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Original Research Article

Awareness of contraception in post-partum women in a tertiary care centre

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ABSTRACT

Background: In this modern or scientific era even though women are working equally or one step ahead of men, in family planning decision they are still lagging behind. Postpartum period is very crucial for a woman especially for many of those belonging to the villages as this may be the only time she comes in contact with a health personnel and in a mood to listen health advice. Keeping this in mind, this crucial period was considered as opportunity to test the issue of awareness regarding contraception.
Methods: We conducted a cross-sectional study in the department of obstetrics and gynecology of Govt medical college and hospital, Aurangabad between August 2016 to December 2016. A total 720 post-partum women were interrogated and counselled regarding various methods of contraception.
Results: Only 55.69% were aware about various methods of contraception. Awareness was maximum for Sterilisation (91%) followed by Intrauterine contraceptive device (81%) and Oral contraceptive pills (41%). Women knew about contraception from health care system (45%) and mass media (36%). After counselling 97% patients ready to use.
Conclusions: There is lack of awareness regarding contraception. Contraceptive services are to be strengthened by intergrating with antenatal sevices.

Keywords: Awareness, Contraception, Postpartum women

INTRODUCTION

Contraceptive use during postpartum period is critical for maternal and child health. Family planning can avert more than 30% of maternal deaths and 10% of child mortality if couples spaced their pregnancies more than two years apart. India was the first country in the world to launch the Family Planning Programme in 1951.

Despite this fact, India still lags behind in practicing contraception and limiting their family size. The ability of women to control their own fertility is absolutely fundamental to women's empowerment and equality.

The postpartum period is an important time to initiate contraception because women are accessing the health-care system and might have increased motivation to avoid another pregnancy, writes Naomi K. Tepper, MD, from the division of reproductive health, national centre for chronic disease prevention and health promotion, CDC, and colleagues. "Ovulation can occur as early as 25 days postpartum among non-breastfeeding women, underscoring the importance of initiating contraception in the very early postpartum period".[1] The dynamics of contraceptive use among women in extended postpartum period, i.e. one year period after the birth of child, is of interest at the family planning programme level, since

delay of use until the return of menstruation might subject women to the risk of unwanted pregnancy.

Despite the fact that contraceptive usage has increased over a period of time, there exists a KAP-gap i.e. a gap between the knowledge, attitude and practices regarding contraception.[2,3] An increase in contraceptive use during the postpartum period substantially reduces the rates of maternal and infant mortality by preventing unplanned and unwanted pregnancies, and spacing new pregnancies to at least two years after the previous birth.[4] Furthermore, the largest proportion of women with an unmet need for contraception is found among those in their first year after childbirth.[5] Thus in India, the higher proportion of unplanned pregnancies might be due to short birth intervals. In this context, the postpartum period is particularly important for initiating contraception to space births in a healthy manner.

In order to reduce the risk of adverse maternal, perinatal and infant outcomes, WHO (2006) recommended that the interval between a live birth and an attempt to the next pregnancy should be 24 months.[6] Also Demographic and Health Survey (DHS) data analysis from 17 developing countries found that the risk of the newborn and infant dying decreases with increasing birth interval lengths up to 36 months.[7] In addition, short birth intervals (<24 months) also have a potential effect on the increased risk of maternal death and complications of pregnancies.[8]

The present study was carried out in light of above facts with the aim to study contraception awareness of post natal women regarding family planning methods.

Present study was undertaken to assess the knowledge about contraception in post-partum women in a tertiary care centre – Govt medical college and hospital, Aurangabad, Maharashtra, India.

METHODS

A cross sectional, observational, hospital based study was conducted on 720 postnatal, post cesarean and post abortal women at the department of obstetrics and gynecology of Govt medical college and hospital, Aurangabad between August 2016 to December 2016. Govt medical college and hospital, Aurangabad is a tertiary care hospital in Marathwada region of Maharashtra. Sample size was calculated using the formula $N=4pq/l^2$.

A total of 720 post-partum women were enrolled in the study. The women were interrogated on a pre-tested pre structured questionnaire. The domains of questionnaire included demographic data like age, education and occupation of both the partners, parity etc., data on awareness about the various methods of contraception, their source of information, Ethical requirements of informed consent and confidentiality were ensured. Both willing and unwilling cases were given routine postnatal care.

