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Contraceptive Awareness in Antenatal Women Attending Outpatient Department in a Tertiary Care Hospital

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Abstract
Introduction: *Contraception is a major component of reproductive health and reproductive health services that empower women will reduce the social and economic disruption in the society. The aim of the study was to assess the level of knowledge about different contraceptive choices and find current practice of contraceptive methods by antenatal women attending Outpatient department in a tertiary care hospital.*
Methods: A crossectional questionnaire based study was conducted over an eight week period at Government Medical College Manjeri Kerala. 156 antenatal women were randomly selected and interviewed using predesigned questionnaire.
Results: *Majority were in the age group 26 to 30 years.90% was aware of some kind of contraception. Also, 90% were aware of needs of birth spacing. Condom was the most popular method followed by I-pill (emergency contraceptive –trade name).Only 50% gave history of contraceptive usage. Among choice of contraception in postpartum period, 33% chose sterilisation. Friends and neighbours were the main source of information, Reason for not using contraception was fear of side effects.*
Conclusion: *While there is good contraceptive awareness, this is not matched by commensurate contraceptive prevalence; but situation can be bettered. There is need to tackle the obstacles to contraceptive uptake. Every available opportunity to provide reproductive counselling to women especially on contraception should be made use of. Family planning counselling during antenatal check up is likely to increase the acceptance of family planning methods in the post partum period.*
Keywords: *Contraception, Antenatal, sterilisation, maternal, side effects.*

Introduction

Fertility control is an important and substantive medical discipline with a developing scholarly foundation and a burgeoning clinical application. The control of a woman's procreative potential has advanced considerably over the past quarter century. Never before in man's history on earth, has there been more need for limiting population growth. It has been projected that the number of human beings on earth will exceed over the supply of resources sometime after the turn of the century unless the current growth trends are stopped and reversed. Perhaps nowhere is the immediate need more obvious than in India and nowhere else are the collective efforts more apparent and more pervasive.[1]

India launched the first family planning program in 1951; which was aimed at decreasing the alarming, rising population . Global statistics estimate that 2 out of every 5 pregnancies are unintended. The national population policy (NPP) 2000 aims at stabilising population at 2045 that is by bringing down total fertility rate (TFR) to 2.1 by 2010 but TFR still continues to be 2.6 & 3 in some states[2]. The major problem found while adopting the contraceptive measures are myths and misperceptions passed from one person to another. These myths are generally concerns about perceived side effects and misunderstanding about future infertility, spousal miscommunications and opposition from others including family members, friends and religious leaders which restrict the use of birth control methods. Unintended pregnancies are associated with negative health, social and economic outcomes for both the women and child and it is estimated that between 1/4th and 2/5th of maternal deaths could be averted if unplanned pregnancies were prevented. Serving all women who currently have an unmet need for modern contraception in developing countries could prevent 67 million unintended pregnancies, 23 million unplanned births, 36 million abortions and 76 thousand maternal deaths each year.

Antenatal period is an important aspect for family planning awareness as a pregnant woman is likely to be most receptive for contraception usage in the postpartum period. The antenatal outpatient department offers the best environment within the hospital for meeting women in the reproductive age group in addition to providing a forum for dissemination of family planning information, correction of wrong perceptions as well as the opportunities for exchange of ideas between mothers.

Objective of the Study

The study aims to determine the knowledge, awareness and practice of various contraceptive methods among antenatal women attending the outpatient department in Obstetrics and Gynacology department in Government Medical College Manjeri, Malappuram, Kerala, India

