

POSTPARTUM CONTRACEPTIVE USE IN RURAL BAREILLY

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Many women who are sexually active would prefer to avoid becoming pregnant but are not using any method of contraception. These women are considered to have an unmet need for family planning. According to the National Family Health Survey 2005-06, Uttar Pradesh, India, the unmet need for family planning in currently married women of reproductive age group is 21.2%.⁽¹⁾

Among the common reasons for unmet need for family planning are inconvenient, unsatisfactory services, lack of information, fears about contraceptive side effects and opposition from husbands, relatives or others.⁽²⁾

Family planning and adoption of birth control measures reduces unintended pregnancies and unsafe abortions, averts maternal and newborn deaths, and leads to a decline in the number of women facing complications due to unsafe pregnancies would decline.^(3,4) Selecting appropriate contraceptive is a major concern in postpartum period. Pregnancy and child bearing may change a woman's sex behaviour and use of preferred contraceptive method.

Understanding of family planning practices especially of the rural community is required to limit or space births by adopting simple interventional strategies. Therefore, the present study was carried out to assess the level of adoption of contraception among women who had delivered within last one year and to identify the different variables which affect the postpartum contraception in Bhojipura Block of Bareilly district.

Material and methods

The cross sectional study was conducted during June to August 2011 at six selected villages of Bhojipura Block of Bareilly district, Uttar Pradesh. These six villages were selected purposively out of 100 villages in Bhojipura Block. Ethical committee approval was taken before the start of the study. All currently married women aged between 15-49 years who had delivered a child within last one year were interviewed by house to house survey and comprised the study unit. Informed consent was taken from the mothers and they were explained about the purpose of the study. A total of 123 women participated in the study.

A structured questionnaire was used to assess study subjects' socio-demographic profile (age, religion, caste, type of family, education, occupation and income) and postpartum contraceptive prevalence. Modified Prasad's classification was applied to measure the individual's socioeconomic status.⁽⁵⁾

Postpartum contraception was defined as use of any family planning method by a woman within one year of delivery. Data entry and statistical analysis were performed using the Microsoft Excel and SPSS windows version 14.0 software. Tests of significance (Pearson's Chi-square test)

was applied to find out the association. p values < 0.05 were considered significant.

Results

Out of the 123 women who had delivered within last one year, only 17 (13.8%) used postpartum contraception. Among those who adopted postpartum contraception 8.9% used condoms while 3.3% used Lactational Amenorrhea Method (LAM) and 1.6% used IUD. The common reasons for not adopting contraception were lack of knowledge (32.5%), young infant was breast feeding (28.5%), want more children (11.4%) and opposition of religion (10.6%). (Table 1)

Postpartum contraceptive use was higher amongst females aged less than 30 years and those belonging to middle socioeconomic class and nuclear families. Similar associations were also found among Hindus, females with 2 or less living children and those married after 18 years of age. The significant influence of the women's educational status on utilization of family planning methods was observed ($p < 0.05$). Husband's literacy status also influenced contraceptive usage, although no significant association was found. Contraceptive use was higher (19.1%) among the females who were delivered at a hospital as compared to those delivered at home (8.3%) (Table 2)

Table 1: Family planning practices among postpartum mothers

Family planning practices	Total No. (%)
Any method used to prevent pregnancy	(n=123)
Yes	17 (13.8%)
No	106(86.2%)
Type of method used	(n=17)
Condom	11 (8.9%)
IUD	2 (1.6%)
LAM	4 (3.3%)
Reason for not using method	(n=106)
Lack of knowledge	40 (32.5%)
Young infant is breastfeeding	35 (28.5%)
Want more children	14 (11.4%)
Religious constraints	13 (10.6%)
Husband not willing	3 (2.4%)
Lack of money	1 (0.8%)

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Table 2: Factors affecting postpartum contraception

