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A knowledge, attitude and practice study on awareness of contraception among postpartum women in a tertiary care centre

Sivasundari Maharajan, Dhanvarsha Sumaldha Subbiah Ramkumar*, Perni Navya Sree

Department of Obstetrics and Gynaecology, Saveetha Medical College and Hospital, Chennai, Tamil Nadu – 602105, India

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ABSTRACT

Despite being the first country to launch the National Family Planning Programme in 1952, India still lags behind in practising contraception. This study was conducted to assess knowledge, awareness and practice methods of contraception during the postpartum period. The study included 720 postpartum women; details including awareness and practice methods of contraception and factors affecting use by the postpartum women were obtained. Statistical analysis was done by using the chi-square test and percentage (%). The mean age of postpartum women was 26.5 years, 28.19% were literate between 9th - 12th grade, 96.94% women were housewives. Among them, 56% of women were aware of at least one contraception and correct usage. Among them, 98.01% knew about sterilization. About 48.88% of women were aware of more than one method of contraception. After counselling, 97.2% of women were willing to use contraception. However, 2.78% of patients chose abstinence. In our study, knowledge about contraception based on education and socio-economic status of women shows significant association (p-value <0.00001 for both). Health professionals should evaluate the level of awareness, create awareness and provide education regarding methods of contraception for use in the postpartum period to improve maternal and fetal outcome.



*Corresponding Author

Name: Dhanvarsha Sumaldha Subbiah Ramkumar

Phone: +91-88703-66465

Email: srds1006@gmail.com

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INTRODUCTION

Every woman has the right to protect and decide for her own health. (Population Challenges and Development Goals, 2005) Women should be given the fundamental freedom to choose if and when she

shall be a mother. (Srivastav *et al.*, 2014) In this present era, even though a significant percentage of women are highly educated and work equally amongst men in all fields, a large percentage of women in rural areas are still illiterate or less educated and are economically dependent on their family (Tuladhar and Marahatta, 2008).

Contraception is a major component of reproductive health. (Bongaarts, 1991) Despite the fact that India being the first country in the world to launch the National Family Planning Program in 1952, the country still lags behind in practising contraception and limiting their family size.

Contraception during the postnatal period is very important for maternal and child health. Family planning can prevent more than 30% of maternal deaths and 10% of child mortality if the appropriate spacing between pregnancies is maintained.

We have conducted this study to evaluate the knowledge, attitude and practise of contraception among the postpartum women who delivered in our tertiary care centre.

METHODS

A prospective, observational, hospital-based study was conducted on 720 postpartum women at the Department of Obstetrics and Gynaecology at our tertiary care centre between February 2020 and November 2020. The study was mainly aimed at evaluating the KAP on contraception use among postpartum women.

The women were interrogated with a pre-structured questionnaire which included demographic data like age, education, parity, socio-economic status, data on awareness about contraception. This study was initiated after clearance from the Institutional Ethics Committee of Saveetha Medical College and Hospital. An informed consent was obtained from the women, and confidentiality was ensured.

Women who recently delivered were included in the study after obtaining informed consent. Women with pregnancy outcome as still, births or neonatal death and women who have undergone postpartum sterilization were excluded.

The knowledge about various methods of contraception was assessed. The women who were aware of at least one method and its correct method of use were considered aware of contraceptive method.

They were counselled about various contraception methods available and allowed to choose a method of their choice for contraception. After adequate high-quality counselling given using the cafeteria approach, the method of contraception preferred was studied to assess the most common method of contraception chosen.

RESULTS

A total of 720 eligible postpartum women were included in the study. The mean age of postpartum women was 26.5 years. The majority of women, 60.43% belonged to the age group of 25-34 years, 31.67% belonged to 18-24 years and 7.9% belonged to the 35-44 years age group.

About 70.14% of women had more than one living child, and most of them (85%) were housewives belonging to the lower middle class (SECIII) 59.30%, followed by 15.70% belonging to the upper-middle class (SECII).

The majority of women were literate, 28.19% between 9th - 12th grade, 27.91% between 5th - 8th

grade, 23.88% <5th grade, 16.94% illiterate women and 3.05% graduates or postgraduates.

Predominantly 96.94% were housewives, and 3.06% women were employed currently (Table 1).

Among 720 women, 56% women were aware of at least one method of contraception and the correct method of use. About 44% of women were unaware of at least one type of contraception (Figure 1).

