pISSN 2320-1770 | eISSN 2320-1789

DOI: http://dx.doi.org/10.18203/2320-1770.ijrcog20151626

# **Research Article**

# Awareness and acceptance of contraceptive methods among post-partum patients

# Arti Patel, Charmi Pawani\*, Rushi Patel

Department of Obstetrics & Gynaecology, SCL Hospital, Smt NHL Municipal Medical College, Ahmedabad, India

Received: 15 October 2015 Accepted: 15 December 2015

\*Correspondence: Dr. Charmi Pawani,

E-mail: charmi.pawani@gmail.com

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

# **ABSTRACT**

**Background:** India is the second most populous country in the world and in the next few decades it will cross china if it keeps on increasing by this exponential growth. India was the first country in the world to launch the family planning program in 1951. Despite this fact India still lags behind in practicing contraception and limiting their family size. Even though various measures for encouraging the usage of contraception have been taken up, the achievement in this field was not up to the expectation due to various social and cultural factors. The aim of our study is to (1) Estimate the prevalence of awareness for various contraceptive methods among post-partum patients and (2) To estimate the usage of contraceptive methods among post-partum patients and evaluate the various factors affecting the same.

**Methods:** A prospective cross sectional interview based study was conducted in the department of obstetrics & gynecology, Smt. SCL general hospital, Smt. NHL municipal medical college, Ahmedabad, India. Data was collected from July 2013 to July 2015 randomly and analyzed. The women were counseled regarding post-partum contraception after assessment of their knowledge and practice. The interview included information on age, race and religion, occupation, educational status of the female as well as the husband, number of children, knowledge regarding various contraceptive methods, the source of knowledge, their attitude, the reasons for usage and non-acceptance of various contraceptive practices.

**Results:** Total numbers of deliveries were up to 11250. Out of the total 7110 (63.2%) of the females were aware of one or more methods of contraception but the number of women practicing contraception was very low which accounted to only 1067 (15%). Acceptance of contraception was significantly associated with the female and her husband's attitude, influence of family members, education status and socio economic status. Most of the women belonged to the age group of 22 to 25 years out of which 4725 (42%) were literate and only 788(7%) had education level above high school. Media including television and radio were the main source of contraceptive knowledge. The main reasons for non-acceptance of contraception was desire for more children especially a son due to family pressure followed by other reasons like fear of using devices, other associated myths, misconceptions and religious beliefs and customs.

**Conclusions:** In our study the awareness of contraception accounted to 63.2% but the acceptance of contraception was only 15% and was significantly affected by the educational status of the couple and the usage of the antenatal and postnatal services available. Providing effective, high quality antenatal and post-partum contraceptive counseling can reduce not only unintended pregnancies but also induced abortions and decrease maternal morbidity and mortality as a whole. In order to improve the situations, health authorities should be encouraged to provide counseling on post-partum contraceptive methods during antenatal and immediate post-partum period on a wider scale.

Keywords: Post-partum, Counseling, Contraceptives, Awareness, Acceptance

## INTRODUCTION

In this modern health era where women have reached space, there still are females on other side of the world who are fighting for their primitive rights i.e. Health, because every women has the right to protect her own health especially reproductive health, for this the women has to become economically independent. India was the first country in the world to formulate the national family planning programme in the year 1952. Since its implementation, though fertility has shown some decline in India in recent years, contraceptive use remains low. The last decade has seen India's population growth by 17.64%. This calls for steps to stabilize India's population. Evidence shows that closely spaced pregnancies pose health risks to mother and new born.<sup>2</sup> Family planning could prevent up to one-third of all maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and unsafe abortions and stop child bearing when they have reached their desired family size.<sup>3</sup> Contraceptive use during post-partum period is critical for maternal and child health. Despite the fact that contraception awareness has increased over a period of time, there exists a kap gap i.e. A gap between the knowledge, attitude and practices regarding contraception.<sup>4,5</sup> Many reasons like unsatisfactory services, lack of information, fears about contraceptive side effects, non-support from spouses and family etc. are cited as reasons for ignorance of contraceptives in post-partum period. The immediate puerperium presents an ideal and important opportunity to initiate effective contraception. Newly parturient mothers are primarily concerned with their own and newborn's health. In addition they were aware of diminished risk of pregnancy during this period. Integrating IUCD insertion with delivery services optimizes opportunities for women to obtain an appropriate long term, reversible family planning method before returning home. Also it is seen that women are highly motivated and receptive to accept family planning methods during this phase and this is the best time when a women is in contact with the health care facility. Therefore this immediate post-partum period is the most crucial as it even ensures availability of husband who is the major decision maker in most of the cases. The non-acceptance may be due to various reasons like illiteracy, fear of complications, religious beliefs etc. Various studies have been conducted in this field to know the determinants of contraceptive use and causes for nonacceptance of contraception, as the acceptance of contraceptives and fertility pattern differs in the societies and the factors responsible for varied picture operate at individual, family and community level. Keeping all these facts in view, this study is planned to know the awareness, acceptance and practices of contraceptive methods.

