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Role of Contraceptive Counselling amongst Postpartum Women and its Acceptance

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Abstract **Original Research Article**

Background: Postpartum contraception reduces the risk of unintended and rapid repeat pregnancies. A comprehensive postpartum family planning (PPFP) service can enable women make adequate and informed choices on a preferred contraceptive method, initiating a method as well as encouraging them to use that method for a period depending on their reproductive intentions. ***Methods:*** This study aims to determine women's intention regarding uptake of postpartum family planning, their preferred methods and the factors associated with uptake. We conducted a cross-sectional study among women attending antenatal and postnatal clinics at the Dr Vikhe Patil Medical College using structured questionnaires. Data was analyzed using descriptive statistics and chi square test of comparison. ***Results:*** Five hundred women participated in the study. The mean age of the respondents was 26.4+5.3 years. The previous contraceptive usage was 32.8%. A total of 234 (64%) women intend to use a method of postpartum contraception. The most preferred intended postpartum contraceptive was IUCD (19.2%) followed by Barrier, implants. Reasons cited for nonuse of postpartum contraception include spousal refusal, effect on fertility, desire for further child bearing, religious beliefs. ***Conclusions:*** Counselling on postpartum contraception during the antenatal and postnatal period can help women make informed choices among the wide range of available contraception.

Keywords: Contraception, Condoms, Family planning, Implants, Injectables, Long acting reversible contraceptives, Postpartum.

INTRODUCTION

Amongst the general population. Factors influencing womens intentions for contraception usage have been extensively studied [1-4]. The Indian family planning program, though successful in increasing use of contraception among couples who no more desire child bearing, hasn't been significant enough in educating postpartum women about contraceptive usage for birth spacing [5-8]. Increase in postpartum contraceptive use should substantially decrease the rates of maternal and infant mortality by avoiding unplanned and unwanted pregnancies and judicious spacing between subsequent pregnancies [9,10]

Contraceptive counseling is an important part of family planning services. It has become a cornerstone for provision of appropriate knowledge of different contraceptive methods and eliminating myths about their risks and side effects. Instead, it offers a cafeteria choice for contraception, so that the family can plan and increase the birth interval period [11,12]. It has been found that only one quarter of women does not get concieved in lactional amenorrhea for a period of six months, as they do not follow exclusive breast feeding [13].

Women shoud be provided with information about safe contraceptive choices, as not all methods are recommended in the early post-partum period [14,15] Guidelines from the Center for Disease Control (CDC) indicate that lactating women who are less than 6 weeks postpartum should avoid using combined oral contraceptives, but that the advantages of the use of progestin only pills, implants and injectables outweigh any proven risks associated with these methods[14]. On the other hand, use of injectable contraceptives among breastfeeding women before 6 weeks postpartum is not recommended by WHO.

METHODS

We conducted a cross-sectional descriptive study among pregnant and postpartum women who attended antenatal and postnatal clinics at the Dr Vikhe Patil Memorial Hospital. The study was carried out over

a period of 6 months. The structured questionnaire was tested on women who were attending the antenatal and postnatal clinics after which modifications were made to the questionnaires to eliminate areas of ambiguity. Thereafter, all married women who were either pregnant or within six weeks postpartum (irrespective of pregnancy outcome) and who gave consent for the study were administered already tested structured questionnaires. The questionnaire consisted of 2 parts: the first one collected demographic characteristics of eligible women while the second one assessed women's knowledge about contraceptives, previous contraceptive usage, if index or recent pregnancy was planned or not, intention to use contraceptives postpartum and intended duration of birth spacing. The minimum sample size required for this study was calculated using formula (N=Z2pq/d2). This sample size was however adjusted to compensate for a non-response rate of 20% and the final minimum sample size was 180.11 Data collected were first manually entered into an excel spreadsheet and then exported and analyzed.

