



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

AWARENESS AND ACCEPTANCE OF CONTRACEPTIVE METHODS AMONG POSTPARTUM WOMEN IN A TERTIARY CARE HOSPITAL.

KEY WORDS: Awareness, Acceptance, Knowledge, Practice, Contraceptive Methods

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ABSTRACT

BACKGROUND: According to the 2011 census, India stands the second most populous country in the world. India lags in practicing contraception and limiting their family size. This drastic population growth calls for steps to stabilize India's population. Assessing the awareness and acceptance of contraceptive methods among postpartum women plays a vital role in building a great nation. **AIMS AND OBJECTIVES:** The study aimed to determine the awareness and acceptance of different contraception methods among postpartum women in a tertiary care hospital. **METHODS:** This study is a prospective cross-sectional interview-based study on 200 postpartum women in the department of obstetrics and gynecology, Narayana Medical College and hospital, Nellore. The Study group consists of 200 postpartum women. Postpartum women were selected randomly, fulfilling inclusion and exclusion criteria. **RESULTS:** A total of 60.5% of women were aware of at least one contraceptive methods; whereas, 39.5% of women were unaware of contraceptives. The maximum number of women was aware of female sterilization (88.4%) followed by condoms (83.4%), and the most accepted method by women is Cu-T (43.5%), followed by female sterilization (31.9%). The main reasons for not accepting any one of the contraceptive methods are due to the expectation of a male child (29.7%) followed by fear of side effects (24.3%) **CONCLUSION:** From the study, we concluded that women are aware of contraceptive methods and have the knowledge and positive attitude towards contraceptive methods. But still, women are not practicing contraception. A significant difference is noted between the knowledge and practice of contraception.

INTRODUCTION

Contraception includes all measures, temporary or permanent, designed to prevent pregnancy and promote healthy living among women.

The family planning program was first introduced in India in 1952, but still, India lags in practicing contraception and limiting their family size. The benefits of family planning programs have become increasingly recognized worldwide, including improvement in health, economic status, social outcomes for the woman and their families, and public health and environmental benefit.

Family planning could prevent up to one-third of all maternal deaths by allowing in the delay of motherhood, space births, avoid unintended pregnancies and unsafe abortions, and stop pregnancies when they reached their desired family size.¹

Data analysis from the Demographic and Health Survey (DHS) for various years shows that babies born less than two years or more prone to neonatal mortality when compared to babies born after three years.²

Women with short intervals between pregnancies (less than six months) are at higher risk of maternal mortality, Postpartum hemorrhage, preterm delivery, and anemia. Half of a million women die due to complications related to pregnancy and childbirth in developing countries every year across the world.^{3,4}

In India, there were 68000 maternal deaths in 2008.5 7.7 million child deaths reported worldwide in 2010; around 22% of deaths have occurred in India.⁶⁻⁹

Postpartum women are likely to have an unmet need for family planning methods than women in general. Postpartum and post aborted periods are crucial for a woman as for many patients who belong to rural areas; this may be the only time

she contacts the health personnel. Even though contraceptive usage increased, there exists a KAP-gap, i.e., a gap between the knowledge, attitude, and practices regarding contraception.^{10,11}

This present study depends on the fact that women are receptive to family planning education in postpartum, and they will not return to the hospital for contraception once discharged from the hospital. Hence counseling done at this period is very crucial and useful too.

Assessing the awareness and acceptance of contraceptive methods among postpartum women plays a vital role in building a great nation.

METHODOLOGY

This study is a prospective cross-sectional interview-based study on 200 postpartum women in the department of obstetrics and gynecology Narayana Medical College and hospital, Nellore, from 2018 to 2019.

The Study group consists of 200 postpartum women. Postpartum women were selected randomly, fulfilling inclusion and exclusion criteria.

Inclusion Criteria:

1. Postpartum women within six weeks of delivery seeking contraceptive advice.
2. Women opting for immediate postpartum temporary contraception.
3. Postpartum women are opting for a permanent method of sterilization.
4. Women who agree to sign an informed consent form.

