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Original Research Article

Knowledge and Practice of Post-partum Contraceptives of Pregnant Patients Attending Khulna Medical College Hospital

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Abstract

Introduction: There should be a gap between pregnancies for the sake of both mother and child. Post-partum contraceptive is required to delay pregnancy after delivery and to pursue family planning. Aim of the study: The aim of this study was to evaluate the knowledge and practice of post-partum contraceptives in pregnant women. Methods: This cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, Khulna Medical College, Khulna, Bangladesh during the period from January 2019 to December 2020. Result: In this study, the mean age was 25.91 years (SD± 4.97 years) ranging between 16-39 years. In this study, most of the pregnant women (69%) did not get any postpartum FP during the hospital discharge. In this study, most of the pregnant women (77%) had ANC in their last pregnancy. In this study, most of the pregnant women (76%) did not get postpartum family planning counseling during ANC checkups. For most of the pregnant women (84%), the resumption of menstruation after the last pregnancy was less than 6 months. In this study, the current pregnancy of most of the study people (76%) was unplanned/unintended. There was no unplanned pregnancy loss (abortion) between last and current pregnancy for most of the pregnant women (80%). For most of the pregnant women (76%), the gap between last and current pregnancy was 1-2 years. In this study, most of the pregnant women (79%) did not have adequate knowledge and practice of contraceptives. Most of the pregnant women (14%) did not use any contraceptive due to a lack of knowledge. Followed by 10% did not use due to ignorance, 4% did not use due to irregular meetings with husband and 3% did not use as the family did not allow. In this study, most of the pregnant women (31%) did not use any method for postpartum contraceptives after the last pregnancy. Followed by, 20% used POP, 17% used condom, 15% used OCP, 10% used injection, 3% used PPIUD, 3% used LAM and 1% used implant. Conclusion: Most pregnant women do not have adequate knowledge and practice of contraceptives. Most pregnant women do not use any post-partum contraceptives. Women, using post-partum contraceptives, prefer POP, condoms, and OCP. The husband is the decision-maker for contraceptive usage in most cases.

Keywords: Knowledge, Practice, and Post-partum Contraceptives.

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INTRODUCTION

More than half a million women die each year as a result of complications related to pregnancy and childbirth in developing countries across the world [1, 2]. An analysis of data from the Demographic and Health Survey (DHS) for various years shows that babies born less than 2 years after the next oldest sibling were more than twice as likely to die in the first year compared to babies born after an interval of three years [3]. Also, women with short inter-pregnancy intervals (less than 6 months) were at higher risk of maternal death (OR=2.54), the third trimester bleeding (OR=1.73), premature rupture of membranes (OR=1.72), and anemia (OR=1.30)[4]. These deaths can be minimized through post-partum contraception. Despite the fact that contraceptive usage has increased over a period of time, there exists a KAP gap i.e. a gap between the knowledge, attitude, and practices

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regarding contraception [5, 6]. An increase in contraceptive use during the postpartum period substantially reduces the rates of maternal and infant mortality by preventing unplanned and unwanted pregnancies and spacing new pregnancies to at least two years after the previous birth[7]. Furthermore, the largest proportion of women with an unmet need for contraception is found among those in their first year after childbirth [8]. There are a number of safe and effective contraceptive methods that women can begin at various points after delivery. The provision of quality family planning services in the postpartum period has the potential to reduce the voluntary termination of unwanted pregnancies and effect a reduction in both maternal and childhood mortality and morbidity arising from unsafe abortions and inadequate spacing of births, respectively [9, 10]. Short inter-pregnancy intervals are associated with an increased risk of low birth weight, preterm birth, small-for-gestational-age, as well as neonatal and infant mortality [11-14]. The risk of adverse health outcomes is highest with a birth-topregnancy interval of less than six months. Children born three to four years after a previous birth are likely to have a significant survival advantage compared to children born within two years of the previous birth [10, 16, 17]. Additionally, an early second pregnancy may negatively influence the health, development and survival of the first child [18]. Contraceptive demand is not constant throughout the reproductive life of a woman, postpartum period being the most crucial as appropriate birth spacing can improve the maternal and infant mortality rates.¹⁹ Provision of quality family planning Services are an important means of reducing the incidence of unwanted pregnancy and unsafe abortion which ultimately improves maternal and child health [20, 21]. Moreover, family planning allows some women to pursue higher education by delaying pregnancy and subsequently gain some measure of economic security [22]. Taking into consideration the demonstrated need for family planning postpartum and the potential for improving both maternal and child outcomes through effective birth spacing, there is a clear need to integrate postpartum contraception into maternal child health programs [23]. However, implementation of integrated programs remains limited [24]. There are few studies about the knowledge and practice of post-partum contraceptives in pregnant women. Thus, this current study was conducted to assess the knowledge and practice of post-partum contraceptives in pregnant women.

METHODOLOGY & MATERIALS

This cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, Khulna Medical College, Khulna, Bangladesh during the period from January 2019 to December 2020. Total of 100 pregnant women was included in this study. Consent of the women and their guardians were taken before collecting data. After the collection of data, all data were checked and cleaned. After cleaning, the data were entered into the computer and statistical analysis of the results was obtained by using windows-based computer software devised with Statistical Packages for Social Sciences version 22. After compilation, data were presented in the form of tables, figures, and charts, as necessary. Numerical variables were expressed as mean and standard deviation, whereas categorical variables were counted with percentages. Quantitative data among groups were analyzed by ANOVA test followed by an exploration of significant differences between all possible paired groups. P-value of less than 0.05 was considered statistically significant.