RESULTS

Table-1: Sociodemographic characteristics of respondents

	Antepartum	Postpartum
Characteristic	N	N
<20	86	3
21-25	100	14
26-30	140	15
31-35	108	8
36-40	20	5
>40	1	0
Education		
None	74	4
Primary	42	14
Secondary	138	32
Post-secondary	150	46
Employment		
Unemployed	124	42
Employed	234	100
Duration of Marriage		
<1	100	22
2-5	196	26
6-10	102	34
>10	20	0
No. of living children		
0	120	0
1	145	44
2-4	94	52
>5	20	24
Religion		
Hindu	245	60
Muslim	100	32
Christian	50	8
Pregnancy Intention		
Unintended	96	76
Intended	184	144

The total number of women interviewed was 500 of which 322 (80%) were pregnant and 83 (20%) were women who had delivered within 6 weeks. As shown in

Table 1, the mean age of the respondents was 26.4+5.3 years (range 16-47 years). All participants interviewed were married. The mean duration of marriage was 5.7+5.1 years (0-22 years). 245 of them were Hindus and 100 were Muslims.

Majority of the women, 150 were educated beyond secondary level of education. Only 74 had no formal education. Overall, 120 said the index or most recent pregnancy was unplanned. The previous modern contraceptive usage was 37.8% while 64.2% have never used any modern contraceptive method.

Among women who had ever used contraception, the most common contraceptive method used was iucd (28.7%) followed by male condoms, oral contraceptive pills (17.2%) and implants (10%).

A total of 234 women intend to use a method of postpartum contraception, 225 did not intend to use any form of contraception while 41 were undecided as to whether or not they wanted to use any method of contraception.

Table-2: Demographic characteristics and the use of postpartum contraception (n=234)

Intention to use postpartum contraception					
	no	yes	undecided	total	P value
Characteristic	n	n	n	n	
<20	78	10	1	89	0.00
21-25	90	14	10	114	
26-30	40	100	15	155	
31-35	20	86	10	116	
36-40	8	10	7	25	
>40	0	0	1	1	
None	40	22	16	78	0.18
Primary	14	30	12	56	
Secondary	32	78	60	170	
Post-secondary	92	104	0	196	
Duration of Marriage					
<1	100	4	18	122	0.00
2-5	82	120	20	222	
6-10	30	100	6	136	
>10	8	10	2	20	
No. of living children					
0	50	56	14	120	0.00
1	103	82	0	185	
2-4	62	64	20	146	
>5	10	32	2	44	
Religion					
Hindu	74	200	31	305	0.09
Muslim	88	34	10	132	
Christian	50	0	8	58	
Pregnancy Intention					
Unintended	4	102	66	172	0.03
Intended	88	132	108	328	

When asked to indicate their preferred choice of contraception in the postpartum period (Table 2), majority (25.9%) were undecided. However, 104 preferred to use the iucd, 59 preferred oc pills, 21 preferred a natural method, 26 wanted to use the male condoms. Only 24 (3.8%) wanted a permanent method of contraception.

Among women who previously used a method of contraception (n=142), 55 wanted to continue using the previous method for postpartum contraception. Of the 225 women who did not want to use a method of contraception postpartum 78 said they desired further childbearing, 32 attributed their nonuse to their spousal related factors (refusal, consent, unavailability) (Table 3). Among respondents who gave duration of intended child spacing (n=314), the mean duration of child spacing was 3.2+1.4 years (range 1-10 years). Sixty-six (15%) women desired no further childbearing and 32 (6.7%) were undecided as to the duration of their intended child spacing.

Table-3: Reasons for not wanting to use contraception

	Frequency
Reasons	n
Spouse refusal/consent	32
Don't like it	1
Fear of effect on fertility	5
Desire for further childbearing	78
Medical reasons	5
Religious belief	10
Side effects	84
No reason	10
total	225

DISCUSSION

There is indeed a great chance that many couples may initiate sexual activity prior to 6 weeks postpartum and thus having all the more chances of an unintended or rapid repeat pregnancy.

Risk is especially high if women avoid exclusive breast feeding during this period. 9 It is therefore necessary, to interact with women during antenatal care, delivery, postnatal and immunization clinics offer unique opportunities to be counselled and offered their preferred choice of contraception.

