

A cross sectional study to assess the knowledge, attitude and practice of contraceptive methods among postpartum women, Kanchipuram, Tamil Nadu, India

ABSTRACT:

Background: Family planning programmes exist to protect the welfare of the mother and child and in turn, care about the welfare of the family. Irrespective of socioeconomic status or place of residence every member of the country should have access to the right contraceptive method. Unplanned pregnancies have serious implications on both the mother's and child's morbidity and mortality. It can affect the health of a family as a whole.

Objectives: To estimate the awareness of different contraceptive methods, its identify factors affecting it's usage and assess the pattern of usage.

Materials and methods: In this cross-sectional study, knowledge, attitude and practice of contraceptive methods among postpartum women were assessed using a structured questionnaire. Sample size was 330 and analysis was done through CHI square test.

Results: Majority of the participants were between the ages of 20 and 30 years. Most of the participants (96%) were aware of at least one contraceptive method.

Conclusion: Family planning is vital to the health and proper functioning of a family.

Keywords: Contraceptive method practices, knowledge, postpartum women

INTRODUCTION

The World Health Organization defined family planning as giving a chance to society to determine the number of children and pregnancy spacing through contraceptive method.^[1]

India was the first country to introduce family planning in 1952. As per the census of 2011, India's population is 1.21 billion and the average annual exponential growth is 1.64%^[2]. Small family norm has been widely accepted and the general awareness of contraception among males and females is high. Contraceptive use is on the rise and among married women it is 56.3%^[2]. The unmet need has declined in almost all the states. Though the government has been majorly successful in its initiatives, progress on reproductive health and family planning has been limited. The national fertility rate is still high and is a main cause for concern for India's long-term population growth. Unplanned pregnancy takes a toll on the mother's and the child's health, and long-term welfare of both are affected. As of 2016, India's infant mortality rate is 34.6 per 1000 livebirths,^[3] and as of 2015, maternal mortality sits at 174 per 100,000 livebirths^[3]. Leading causes of maternal mortality include haemorrhage, sepsis, complications of abortion, and hypertensive disorders, and infection, premature birth, birth asphyxia, pneumonia, and diarrhoea for infants.^[4]

Educating the masses and raising awareness about how pregnancy affects the health of the family as a whole, is vital

in family planning. Traditional methods of family planning is culturally accepted in India and a paradigm shift to accept more modernised methods is required. According to [Family planning 2020](#), in 2017 there were 136,569,000 women using modern method contraception which prevented: 39,170,000 unintended pregnancies, 11,966,000 unsafe abortions, and 42,000 maternal deaths due to family planning.^[5] In 2012, India's modern [contraception](#) prevalence rate among all women was 39.2, in 2017 it was 39.57, and in 2020 was predicted to rise to 40.87.^[5]

Extensive family planning is the need of the hour.

AIM

To assess the knowledge, attitude, and practice of contraceptive methods among postpartum women.

MATERIALS AND METHODOLOGY

This cross-sectional study was conducted in a rural field practising area of Medical College in Kanchipuram, Tamil Nadu for a period of three months, from January 2021 to March 2021, among post-partum women. Women in their postpartum period and willing to participate were included in the study. Women who were unwilling to participate were excluded from the study. Taking prevalence of awareness about contraception among postpartum women to be 25.4%^[6] (Kaushalendra) and assuming 95% confidence limit with 5% allowable error, with the formulae $N=4PQ/L^2$, the sample size is N=300. To account for non-response rate (about 10%) a total of 330 subjects were interviewed for the study.

A pretested, structured questionnaire containing various questions about demographic details, knowledge, attitude, and practices of contraceptive methods was used. Data analysis was done using spss, frequency was calculated, and the association was determined by CHI square test.

RESULTS

A total of 330 participants were included in the study. Demographic details are summarised in table 1. Most of the participants were in the age group of 20-30 years and most of them were housewives.

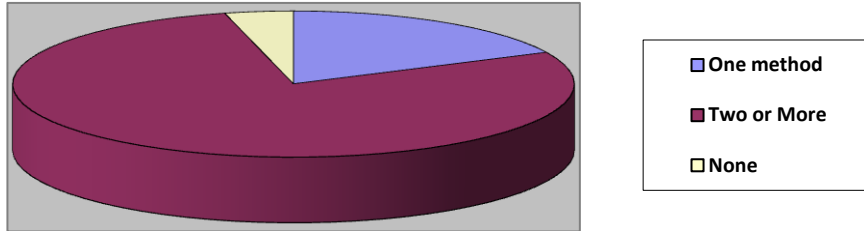
TABLE 1: Sociodemographic characteristics of respondents

AGE GROUP	
18-19	85
20-30	155
31-40	90
EDUCATION	
Illiterate	45
SLC	200
Above SLC	25
College	60
OCCUPATION	

Housewife	163
Labourer	71
Skilled worker	96
PARITY	
First child	154
Second child	143
Three or more	33

