KNOWLEDGE AND ATTITUDE OF PUERPERAL WOMEN TOWARDS FAMILY PLANNING PRACTICES IN A TERTIARY CARE HOSPITAL

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ABSTRACT

BACKGROUND
India is the second most populous country in the world after China. In an effort to stabilize the population, National Family Welfare Program was launched in 1951. There has been an increase in contraceptive prevalence and a reduction in total fertility rate since then. For better results, contraceptive use should start right from the post partum period. This also significantly reduces maternal and infant mortality rates.

AIM
To assess the knowledge and attitude about contraception in post-partum women in a tertiary care teaching hospital in North Kerala.

MATERIALS AND METHODS
This cross sectional study was conducted in the Department of Obstetrics and Gynaecology, IMCH, Govt. Medical College, Kozhikode, Kerala, between January 2016 and March 2016, using a prestructured questionnaire, in postpartum women. Their knowledge and attitude about contraception was assessed.

RESULTS
A total of 1500 postpartum women were included in the study. 80% were aware of some method of contraception. This knowledge increased with increasing education, parity and better socioeconomic class. Major source of information was health worker (46.67%). But only 18.33% had practiced any method of contraception before and 44% only showed willingness to use any contraception. The major reason for non-acceptance of contraception was the need for more children.

CONCLUSION
Low prevalence seen in the use of contraception can be overcome by promoting spacing methods like PPIUCD, injectables and pills. The couple should be counselled together to alleviate the anxiety in the husband.

KEYWORDS
Contraceptives, Postpartum counseling, Knowledge, Attitude, Spacing, Awareness.

HOW TO CITE THIS ARTICLE: Nair A, Devi S. Knowledge and attitude of puerperal women towards family planning practices in a tertiary care hospital. J. Evid. Based Med. Healthc. 2017; 4(5), 212-216. DOI: 10.18410/jebmh/2017/41

BACKGROUND

The world population has reached 7 billion on 31st October 2011. According to census 2011, the population of India is 1.21 billion.[1] India is the second most populous country in the world after China.[2] It is estimated that India would become the most populous country by 2025. The causes of overpopulation are poor family planning practices, reduced mortality rates and availability of good medical services.

Financial or Other, Competing Interest: None.
Submission 23-12-2016, Peer Review 30-12-2016, Acceptance 10-01-2017, Published 13-01-2017.
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DOI: 10.18410/jebmh/2017/41

India was the first country in the world to launch a family planning program in 1951. Since then, lots of efforts and resources have been put into the national family welfare program. As a result, the contraceptive prevalence has increases with not much decline in the estimated birth rate.[3]

The postpartum period plays a very important role in initiating contraception. Women attend the health care system for delivery and are highly motivated at this period to avoid another pregnancy.[4] Contraceptive use among women in the extended postpartum period, i.e. one year after childbirth, is very important in the family planning program level. A delay in the use of contraception until the return of menses may lead to an unwanted pregnancy. Hence increased use of contraception during postpartum period significantly reduces maternal and infant mortality rates by preventing unplanned pregnancies. Thus the next pregnancy can be delayed for more than two years with effective contraception.[5]

The most important population having unmet need for contraception is the postpartum women within one year of childbirth.[6] With shorter birth intervals, the mortality risks are increased for the previous child and for the newborn baby.[7] In India, only 28% births occur with an optimal birth interval of 36-59 months. 11% of the births occur within 18 months of the previous birth.[8] Hence practice of contraception in the postpartum period can improve both maternal and infant health. WHO (2006) recommended an interval of 24 months between a live birth and an attempt to next pregnancy.[9]

According to NFHS III, Kerala has a Total Fertility rate of 1.9, almost 90% of women know about contraception and 69% of married women practice contraception. Spacing methods are used more by the better educated, urban and wealthier women.

AIM
To assess the knowledge and attitude about contraception in postpartum women in a tertiary care teaching hospital in North Kerala, India.

