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## Acceptance of contraception among post-partum women in North India

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### Abstract

**Background:** Family planning is one of the fundamental pillars of safe motherhood and reproductive right. Short inter pregnancy interval increase the risk of infant and maternal mortality & morbidity. So post-partum family planning is considered as a lifesaving intervention

**Methods:** The present study was conducted at the Community Health Centre of Tehsil Basholi, District Kathua, UT of J&K. Inclusion criteria was Post-partum women within 6-12 weeks of delivery seeking contraceptive advice. All the women were interviewed regarding their knowledge and acceptance of post-partum contraception.

**Results:** 102 post-partum women were followed up. Out of 102 post-partum women only 8 women (7.8%) attended the contraceptive clinic. Majority-(92.2%) did not attend the contraceptive clinic. 100% of the post-partum women who attended the contraception clinic found that contraceptive counselling was effective. 4 out of 8 used Copper T and 3 women used Injectable Depo Provera as a contraceptive methods. Out of the 94 women who did not attend the contraceptive clinic, 66 post-partum women i.e. 70.3% had not accepted any method of contraception whereas 28 women (29.7%) used effective contraception at their homes.

**Conclusion:** Counselling only once during antenatal care has not proven sufficient for increasing postpartum contraceptive use. So there is a need to increase the awareness amongst the patients by repeated sessions of contraceptive counselling and by implementing family welfare programmes focusing more on post-partum contraception as at this time the female is more receptive to the contraceptive methods.

**Keywords:** contraception, postpartum, North India

### 1. Introduction

India launched the national family welfare programme in 1951 with the objective of reducing the birth rate to the extent necessary to stabilize the population, consistent with the requirement of national economy. According to the national family health survey data the chances of infant and maternal survival would be 2.5 times as high as birth interval of 3 to 5 years as with the interval of 2 or fewer years<sup>[1,2]</sup>. So the post-partum period is particularly important in context to the contraceptive use as most women are at risk of unintended pregnancy in the post-partum and extended post-partum period. In general it is seen that there is inverse relationship between level of antenatal care and delivery. It is estimated that in 2000, 90%, of the abortion related & 20% of obstetric related mortality and morbidity globally could have been averted by the use of effective contraception by women wishing to postpone or cease further childbearing<sup>[3]</sup>. The major form of contraceptives are barrier method of which most common is condom. Others include: contraceptive pills that contain synthetic sex hormones to prevent ovulation in female, IUCD which prevents fertilized ovum from implanting in the uterus and male or female sterilization.

Family planning is one of the fundamental pillars of safe motherhood and reproductive right<sup>[4]</sup>. Short inter pregnancy interval increase the risk of infant and maternal mortality & morbidity. So post-partum family planning is considered as a lifesaving intervention<sup>[5,6]</sup>. To avoid the adverse outcome of closely spaced birth, the medical guidelines recommend the uptake of family planning method by six weeks post-partum. There are the studies which prove the benefits of counselling on the contraceptive acceptance among the post-partum women. Therefore, there is urgent need to identify the proportion of women willing to seek and accept contraceptive advice in the hospital setup. The present study was done to evaluate the impact of contraceptive counselling on selection and acceptance of contraceptive method among post-partum women

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This study also intended to identify the reasons for non-attendance among the post-partum women inspite of scheduled contraceptive visit.

## 2. Material & Methods

The present study was conducted at the Community Health Centre of Tehsil Basholi, District Kathua, UT of J&K.

### 2.1 Inclusion criteria

- Post-partum women within 6 - 12 weeks of delivery seeking contraceptive advice.

### 2.2 Exclusion criteria

- Post-partum women more than 12 weeks post-delivery.

Post-partum women within 6-12 weeks of delivery were retrospectively studied from the period of 1<sup>st</sup> May 2020 to 15<sup>th</sup> November 2020. These women were telephonically contacted and advised to attend the contraceptive clinic. The proportion of post-partum women attending obstetrics and gynaecology OPD seeking contraceptive advice within 12 weeks of delivery were noted. These women were counselled regarding usage and choice of contraceptive methods available. The post-partum women who did not turn up to attend the contraceptive clinic were again contacted telephonically to find out the reasons behind not attending the contraceptive clinic and their views were noted.

## 3. Observations & Result

Characteristics of post-partum women attending contraceptive clinic (n=8).

**Table 1:** Age distribution

Age (in years)	Number (n=8)	Percentage
18-20	0	0%
21-25	5	37.5%
26-30	1	12.5%
31-35	2	25%

**Table 2:** Educational Status

Education	Number	Percentage
Illiterate	4	50%
Primary School	2	25%
High School	2	25%
Post Graduate	0	0%

**Table 3:** Occupation

Employment	Number	Percentage
Employed	0	0%
Unemployed	8	100%

**Table 4:** Mode of delivery

Mode of Delivery	Number	Percentage
Normal	6	75%
LSCS	2	25%

**Table 5:** Parity

No. of Child	Number	Percentage
One	4	50%
Two	2	25%
More Than Three	2	25%

**Table 6:** Breast Feeding Status

Breast Feeding Status	Number	Percentage
Breast Feeding	8	100%
Excessive Feeding	7	87.5%
Awareness About Lam	0	0%

Characteristics of post-partum women who did not attended contraceptive clinic (n=94).

