates, 80 of them were illiterate. Majority of them were literate and 180 (60%) were multipara, while 120(40%) cases were primi. 204cases(68%) belonged to upper lower class while 36(12%) cases belonged to lower class, 45(15%) belonged to lower middle class and 15(5%) belonged to upper middle class. Majority belonged to upper lower class and 254 were housewife and 46 cases were working women. 171 (57%) cases were Hindus, 120(40%) cases belonged to Islam and 9 (3%) belonged to other religion. Majority were Hindus.

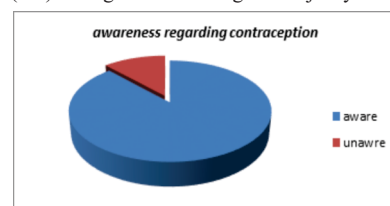


Chart 1

Awareness regarding contraception was 88% of them were aware of any one method of contraception. Source of information regarding contraception is that 173 (57%)out of 264 cases got their information from health care provider while 120(40%) cases got information from social circle and 57(19%) cases got information from mass media.

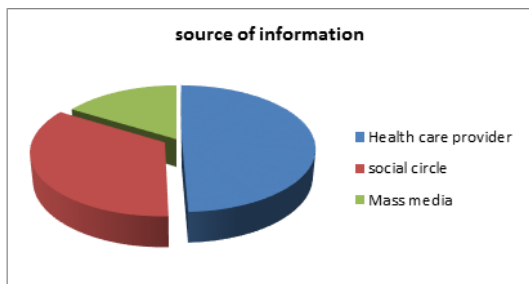


Chart 2 Practice of contraception

Chart 4

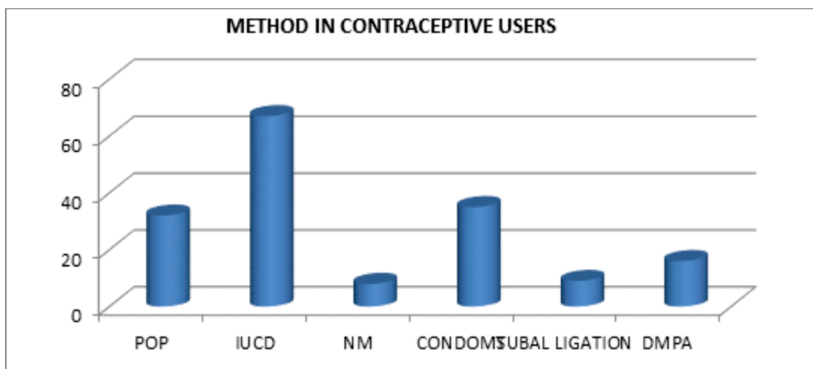


Table 2 Reasons for using the preferred method

Method	No side effects	Easy to use	Easily available	Husband's choice	Visit to facility available	GOVT. supply	Family completed	Total
POP	NIL	20	12	Nil	Nil	Nil	Nil	32
IUCD	NIL	16	NIL	NIL	31	20	Nil	67
Condoms	15	Nil	Nil	16	Nil	4	Nil	35
Natural method	06	Nil	Nil	02	Nil	Nil	Nil	8
Tubal ligation	Nil	Nil	Nil	Nil	Nil	Nil	9	9
DMPA	Nil	Nil	7	Nil	Nil	9	Nil	16

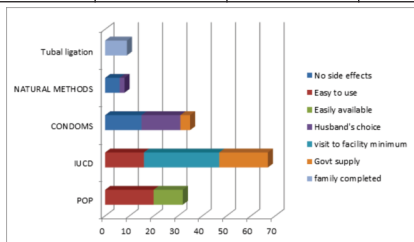


Chart 5 : Bar diagram showing reasons for using preferred method

Table 3 Contraceptive acceptance among different socio economic class.

Acceptance of contraception	Socio economic status			Total	P value
	L	LM	UL		
No	28	14	91	133	<0.0001 SIG
Yes	8	55	104	167	
TOTAL	36	69	195	300	

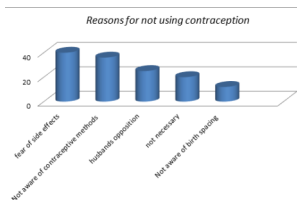


Chart 6:Reasons for not using contraception

Of 300 cases interviewed 167 cases were practicing any one of the method and 133 of them did not practice any contraception.



Chart 3

Highest accepted method of contraception amongst users was IUCD followed by POP and least used was natural methods. . Out of 167 who used contraception, 32 users used POP, while condoms by 35 cases, 67 cases used IUCD, DMPA was used by 16 users, Sterilisation by 9 users and 8 of them were natural users.

There were various reasons cited by patients for not practicing contraception, 40 cases were not using contraception as they feared side effects, while 12cases were not aware of birth spacing. In 25 cases husband was not willing for contraception practice, while 12 cases were not aware about need for birth spacing and 36 cases lacked knowledge about contraceptive methods.

Comparing literacy status of contraceptive users and non users it is seen that a significant association is seen between educational status and use of contraception.

Practice of contraception	Literate	illiterate	P value
Yes(n=167)	147	20	< .0001 SIG
No (n=133)	73	60	

In our present study maximum of the cases belonged to age group of 20-25 yrs ,Out of 300 cases 141 of them i.e. 47% belonged to the age group of 20-25 years. This is comparable to the study done by pegu et al¹ and jyotsna et al² where the mean age was 20-30yrs and 23.86yrs respectively. In our study it was 88% of them were aware of one or more contraceptives. This data was similar to a study by pegu et al¹ and rozina Mustafa et al³ where awareness was 87% and 81% respectively. It was also seen that awareness of contraception was more among the literate group and people belonging to urban areas with a statistically significant P value of <0.001 and <0.001 respectively. Regarding information of contraception it was seen that majority of them knew 80% were aware of IUCD, condoms by 70%,POP by 51%,DMPA 40% and sterilisation by 20%. Similar findings was found by deepti et al, tejas wini et al,shreya et al⁴ and rupali et al.⁵

In our present study it was found that only 55.6% of them practiced contraception even though the awareness about contraception was

88%. The main hurdles to practice of contraception was mainly fear of side effects, husband opposition and not aware of contraceptive methods. The findings were in accordance to the findings by Jyotsna et al² and Lavanya et al⁶ where 26% and 29% avoided contraception due to fear of side effects like polymenorrhagia, pain etc. Majority 57% of the cases got their information from health care provider followed by social circle 40% and remaining 19% got their information from mass media. These findings were similar to study by Rupali Atmaram Gaikwad et al⁵ and Pegu et al¹. In our study it was seen that most accepted method of contraception was IUCD used by followed by POP and least used was natural methods. Our results were similar to studies by Rupali et al⁵ and Ghazal Asad et al⁷ where IUCD use was 33.6% and 56.5% respectively.

In this study significant associations were found between awareness, practice between rural and urban dwellers with a significant p value of <0.0001. No significant association was seen between practice of contraception and religion.

CONCLUSION

It is well known that contraception awareness is prevalent among almost all individuals but due to lack of proper counselling and motivation there remains a wide gap between knowledge and practice of contraception. This gap can be narrowed down by intensifying education regarding contraception, upliftment of socioeconomic status and removing myths prevalent about contraceptive side effects. Postpartum family planning if integrated with maternal and child-health services will have a broader cultural acceptance. Limitation of this study was that only a group of patients who sought health care in a tertiary centre were interviewed and hence the findings in this study cannot be generalized to the state or country.

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