# **METHODS**

A prospective cross sectional interview based study was conducted in the department of obstetrics & gynecology,

Smt. SCL general hospital, NHL municipal medical college, Ahmedabad, India. Data was collected from July 2013 to July 2015 randomly and analyzed. The women were counseled regarding post-partum contraception after assessment of their knowledge and practice. A pre tested structured questionnaire was used for data collection. A total of 2250 mothers were interviewed. The proforma included the socio-demographic profile of the family, age, caste, income, education, type of family, occupation and post-partum contraceptive prevalence, awareness, source of information and reasons for not using any methods.

#### RESULTS

In our study total number of women who have delivered from July 2013 to July 2015 accounted to 11250, out of which 7110 were aware of one or more methods of contraception, which shows a prevalence of 0.6% among the awareness. But the main problem lies in the acceptance, the number of females practicing contraceptive methods were 1067 of the total, which shows 0.09% prevalence.

Table 1: Study of age.

Age in years	No. of patients	Percentage (%)
18-21	3487	31%
22-25	5062	45%
26-30	2138	19%
30-35	338	3%
Above 35	225	2%

The mean age of females was 25.6±3.2 years. The age of the females ranged from 18 to 40 years, majority of them were between 21 and 30 years of age. With increasing age the knowledge and usage of contraception increased. as shown in Table 1.

**Table 2: Educational status.** 

Type of education	No. of patients	Percentage (%)
Primary school	2925	26%
Mid and high school	1012	9%
College	563	5%
Graduate	225	2%

There was a significant difference in awareness of family planning methods in the illiterate group as compared to the literate group. 4725(42%) of the females interviewed were literate, out of which 4700 had the knowledge of one or more contraception, 788 females had high education and belonged to rural areas, acceptance level was seen more in these females, even the husbands of this females had similar level of education and had shown positive acceptance. 6525 (58) % females were illiterate

and belonged to low socio-economic class, out of which 3113 females were aware about the contraceptive methods as shown in Table 2.

Table 3: Source of knowledge.

Source	No. of patients	Percentage (%)
Media- TV and radio	3911	55%
ANM/ health workers	854	12%
Hospital/ doctors	355	5%
Neighbours/relative	1990	28%

Television and radio were the main source of information for family planning methods in our study which accounted to 55%, followed by neighbours and relatives which accounted for 28%. Women who owned either a television or radio had greater odds of utilizing family planning methods than those who did not as shown in Table 3.

Most of the females who were aware of family planning methods had the knowledge of tubal ligation(100%) but practice rate was only 2%, condoms(92%) having practice rate 4%, IUDs (83%) having practice rate 3% and awareness about injectable (43%) and oral pills (20%) were low as shown in Table 4. No of females who were aware contraceptive methods 7110 (63.2%) and No.of females from our study who used contraception methods were 1067 (15%).

Table 4: Knowledge and practices of various contraceptive methods.

Method	Knowledge (%)	Acceptance	Practice (%)
Tubal ligation	100%	225	2%
Cu-T	83%	338	3%
Condom	92%	450	4%
Injectable	43%	675	6%
Oral pills	20%	Nil	-

Table 5: Reasons for non-usage of contraceptive methods.

Reasons	No. of patients	Percentage (%)
Family pressure	3142	52%
Fear, misconception and myths	966	16%
Think children as god's gift	1329	22%
Think MTP as one of the methods of contraception	242	4%
Religion/ customs	364	6%

52% of the females had family pressure as a reason for non-acceptance of contraception, which mainly included desire for a male child. This shows that counselling sessions of the family as a whole is to be done to bring about acceptance. In the rest of the females, religious beliefs and customs played a major role in having a negative impact over contraceptive use as shown in Table 5.

#### DISCUSSION

In present series, majority of the women i.e. 63.2% had heard of one of the modern contraceptive methods included in our study. Though the knowledge of methods of contraception was wide among these women but the actual use of contraception was found to be very low which accounted to around 15%, while the rest never used them, in spite of major efforts taken by the medical and paramedical professionals under family planning activities. The rest of the 15% of these women were neither aware nor used any of the contraceptive methods. This study shows that only 42% of the women were literate and majority belonged to the age group of 22-35 years. With advancing age use of contraceptives increased. It was observed that literacy and high socioeconomic status influenced the contraceptive usage i.e. The females who had attended high school or had done graduation were had shown increased willingness for acceptance of contraception, husbands of these females also had higher level of education and were co-operative in the decision taken by the females, but this accounted to only 7% of the literate lot. 58% of the females were illiterate and showed lower acceptance of contraception. The major part of the respondents in our study belonged to urban areas. We believe that low socio-economic status, illiteracy and husband being the decision maker among the respondents in our study were the major factors responsible for low family planning awareness. This highlights the urgent need to further strengthen the family planning services to impregnate this group of population. There was satisfactory awareness of both the temporary and permanent methods of contraception but the acceptance inclined more towards usage of temporary methods i.e. condoms followed by other methods like PPIUCD and hormonal methods. There was 100% awareness of permanent sterilization (tubectomy) but the acceptance was the least. Method of tubal ligation was accepted by only few females having high parity, which would have completed their family which accounted for only 2%. Females having 1 or 2 children preferred using temporary method of contraception. Practice of PPIUCD accounted to 3% which required immediate strong postpartum counseling. Condoms were the highest used temporary methods because of least side effects. Awareness of injectable is the least but the acceptance is the highest because of their usage convenience and positive results. The contraception acceptance showed rising trend with rising age, educational status which included high school education and graduates, higher socio-economic status and working women.<sup>7</sup>