MATERIALS AND METHODS
This was a cross sectional study in postpartum women, conducted in the Department of Obstetrics and Gynaecology, IMCH, Govt. Medical College, Kozhikode, between January 2016 and March 2016. This Medical College caters to the needs of patients from six northern districts of Kerala and has the maximum number of deliveries in entire Kerala. After getting permission from Institutional Ethics Committee, the study was conducted using a prestructured questionnaire with an attempt to understand the knowledge and attitude towards contraception in postpartum women. Women who delivered in the hospital and willing to participate in the study were included. Thus a total of 1500 postpartum women were selected, informed consent and confidentiality were ensured.

Data was entered in Microsoft Excel and analysed. Data was expressed as frequency and percentages and Chi-Square test was used to test the significance of association. p value <0.05 was considered to be statistically significant.

RESULTS
A total of 1500 postpartum women were included in the study.

Majority of our study population belonged to 21-25 yrs. age group (Table 1)

Most of them were primipara (Table II)

Majority belonged to rural area (Table III)

56% were Muslims (Table IV)

2/3rd belonged to Below Poverty Line families (Table V)

60% were married before 20 years of age (Table VI)

Majority of them had passed 10th Standard. (Table VII)

80% of the study population were aware of some method of contraception (Figure 1).

Knowledge of contraception increased with increasing education of women (Table VIII). This was statistically significant with a p value of <0.00001.

Knowledge increased with increasing parity (Table 9). This again was statistically significant with a p value of <0.00001.

There was increased knowledge among Above Poverty Line clients. (Table 10), but was not significant- p value 0.193.

Health worker was the major source of knowledge (Table 11)

59.17% knew about more than one method of contraception (Table 12).

Only 18.33% had practiced any method of contraception (Table 13).

200 clients discontinued contraception for the next pregnancy and 20 of them discontinued due to the side effects of contraception.

Only 44% showed willingness to use contraception (Table 14). The most accepted method among those willing for contraception was female sterilization (Table 15). The reason for non-acceptance of contraception was the need for more children in 48.8% (Table 16).

Age	No.	%
<20	140	9.3
21–25	720	48
26–35	600	40
>35	40	2.67
Total No. of Patients	**n=1500**	**100%**

Table I. Classification based on Age

Parity	No.	%
P1	650	43.33
P2	610	40.67
P3 or more	240	16.0
Total No. of Patients	**n=1500**	**100%**

Table II. Classification based on Parity

	No.	%
Rural	1450	96.67
Urban	50	3.33
Total No. of Patients	**N=1500**	**100%**

Table III. Classification based on rural/urban

Religion	No.	%
Hindu	630	42
Muslim	840	56
Christian	30	2
Total No. of Patients	**N=1500**	**100%**

Table IV. Religion-wise distribution of cases

Class	No.	%
APL	500	33.33%
BPL	1000	66.66%
Total No. of Patients	**n=1500**	**100%**

Table V. Classification based on Socioeconomic Class

Age	No.	%
<20	900	60
21-25	470	31.33
>26	130	8.67
Total No. of Patients	N=1500	100%

Table VI. Age at Marriage

Education	No.	%
<10 std.	200	13.33
10th Std.	630	42
10-12 Std.	400	26.67
Graduates	270	18
Total No. of Patients	n=1500	100%

Table VII. Education of the Subject

Education	Aware	%	Not aware	Total
<10 std.	140	70	60	200
10th Std.	470	74.6	160	630
10-12 Std.	340	85	60	400
Graduates	250	92.6	20	270
Total No. of Patients n=1500				

Table VIII. Knowledge based on Education

Parity	Aware	%	Not aware	Total
Para 1	440	67.7	210	650
Para 2	540	88.5	70	610
> Para 3	220	91.7	20	240
Total No. of Patients n=1500				

Table IX. Knowledge based on Parity

SE Class	Aware	%	Not aware	Total
APL	410	82	90	500
BPL	790	79	210	1000
Total No. of Patients n=1500				

Table X. Knowledge based on Socioeconomic Class

Source	No.	%
Social circle	430	35.83
Health worker	560	46.67
Media	210	17.5
Total	**1200**	**100%**

Table XI. Source of Knowledge

Methods		No.
Single method	Barrier	120
	OCP	20
	IUCD	180
	Female sterilization	170
More than one method		710

