



## EFFECT OF COUNSELLING ON WOMEN ATTENDING DEPARTMENT OF OBSTETRICS AND GYNECOLOGY OF PMCH, PATNA REGARDING FAMILY PLANNING METHODS AND ITS ACCEPTANCE

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**ABSTRACT** **Background** -There is a growing need to address the contraceptive use among couples and to increase the access to contraception. Lesser use of family planning methods and high rate of pregnancy is a major factor for population

explosion.

**Study Design** - Prospective study

**Study Area** - Department of obstetrics and gynecology of Patna medical college hospital, Patna,

**Study Period** - 2 year (January 2018 to December 2019)

**Material And Method** -Total of 10,706 women are enrolled and being counselled for contraceptive use. Data regarding the demographic features, educational status, counselling of women about different methods, side effect, the method adopted by them were noted.

**Result**- Total 10,607 women were counselled regarding different contraceptive use. Approx 62.5% women lies in age group 21-30 years. Maximum women found to be literate. Approx 72% women had some information about more than two contraceptive methods, among them 44.2% were presently using contraception, whereas 32.5% never used any contraception and 23.3% had discontinued the use. Approx 28% women had no knowledge about any contraceptive method. Health facility was the most common source of knowledge among 30.5% women, media was also a major source of information to approx 21% women. Accessibility to health care facility was available to 70% women whereas 30% had no accessibility.

Approx 56% women opted for some method of contraception. The most common method was tubal ligation (16.4%). Temporary method of contraception were chosen by 4184 (39.44%) women. Total 1756(16.55%) women opted for permanent method of contraception. Female sterilization is the most preferred method chosen by the women, But If we compare between the temporary contraceptive basket and permanent method then majority of women opted for temporary method (39.4%).educated women preferred spacing methods.

**Conclusion** :- Counselling of couple is a very important part for success of a family planning methods. It will increase the use and acceptance & alleviate the myths prevalent in the society about different contraceptive methods.

**KEYWORDS** : Contraceptive choices, Health facility, Family planning, Acceptance

### INTRODUCTION

Population of our country is 1.336 billion or 136 crores as estimated in 2019 (Ministry of Statistics and programme implementation of India and UN World population prospects 2019). India was the first country in the world to adopt an official population policy and launch official family planning programme in 1952. Family planning as a strategy for population stabilization received attention only after 1971 population census<sup>1</sup>. After the launch of the National Rural Health Mission in 2005, the official family planning programme has been subsumed in the reproductive and child health component of the Mission<sup>2</sup>. By adopting the family planning method will help in achievement of national and global goals, such as Family Planning 2020 and the Sustainable Development<sup>3</sup>. During 2007-08, only about 54 % of the currently married women aged 15-49 years or their husbands were using a contraceptive method to regulate their fertility<sup>4</sup>. The contraceptive prevalence rate appears to have stagnated after 2004<sup>5</sup>.

Family planning has been recognised as one of the most cost effective solutions for achieving gender equality by empowering women with knowledge so that they can take decision about their reproductive choices and choose a proper contraceptive methods<sup>6</sup>. Birth spacing lead to good health for the mother and the child. However, small family norms still remains a distant dream in India.

Incidence of unwanted and unplanned pregnancies are too high in developing countries<sup>7</sup>. It is a women's right to chose a contraceptive method of their own choice. Contraceptive needs changes during the reproductive life. It is important to address specific concerns of women to promote use, acceptance, for contraceptive. Education will improve long term use of contraception and success of a family planning method<sup>8</sup>. It is important to address specific concern of young women to promote contraceptive use and to increase the compliance. So improving the contraceptive counselling is one strong step to prevent unintended pregnancy. Individual belief & socio cultural differences also influences contraceptive use. A comprehensive sexual education is required to overcome these barriers.

Availability and accessibility of contraceptive also plays a measures role in its use and continuation. Counselling is essential to provide information about different types of contraceptive, about the mechanism, efficacy and safety. Understanding the needs of the individual requirement is very important. It helps the Health care

provider to direct the women towards the methods that will best suit her in terms of efficacy, safety and ease of use. Proper evaluation of women's individual reproductive need, medical complications and other health issue should be considered. Wide range of contraceptive options are available. Health care provider should explain about the efficacy, safety, mode of action and side effects of available contraceptive options to the couple. Consideration should also be given to lifestyle issues and patient preferences regarding form and route of administration. Counselling is important to help the couple to choose the most suitable method for them. Improving the contraceptive counselling is one strategy to prevent unintended pregnancy. According to WHO statistic there are an estimated 200 million pregnancies around the world each year, and a third of these, 75 million are unwanted<sup>9</sup>. Outweighing the risk and benefit of contraceptive, it is always better to use contraception than facing pregnancy complication and unsafe abortion.