Exclusion Criteria:

1. Women more than six weeks post-delivery.
2. Women who don't agree to sign an informed consent form.

Patients were given pre-decided questions for answering to know their awareness of contraceptive methods.

RESULTS

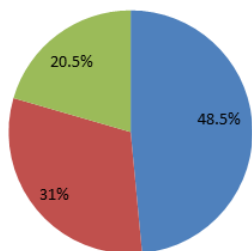
200 Postpartum Women were recruited as the study population.

Age-wise Distribution:

In the present study, among 200 postpartum women, 97 women were in the age group of 15-24 years, i.e., 48.5%. Around 62 women belong to the age group of 25-35 years, i.e., 31.0%, and 41 women belong to more than 35 years, i.e., 20.5%.

Age distribution

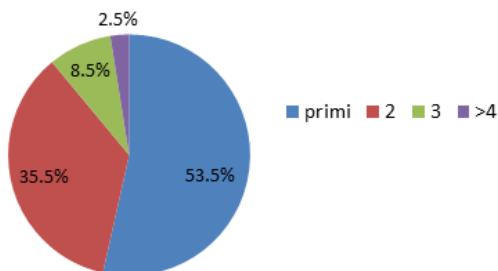
■ 15-24years ■ 25-35years ■ >35years



Parity:

In our study, 107 women are primipara, i.e., 53.5% and 71 women are having two children, i.e., 35.5% & 17 women are having three children, i.e., 8.5% and five women have more than four children, i.e., 2.5%.

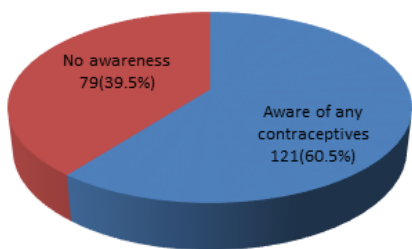
parity



Awareness:

A total of 60.5% of women were aware of at least one contraceptive methods; whereas, 39.5% of women were unaware of contraceptives.

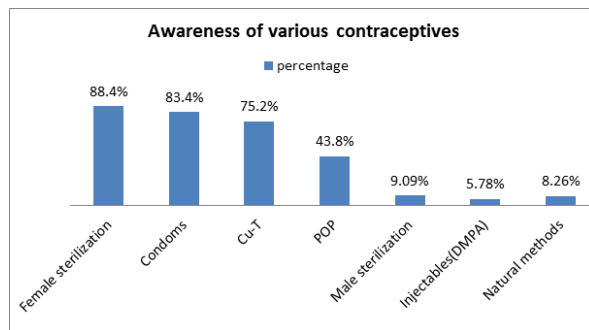
Awareness



Awareness of various contraceptive methods:

Among those 121 postpartum women, the maximum number of women were aware of female sterilization (88.4%) followed by condoms (83.4%) and other the most accepted method by women is Cu-T (43.5%), followed by female sterilization

(31.9%).

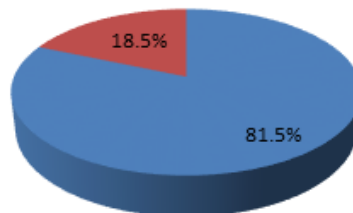


Acceptance:

After thorough counseling, 163 postpartum women accept the contraceptive methods, and 37 not accepted any method.