Table XII. Methods known

Method	No.
Barrier	100
OCP	90
IUCD	30

Table XIII. Practice of Contraception

Willigness	No.	%
Yes	660	44
No	840	56
Total	1500	100%

Table XIV. Willingness to use Contraception

Type	No.
Barrier	40
Pills	90
IUCD	150
Female sterilization	380

Table XV. ***Preferred Contraception among those Willing to use***

Reason	No.	%
Afraid of side effects	100	11.9
Husband/Family against	130	15.48
Lack of knowledge	200	23.8
Want more children	410	48.8

Table XVI. Reason for non-acceptance

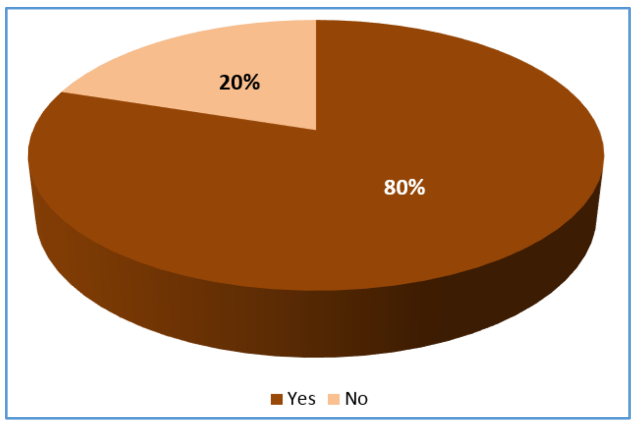

Figure 1. Knowledge Regarding Contraception

DISCUSSION

Postpartum contraception has a very important note to play in limiting family size. Our study demonstrated that although 80% of postpartum women had good knowledge regarding the various methods of contraception, only 18.33% had practiced it so far, and only 44% were willing to practice it after delivery.

Majority of our postpartum women belonged to 21-25 years age group (48%). Studies by Shreya Thapa et al and JayantiNath et al showed that the majority of their study population belonged to 25-34 years age group - 59.1% and 58% respectively.[10,11] This could be because of the young age structure of our population.

We had more primipara in our study which was comparable to the study by Meenakshi Singh et al[12] Others got more multipara in their study. Most of our postpartum women had passed 10th Standard., but all other studies showed education status below 8th Standard.[13,14]

80% of our population were aware of some method of contraception which was comparable to other studies.[15,16,17] But Alpana Singh et al got only 36.6% awareness in their study.

Our study revealed that knowledge regarding contraception increased with increasing education of women, parity and better socioeconomic standards. Other studies showed comparable results.[18-23]

Health worker was the major source of knowledge regarding contraception in our study (46.67%). According to Sharma J et al, social circle was the major source of knowledge whereas media was the major source in other studies.[24]

59.17% of our patients knew about more than one contraceptive method.

In spite of having sufficient knowledge, only 18.33% of postpartum women had ever practiced any method of contraception, which was comparable to other studies.[25]

44% of our postpartum women showed the willingness to adopt any family planning method – most preferred one being female sterilization. Other studies showed an increased inclination towards contraceptive use following postpartum counseling.[26]

The major reason for non acceptance of contraception in our study was the need for more children (48.8%). This shows the importance of postpartum counseling to highlight the spacing methods before discharge from the hospital. Husbands played a pivotal role in the acceptance of contraception in many studies.[27,28,29]

CONCLUSION

In spite of high level of awareness regarding contraception, there is low prevalence in the practice and acceptance. The main reasons for non-acceptance are the need for more children, non acceptance by husband and family members and fear of side effects. Counselling during antenatal and postnatal period can go a long way in improving the acceptance.

In the waiting area of antenatal clinic, charts showing various spacing techniques can be demonstrated and TV programs highlighting the health benefits of birth spacing and limiting family size can be displayed. Women watching these programs get enough time to discuss with her husband before she comes for the next antenatal checkup. The couple should be encouraged to attend the postnatal counseling together. To alleviate the anxiety with the use of contraception, counseling by a previous user helps.

Since our population has a very young age structure, more spacing methods like PPIUCD, injectables and pills should be promoted rather than sterilization. Adequate follow up of women using contraception should be ensured.

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