**Table 1:** Age distribution

Age	Number	Percentage
18-20	6	6.3%
21-25	54	57.4%
26-30	29	30.8%
31-35	5	5.3%

**Table 2:** Educational Status

Education	Number	Percentage
Illiterate	24	25.5%
Primary School	39	41.4%
High School	25	26.5%
Graduate	6	6.3%

**Table 3:** Occupation

Employment Status	Number	Percentage
Unemployed	92	97.8%
Employed	2	2.2%

**Table 4:** Mode of delivery

Mode of Delivery	Number	Percentage
Normal	92	97.8%
LSCS	2	2.2%

**Table 5:** Parity

No. of Children	Number	Percentage
One	36	38.2%
two	51	54.2%
More Than Three	7	7.4%

**Table 6:** Breast Feeding Status

Beast Feeding	Number
Breast Feeding	94
Exclusive Breast Feeding	61
Awareness About Lactational Amenorrhea Method	4

102 post-partum women were followed up. Out of 102 post-partum women only 8 women (7.8%) attended the contraceptive clinic. Majority-(92.2%) did not attended the contraceptive clinic. 100% of the post-partum women who attended the contraception clinic found that contraceptive counselling was effective. 4 out of 8, post-partum women (50%) used Copper T and 3 women (37.5%) used Injectable Deprovera as a contraceptive methods. Remaining 1 woman did not used any method as partner was out in some other state for work. Out of the 94 women who did not attend the contraceptive clinic, 66 post-partum women i.e. 70.3% had not accepted any method of contraception whereas 28 women (29.7%) used effective contraception at their homes. 16 out of these 28 i.e. 57.1% used condom, 8 women (28.5%) and 4 women (14.2%) used E Pill and Injection Deprovera respectively. The most common reason for not using contraception among those who did not attend contraceptive counselling were lack of knowledge in 19 women

(31.8%) and staying away from hospital in 19 women (25.7%). 11 women (16.6%) cited that methods are no longer useful to them right now as partner is out for work (as labourer in some other state). Infrequent sex in 9 (13.6%), have no time for sex in 4 (6.06%) and partner's opposition in 4 (6.06%) were other reasons for not using contraception and counselling.

#### 4. Discussion

Post-partum family planning is currently receiving considerable global attention in connection with the global Family Planning 2020 initiative [1]. It is the crucial time to address high unmet family planning need and to reduce the risk of closely spaced pregnancies. About one quarter of intra-birth intervals in low and middle income countries are less than 24 months in length [5]. This in turn exposing infant to risk of prematurity, LBW and death and exposing mothers to anaemia, periparturient endometritis, PROM and death [6, 7]. Counselling only once during antenatal period have not proven sufficient for increasing Post-Partum contraceptive use, infact antenatal and postpartum counselling combined has shown better result [11]. The provider must ensure that women understand the available options, can make informed choices and choose a method voluntarily. Ideal strategy for improving family planning programme performance is to incorporate contraceptive advice and services across the continuum of reproductive health so increasing the proportion of antenatal checkup, hospital deliveries postnatal checkup and immunization expand the number of opportunities for contraceptive counselling. Although number of contraceptive choices are available but usage of contraceptive methods among post-partum is rather very low. To avoid adverse outcome associated with closely spaced pregnancies, medical guidelines recommend the uptake of family planning methods by 6 weeks post-partum. The current study is to concentrate on the effort to counsel the post-partum women regarding importance of attending the contraceptive counselling and accepting the methods for proper spacing and family planning. A study conducted by Goel *et al.* [7] shows that women who received advice on family planning were more likely to adopt Post-Partum Contraceptives than those who were not advised at all. Similar finding have been reported by studies conducted by Chhabra *et al.* [8]. The present study shows that 6 weeks follow up visit at the OPD of family planning services is not effective. Only 7.9% of the Post-Partum women attended contraceptive counselling inspite of scheduled visit. Rosser *et al.* observed great variation with attendance rate in contraception counselling ranging from 4-33% among five centers in Sub-Saharan Africa [9]. Attending the contraceptive clinic significantly impacted the acceptance of contraceptive methods. In the present study 87.5% of Post-Partum women who attended contraceptive clinic accepted contraceptive methods compared to those not attending the contraceptive clinics (87.5% vs. 43.9%). In the present study: copper-T, Inj. DMPA were found to be the preferred contraceptive methods selected by post-partum women (87.5%). This is in conformity with the results for India in world contraceptive use pattern survey [7].

In the present study all of the women were practising breast feeding. 66.6% were exclusive breast feeding and following the Lactational Amenorrhea Method (LAM) criteria but none was aware of LAM as an effective contraceptive methods, similar to the study results conducted by Fabic *et al.* [10]. Therefore there is need to raise awareness of LAM and persuade women to either follow LAM or other criteria for contraception. Acceptance of contraceptive methods were high among who attended contraceptive counselling. Among 92.1% Post-Partum women

who did not attend the contraceptive session, 70.2% did not use any contraception: the most common reason cited was lack of knowledge (31.8%), staying away from hospital (25.7), 16.6% ruled out the need of contraceptive measures as partner is out for work (labourers in some other state). 13.6%, 6.06% and 6.06% stated infrequent sex, have no time for sex and partner's opposition respectively as a cause of not using contraceptive methods where as the most prevalent reasons for non-use of contraception [11] were health concern (13.3%), partner opposition (26.4%) and in frequent sex 18% as a cause of not using contraceptive methods.

#### 5. Conclusion

Family planning services at 6 weeks to 12 weeks post-partum was rarely attended. Only 7.9% i.e. 8 out of 102, attended the contraceptive counselling. Among those who attended DMPA/CuT (87.5%) were the preferred methods. Out of the 94 women who did not attend the contraceptive clinic, 66 post-partum women i.e. 70.3% had not accepted any method of contraception whereas 28 women (29.7%) used effective contraception at their homes Counselling only once during antenatal care has not proven sufficient for increasing Post-Partum contraceptive use. So there is a need to increase the awareness amongst the patients by repeated sessions of contraceptive counselling and by implementing family welfare programmes focusing more on post-partum contraception as at this time the female is more receptive to the contraceptive methods.

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