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.

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The most important population having unmet need for contraception is the postpartum women within one year of childbirth. With shorter birth intervals, the mortality risks are increased for the previous child and for the newborn baby. 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. 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.

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).

<table>
<thead>
<tr>
<th>Age</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>140</td>
<td>9.3</td>
</tr>
<tr>
<td>21–25</td>
<td>720</td>
<td>48</td>
</tr>
<tr>
<td>26–35</td>
<td>600</td>
<td>40</td>
</tr>
<tr>
<td>&gt;35</td>
<td>40</td>
<td>2.67</td>
</tr>
<tr>
<td>Total No. of Patients n=1500</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Table I. Classification based on Age**

<table>
<thead>
<tr>
<th>Parity</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>650</td>
<td>43.33</td>
</tr>
<tr>
<td>P2</td>
<td>610</td>
<td>40.67</td>
</tr>
<tr>
<td>P3 or more</td>
<td>240</td>
<td>16.0</td>
</tr>
<tr>
<td>Total No. of Patients n=1500</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Table II. Classification based on Parity**

<table>
<thead>
<tr>
<th>Religion</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>630</td>
<td>42</td>
</tr>
<tr>
<td>Muslim</td>
<td>840</td>
<td>56</td>
</tr>
<tr>
<td>Christian</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Total No. of Patients n=1500</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Table III. Classification based on rural/urban**

<table>
<thead>
<tr>
<th>Class</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>APL</td>
<td>500</td>
<td>33.33%</td>
</tr>
<tr>
<td>BPL</td>
<td>1000</td>
<td>66.66%</td>
</tr>
<tr>
<td>Total No. of Patients n=1500</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Table V. Classification based on Socioeconomic Class**
### 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 Jayanti Nath et al showed that the majority of their study population belonged to 25-34 years age group - 59.1% and 58% respectively. 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\(^2\) Others got more multipara in their study. Most of our postpartum women had passed 10\(^{th}\) Standard, but all other studies showed education status below 8\(^{th}\) 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.

**REFERENCES**