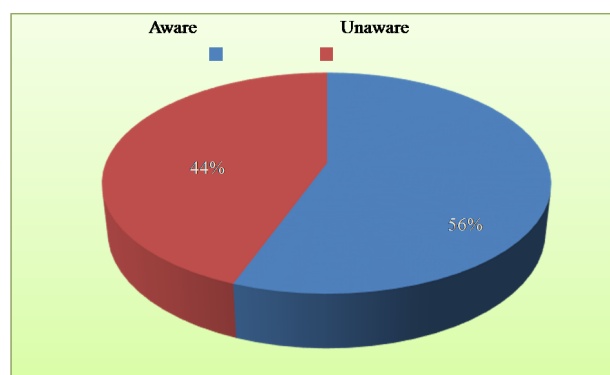


Figure 1: Awareness about contraception

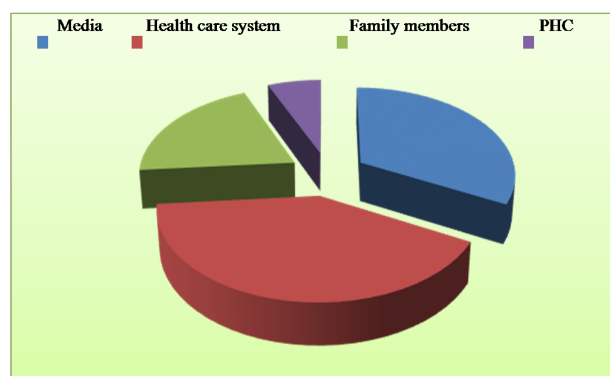


Figure 2: Source of awareness

Among the 403 women who were aware of at least one type of contraception, the majority were aware about the method of sterilization 98.01%, IUCD was known to 86.1%, barrier method (condom) was known to 85.61%, hormonal contraceptive pills were known to 50.87%, DMPA (injectable contraceptive) was known to 40.69%, lactational amenorrhoea was known to 5.46%, and safe method was known to 0.99%. About 48.88% of women were aware about more than one method of contraception (Table 2).

After counselling by cafeteria approach, 97.2% of women were willing to use contraception. Choices preferred were IUCD in 30.69%, DMPA (injectable contraceptive) in 21.94%, barrier method in 20.56%, sterilization in 15%, oral contraceptive pills in 10%. However, 2.78% of women did not want any method of contraception (Table 3).

Table 1: Socio-demographic profile of participating women

Characteristics		n=720	%
Age (in years)	18-24	228	31.67
	25-34	435	60.43
	35-44	57	7.9
Parity	One live child	215	29.86
	More than one live child	505	70.14
SEC*	Upper (I)	13	1.81
	Upper middle (II)	113	15.70
	Lower middle (III)	427	59.30
	Upper lower (IV)	95	13.19
	Lower (V)	72	10
Education	Graduate or post graduate	22	3.05
	9 th - 12 th grade	203	28.19
	5 th - 8 th grade	201	27.91
	<5 th grade	172	23.88
	Illiterate	122	16.94
Occupation	Housewife	698	96.94
	Employed	22	3.06

*SEC-socio-economic class according to Modified Kuppuswamy classification.

*p-value of <0.00001 with SEC and awareness

**p-value <0.00001 with literacy and awareness

Table 2: Distribution of preference of various contraceptives among aware women

Method of contraception	n=403 (%)
IUCD	347 (86.10%)
Barrier method	345 (85.61%)
Oral contraception pills (POP)	205 (50.87%)
DMPA	164 (40.69%)
Lactational amenorrhoea	22 (5.46%)
Safe method	4 (0.99%)
Sterilization	395 (98.01%)
More than 1 contraception	197 (48.88%)

Table 3: Distribution of post counselling choice of contraception

Method of contraception	n (%)
IUCD	221 (30.69%)
Barrier method	148 (20.56%)
Oral contraception pills (POP)	72 (10%)
DMPA	158 (21.94%)
Sterilization	108 (15%)
No method	20 (2.78%)

Among the 55.97% women who knew about contraception, 36% know about the different methods via media, 45% from the health care system (10% via PHC workers), 19% from family members (Figure 2).

DISCUSSION

The ability of women to control their fertility is fundamental to women empowerment (Gaikwad *et al.*, 2017).

“Ovulation can occur as early as 25 days post-partum among non-breastfeeding women, underscoring the importance of initiating contraception in the very early post-partum period” (Gaikwad *et al.*, 2017).

The statistics on contraceptive use among women in the extended post-partum period, i.e. one year period after the birth of a child, is of importance since a delay of use until the return of menstruation will subject women to the risk of unwanted pregnancy (Singh *et al.*, 2014).

Despite the fact that contraceptive use has increased, there still exists a gap between knowledge, attitude and practices of contraception use. An increased contraceptive use during the post-partum period reduces the rates of maternal and infant mortality (Stover and Ross, 2010).

Furthermore, the largest proportion of women with an unmet need for contraception is found among those in their first year after childbirth. Thus in India, the higher proportion of unplanned pregnancies might be due to short birth intervals (Gaikwad *et al.*, 2017).

In order to scale back the danger of adverse maternal, perinatal and infant outcomes, WHO (2006) recommended that the interval between a birth and an effort to subsequent pregnancy should be 24 months (Conde-Agudelo *et al.*, 2006).

According to Demographic and Health Survey (DHS) data analysis from 17 developing countries, the danger of newborn and infant dying decreases with increasing birth interval lengths up to 36 months. In addition, short birth intervals (<24 months) also have a potential effect on the increased risk of maternal death and complications of pregnancies (Rutstein, 2005).

According to a study by Upadhye *et al.*, even though 92.5% of women were aware about contraception, only 42.5% practised contraception (Upadhye and Upadhye, 2017). Among the 720 women enrolled in our study, 55.97% were aware about various methods of contraception compared to 69% from (Thapa

et al., 2014).