The study therefore aimed to highlight women's prior knowledge and use of contraception as well as assessing their intention to embark on a postpartum contraceptive method before their next desired planned pregnancy. The previous Contraceptive uptake from this study was 37.8%. Similar study conducted by Okunowo *et al*. showed a previous contraceptive uptake prevalence rate of 35.5%.Other studies showed a higher prevalence which was not comparable [1,4-6].

There are various factors influencing low utilisation of contraception. Plausible reasons for that as reflected in the study were due to the desire for further child bearing, religious beliefs, and husband's influence/refusal, fear of effect on future fertility and possible complications or side effects from the contraceptives. Sixty-six percent of women intended to use a method of contraception postpartum. This is 10% higher than the rate observed in the study by Okunowo *et al*. [4].

Chouudhary *et al*. observed 90.5% of respondents intending to use postpartum contraception after they were counselled [1]. High proportions of post-partum contraceptive intentions were reported in other studies which were comparable [3, 11, 12].

We also observed that among women who intended to use a contraceptive postpartum, was higher among women aged 31-35 years, had post-secondary education, had 2-4 children alive, married for 2-5 years, were Hindus and had intended pregnancies. This is therefore suggestive of, that women's age, level of education, parity, religion and duration of marriage play a definite role in uptake and acceptance of postpartum contraception. It also reflected in a study by Rutaremwa *et al.* which showed that utilization of modern postpartum family planning was significantly associated with women's education level, wealth status, religion, and age of the woman, number of surviving children, exposure to the media and utilization of reproductive health services.8

Most preferred contraceptive method from our study was the iucd followed by oc pills. Rahmanpour *et al*. found that the most preferred contraceptive used after delivery were the minipill (29.3%) and the intrauterine contraceptive device (25%). In the study by Chaovisitsaree *et al*. Depot medroxy progesterone acetate (38.4%) and the progestin- only pills (26.0%) were the preferred postpartum contraceptive methods [12,13]. In a similar Nigerian study, condom (38.3%) and intrauterine contraceptive device (11.5%) were preferred choices.

We observe from the above figures, that some other parts of world are more in favor of oral contraceptive pills as compared to the implants and the intrauterine contraceptive device. One of the possibility may be that these methods are easily affordable, readily accessible and do not necessarily require a skilled provider. These findings show also that among women who had previously used a contraceptive method (n=142), 55 were satisfied with the previous method and wanted to continue with the same method in the postpartum period.

Present study thus highlights the challenges in adequately ensuring and meeting the postpartum contraceptive needs of women. We found that majority of the women are amongst undecided group as to the method of postpartum contraception they would opt for. Reason for this can either be due to limited knowledge of available contraceptive methods or influence of language barrier given that large numbers with diverse ethnicity and levels of education seek care at our facility.

Need to engage partners and religious leaders in clarifying misguided information and misconceptions regarding contraceptive use may be a huge step in the right direction in improving women's uptake and utilization of contraceptives in the postpartum period as this clearly has shown benefit in reducing maternal and neonatal morbidities and mortalities.

The effectiveness of prenatal and postnatal counselling on postpartum contraceptive uptake can be improved through development and adapting institutionalized protocols and staff training. It has also been found that despite women indicating and stating a preferedchoice for contraception did not chose the same and hence reflecting wide gaps in prenatal contraceptive counselling. It is also suggested that while providers are entitled to provide women with the full range of available contraceptive methods, following a Cafeteria approach should be imbibed. In implementing so, women should be provided with information on the most effective methods.

Recent best practice in postpartum family planning by the Royal College of Obstetricians and Gynaecologists has provided information on the various contraceptive methods and their effectiveness.

This study has limitations. Of the respondents

sampled, majority was pregnant and only few were postpartum. This could be a result of the fact that many women do not seek postnatal care after childbirth. Researching into factors associated with this would be beneficial. Furthermore, since it was a questionnaire based survey, it could be difficult to measure or assess the accuracy of women's responses to the questions.

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