

## Research Article



## To Determine Awareness Knowledge and Acceptability of Family Planning Methods in Postpartum Women in Tertiary Care Centre

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### ABSTRACT

Contraceptives unlock one of the most dormant, but potentially powerful assets in the development of women as the decision-maker. When women have the power to make choices about their families, they tend to decide precisely what demographers, economists and development experts recommend. They invest in the long-term human capital of their families.... Melinda Gates. India is the second most populous country in the world. There has been an increase in contraceptive prevalence and a reduction in total fertility rate since the launch of National Family Welfare Program in 1951. For better results, contraceptive use should start right from the postpartum period. Keeping it in mind, the study was conducted to determine the knowledge, attitude and practice of contraception among the postpartum women. It was prospective and observational study in the department of obstetrics and gynecology of Government medical college and hospital, Kota between 1 July 2020 to 31 December 2020. Study was conducted on 4480 postpartum women who delivered in this institution and came for follow-up. Women were interrogated and counselled regarding various methods of contraception using a preformed questionnaire. Their knowledge and attitude about contraception were assessed. Only 60.04% women were aware about various methods of contraception. This awareness increased with increasing education, parity and better socioeconomic class. Awareness was maximum for Sterilization (90%) followed by barrier method (80%) and intrauterine contraceptive device (76%). Health care system (43.86%) and media communication (34.57%) was most common source of awareness. After counselling 81.02% women had accepted contraceptive method. The main reason for non acceptance of contraception was desire of more children. Contraceptive services can be strengthened by incorporating with antenatal services and providing post-partum contraceptive counseling.

**Keywords:** Knowledge, Awareness, Contraception, Postpartum women, Counseling, Acceptance.

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### INTRODUCTION

India is the second most populous country in the world after China<sup>2</sup>. The causes of increase population are poor family planning practices, reduced mortality rates and availability of good medical services.

The recently released survey data from National Family Health Survey – NFHS 5 (2019-20) for 17 states and five union territories (UTs) offers a silver lining. Still there are areas of concern that need attention. For instance, a disproportionate burden for use of modern methods of contraception continues to fall on Indian women. Of all modern methods, female sterilization is the most used method (75.3 per cent) followed by Condoms (11.7 per cent) and Pills (8.6 per cent). So even as we celebrate

India's progress towards achieving population stabilization, we must continue to plug implementation gaps in the country's family planning program. India must remain focused on delivering high quality family planning services to those who need it, adolescent, reproductive age group population and postpartum women. This would include expanding the basket of contraceptive choices, especially Long Acting Reversible Contraceptives (LARC), which are critical in view of our large population of adolescents and youth. The present study was carried out with the aim to study contraception awareness of postnatal women. The postpartum period plays a very important role in initiating contraception. Women attend the health care system for delivery and are highly motivated at this period to avoid another pregnancy<sup>3</sup>. The most important population having unmet need for contraception is the postpartum women within one year of childbirth<sup>4</sup>.

### MATERIALS AND METHODS

A total of 5598 postpartum women were enrolled out of which 1118 were lost to follow up so only 4480 women were finally enrolled. A prospective observational type study was conducted on 4480 post-partum women who



delivered between 1 July 2020 to 31 December 2020 in the department of obstetrics and gynecology Govt. Medical College Kota. Both vaginal and cesarean delivered women who came for follow-up and were within 42 days of their postpartum period were included. The study was conducted using a preformed questionnaire with an attempt to understand the knowledge, awareness and attitude towards contraception after obtaining their informed consent. Women where the pregnancy outcome was still births or neonatal death, women with postpartum complications, women who have refused for follow up were excluded. They were counselled about various contraception methods available and allowed to choose a method of their choice. The list of questionnaire included demographic data like age, religion, residential area, education and occupation of both the partners, parity etc., data on awareness about the various methods of contraception, their source of information. All women, both participants as well as non-participants offered health education, regarding contraceptive methods and referral services. Post counselling which method of contraception preferred was studied to know the most common method of contraception chosen.