Their knowledge about the awareness of contraception and the various methods was assessed. The woman aware of at least one spacing method including its correct usage was considered to be knowledgeable or aware. Women recently delivered with their babies roomed in were included in the study after obtaining informed consent. Women where the pregnancy outcome was still births or neonatal death, women with postpartum complications, women who have undergone postpartum sterilization or are subjecting themselves to sterilization operation were excluded. They were counselled about various contraception methods available and allowed to choose a method of their choice for contraception. Post-counselling which method of contraception preferred was studied to know the most common method of contraception chosen.

Statistical analysis

Data was entered in Microsoft excel and SPSS version - 15 was used for the statistical analysis.

RESULTS

Socio-demographic profile of study participants revealed that maximum (59.02%) belonged to the age group 25-34yrs.

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

Characteristics		n=720	%
Age in years	18-24	238	33.05
	25-34	425	59.02
	35-44	57	7.9
Parity	One live issue	295	40.9
	More than one live issue	425	59.1
Socio-economic class*	Upper (I)	79	10.9
	Upper middle (II)	235	32.6
	lower middle (III)	341	47.4
	upper lower (IV)	56	7.8
	Lower (V)	9	1.3
Education	Profession or honours	0	0
	Graduate or post graduate	22	3.12
	Intermediate or post high school diploma	47	6.56
	High school certificate	163	22.63
	Middle school certificate	194	27.5
	Primary school certificate	172	24.38
	Illiterate	122	17.18
Occupation	Housewife	597	83
	Employed	123	17

*Socioeconomic class according to Modified Kuppuswamy classification.

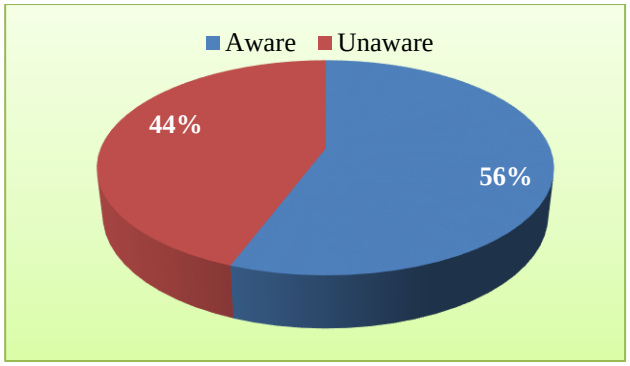

Figure 1: Awareness regarding contraception.

There were 59.1% women with parity more than 1. Approximately 83.82% were literate out of which 27.5% were educated upto middle school, 24.3% upto primary school, 22.6% upto High school, only 6.5% upto post high school diploma n 3.1% post graduate.

Maximum 83% were house wifes only 17% were employed, 47.4% belonging to lower middle class and 9.1% below lower middle class based on modified Kuppuswamy scale.

Among the 720 women enrolled in the study, only 55.69% were aware about various methods of contraception, statistically significant association of awareness of contraception was observed in high education level and upper socioeconomic status of the women.

75% of women with education upto high school and above found to be aware of contraception, while only 14% awareness in illiterate women.

Table 2: Association of sociodemographic factors with awareness level.

Sociodemographic factor	Aware	Unaware	Total Number	P value
Parity				
One live issue	141 (47.88%)	154	295	
More than one live issue	260 (61.17%)	165	425	0.0003790
	401	319	720	
Education				
High school certificate and above	174 (75%)	48	232	<0.0000001
Middle school certificate	109 (56.18%)	85	194	
Primary school certificate	90 (52.32%)	82	172	
Illiterate	18 (14.75%)	104	122	
	401	319	720	
Social class				
Upper (I)	78 (96%)	1	79	<0.0000001
Upper middle (II)	172 (73.3%)	63	235	
Middle/lower middle (III)	215 (63.3%)	126	341	
Lower/upper lower (IV)	31 (55.5%)	25	56	
Lower (V)	2 (22.2%)	7	9	
	401	319	720	
Occupation				
Housewife	287 (48.07%)	310	597	
Employed	114 (93.3%)	9	123	<0.0000001
	401	319		

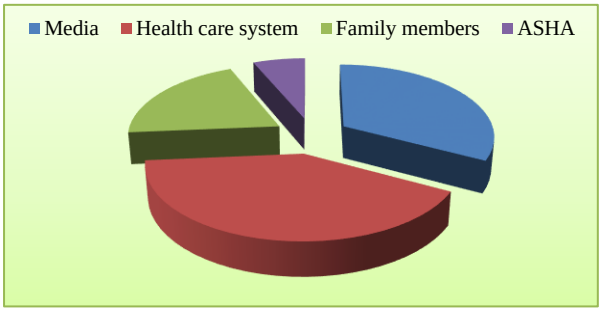

Figure 2: Source of knowledge.