By proper counselling a health care provider guide the women to choose a methods that will best suit her. There are so many myths prevalent in the society about contraceptive which is a main hindrance in acceptance and continuation of their use. Counselling regarding the side effects and to promote contraceptive continuation and adherence is very important. Detail counselling on side effects is very effective in alleviating women misconception about contraception. During counselling a specific attention has been taken for adolescent in view of providing contraception as well as prevention of sexually transmitted diseases.

Antenatal and postpartum period are the best time for contraceptive counselling, as the women are in direct contact with the health personal. Additional counselling session in pregnancy or postpartum period may increase post partum contraceptive use and decrease the incidence of induced abortion. An elaborate counselling will help a women to improve the ability to plan pregnancy. Women are more motivated to accept contraceptives immediately after childbirth. The sooner the contraceptives are adopted after childbirth, the greater the impact on fertility due to planned pregnancy. This will also save the women from unwanted pregnancy. A women who are more satisfied with their family planning experiences are more likely to use contraception. A true reproductive health care is that all women should have ability to control their fertility with access to reproductive modern contraceptive methods and safe abortion<sup>10</sup>. The impact of

counselling is seen when a new contraceptive is introduced. Information should be given about side effect and correct method of use. Counselling should be an open discussion between the health care provider and the couple..Provider should be nonjudgmental .provide only information and just help a women to plan pregnancies.

**Aim & Objectives –**

To increase contraceptive use and their acceptance by effective counselling of women for better awareness about various family planning methods and to alleviate the related myths regarding different contraceptive options.

**MATERIAL AND METHOD–**

This study was carried out in department of Obstetrics and Gynecology of Patna medical college hospital. This was a prospective study over a period of 2 year from January 2018 to December 2019. Total 10,607 women were enrolled for this study. Informed consent taken from all participants. A questionnaire was made and women were asked about demographic profile education status, any medical illness, previous use of contraceptions side effect and cause of discontinuation. Questions were also asked about the effectiveness of different contraceptive methods and how it affect the ability to become pregnant after discontinuing its use. Doctors,nurses and family planning counsellor helped in filling these forms. Confidentiality of these questionnaire was maintained.

**Inclusion Criteria**

- women in reproductive age group (18-49 years)
- Women coming for antenatal check up and postnatal checkup in outdoor in whom counselling was done for contraceptive use.
- Women coming for institutional delivery to obstetric unit.

**Exclusion Criteria**

- Consent not given and who want to withdraw from the study

**Women Were Explained Regarding Different Types Of Available Methods.**

Counselling of women were done to help them to choose a proper suitable contraceptive as per their reproductive choice. Counselling of women was also done during hospital stay for delivery. The women who are coming to outdoor directly seeking contraceptive advice were also explained about all the available contraceptive choices and side effect. women were asked regarding the demographic features including age, educational level, residential background, socioeconomic status source of ,knowledge about contraception. Contraceptive choices and contraceptive acceptance and reason for not using any contraceptive and discontinuation were noted..Proper evaluation of the women reproductive desires, medical complications and other health concern is also noted. Counselling regarding the side effects and to promote contraceptive continuation and adherence is done.

**Statistical Analysis –**

Demographic parameters were presented in form of total numbers and percentage. IBM SPSS v20 was used for statistical analysis and p Value <0.05 was taken as significant. McNemar Test was applied to check whether the impact of counselling was statistically significant or not.

**RESULT**

Total 10,607 women were enrolled in this study and were counselled regarding different contraceptive use.

**Table 1: Demographic Profile**

Parameters	Total	Percentage(%)
Age(years)		
18-20	1404	13.11%
21-30	6686	62.5%
31-40	2146	20.04%
≥ 40	470	4.39%
Educational status		
None	432	4.07%
Primary	2934	27.66
High school level	6066	57.18%
Graduate	1175	11.07%
Residential background		
Rural	4087	38.17%
urban	6619	61.82%

Approx 62.5% women enrolled in this study lies in age group 21-30 years., 13% in agegroup 18-20 years. . In the present study, maximum women found to be literate with at least high school education level . Approx 61% women belongs to urban area.

