

CONTRACEPTIVES POST-DELIVERY: A SURVEY OF DETERMINANTS AND ATTITUDES IN SOUTHERN RAJASTHAN.

Dr Komal Inani Jhanwar¹, Dr Harshdeep Jadeja¹, Dr Sarika Chopra²

¹Assistant Professor, Pacific Institute of Medical Sciences, Udaipur, Rajasthan

²Consultant Gynaecologist, Jagdamba Hospital, Jalore, Rajasthan

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Corresponding author: Dr Harshdeep Jadeja

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Abstract

Contraception is essentially evolving into a need of the hour due to rampant population explosion as well as due to the health of the mother. In certain sections of the society, more so in the rural community, the approach towards contraceptive usage is low on account of apprehensions, societal issues or plain ignorance. The present study was designed to understand the factors that determine contraceptive usage in such a community in rural Rajasthan. It was found that factors such as family type, earlier child and socio-economic factors affect the choice of contraceptive usage. The use of counselling methods can help in overcoming the initial apprehensions that are faced by the women. Secondly an awareness created in the mind of the husband and relatives can aid in providing a well balanced decision on contraception as in rural set ups, the decision does not solely rest on the female.

Keywords: Attitudes, Contraception, Post-partum

Introduction

The World Health Organization (WHO) has been analysing research evidence to come up with the best evidence-based guidelines for the use of contraceptives. Meeting the contraceptive need of women is still a priority with the sustainable development goals for 2030. In 2016, adolescent sexual and reproductive health was prioritised, as two major worldwide health strategies, the 2030 Agenda for Sustainable Development and the United Nations Global Strategy for Women's, Children's and Adolescents' Health, are being implemented. India has been experiencing a population boom since the past few decades in the past. (1)

The acceptance of contraceptive methods varies within societies and also among different castes and religious groups. The factors responsible operate at the individual, family and community level with their roots in the socio-economic and cultural milieu of Indian society. (2) Udaipur city is a premier tourist destination in state of Rajasthan and is surrounded by a belt of areas which have many villages and small towns. The local populace is coming to our institution for deliveries as well as antenatal care, which provided us with a opportunity to study the attitudes and determinants affecting the decision to use contraceptives in the post natal period.

Methodology:

Our study design was a cross-sectional observational study, conducted in the post natal wards between July 2019 to December 2019 among nursing mothers who delivered at Pacific Institute of Medical Sciences, Udaipur. The study

subjects comprised of healthy breast feeding mothers who delivered at the institution. Exclusion criteria for the study included subjects with bad obstetric history, not breast feeding due to various reasons, loss of child in postpartum period, subjects who have undergone concurrent puerperal sterilization, or subjects having medical disorders like severe anaemia, heart disease etc.

Institutional ethical clearance was obtained prior to initiating the study. Written informed consent from the mothers was taken after explaining the aims and objectives of the study as well as informing them that non participation will not affect their treatment in any manner. A pretested structured questionnaire was utilized for data collection in the post natal wards between 2nd and 7th postpartum day. The questionnaire was based on two sets of variables,

- Socio economic and demographic indicators.
- Willingness for family planning methods.

The study participants were provided with a personalized session of counselling to inform them of the various methods of contraception available at the institution as well as the need for a adequate gap between issues.

The data collected were analysed using percentage and chi square test. Chi-square test was used when 2 variables were compared, and to know whether the test results were significant or not.

Observations:

The study sample consisted of 60 women who consented to be a part of the study. The ages of the women ranged from

20- 29 years with a mean age of 24.6 years. A majority of the women were educated upto class 10 (n=42) with only 3 women who were illiterate. In the present sample, the spouses of the women were all literate with a minimum of education upto class 7. The socio-economic classification as described by Modified B G Prasad criteria placed 51 women in the lower socio-economic status. 54 women were

residing in a rural area, while the rest were from the urban locality. The average age of marriage in the selected study subjects was 19.4 years. Majority of the subjects were living in a joint family system with only 6 women in a nuclear family. All the women had one child, while 14 women had two children. (Table 01)

Table 1: Demographic data of Study Subjects

Age	Mean
20-29 years	24.6 years
Education	
Illiterate	03
School dropout	05
10 th Std Pass	42
12 th Std Pass	08
Graduate or higher	02
Socio-Economic Status	
Lower	51
Lower middle	6
Middle Class	3

The awareness regarding contraception was relatively high with 38 women being aware of the various methods of contraception, but 22 women only were aware of one or no method at all. The illiterate women were unaware of methods of contraception, while literate women had adequate knowledge. This lent credence to the assumption that educated couples have a better grasp of methods and importance of birth control.