## RESULTS

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

		Total no.	(%)	
1.	Age in years	18-20	350	7.81
		21-25	1960	43.75
		26-30	800	17.35
		30-35	1235	27.56
		>35	135	3.01
			4480	
2.	Residence	Rural	3120	69.64
		Urban	1360	30.36
			4480	
3.	Parity	P1	2060	46
		Multiparous	2420	54
			4480	
4.	Socioeconomic classes	Upper	170	3.82
		Upper middle	575	12.92
		Lower middle	840	18.75
		Upper lower	1230	27.45
		Lower	1665	37.16
			4480	
5.	Religion	Hindus	3140	70.10
		Muslims	1250	27.90
		Others	90	2.00
			4480	
6.	Education	Uneducated	850	18.97
		Up to 8 class	1810	40.40
		10 <sup>th</sup> pass	1230	27.45
		12 <sup>th</sup> pass	410	9.15

		Graduates and Postgraduates	180	4.01
			4480	
7.	Occupation	Housewife	3760	83.93
		Working	720	16.07
			4480	

Table 1 depicts the distribution of women according to Socio-demographic profile. It revealed that maximum (61.10%) belonged to the age group 21-30yrs and least belonged to age > 35 years. 69.64% of women were residing in rural areas and 54% were multifarious.

37.16% women were of lower class and 27.45% were of upper lower class based on modified Kuppuswamy scale. Most of the women (71.10%) were Hindu. Majority 81.03% were literate, out of which 40.40% were educated up to 8<sup>th</sup> class and 27.45% upto 10<sup>th</sup> class. Majority 83.93% were house wives. Only 16.07% were employed.

**Table 2:** Association of sociodemographic factors with awareness level:

		Aware (%)		Unaware	
1.	Age in years	18-20	110	31.42	240
		21-25	870	44.38	1090
		26-30	600	75.00	200
		30-35	990	80.16	245
		>35	120	88.89	15
			2690		
2.	Residence	Rural	1750	56.08	1370
		Urban	940	69.11	420
			2690		
3.	Parity	P1	1190	57.76	870
		Multiparty	1500	61.98	920
			2690		
4.	Socioeconomic classes	Upper	160	94.11	10
		Upper middle	440	76.52	135
		Lower middle	600	71.42	240
		Upper lower	830	67.47	400
		Lower	660	39.63	1005
			2690		
5.	Religion	Hindus	1920	61.14	1220
		Muslims	700	56.00	550
		Others	70	77.78	20
			2690		
6.	Education	Uneducated	275	32.35	575
		Up to 8 class	979	54.08	831
		10 <sup>th</sup> pass	910	73.98	320
		12 <sup>th</sup> pass	360	87.80	50
		Graduates and Postgraduates	166	92.22	14
			2690		
7.	Occupation	Housewife	2100	55.85	1660
		Working	590	81.94	130
			2690		



Table 2 shows that only 60.04% (2690) of women were aware about various methods of contraception. Awareness about contraceptive methods was more in women of > 35 years of age (88.89%), urban women (69.11%), multiparous (61.98%), belonging to upper socioeconomic status, Hindu women (61.14%) and women educated upto high school (73.98%).

**Table 3:** Source of knowledge in aware:

Source	No.	%
Health care system	1180	43.86
Media communication	930	34.57
Family members	580	21.56
Total	2690	

Table 3 shows Most common source of knowledge in aware women was health care system (43.86%) and least common was through family members (21.56%).

**Table 4:** Known method among aware:

Method	Type of method	No.	%
Single method	Barrier method	2152	80.0
	OCP (POP)	1560	58.0
	IUCD	2044	76.0
	DMPA	1292	48.0
	Lactational amenorrhoea	215	8.0
	Sterilization	2421	90.0
More than one method		1450	53.90

Table 4: Among aware women most common known method of contraception was Female sterilization (90.0%) followed by barrier method (80.0%) and IUCD (76.0%). 53.90% of women were aware for more than one method.

**Table 5:** Willingness to use Contraception after post-counseling:

Willingness	No.	%
Yes	3630	81.02
No	850	18.98
Total	4480	

Table no. 5 showing 81.02% women showed Willingness to use Contraception after counselling.

**Table 6:** Reason for non - acceptance:

Reason	No.	%
Non specific	129	15.17
Afraid of side effect	51	6.0
Opposition of family/Husband	110	12.94
Lack of knowledge/Access	144	16.94
Wants more children	416	48.94
Total	850	

Table 6 shows Desire of more children was most common reason (48.94%) for non-acceptance of contraception.