Materials and Methods

The study is a descriptive questionnaire based prospective study conducted among antenatal women who attended the outpatient department at our hospital. Permission from institutional research committee and ethical approval was obtained prior to conduct of the study. The interview for the study was conducted by the trained medical practitioner and involved face to face interview using a pretested structured questionnaire. The women under the study were counselled and had given their informed consent prior to the interview. Women who didn't give consent were excluded from the study. The sample size was determined using formula $(N=Z^2PQ/D^2)$ bearing in mind the current contraceptive prevalence of 36.3% with a desired precision of 20% and sample size of 169 was calculated. All interviews were carried out during an 8 week period from 1st November 2018 at the antenatal OP of Government Medical College Manjeri, Malappuram, Kerala. This teaching hospital is a tertiary care hospital located in the north part of Kerala has a monthly delivery rate of around 450. A systematic random sampling technique was used to determine the participants to be interviewed. For every 10 antenatal women, a questionnaire was filled after consent and interview.170 questionnaires were administered by the authors in the antenatal clinic. The questionnaire scheduled elicited information on the biosocial characteristics of the women; age, occupation, educational status, number of previous pregnancies and deliveries, awareness of contraception, usage of contraception, source of information, type of contraception ever used and reason for not using contraception. The data obtained was collated in a purpose designed worksheet prepared for this study. The results were presented as percentages, tables and charts.

Results

A total of 170 antenatal women were randomly selected for interview out of which 156 consented to take part in this study.

Figure 1 and Table 1 shows the age structure of the study. Majority were in the 26-30 years group which corresponds to the majority of women attending the antenatal clinic

Table 1 Age Distribution

Age	Frequency	Percent
18-20	25	16.0
21-25	52	33.3
26-30	55	35.3
31-35	24	15.4
Total	156	100.0

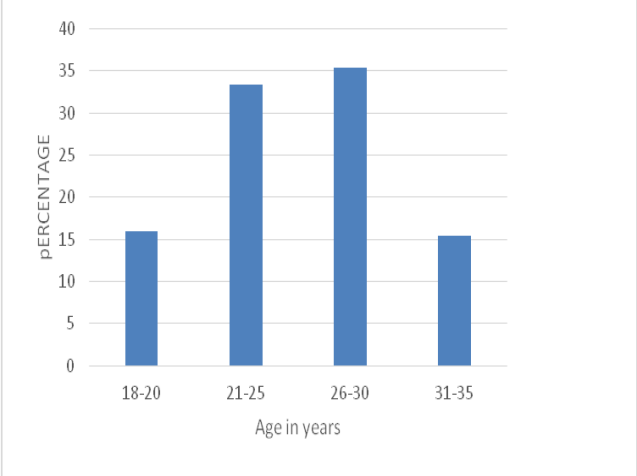

Figure 1 Age distribution

Table 2 Educational background of the sample

Education	Frequency	Percent
Primary	58	37.2
High school	71	45.5
Graduate	21	13.5
Post graduate	6	3.8
Total	156	100.0

Figure 2 and Table 2 shows the educational status of the sample population. It can be noticed that 45.5% had attained high school education and only 3.8% were post graduates

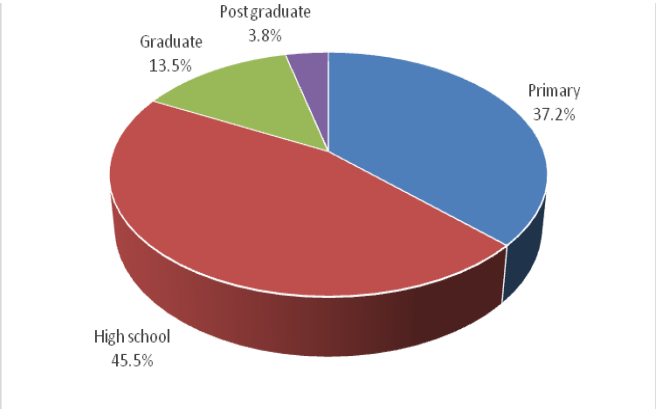

Figure 2. Educational background of the sample

Table 3. Religion distribution

Religion	Frequency	Percent
Hindu	43	27.6
Muslim	95	60.9
Christian	18	11.5
Total	156	100.0