**Table 2: Factors Affecting Use Of Contraception.**

Parameters	No. of women (%)	Status of contraception		
		Present user	Not using	Discontinued
Knowledge of contraceptive method				
Yes	7622(72.2%)	3367(44.2 %)	2477(32.5 %)	1778(23.3%)
No	2985 (27.9%)	0	0	0
<b>Source of knowledge</b>				
Health facility (Asha, Anganbadi, paramedical and Medical professional)	2327(30.5%)	930(39.9%)	796(34.2%)	601(25.8%)
Media	1654 (21.7%)	419(25.3%)	713(43.1%)	522(31.5%)
Partner	1104 (14.5%)	445(40.3%)	342(30.9%)	317(28.7%)
Friends	1035(13.9%)	367(35.4%)	438(42.3)	230(22.2%)
Family	938(12.3%)	360(38.3%)	332(35.3%)	246(26.2%)
Other	564(7.39%)	95(16.8%)	365(64.7%)	103(18.2%)
Educational status				
None	432(4.07%)	42(9.7%)	248(57.40 %)	142(32.87%)
Primary	2934(27.66)	671(22.86 %)	1677(57.15 %)	476(16.22%)
High school level	6066(57.18%)	2125(35.03 %)	3246(53.5 %)	695(11.4%)
Graduate	1175(11.07%)	702(59.74 %)	340(28.9%)	133(11.3%)
Residential background				
Rural	4087(38.5%)	1564(38.2 %)	2096(51.2 %)	436(10.6%)
Urban	6619(62.4%)	3121(47.1 %)	2376(35.8 %)	1122(16.9%)
Accessibility to health facility				
Yes	7530(70.33%)	4025(53.45 %)	2644(35.2 %)	863((11.4%)
No	3176(29.66%)	385((12.1%)	2456((77.3 %)	335(10.5%)

Approx 72% women had some information about more than two contraceptive methods, among them 44.2% were presently using contraception, whereas 32.5% never used any contraception and 23.3% had discontinued the use. Approx 28% women had no knowledge about any contraceptive method. Health facility was the most common source of knowledge among 30.5%women, media was also a major source of information to approx 21% women. Other sources of knowledge were partner(14.5%), friend(13.9%) ,family(12.3%). Accessibility to health care facility was available to 70% women whereas 30% had no accessibility.

**Table 3: Reason For Not Using / Discontinuation Of Contraceptive Method**

Factors	Not using	Discontinued the use
Poor accessibility	2437(22.97%)	1267(12.67%)
Lack of knowledge	2274(21.43%)	567 (5.67%)
Health concern ( fear of side effect	1675(15.64%)	1234(11.6%)
Apprehension for future fertility	1363(12.73%)	1564 (14.7%)
Noncooperation of partner	1087(10.15%)	438 (4.12%)

Not staying with partner (infrequent sex)	603(5.63%)	379 (3.5%)
Myths	556(5.19%)	458 (4.31%)
No specific reason	612(5.76%)	321 ((3.02%)

The main reasons for not using any contraceptive methods was poor accessibility in 29.6% and lack of knowledge in 27.9% women. Approx 15.6% women not used any contraceptive because of health concern and fear of side effects and 12.7 % never used it because of apprehension that use of contraceptive will hamper her future fertility. 10% women were not using because of non cooperation of partner whereas approx 5.6% women said that infrequent sex is the main reason. Customs and myths is the reason for nonuse of contraceptive in 5.19%. fear of side effects and apprehension for future fertility are the main reason for discontinuation.

**Table – 4: Counselling Of Women For Contraceptive Methods**

Year	2018	2019	Total
Total no of women coming to outdoor	10746	10738	21484
Counselling during antenatal period and late postnatal period	2440	2383	4823 (45.5%)
Counselling during stay for institutional delivery and immediate postnatal period	2025	1807	3832 (36.1%)
Counselling of women coming directly for contraceptive advice	956	996	1952 (18.4%)
Total no of women counselled	5421	5186	10607
Women ready for using / continuing contraceptive after counselling	3092	2848	5940 (56%)

Total 10,607 women were enrolled in this study and were counselled regarding different contraceptive use. Among those women approx 45% were counselled during their antenatal and postnatal visit to outdoor, other36% were counselled during hospital stay in obstetric unit when they came for institutional delivery. Approx 18% women coming to outdoor directly for contraceptive advice were counselled regarding different available methods. After counselling 56% women were ready to use contraceptive methods and opted for method of their choice, it also included the no of women who are already using some contraceptive and ready to continue the use. In spite of persistent counselling 4467 women were not ready to use any contraceptive and 1168 women were discontinued the use. The McNemar test was applied to see the impact of counselling on acceptance of contraceptive. McNemar test odd ratio was 0.317 with p value being <0.001.

