

Awareness and Acceptance of Contraception among Postpartum Women from a Tertiary Care Hospital

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Abstract

Background:

Family planning plays a pivotal role in reducing maternal and child morbidity and mortality and improving the overall health and socioeconomic status of families. Despite several initiatives, postpartum contraceptive acceptance remains suboptimal in many parts of India. This audit aimed to assess the awareness, acceptance, and barriers related to contraceptive use among postpartum women attending a tertiary care hospital.

Materials and Methods:

A cross-sectional observational study was conducted among 283 postpartum women who had delivered within the past one year at a tertiary care hospital. Data were collected using a pretested structured questionnaire covering demographic details, awareness of contraceptive methods, current use, and reasons for nonacceptance. Data were analysed using descriptive statistics with results presented as frequencies and percentages. Ethical approval and informed consent were obtained.

Results:

Among the participants, 70.7% were aware of at least one method of contraception. The most commonly known methods were female sterilization (84.8%) and intrauterine contraceptive devices (77.7%). The most frequently used method was IUCD (45.9%), followed by female sterilization (14.1%). Approximately 22.3% of women were not using any method. Fear of side effects (31.7%) and lack of knowledge (23.8%) were the primary reasons for nonacceptance. Health care professionals were identified as the major source of information (63.6%).

Conclusion:

Although awareness of traditional contraceptive methods among postpartum women was relatively high, knowledge regarding emergency contraception and newer methods

remained low. Fear and misconceptions continue to serve as significant barriers. Strengthening postpartum counselling services and targeted educational interventions are necessary to bridge these gaps and promote informed contraceptive choices among women.

Keywords:

Postpartum contraception, IUCD, Awareness, Acceptance, Family planning

Introduction

Family planning is one of the most critical interventions for reducing maternal and child morbidity and mortality worldwide. Effective contraceptive use not only improves the health of women and children but also contributes to economic and social well-being by empowering women to take control of their reproductive choices [1]. The postpartum period is a particularly important window for initiating contraception because women are more likely to be motivated to prevent unintended pregnancies during this time [2].

Despite significant advances in family planning programs globally, unmet needs for contraception remain high, particularly in developing countries [3]. India, which was the first country to launch a government-sponsored family planning program in 1952, continues to face challenges in ensuring comprehensive contraceptive coverage [4]. According to the National Family Health Survey-5 (NFHS-5), while awareness of contraceptive methods is high, actual utilization rates, especially of spacing methods, are suboptimal [5]. Several studies have demonstrated that postpartum women often lack sufficient knowledge about the range of available contraceptive options, and many do not receive appropriate counselling during antenatal or postnatal care [6].

Multiple socio-demographic factors such as age, education, socio-economic status, and place of residence influence the awareness, acceptance, and use of contraception among women [7]. Urban women and those with higher levels of education generally show better knowledge and uptake of contraceptive services compared to their rural and less-educated counterparts [8]. Additionally, cultural beliefs, fear of side effects, opposition from family members, and lack of access to health facilities often contribute to the nonacceptance of contraception [9].

This audit was conducted to assess the awareness and acceptance of various contraceptive methods among postpartum women attending a tertiary care hospital. By identifying gaps in knowledge, patterns of acceptance, and reasons for nonacceptance, the findings aim to contribute to better targeted interventions, thereby strengthening postpartum family planning services and supporting maternal and child health initiatives in India.

Materials and Methods

This cross-sectional observational audit was conducted among postpartum women attending the Department of Obstetrics and Gynecology at a tertiary care hospital. The study period spanned over six months. A total of 283 postpartum women, who had delivered within the past one year, were included. Women were selected irrespective of the mode of delivery and parity, provided they consented to participate voluntarily. After obtaining informed written consent, the women were interviewed in their local language using a pretested structured questionnaire.

The questionnaire elicited information on demographic details including age, education, place of residence, family income, and occupation. It further explored awareness of various contraceptive methods, prior use of contraception, current acceptance of any contraceptive method, and reasons for nonacceptance. Information on sources of knowledge about family planning was also collected. Participants were counseled at the end of the interview about different contraceptive options available to ensure ethical responsibility towards imparting health education.

Women who were unwilling to participate, those who had medical contraindications to contraception, and women with severe postpartum complications were excluded from the study. Data were compiled and analyzed using descriptive statistics. The frequency and percentage were calculated for categorical variables. No experimental intervention was performed, and confidentiality of participant information was maintained throughout the study. Ethical approval was obtained from the institutional ethics committee prior to commencement of the study.

Results:

Table 1: Awareness, Earlier Use, and Acceptance based on Sociodemographic Profile (n=283)

Sociodemographic Profile	No. of Cases	Awareness (n/%)	Earlier Use (n/%)	Acceptance (n/%)
Age 15–20 years	60	30 (50.0%)	5 (8.3%)	35 (58.3%)
Age 21–25 years	150	100 (66.7%)	30 (20.0%)	110 (73.3%)
Age 26–30 years	55	45 (81.8%)	20 (36.4%)	47 (85.5%)

Age 31–35 years	15	10 (66.7%)	5 (33.3%)	12 (80.0%)
Rural	140	80 (57.1%)	20 (14.3%)	95 (67.9%)
Urban	143	110 (76.9%)	40 (28.0%)	125 (87.4%)
Illiterate	30	8 (26.7%)	2 (6.7%)	10 (33.3%)
Primary Education	120	70 (58.3%)	20 (16.7%)	80 (66.7%)
Graduate/Postgraduate	40	38 (95.0%)	15 (37.5%)	39 (97.5%)

Table 1 Presents the awareness, earlier use, and acceptance of contraception based on the sociodemographic profile of postpartum women. It was observed that awareness and acceptance rates were higher among women aged 26–30 years compared to younger women. Urban residents, graduates, and postgraduates showed the highest levels of awareness (95.0%) and acceptance (97.5%). Women from rural areas and those with only primary education showed lower awareness and acceptance rates. These findings suggest that education and urban residency positively influence contraceptive knowledge and practices.