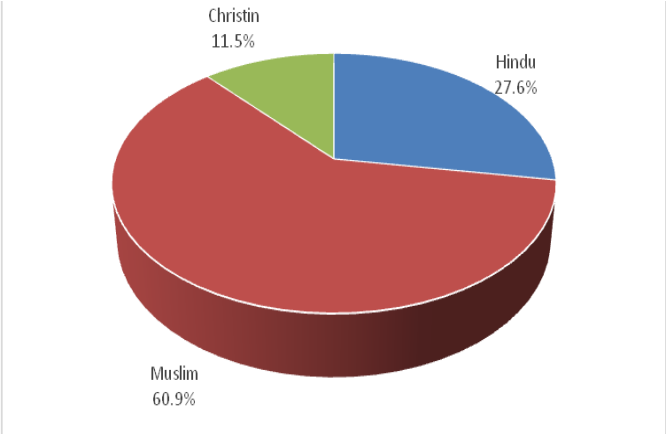

Figure 3 Religion distribution

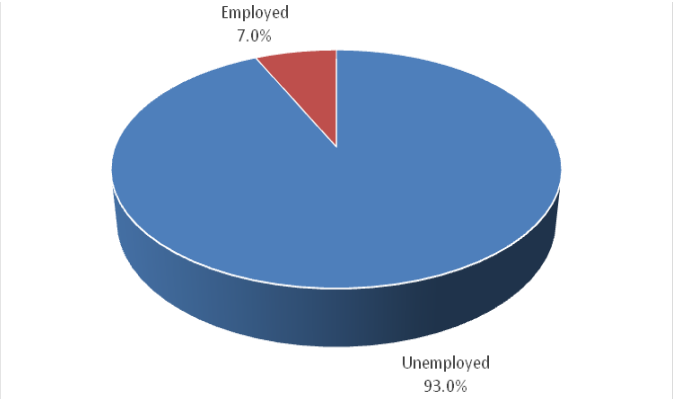

Figure 4 Employment distribution

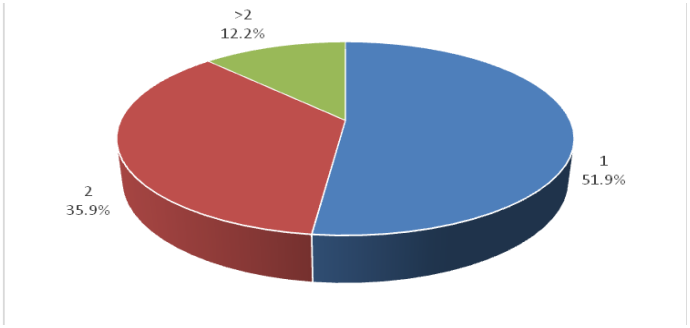

Figure 5 Parity distribution

From the Figure 3, it can be noticed that 60.2% who participated in the study was Muslims. It is to be noted that the predominant religion in the area is Muslim. Date for the figure is shown in Table 3. Figure 4 sows that only 7% of the sample size were employed. Figure 5 shows the parity distribution. 51.9% were primi gravidas, 35.9% second gravidas and 12.2 % of higher parity.