**Table – 5(A) Contraceptive Methods: Temporary**

Temporary contraceptive Methods	No of persons using different method in different years		
	2018	2019	TOTAL
Barrier Methods			
Male Condoms	491	506	997(9.31%)
Oral Contraceptive			
Combined Oral contraceptive	478	425	903(8.43%)
Progesterone only pills	19	22	41(0.38%)
Emergency contraceptive pill	43	34	77(0.71%)
Non Harmonal Contraceptive			
CHHAYA [available from June 2018]	40	101	141(1.31%)
Injectable Contraceptive			
DMPA [available from October 2017]	315	269	584(5.45%)
Intra uterine Devices			
PPIUCD	673	536	1209(11.3%)
Interval IUCD	132	100	232(2.16%)
TOTAL No of IUCD	805	636	1441(13.45%)

Out of 10607 Women 4184 (39.44.42%) had chosen for temporary method of contraception including hormonal and nonhormonal contraceptive pill, injectable contraceptive, intrauterine device, and with their partner involvement by using barrier contraceptive. Barrier method was used by 9.31%. combined oral contraceptive pill were used by 8.43% and progesterone only pill and emergency pill were used by 0.38% and 0.71% respectively.

Intrauterine contraceptive devices were used by 1441 (13.45%) women. It includes the number of women in which PPIUCD (1209) were inserted and 232 women opted for interval IUCD.

**Table – 5(B) Contraceptive Method: Permanent**

Contraceptive methods used	Number of person using contraceptive in different years		
	2018	2019	Total (%)
Postpartum sterilizations	670	690	1360(12.9%)
Female sterilization (interval sterilization)	228	163	391(3.65%)
Total number of female sterilization	901	855	1756(16.40%)
Male sterilizations	15	10	25(0.23%)

Total 1756(16.55%) women opted for permanent method of contraception. Female sterilization is the most preferred method chosen by the women among all available contraceptive option. Male sterilization were minimal with only involvement of 0.23%.

## DISCUSSION –

In present study, the use of contraception was more in literate and educated group. It was easier to explain the advantages and disadvantages of different contraceptive methods among educated group. An article of World Bank stated that educated women were more independent in making decision regarding family planning issues.<sup>11</sup> In a study by Radulovi, couples with higher education level were more efficient in choosing a contraceptive method of their choice.<sup>8</sup> We observed that all the women had access to information regarding contraceptive methods and health persons (like asha and anganbadi) and electronic media played a vital role in spreading awareness for family planning like in a study by Radulovi.<sup>8</sup>

In this study the most common cause of non use of contraception was due to lack of accessibility to health services, lack of knowledge about the different available contraceptive options ,fear of side effects and false belief that it hampers future fertility and health.

Out of 10607 Women approx 40% opted for temporary method of contraception .whereas 16.5% preferred permanent method, and 4642(43.7%) were not ready to use any contraception inspite of counselling. Majority of women have preferred a contraceptive of their choice from the temporary contraceptive basket over permanent method.

Temporary method of contraception were chosen by 4184 (39.44%) women including hormonal and nonhormonal contraceptive pill, injectable contraceptive, intrauterine device, and with their partner involvement by using barrier contraceptive. Total 1756(16.55%) women opted for permanent method of contraception. so female sterilization is the most preferred method chosen by the women among all available contraceptive option in a study by Jayaraman<sup>12</sup>. But If we compare between the temporary contraceptive basket and permanent method then majority of women opted for temporary method (39.4%) in present study. Educated women preferred spacing methods.

Male sterilization were minimal with only involvement of 0.23% in present study. The negligible number of male sterilization was found to be due to false believe that it will make them weak, and will hamper their working capacity. So more male participation should be promoted for further success of family planning methods. Male sterilization accounts for only 3% in a study by Jayaraman<sup>12</sup>.

In the present study approx 56% women opted for some method of contraception. The most common method was tubal ligation accounts for 16.4%. Female sterilization accounts for at least one third of all contraceptive use and a favoured method (37.3%) in a study by Seiberr et al<sup>13</sup>.

## CONCLUSION –

Although the women understands the importance of contraceptive for limiting family size, but still has less contraceptive uses because of Poor education and lack of proper knowledge about contraceptive uses and related myths. lack of partner & family support is an important factor in discontinuing the use. So a proper and elaborate counselling is required to guide them to choose a method which suits them and to resolve their misconceptions about the side effects and myths related with the use of contraceptive. The terminal surgical methods are the most favoured method of contraception in women who have completed their child bearing. Female sterilization dominates all modern method used. In the present study inspite of knowing the importance of contraception for family planning its use is lesser. So counselling got a very important role for the acceptance of family

planning methods. A positive atmosphere between women and health personal which provide privacy to reproductive need had a great effect over contraceptive use and its acceptance.

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