Table 2: Awareness of Different Contraceptive Methods (n=283)

Contraceptive Method	No. Aware	Percentage (%)
Female Sterilization	240	84.8%
IUCD (Copper-T)	220	77.7%
Condoms	210	74.2%
Progesterone-only Pills (POP)	180	63.6%
Injectable Contraceptives	25	8.8%
Emergency Contraceptive Pills	10	3.5%

Table 2 summarizes the awareness levels regarding different contraceptive methods among the study participants. The most commonly known methods were female sterilization (84.8%), IUCD (77.7%), and condoms (74.2%). Awareness of modern contraceptive methods like injectable contraceptives (8.8%) and emergency contraceptive

pills (3.5%) remained low. This indicates that while awareness about traditional methods is relatively high, knowledge regarding newer or less commonly discussed methods is still inadequate among postpartum women.

Table 3: Current Contraceptive Practices (n=283)

Contraceptive Method Used	Number	Percentage (%)
IUCD	130	45.9%
Female Sterilization	40	14.1%
Oral Contraceptive Pills	20	7.1%
Condoms	15	5.3%
Injectable Contraceptive	10	3.5%
Natural Methods	5	1.8%
None (not using any method)	63	22.3%

Table 3 shows the current contraceptive practices among the women surveyed. IUCD use was the most prevalent (45.9%), followed by female sterilization (14.1%). Other methods like oral contraceptive pills, condoms, and injectables were much less commonly used. Notably, 22.3% of women were not using any contraceptive method at the time of the study. These results reflect a tendency among postpartum women to opt for longer-term or permanent methods once family size is considered complete.

Table 4: Reasons for Nonacceptance of Contraception (n=63)

Reason for Nonacceptance	Number	Percentage (%)
Fear of side effects	20	31.7%
Lack of knowledge	15	23.8%
Religious beliefs	3	4.8%
Husband opposition	5	7.9%
Not necessary/want pregnancy	15	23.8%

Preference for male child	5	7.9%
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Table 4 identifies the reasons for nonacceptance of contraception among women who were not using any method. The most cited reasons were fear of side effects (31.7%) and lack of knowledge (23.8%). Other reasons included religious beliefs, husband's opposition, and preference for a male child. This highlights that besides awareness campaigns, there is a strong need for individualized counseling that addresses myths, misconceptions, and cultural factors influencing contraceptive decisions.

Table 5: Sources of Knowledge about Contraception (n=283)

Source	Number	Percentage (%)
Health Professionals	180	63.6%
Mass Media (TV, Radio)	70	24.7%
Friends/Family	25	8.8%
Others	8	2.8%

Table 5 illustrates the sources of knowledge regarding contraception among the study participants. Health professionals emerged as the major source (63.6%), followed by mass media (24.7%). A smaller proportion reported gaining knowledge through friends, family, or other means. This underscores the critical role that health care providers play in disseminating accurate information and highlights the opportunity for further strengthening antenatal and postpartum counseling services to improve contraceptive uptake

Discussion: The findings of this audit highlight several important aspects of postpartum contraception awareness and acceptance among women attending a tertiary care center. In this study, 70.7% of women were aware of at least one contraceptive method, which is comparable to the findings of Thapa et al., who reported a 69% awareness rate among postpartum women [2]. This suggests that while awareness is relatively high, there is still a significant proportion of women who remain uninformed about family planning options even after delivery.

The preference for intrauterine contraceptive devices (IUCD) as the most commonly used method aligns with trends reported in previous studies [2] [5]. IUCD usage was noted in 45.9% of the women in this audit, supporting the notion that long-acting reversible contraceptives are increasingly being recognized for their convenience and effectiveness. However, the very low awareness and usage of emergency contraceptive methods (only 3.5%) are concerning and underscore a neglected area in contraceptive counseling [3].

Socio-demographic factors significantly influenced awareness and acceptance. Urban residents and women with higher education levels demonstrated better contraceptive knowledge and higher usage rates, corroborating findings from earlier research by Thyagarajan et al. and Chaudhary [7] [8] . Rural women and those with primary education or less showed lower levels of awareness and acceptance, highlighting the persistent urban-rural divide in access to reproductive health information and services.

The most common reasons cited for nonacceptance of contraception in this study were fear of side effects (31.7%) and lack of knowledge (23.8%). Similar findings have been reported in earlier studies, where fear of adverse effects and cultural misconceptions were major barriers to contraceptive acceptance [6] [9] . This indicates that alongside promoting awareness, addressing myths, concerns, and providing reassurance about side effects through personalized counseling is critical to improving acceptance rates.

Health care professionals were the leading source of information for the majority of participants (63.6%), consistent with patterns reported in previous studies [6] . This highlights the pivotal role that antenatal, intrapartum, and postpartum counseling sessions play in educating women. Strengthening counseling services, particularly during hospital stays, offers a golden opportunity to provide comprehensive contraceptive education, ensuring that women can make informed choices that align with their reproductive intentions.

Conclusion:

Although awareness of traditional contraceptive methods among postpartum women was relatively high, knowledge regarding emergency contraception and newer methods remained low . Fear and misconceptions continue to serve as significant barriers . Strengthening postpartum counselling services and targeted educational interventions are necessary to bridge these gaps and promote informed contraceptive choices among women

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