# Awareness and Acceptance of Various Contraceptives in Post Partum Women in a Tertiary Care Centre

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Abstract: <u>Introduction</u>: The introduction highlights India's current population of around 1.4 billion, making it the most populous country in the world. Family planning has become a priority to prevent the projected population of 2 billion by the end of the century. India launched its National Programme for Family Planning in 1952, but challenges remain in contraception use and family size limitations. Over half of women in reproductive age live in rural areas, significantly affecting maternal and child health. Family planning can prevent maternal deaths, reduce the maternal mortality ratio, and address unmet needs for contraception. Postpartum family planning (PPFP) plays a crucial role in preventing closely spaced pregnancies, particularly during the first 12 months after childbirth. <u>Objective</u>: To determine the awareness status about various contraceptive methods after delivery and within 10 weeks of postpartum period in the tertiary care centre of Prayagraj. <u>Materials and Methods</u>: A Prospective observational study was conducted in the department of Obstetrics and Gynaecology, Swaroop Rani Hospital, Prayagraj for a period of 6 months. The study consists of 950 Postpartum women who met inclusion and exclusion criteria. <u>Result</u>: Among the study population, most common temporary method of contraception was found to be Condom (45%) followed by CENTCHROMEN (20.4%) and least common were DMPA (8.1%) and LAM (2.1%). Most common permanent method accepted in post - natal period was female sterilization (6.1%).

Keywords: India population, Family planning, Postpartum contraception, Maternal health, Contraceptive methods

# 1. Introduction

The current population of India is around 1.4 billion which makes it the most populated country in the world. Extensive family planning has therefore become a priority in an effort to curb the projected population of two billion by the end of the twenty - first century.

India was the first country in the world to launch a National Programme for Family Planning in 1952. Despite this fact, India still lags behind in practicing contraception and limiting their family size. Over half of women in reproductive age reside in villages and make up 68.8% of India's population. The ability to regulate fertility has a significant impact on infant, child, and maternal mortality and morbidity.

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 childbearing when they have reached their desired family size and reduce Maternal Mortality Ratio (MMR) to less than 70/100, 000 live births by 2030.

Total Fertility Rate (TFR) in the country has recorded a steady decline to the current levels of 2.0 (SRS 2020). In India, the fifth national family health survey states that percentage of women with unmet need for family planning has reduced from 13% to 9.4%. Despite the fact that contraceptive usage has increased over a period of time, there exists a gap between the knowledge, attitude and practices regarding contraception.

While family planning (FP) is important throughout an individual's and couple's reproductive life, postpartum family planning (PPFP) focuses on the prevention of unintended and

closely spaced pregnancies through the first 12 months following childbirth. Therefore, the Immediate puerperium presents an ideal and important opportunity to initiate effective contraception.

#### Aims and Objective

- To determine the awareness status about various contraceptive methods after delivery and within 10 weeks of postpartum period in the tertiary care centre of Prayagraj.
- To compare the acceptance of various contraceptive methods among post partum women in the tertiary care centre of Prayagraj.

## 2. Materials and Methods

A Prospective observational study was conducted in the department of Obstetrics and Gynaecology, Swaroop Rani Hospital, Prayagraj for a period of 6 months.

#### **Inclusion Criteria**

- All pregnant women booked or unbooked irrespective of parity delivered in Swaroop rani hospital.
- Postpartum women attending postpartum opd within 10 weeks of delivery.

#### **Exclusion Criteria**

• Postpartum women more than 10 weeks post - delivery.

#### Sample Size

The sample size was calculated based on the previous study and was estimated to be 950 participants.

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## 3. Observation and Results

| <b>Table 1.1:</b> Distribution of Socio Demographic Parameters |
|--|
| among the Study Participants                                   |

| S. No | Age            | No. of Participants $(n = 950)$ | Percentage |
|-------|----------------|---------------------------------|------------|
| 1     | 18 - 25 Years  | 463                             | 48%        |
| 2     | 26 - 30 Years  | 352                             | 37%        |
| 3     | 31 - 35 Years  | 86                              | 9%         |
| 4     | Above 35 Years | 48                              | 5%         |

| Table 1.2: Education | nal Status |
|----------------------|------------|
|----------------------|------------|

| S. No. | Literacy                           | No. of Participants $(n = 950)$ | Percentage |
|--------|------------------------------------|---------------------------------|------------|
| 1      | Illiterate                         | 82                              | 8%         |
| 2      | Less than 8 <sup>th</sup> standard | 76                              | 8%         |
| 3      | Upto 10th standard                 | 120                             | 12%        |
| 4      | Upto 12 <sup>th</sup> standard     | 442                             | 46%        |
| 5      | Graduate and higher                | 230                             | 24%        |

#### Table 1.3: Occupational Status

| Tuble Tier o coupational Status |            |                                 |            |  |
|---------------------------------|------------|---------------------------------|------------|--|
| S. No                           | Occupation | No. of Participants $(n = 950)$ | Percentage |  |
| 1                               | Working    | 46                              | 4%         |  |
| 2                               | Housewife  | 904                             | 95%        |  |

| Table 1.4: Residential Area                     |       |     |      |  |  |
|---|-------|-----|------|--|--|
| S. No. Residence No. of Participants Percentage |       |     |      |  |  |
| 1   | Urban | 400 | 42%  |  |  |
| 2   | Dural | 550 | 570% |  |  |