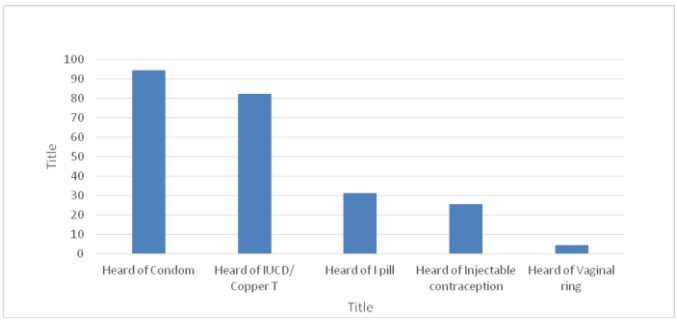

Figure 6 Awareness about contraceptives

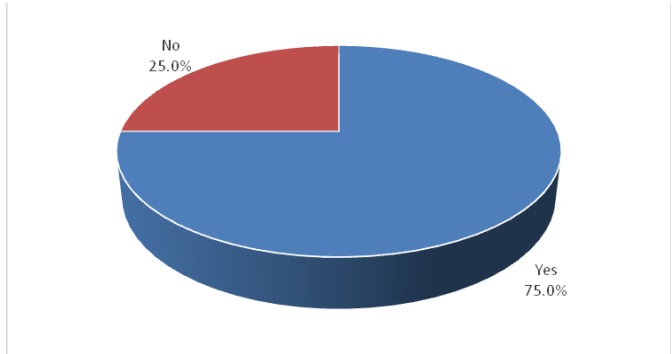

Figure 7 Awareness about safe period

Awareness about contraception is shown in Figure 6. Condom and Copper T were the most popular contraceptives. In contrast, the awareness of safe period is quite high (75%, Figure 7). Main sources of information regarding contraception were friends and neighbours, parents, relatives and less from print media, TV, radio (Figure 8).