**Table 7:** Distribution of preferred contraception in post-counseling willing user:

Method	No.	%
Barrier	1343	36.99
OCP (POP)	580	15.98
IUCD	1037	28.56
DMPA	92	2.53
Female sterilization	558	15.37
	3630	

Table 7 shows Post counselling and after giving cafeteria approach, 81.02% women were willing to use contraception. Choice preference was barrier method in 36.99%, IUCD in 28.56%, Depo-Provera in 2.53%, progesterone pills in 15.98% and female sterilization in 15.37%.

## DISCUSSION

This was a prospective and observational study aimed to find out acceptance and awareness of contraceptive methods among postpartum women in a tertiary care center J.K. Lon, Govt. medical college Kota. Among the enrolled women in our study 60.04% were aware about various methods of contraception compared to 55.69% in Gaikwad RA et al<sup>5</sup>, 69% in Thapa S et al<sup>6</sup> and 70% in Sharma J et al<sup>7</sup>.

In present study (table no. 1,2) we observed that majority of postpartum women were of 21-25 years of age (43.75%) which were similar to the study of Nair A et al<sup>8</sup> (48%). The findings of the present study suggest that rural (69.64%) and uneducated women are still lagging behind in postpartum contraceptive uses. Similar findings were seen in study of Bajracharya A. et al<sup>9</sup>, Nair A et al<sup>8</sup> and Charusheela Kashyap et al<sup>10</sup>. Our study had more multiparous (54%) postpartum women than primiparous.

Most of our postpartum women (40.40%) had passed 8<sup>th</sup> standard similar results obtained by other studies Singh A et al<sup>11</sup> and Sharma J et al<sup>7</sup>. Most of study population belongs to Hindu community (70.10%), upper lower and lower socioeconomic classes (64.61%). In present study most of women were housewives (82.92%). Our study revealed that knowledge regarding contraception increased with increasing education of women, parity and better socioeconomic standards. Other studies showed comparable results<sup>12-15</sup>. 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 et al<sup>16</sup> and Patro BK et al<sup>17</sup> in their studies. In our study (table no. 3) among 2690 aware women source of contraceptive information was health care system in 43.86%, mass media (34.57%), family

members and other sources were (21.56%) respectively. Similar results were found by Nair A et al<sup>8</sup> and Gaikwad RA et al<sup>5</sup>, whereas Hayat et al<sup>16</sup> and Bajracharya A et al<sup>9</sup> study media was found to be the most common source of information.

Awareness about barrier methods (Table no. 4), OCPs IUCDs, female sterilization were 80%, 58%, 76% and 90% respectively which is similar to the study by Bajracharya A et al<sup>9</sup>. More than one methods was known to 53.90% of women which was similar to Nair A et al<sup>8</sup> (59.17%) study.

In our study (table no. 5) after post-partum contraception counseling 81.02% women were willing to use contraception, 18.98% had no response or neutral attitude. Similar results were obtained in study of Gaikwad RA et al<sup>5</sup>.

Table no. 6 shows reasons for non-acceptance (18.98%) to use contraception after counseling. Majority (48.94%) wants more children. Both the contraceptive awareness and postpartum acceptance of family planning methods showed a positive correlation with the number of live children. The main reasons for non-acceptance were expectation of a male child similar to few other studies of Delhi, Chandigarh etc.<sup>18,19</sup>

Our study shows (table no. 7) that post counseling 81.02% women were willing to use contraception, choice preference 36.99% opted for barrier method, 28.56% for IUCD, 2.53% Depo-Provera, 15.98% for Progesterone pills 1and female sterilization in 15.37% cases. Similar results were obtained in study by Gaikwad RA et al<sup>5</sup> and Makade KG et al<sup>20</sup>. Other studies showed an increased inclination towards contraceptive use following postpartum counseling.<sup>21</sup>

## CONCLUSION

Effective contraception benefits both mothers and children by decreasing morbidity and mortality, improving the social and economic status of women and improving the relationship of mother with her children. 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. Counselling during antenatal and postnatal period can go a long way in improving the acceptance. This can be brought about by facilitating the access to more information, education and communication with the immediate postpartum women and improved social and welfare services, education of masses, upliftment of economic standards, strong political commitment, effective health care system. Change in the knowledge, attitude and practice of contraception as a whole constitute important factors in increasing acceptance and usage of spacing and contraception.

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