Table 1.5: Socio Economic Status Socio Economic No. of Participants S. No Percentage (n = 950)Status 1 20 2% Upper 2 100 10.50% Upper Lower Upper Middle 3 392 41.20% 4 Lower Middle 358 37.60% 8.40% 5 Lower 80

| Table 1.6 |                      |                     |            |  |
|-----------|----------------------|---------------------|------------|--|
| S.        | Parity               | No. of Participants | Percentage |  |
| No        | Tanty                | (n = 950)           | Tereentage |  |
| 1         | Primipara            | 482                 | 50%        |  |
| 2         | Multipara            | 456                 | 48%        |  |
| 3         | Grand Multipara (>4) | 12                  | 1.20%      |  |

 
 Table 2.1: Distribution of Various Contraceptives among Study Participants

| S.<br>No. | Type of Contraception    | No. of Participants $(n = 902)$ | Percentage |
|-----------|--------------------------|---------------------------------|------------|
| 1         | Lactational Amenorrhoea  | 20                              | 2.1 %      |
| 2         | Condoms                  | 428                             | 45 %       |
| 3         | IUCD                     | 173                             | 18.2 %     |
| 4         | DMPA                     | 77                              | 8.1 %      |
| 5         | Oral Pills (Centchromen) | 194                             | 20.4 %     |
| 6         | Sterilization            | 58                              | 6.1 %      |

Table 2.2: Awareness Regarding Family Planning Methods

| S.<br>No. | Contraceptive Methods    | No. of Participants $(n = 902)$ | Percentage |
|-----------|--------------------------|---------------------------------|------------|
| 1         | Lactational Amenorrhoea  | 26                              | 2.70%      |
| 2         | Condoms                  | 902                             | 94%        |
| 3         | IUCD                     | 886                             | 93%        |
| 4         | DMPA                     | 648                             | 68.20%     |
| 5         | Oral Pills (Centchromen) | 340                             | 35.70%     |
| 6         | Sterilization            | 902                             | 94%        |

Among 950 participants, 902 (94 %) participants were aware about different contraceptive methods

| Table 2.3: Despite the awareness, acceptance of modern |
|--|
| temporary methods was low                              |

| S.<br>No. | Reasons for Non- Acceptance                       | No. of<br>Participants |
|-----------|---|------------------------|
| 1         | Wants to delay till puerperium                    | 22                     |
| 2         | History of side effects in previous pregnancy     | 62                     |
| 3         | Wants male child                                  | 88                     |
| 4         | Lack of awareness                                 | 48                     |
| 5         | Not accepted by husband and/or family             | 90                     |
| 6         | Family incomplete                                 | 42                     |
| 7         | Rely on natural methods                           | 44                     |
| 8         | Misconceptions and anxiety regarding side effects | 54                     |
| 9         | Does not live regularly with husband              | 22                     |

# 4. Discussion

Socio - demographic profile of study participants shows that maximum (48%) belongs to 18 - 25 years of age. The mean age group in study population was 24.6 years.57% women belonged to rural area and 42 % belong to Urban area. Maximum (95 %) were homemaker and only 4 % were working. Most of the cases were educated up to 12th Standard (46%).

48~% were multipara, 50 % were primipara, only 1.2 % was grand multipara.

Awareness about contraception was found to be 94% while only 6 % women had not heard about contraceptives. About 94% of the patients were aware of condom and sterilization followed by IUCD (93%) followed by DMPA (68.2%). Only 2.7% of the patients had knowledge about lactational amenorrhoea.

Inspite of good knowledge about IUCDs, only 18.1% had accepted it after delivery.

Among the study population, most common temporary method of contraception was found to be Condom (45%) followed by CENTCHROMEN (20.4%) and least common were DMPA (8.1%) and LAM (2.1%). Most common permanent method accepted in post - natal period was female sterilization (6.1%).

# 5. Conclusion

The acceptance or denial of contraceptive method is influenced by individual, family and community level factors.

According to the study, perception regarding the safety of the method was reported to be an important factor in determining the contraceptive use in case of multiparous women and the decision of husband and family member and the need of male child were reported to be an important factor in determining the contraceptive use in primiparous woman.

This study shows that women preferred temporary methods like condoms and oral pills more over other methods because of easy use, very less side effects and better compliance

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According to recent demographic and health survey, the unmet need of contraception of India has declined from 13% to 9.4%. Despite this fact, the popularity of modern reversible contraceptives like injectable contraceptives, IUCD was found to be comparatively low among women.

The main reason behind was taboos regarding long term contraceptive methods which are now even available in government hospitals at all levels.

So along with the free supply of different contraceptives, it is necessary to provide detailed knowledge about each and every method of contraception to the women and its family members by routine camps, health campaigns and talks by health workers.

Emphasis on knowledge of family planning should be given even to the adolescent group in their schools and colleges so that they will be aware of all the methods and they will be able to choose the best method after delivery.

The study's limitation is that it was conducted only in small group of people attending government hospital. So for the better result population size should be large.

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