Among the educated mass from the study there was a changing trend seen in the methods previously used and now accepted. Percentage of condom and pill users have been declining and there is increasing acceptance trend towards IUD and injectable. The explanation to this change was that women wanted non dependence on husband as well as reliable, long term method with no stress of daily pills. Almost 3/4th of the contraceptive acceptors selected temporary spacing methods while very few accepted terminal method of sterilization. Although this may not bring down the family size but will significantly reduce the population burden, delaying childbearing will bring about decline in fertility and population growth rate.<sup>8</sup> The most common source of information on contraception was TV and radio(55%) and relatives(28%). Looking at this data media can definitely be used as a strong weapon to spread awareness of contraceptive methods.

The main reason for non-acceptance of contraception was varied. 52% of the females had family pressure from in laws and husband due to expectation of a male child; this was seen in both the Hindu and the Muslim community, which deterred them from adopting family planning methods, while 16% had fear of using contraception due to the side effects associated with it and certain myths. Some religious communities who reside in low socioeconomic urban areas consider children as god's gift and are totally against using any kind of contraceptive methods which accounts to 22%. Muslim communities consider permanent method of sterilization against their religious beliefs as a result the acceptance rate for permanent sterilization in these communities is very low. 10% of women think that mtp itself is a method of contraception, this happens mostly in slum areas where the awareness level is almost zero.

# CONCLUSION

In spite of having significant awareness the acceptance rate is very low. In order to improve the contraceptive use we need multiple sources to educate couples, their parents, family members, and the society as a whole. The need of the day is to improve the knowledge, awareness and access to post-partum contraception among females. Although it is affected by a multitude of sociodemographic factors but the burden of improvement lays on the health sector. This can be achieved only by increased utilization of maternal and child health services through primary health care. Selection of target audience for disseminating information on beneficial effects of family planning which should involve not only the eligible women but also their husbands. Antenatal period provides a unique opportunity to make the women understand the benefits of family planning as they are most receptive during their pregnancy, helps them prepare to adopt contraceptive methods in the postpartum period. The most important factor is regular availability of contraceptives and adequate health care services even at peripheral level.

## **ACKNOWLEDGEMENTS**

We hereby would like to thank Dr. S. T. Malhan, the Superintendent of Sheth V. S. General Hospital, Dr. Pankaj R Patel, the Dean of Smt N. H. L. Municipal Medical College to allow us to publish this paper.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

## REFERENCES

- 1. New delhi: register general & census commissioner of india. Census of india, 2011. Available at: http://censusindia.gov.in/.
- 2. Davanzo J, Hale L, Razzaque A, Rahman M. Effects of interpregnancy interval and outcome of the preceding pregnancy on pregnancy outcomes in matlab, bangladesh. Bjog. 2007;114(9):1079-87.
- 3. Collumbien M, Gerressu M, Clenland J. Nonuse and use of ineffective methods of contraception. In comparative qualification of health risks: global and regional burden of disease attributable to selected major factors. WHO edn, Chapter 15, geneva: world health organization. 2004:1255-320.
- 4. Charles W, Ann P. Alternative measure for unmet need for family planning in developing countries. Int fam plan perspect. 2000;7(4);126-35.
- 5. Ashoke S, John S, Jayanti MT. The kap-gap in nepal: reasons for non-use of contraception among couples with an unmet need for family planning. Asia- pac popul j. 2000;6(1):25-38.
- 6. International institute for population sciences and marco international: national family health survey-3, 2005-06, India. 2007;1.
- 7. Patro BK, Kant S, Baridalye N, Goswami AK. Contraceptive practice among married women women in a resettlement colony of delhi. Health popul perspect issues. 2005;28(1):9-16.
- 8. Rajaretham T. How delaying marriage and spacing births contribute to population control: an explanation with illustrations. J fam welfare. 1990; 34:3-13.
- 9. Tuladhar H, Marahatta R. Awareness and practice of family planning methods in women attending gyne opd at nepal medical college teaching hospital. Nepal med coll j .2008;10:184-91.

Cite this article as: Patel A, Pawani C, Patel R. Awareness and acceptance of contraceptive methods among post-partum patients. Int J Reprod Contracept Obstet Gynecol 2016;5:206-9.