Characteristics	No. of subjects (n=123)	Acceptors	Non-Acceptors	Chi-Square (df), P-value	
Age	18-23 yrs	49	7 (5.7%)	42 (34.1%)	.909(2)
	24-29 yrs	47	5 (4.1%)	42 (34.1%)	.635
	>= 30yrs	27	5 (4.1%)	22 (17.9%)	
Socioeconomic status	Class IV	71	11 (8.9%)	60 (48.8%)	.394(1)
	Class V	52	6 (4.9%)	46 (37.4%)	.530
Type of family	Nuclear	67	10 (8.1%)	57 (46.3%)	.151 (1)
	Joint	56	7 (5.7%)	49 (39.8%)	.698
Religion	Hindu	91	16 (13.0%)	75 (61.0%)	3.029(1)*
	Muslim	32	1 (0.8%)	31 (25.2%)	.081
Birth order	Upto 2	70	10 (8.1%)	60 (48.8%)	.029(1)
	3 and above	53	7 (5.7%)	46 (37.4%)	.864
Age at Marriage	< 18 years	51	5 (4.1%)	46 (37.4%)	1.180 (1)
	> 18 years	72	12 (9.8%)	60 (48.8%)	.277
Education of women	Illiterate	86	8 (6.5%)	78 (63.4%)	4.901(1)
	Literate	37	9 (7.3%)	28 (22.8%)	.027
Education of husband	Illiterate	49	4 (3.3%)	45 (36.6%)	2.189(1)
	Literate	74	13 (10.6%)	61 (49.6%)	.139
Type of Delivery	Institutional	63	12 (9.8%)	51 (41.5%)	2.962(1)
	Home	60	5 (4.1%)	55 (44.7%)	.085

Discussion

This study is first of its kind as we could not find any previous study from rural Bareilly reporting postpartum contraception. The postpartum contraceptive method use (13.8%) observed in our study is much lower than the figure (28.0%) reported for rural Uttar Pradesh by Goel et al (2010).⁽⁴⁾ Higher postpartum contraceptive prevalence (41.0%) has also been reported by the Population Council study.⁽⁵⁾ Around 20.0% of postpartum contraception has been reported by NFHS-3 (2005-06) for rural Uttar Pradesh.⁽¹⁾ Our findings are compatible to those reported by Agha et al (2011) where 11% of women from rural Pakistan who had delivered during the last 12 months were using a family planning method.⁽⁷⁾

Among those who adopted postpartum contraception in our study, 8.9% used condoms while 3.3% used LAM and 1.6% used IUD. Condoms and the safe days method were the most common methods reported in the study by Goel et al (2010).⁽⁴⁾

The reasons for non acceptance of any contraceptive method in this study were lack of knowledge (32.5%), young infant being breast fed (28.5%), want more children (11.4%) and opposition of religion (10.6%). Simliar reasons were cited by the Population Council study.⁽⁵⁾

Maternal age or number of children was not significantly associated with postpartum family planning prevalence in the current study. Similar observations were reported in a study conducted in Srilanka by Agampodi et al (2009).⁽⁸⁾

Contraceptive acceptance was higher amongst females belonging to middle socioeconomic class, nuclear families and among those married after 18 years of age in this study. Significant association between contraceptive acceptance and type of family, socioeconomic status and age at marriage was observed in a study conducted among women of reproductive age in rural Maharashtra.⁽⁹⁾

The significant influence of the women’ educational status on utilization of family planning methods was observed in the present study. Similar findings have been reported by other Indian studies.^(9,10)

Contraceptive use was higher (19.1%) among the females who were delivered at a hospital/health centre as compared to those delivered at home (8.3%). This can be attributed to the family planning advice received by the females delivered at a hospital/health centre during prenatal and postnatal care.

In a study conducted in Mexico, women who received family planning advice during prenatal care were more likely to use a contraceptive than were those who did not receive such advice.⁽¹¹⁾ Strong associations between maternal health care and family planning practice have been established in previous studies.⁽¹²⁻¹⁵⁾

The limitation of this study could be a small localized population and hence the findings in this study cannot be generalized to the state or to India as a whole. Our study reveals that education level is a major limiting factor in accepting family planning methods especially for limiting births. There is need to promote spacing methods by policy makers and field workers and motivate couples to accept them.

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