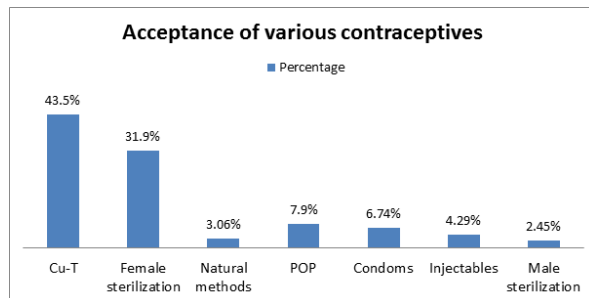
Acceptance

■ Acceptance ■ Non acceptance



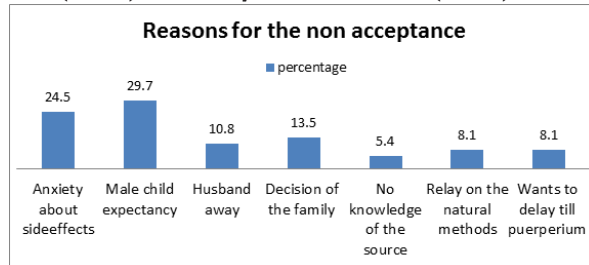
Acceptance of various methods:

Out of 163 women, the most accepted method is Cu-T (43.5%), followed by female sterilization (31.9%) and others.



Non-acceptance reasons:

In those 37 women, the main reasons for not accepting any of the contraceptive methods are due to the expectation of male child (29.7%) followed by fear of side effects (24.3%).



DISCUSSION

Postpartum women are likely to have an unmet need for family planning than other married women in general. Demographic and health surveys (DHS) in 27 developing countries conducted between the years 1993 and 1996 have stated that during the extended postpartum period, up to a year after delivery, most women wished to delay the subsequent pregnancy for 2-3 years or prevent any further pregnancies

altogether.

Women with unmet need for family planning were defined as those who have had a recent delivery, thus presumed to be fecund, and report not wanting any more children or pregnancy at all or wanting to delay the delivery of their next child; but not using any contraceptive method. It has been suggested that such women should adopt any contraceptive method as early as possible after delivery and before the sexual activity. The postpartum women were then educated about the benefits of methods through individual approach, mass approach & group discussions. Educational interventions can help increase the knowledge of contraceptive methods, enabling individuals to make informed decisions and use contraception more effectively.

A lack of knowledge of contraceptive methods and a source of supply, cost, and poor accessibility are barriers in developing countries.

Fear of side effects of contraception is the main reason for not using it other than expecting a male child. It can be reduced by proper selection of contraception before starting its use, and adequate follow up of women using contraception by family planning services.

Particular attention is given regarding the meaning of side effects as perceived by women, which leads to discontinuation of the use of contraception and women educated accordingly.

The present study highlights the need to strengthen IEC activities and Family planning services to be provided in the immediate postpartum period before the discharge of women from the hospital to ensure contraceptive acceptance and its use. It would curb unwanted pregnancies which lead to unsafe abortion and contributes to maternal mortality.

It can be brought about by facilitating access to more information, education, and communication with the immediate postpartum women and improved social and welfare services. The most crucial factor is the regular availability of contraceptives and adequate health care services, even at the peripheral level. Education of masses, upliftment of economic standards, strong political commitment, effective health care system, change in the knowledge, attitude, and practice of contraception constitute essential factors in increasing acceptance and usage of spacing and contraception.

CONCLUSION

From the study, we concluded that women are aware of contraceptive methods and have the knowledge and positive attitude towards contraceptive methods. But still, women are not practicing contraception. A significant difference is noted between the knowledge and practice of contraception.

After delivery, during the immediate postpartum period, maximum women wish for contraception; hence, these women can be served by family planning services before discharge from the hospital to ensure the acceptance of contraceptive practices. It would curb unwanted pregnancies and its future consequences. The use of contraception is not increased by great promotion alone but by proper education. Increasing female literacy is an essential tool for improving contraceptive practices as well as decreasing male child preference.

As ours is a dominant male society, many decisions are taken by the husband and husband's parents regarding the number of children and spacing in between them. So there is a need to educate both husband and wife together. Efforts are needed to educate people about safety, the convenience of modern,

long-term, reversible contraception methods. Proper education of women regarding contraception, development of socio-economic level, adequate health care system, and change in knowledge, attitude, and practice of contraception as a whole constitute essential factors in increasing acceptance of contraception.

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