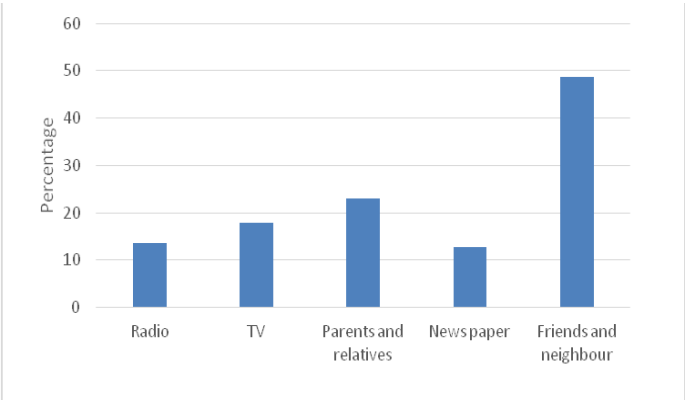

Figure 8 Source of information

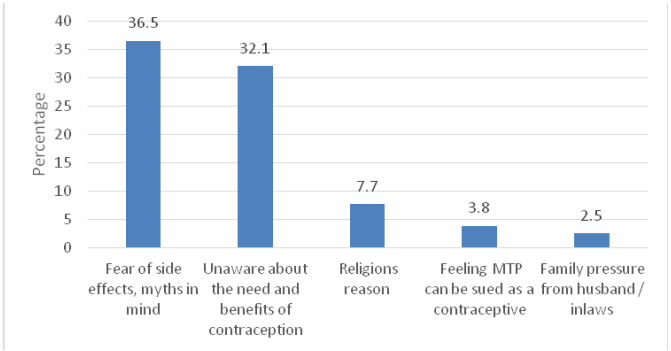

Figure 9 Reasons for not using contraceptives

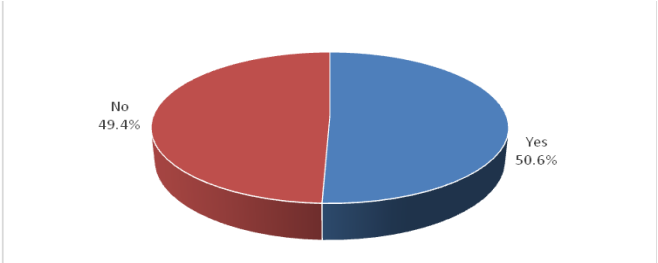

Figure 9 Ever used contraceptives

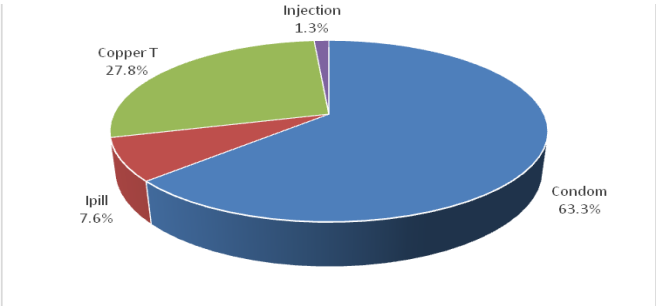

Figure 10 Methods adopted

A certain fraction of the sample size were not using contraception. Main reason for this was the fear of side effects and myths in mind. It is interesting note that in this fraction, most were unaware about need and benefits of contraception (Figure 9). Although contraceptive awareness is about 90%,

contraceptive practice is quite low that is 50.6% (Figure 10). Figure 11 shows that condom was the most commonly used method (63.2%) followed by copper-T (27.8%)

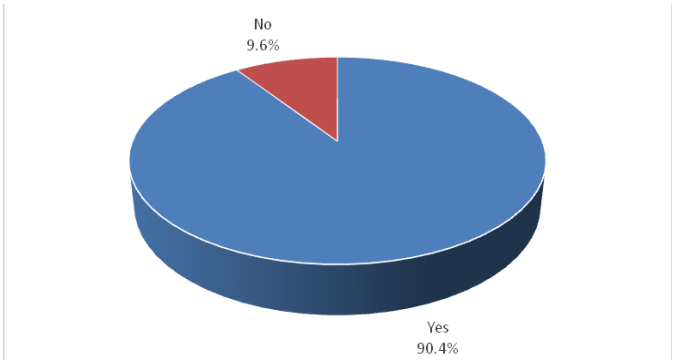

Figure 11 Awareness about need of birth spacing and timing child birth

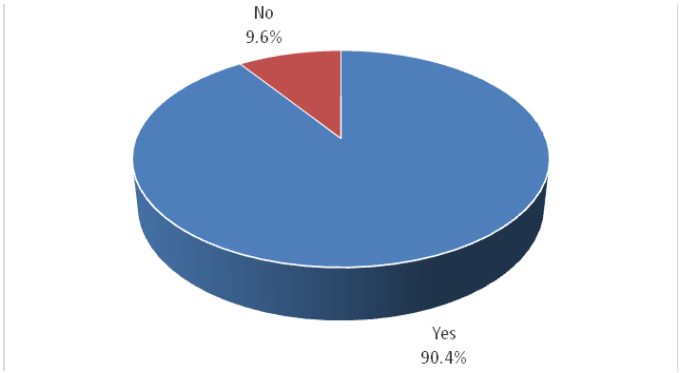

Figure 12 Awareness about benefits of birth spacing

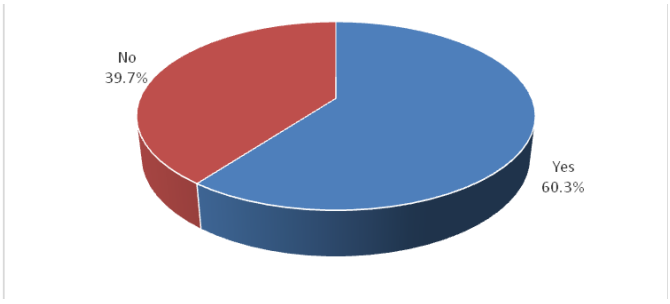

Figure 13 Whether decided on the method of postpartum contraception

90.4% were aware about need of birth spacing and timing child birth (Figure 12). Figure 13 shows the percentage of those who had decided about post partum contraception. It can be noticed that among them, 39.4% were banking on I pill (emergency contraception) and good proportion of 35.1% on sterilisation.