Among the study population, 34 females expressed the desire to limit their family size. Of the 26 females who did not want to undergo limiting their family size, the common reason was either no male child or that they wanted another child apart from the present number. The question on whether the decision for contraception was their alone, 54 subjects responded that decision was made by family or husband.

A number of females willing for contraceptive use (n=34) the females were educated and belonged to lower socioeconomic status. The main reason for no contraceptive use was lack of awareness, family issues and lastly no male child.

Discussion:

The subjects in the present study were in the age group of 20-29 years which is corresponding to the age of reproduction during which most of pregnancies occur. Being a institution which caters to rural populace, we tend to receive females who have a earlier age of marriage and pregnancy. This is in concurrence with studies by authors who have reported a similar age range in their studies (3,4,9). Adegbola O et al in their study have stated that among educated college level graduates the age of pregnancy is late and hence contributes to a older age of when the females opt for contraception. (9)

The proportion on women who were willing for contraceptive use was more among the females in the older age group as compared to ones in the younger age group. This is similar to studies by Tehrani et al, Arbab et and others where the females above 24-25 years age groups were more receptive to contraceptive use (3-7,9)

The women with a child were more willing for contraceptive use or even sterilisation as compared with first time mothers. In a study by Rao BS et al, the authors reported that proper counselling in first time mothers can lead to acceptance of contraceptive use as a method for gap between two pregnancies. (8) Dona A et al in their study determined that an effective birth control modality can be chosen when the mother is given a detailed instruction on the need for birth spacing as well a lay man idea of the effects of pregnancy on maternal health. (12)

This is in concurrence with our study where we found that couples counselling did lead to an acceptance of contraceptive use for spacing of pregnancies. We also observed that literate couples were more receptive and agreeing with the use of contraceptives as compared to low education or illiterate couples in the study sample. It was also seen that husbands level of education played a role in deciding to opt for contraceptive use. This is in concurrence with observations by Pandey et al and Rao BS et al (3,8) wherein the authors concluded that well educated husbands are more agreeable for contraceptive usages. Engin-Ustun Y et al in their study on postpartum contraception in Turkey stated that in the selected study populace, the application of counselling in the postpartum stage in presence of husband/spouse proved beneficial with 71 % of the subjects agreeing to a contraceptive. (10)

Similar to educational level, socio-economic levels played a major role in determining contraceptive use in the selected

study sample. Higher socioeconomic level females were readily agreeable to option of contraception, while lower socioeconomic level females had apprehensions. Cwiak C et al stated that lower socioeconomic strata is less agreeable to adopting a method of birth control owing to either a lack of awareness or apprehensions regarding the method. The authors were able to conclude that pre natal counselling as well as a session in postpartum period can allay the fears of the mothers and lead to a better acceptance rate. (11)

Pandy SM et al stated that contraceptive usage was higher in nuclear family structures as compared to joint family systems. (3) This is evident in our study also where all the females from the nuclear family were more receptive and agreed to contraceptive usages.

Conclusion:

The study determined that contraceptive use in the immediate postnatal period is dependent on factors such as family type, earlier child and socio-economic factors. The use of counselling methods can help in overcoming the initial apprehensions that are faced by the women. Secondly an awareness created in the mind of the husband and relatives can aid in providing a well balanced decision on contraception as in rural set ups, the decision does not solely rest on the female. Lastly, applying a cafeteria approach or multiple choices for contraception also helps in ensuring that a proper gap is maintained and the favorable choice of contraception is achieved.

Limitation:

The biggest limitation was the small sample size. A wider study with more subjects can possibly be conducted in coming times to provide a clearer overview of the topic. Secondly, the study focussed only on institutional deliveries, but home deliveries are also occurring and should be included in coming studies. Lastly, we are limited by the ability to provide a more in depth counselling on contraception from the antenatal period itself as many subjects did not attend ANC properly.

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