In our study, the educational status of the women and socio-economic class were significant predictors of the level of knowledge about contraception. Association of higher education status with knowledge of spacing contraception has been observed by (Hayat *et al.*, 2013; Patro *et al.*, 2005).

Among the aware women, IUCD was known to 86.1%, sterilization to 98.01%, Oral contraceptive pills to 50.87%, barrier method to 85.61%, lactational amenorrhoea to 5.46%, DMPA to 40.69% and safe method was known to 0.99%. Kaushal SK *et al.* showed awareness around 92.5% for IUCD, 97.1% for pills, 8.6% for DMPA (Kaushal *et al.*, 2010).

In this study, the main source of information was noted to be the health care system (45%) and media (36%), family members (19%), which is in contrast to Hayat *et al.*, where media was found to be the most common source of information (Hayat *et al.*, 2013).

After contraception counselling, 97.2% of women were willing to use contraception. However, 2.78% of patients chose abstinence. In our study, knowledge about contraception based on the education of women and socio-economic status of the women shows significant statistical association (p-value of <0.00001 for both variables).

A significant association between contraceptive acceptance and type of family, socio-economic status and education was observed in a study conducted among women of reproductive age in rural Maharashtra (Mitkari *et al.*, 2019). Similar findings have been reported by other Indian studies (Makade *et al.*, 2012; Mozumdar *et al.*, 2019).

CONCLUSIONS

Health professionals should be able to evaluate the level of awareness about contraception among the postnatal women, create awareness on the need for an interval between pregnancies and provide high-quality education regarding different methods of contraception for use in the postpartum period to improve maternal and fetal outcome.

Ethical approval

The study was approved by the Institutional Ethics Committee of Saveetha Medical College and Hospital

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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REFERENCES

- Bongaarts, J. 1991. The KAP-Gap and the Unmet Need for Contraception. *Population and Development Review*, 17(2):293–293.
- Conde-Agudelo, A., Rosas-Bermúdez, A., Kafury-Goeta, A. C. 2006. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. *JAMA*, 295(15):1809–1832.
- Gaikwad, R. A., Gadappa, S. N., Deshpande, S. S. 2017. Awareness of contraception in post-partum women in a tertiary care centre. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 6(9):3850–3850.
- Hayat, H., Khan, P. S., Imtiyaz, B., Hayat, G., Hayat, R. 2013. Knowledge, Attitude and Practice of Contraception in Rural Kashmir. *The Journal of Obstetrics and Gynecology of India*, 63(6):410–414.
- Kaushal, S. K., Saxena, S. C., Srivastava, V. K., Gupta, S. C., Nigam, S. 2010. KAP study on contraceptive methods in Kanpur district of UP. *Indian J Community Health*, 22(1):33–41.
- Makade, K. G., Padhyegurjar, M., Padhyegurjar, S. B., Kulkarni, R. N. 2012. Study of contraceptive use among married women in a slum in Mumbai. *National J Comm Med*, 3(1):40–43.
- Mitkari, K. K., Haralkar, S., Sancheti, P., Gokhale, R. 2019. Study of contraceptive use in married women of reproductive age group in urban slum area of western Maharashtra. *International Journal Of Community Medicine And Public Health*, 6(10):4499–4499.
- Mozumdar, A., Vandana Gautam, Gautam, A., Dey, A., Uttamacharya, Saith, R., Achyut, P., Kumar, A. 2019. Choice of contraceptive methods in public and private facilities in rural India. *BMC Health Services Research*, 19:1–10.
- Patro, B. K., Kant, S., Baridalyne, N., Goswami, A. K. 2005. The contraceptive practice among married women in a resettlement colony of Delhi. *Health Popul Perspect Issues*, 28(1):9–16.
- Population Challenges and Development Goals 2005. Department of Economic and Social Affairs, Population Division. *United Nations New York*, pages 1–70.
- Rutstein, S. O. 2005. Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: evidence from the demographic and health surveys. *International Journal of Gynecology & Obstetrics*, 89(1):S7–S24.
- Singh, K. K., Verma, S., Tanti, S. 2014. Contraceptive use among postpartum women in India. *Asian Population Studies*, 10(1):23–39.
- Srivastav, A., Khan, M. S., Chauhan, C. R. 2014. Knowledge, attitude and practices about contraceptive among married reproductive females. *International Journal of Scientific Study*, 1(5):2–4.
- Stover, J., Ross, J. 2010. How Increased Contraceptive Use has Reduced Maternal Mortality. *Maternal and Child Health Journal*, 14:687–695.
- Thapa, S., Rani, A., Mishra, C. 2014. Knowledge, attitude and belief about contraception in post-partum and post abortal women in a tertiary care centre. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 3(3):533–539.
- Tuladhar, H., Marahatta, R. 2008. Awareness and practice of family planning methods in women attending gyne OPD at Nepal Medical College Teaching Hospital. *Nepal Med Coll J*, 10(3).
- Upadhye, J. J., Upadhye, J. V. 2017. Contraceptive awareness and practices in women of urban India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 6(4):1279–1279.