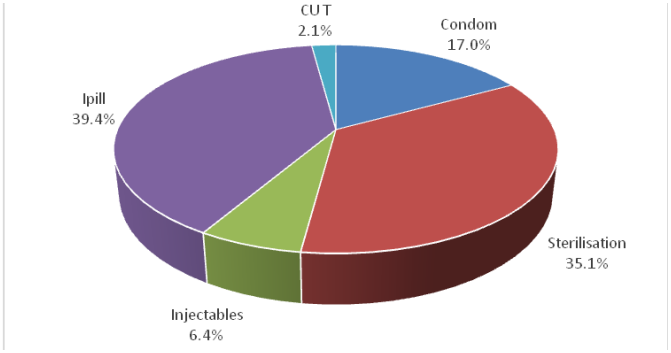

Figure 14 Opted postpartum contraception methods

Discussion

According to national family health survey NFHS-3, knowledge about various temporary and permanent methods of contraception ranges from 45% to 99% in India[2]. From the present study, it was found that the study population had very good knowledge of contraception (90%) which is less than that reported by Takkar et al.[3] in their study while more than that reported by Sajid et al.[4] study done in Pakistan (87.2%) after counselling.

Socio-demographic characteristics showed majority age group as between 26 and 30 years representing peak reproductive age group attending antenatal clinics. Majority had attained high school education and therefore are expected to have reasonable knowledge of contraception. Considering religion, 95 out of 156 were Muslims. They are also the majority religious group in the study area. 93% of the study population were unemployed Most of the prior studies have reported high level of contraceptive awareness but contraceptive usage was comparatively low.[5,6,7] Friends and neighbours were the main source of information on contraceptive amongst the respondents while other forms of information like TV, radio did not play significant roles. This is in keeping with findings of Onwuzurike et al.[8]. There is therefore a need to increase and sustain the performance of all avenues of information dissemination on a continuous basis[9]. Researchers should seek to explore all avenues to make contraception a 'couple thing' from inception, providing joint enlightenment and educating the couple regarding the advantages may help to increase the uptake of contraceptives considering the reasons for not using contraception; 36.5%

avoided due to fear of side-effects and 32.1% were not aware of the benefits of contraception. There is need to educate women on knowledge of various contraceptive methods, myths and realities about contraception in order to change the trend. Use of contraception was only 50.6%. This signifies that high level of awareness did not translate to high use. This is in keeping with most studies. Awareness of side effects did not significantly affect use of contraception but older age, higher education status and having positive attitude towards contraception were all factors which significantly influence contraceptive use. In order to have a positive attitude, education of women is a must. The role of the male partner in the success of female reproductive health cannot be over emphasised. Use of contraception has been associated with husband/partner's support. Commonly used contraceptives were condoms (63%) and copper-T (27%). Findings in other studies also noted high condom usage amongst young people which had been attributed to educational campaigns and social marketing of condom in response to HIV epidemic. Awareness about birth spacing and its benefits was known to 90% of the participants in our study. 60% on the respondents had decided on the mode of post-partum contraception. They opted for mainly sterilisation once they have completed their family. A significant number of them cited I pill (emergency contraception) as a method probably due to the educational campaigns on emergency contraception and the publicity given to it through advertising in TV and radio. Contraceptive use is not merely an outcome of awareness, knowledge and availability but is influenced by complex factors including decision making processes, negotiating abilities and power relations.

Conclusions

Majority of women were between 26 to 30 years. 90% knew about some method of contraception. 50% followed temporary method of contraception. Fear of side effects and myths were the main reasons for not using contraception. Education about contraception and reproduction are not elaborated in secondary schools in India which contributes to the ignorance. Information for young people on sexuality are therefore mostly from peer groups which are often distorted or out rightly wrong. Furthermore adolescent health clinics are very few in India, thereby exposing these young people to ravaging effects of unsafe sexuality. Targeted interventions are needed to improve understanding of long acting methods and safety of modern methods more broadly and consequently to increase modern contraceptive access and use.[10]

Acknowledgements

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Conflicts of Interest

There are no conflicts of interest among the authors.

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