Around 36% women knew about contraception from different Media, 45% from health care system (7% knew from ASHA workers), 22% from family members.

Among the aware participants about contraception (n = 401), 91% maximum were aware about sterilization, IUCD was known to 81%, barrier method to 86%, oral contraceptive pills to 51%, lactational amenorrhea to 1%, DepoProvera to 46.5 %. Around 28% participants knew more than one contraceptive methods and safe method was known to 2.5%.

Table 3: Distribution of various methods of contraception among aware participants.

Method of contraception	n=401 (%)
IUCD	325 (81%)
Barrier method	345 (86%)
Oral contraception pills (POP)	205 (51%)
DMPA	184 (46.5%)
Lactational amenorrhea	4 (1%)
Safe method	4 (2.7%)
Sterilization	655 (91%)
More than 1 contraception	113 (28%)

After counselling and after giving cafeteria approach, 95.2% women were willing to use contraception. Choices preferred were IUCD in 33.6%, barrier method in 25%, DepoProvera in 21.6%, progesterone pills in 7.2%. However, 4.8% women did not want any method.

Table 4: Distribution according to post counselling choice of contraception.

Method of contraception	n (%)
IUCD	231 (33.6%)
Barrier method	148 (21.6%)
Oral contraception pills (POP)	52 (7.2%)
DMPA	148 (21.6%)
Sterilisation	108(15%)
No method	33 (4.8%)

DISCUSSION

Among the 720 women enrolled in our study 55.69% were aware about various methods of contraception compared to 69% from Thapa S et al and 70% Sharma J et al.[9,10]

In present study, the higher educational status of the women and Upper socioeconomic class were significant predictors of higher level of knowledge about spacing contraception. Association of higher education status with knowledge of spacing contraception has been observed by other Hayat etal and Patro BK etal in their studies.[11,12] Among the aware women, IUCD was known to 81%, sterilization to 91%, Oral contraceptive pills to 30%, barrier method to 42%, lactational amenorrhea to 1%, Depo-Provera to 17% and safe method was known to 1%. Kaushal SK et al showed awareness around 92.5% for IUCD, 97.1% for pills OC, 8.6% for DMPA.[13] Brahm et al observed 76% for barrier,53% for IUCD,63% for O. C. pills.[14]

In present study, main source of information was noted o be health care system (45%) and mass media (36%), family members (22%) and ASHA (7%) which is in contrast to Hayat et al where, media was found to be the most common source of information.[11]

After Post-partum contraception counseling 92% women were willing to use contraception. Choices preferred were 33.6% opted for IUCD, 20% for barrier method, 26.5% Depo-Provera, Progesterone pills - 10%, barrier method - 20%, lactational amenorrhea - 3.9% and safe method - 3%. However, 3% patients chose abstinence.

Another study on contraceptive use among married women in a slum in Mumbai by Makade KG stated 87.7% of women were aware of at least one method of contraception. 68.4% women were using a contraceptive at the time of study. Out of 342 women, 87.71% were aware about Oral Contraceptive Pills (OCP) and Cu-T, followed by female sterilization and condoms which was known to 80.4% and 77.5% women respectively.[16]

In present study knowledge about contraception based on education and on socioeconomic status shows significant statstical association.

Significant association between contraceptive acceptance and type of family, socioeconomic status and education was observed in a study conducted among women of reproductive age in rural Maharasthra.[15] Similar findings have been reported by other Indian studies.[11,12] In a study conducted in Mexico, women who received family planning advice during prenatal care were more likely to use a contraceptive than were those who did not receive such advice.[17]

CONCLUSION

Thus, in conclusion, there is lack of awareness of contraception in post-partum women. Our study reveals that education level and socioeconomic status are the major limiting factors in accepting family planning methods. There is a need for proper promotion of spacing methods by policy makers and field workers and motivation of couples to accept them.

The present study recommends to strengthen IEC activities and Family planning services to be provided in Antenatal counselling specially in presence of husband for making decision of contraception in post-partum period and implementing it in immediate post-partum period before discharge of women from the hospital so as ensure the contraceptive acceptance and its use among them.

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