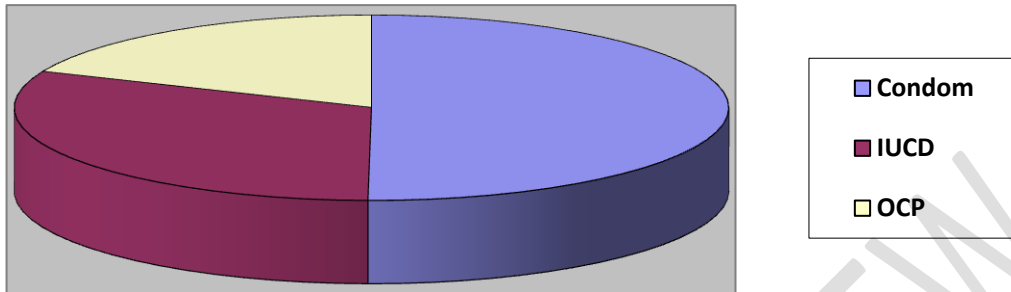
Spacing of three years or more was followed only by 18 women, whereas 158 did not. Most of the women (234) had unplanned pregnancies and only 46 received prenatal counselling regarding contraceptives. 173 women had discussed **contraception with their spouses, and were on agreement with them whereas 62 women stated that their spouses disapproved of using contraception.** 95 women did not have the discussion with their spouses. Pie chart below (Fig. 1) includes information on the number of spacing methods the women are aware of.

CHART 1: NUMBER OF SPACING METHODS THE WOMEN ARE AWARE OF



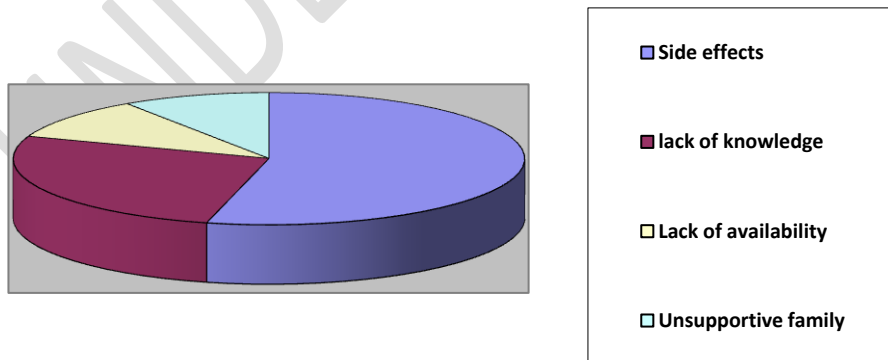
The most commonly known contraceptive was Condoms, followed by IUCD and then oral contraceptive pills.

CHART 2: WELL KNOWN METHODS OF CONTRACEPTION



191 women had used contraception before and 202 were willing to use in the future. 128 women were found to be hesitant towards using contraception. The most common reason the women were hesitant was due to fear of side effects.

CHART 3: REASONS FOR HESITATING TO USE CONTRACEPTION



Some questions were asked about postpartum physiology and it was found that – 132 women thought they cannot become pregnant during breastfeeding, 75 women thought they can become pregnant and 123 women did not know if they could become pregnant or not. On asked if they can become pregnant after menses has returned to normal post-delivery, 273 women thought they can. 152 women were aware of emergency contraceptives. The most known emergency contraceptive was IUCD.

DISCUSSION

Several studies have been undertaken to assess the status of contraceptive usage and knowledge among women but it remains an area where more research is required. In the current study, it was found that barrier method was the most preferred and well known, this is similar to the observation made in the study by Singh A^[7]. In that study it was found that 44.4% of the postpartum women were willing to use contraceptives and, in this study also the majority of the women were willing to continue using contraceptives.

The study by Singh [17] also stated that the most common source of information regarding contraception was healthcare professionals (62%)^[7] but in this study, the most common source was family members.

In the study conducted by Bajracharya A^[8], it was found that the majority (90.8%) were aware of contraceptives but the usage was low. This is in accordance with the current study as the level of awareness among the postpartum women was 96%. According to the current study 57.8% of the women had previously used contraceptives and barrier method was commonly used. Whereas in the study by Bajracharya A^[8] it was observed that 60.5% of the women had used contraceptives and the most commonly used contraceptive was OCP.

It was reported in the study by Sharma J^[9] that prior discussion with the husband and concurrence played an important role in the adoption of contraception and that fear of side-effects was a deterrent among

26% of the women. In contrast to this finding, the current study shows that fear of side-effects was the major cause of hesitation among the women.

CONCLUSION

Family planning is a tool and is a part of comprehensive health care. Every woman should be provided with the knowledge, tools and the choice to pick a **contraceptive method that is appropriate for them. Rural women are at a greater disadvantage, and family planning initiatives should be curtailed to their needs. Empowering bodily autonomy among women** is the best way to ensure that proper family planning will be carried out.

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