INCLUSION CRITERIA

- All pregnant women attending to Khulna Medical College
- Age between 16-39 years

EXCLUSION CRITERIA

- Patients transferred to another hospital
- Abortion of current pregnancy

RESULT

The present study was conducted on 100 pregnant women. Table-I shows the demographic characteristics of the study people. In this study, most of the pregnant women (46%) were in the age group of 21-25 years. Followed by 23% in the age group of 26-30 years, 19% in the age group of more than 30 years, and 12% in the age group of 16-20 years. The mean age was 25.91 years (SD± 4.97 years) ranging between 16-39 years. In this study, most of the pregnant women (63%) were from the rural area. In this study, most of the pregnant women (45%) were primarily educated. In this study, the family income of most of the pregnant women (36%) was between 5000 to 10000 TK monthly. Table II shows the medical history of the last pregnancy. In this study, most of the pregnant women (70%) had one living baby. In this study, the place of last delivery of the study people (72%) was in the hospital through the cesarian section. This followed by 17% who had a delivery in the home through vaginal delivery and 11% had a delivery in hospital through vaginal delivery. In this study, most of the pregnant women (69%) did not get any postpartum FP during the hospital discharge. In this study, most of the pregnant women (77%) had ANC in their last pregnancy. In this study, most of the pregnant women (76%) did not get post-partum family planning counseling during ANC checkups. For most of the pregnant women (84%), the resumption of menstruation after the last pregnancy was less than 6 months. Table III shows the features of the current pregnancy. In this study, the current pregnancy most of the study people (76%) was of unplanned/unintended. There was no unplanned pregnancy loss (abortion) between last and current pregnancy for most of the pregnant women (80%). Followed by 12% pregnant women had MR/D&C and 8% had MTP as unplanned pregnancy loss (abortion).

Figure-1 shows the gap between the last and current pregnancy. For most of the pregnant women (76%), the gap between last and current pregnancy was 1-2 years. Table IV shows the knowledge and practice of contraceptives among study people. In this study, most of the pregnant women (79%) did not have adequate knowledge and practice of contraceptives. Most of the pregnant women (14%) did not use any contraceptive due to a lack of knowledge. Followed by 10% did not

use due to ignorance, 4% did not use due to irregular meeting with husband and 3% did not use as the family did not allow. Figure-2 shows the method used for postpartum contraceptives after the last pregnancy. In this study, most of the pregnant women (31%) did not use any method for postpartum contraceptives after last pregnancy. Followed by, 20% used POP, 17% used condom, 15% used OCP, 10% used injection, 3% used PPIUD, 3% used LAM and 1% used implant.

| Characteristics | | n | % | |
|-----------------|-------------|-------------|-------|--|
| Age | 16-20 | 12 | 12.00 | |
| | 21-25 | 46 | 46.00 | |
| | 26-30 | 23 | 23.00 | |
| | >30 | 19 | 19.00 | |
| | Mean± SD | 25.91± 4.97 | | |
| | Range | 16-39 | | |
| Address | Urban | 37 | 37.00 | |
| | Rural | 63 | 63.00 | |
| Religion | Muslim | 93 | 93.00 | |
| | Hindu | 7 | 7.00 | |
| Education | Illiterate | 1 | 1.00 | |
| | Primary | 45 | 45.00 | |
| | Secondary | 25 | 25.00 | |
| | H/Secondary | 7 | 7.00 | |
| | Tertiary | 22 | 22.00 | |
| Income | <5k | 22 | 22.00 | |
| (Monthly) | 5-10K | 36 | 36.00 | |
| | 10-20K | 27 | 27.00 | |
| | 20-30k | 15 | 15.00 | |

Table-I: Demographic characteristics of the study people (n=100)

| Table-II. Medical instory of last pregnancy (n=100) | | | | | | |
|---|-----------------------------|----|-------|--|--|--|
| Characteristics | | n | % | | | |
| Number of living baby | One | 70 | 70.00 | | | |
| | Two | 19 | 19.00 | | | |
| | Three | 9 | 9.00 | | | |
| | Four | 1 | 1.00 | | | |
| | Five | 1 | 1.00 | | | |
| Place of last delivery | Home (Vaginal delivery) | 17 | 17.00 | | | |
| | Hospital (Vaginal delivery) | 11 | 11.00 | | | |
| | Hospital (C.S) | 72 | 72.00 | | | |
| Got any post partum FP during the hospital | Yes | 31 | 31.00 | | | |
| discharge | No | 69 | 69.00 | | | |
| Had ANC in last pregnancy | Yes | 77 | 77.00 | | | |
| | No | 23 | 23.00 | | | |
| Got post partum family planning counseling | Yes | 24 | 24.00 | | | |
| during ANC checkup | No | 76 | 76.00 | | | |
| Resumption of menstruation after last | <6 m | 84 | 84.00 | | | |
| pregnancy | 6-8 m | 9 | 9.00 | | | |
| | 8-10m | 2 | 2.00 | | | |
| | >10m | 5 | 5.00 | | | |

Table-II: Medical history of last pregnancy (n=100)

| Table-111: Features of current pregnancy (n=100) | | | | | | |
|--|------------|----|-------|--|--|--|
| Characteristics | | n | % | | | |
| Current pregnancy | Planned | 24 | 24.00 | | | |
| | Unplanned/ | 76 | 76.00 | | | |
| | Unintended | | | | | |
| Any unplanned pregnancy loss (abortion) | No | 80 | 80.00 | | | |
| between last and current pregnancy | Yes | 20 | 20.00 | | | |
| Type of unplanned pregnancy loss (abortion) | MTP | 8 | 8.00 | | | |
| between last and current pregnancy | MR/D&C | 12 | 12.00 | | | |

 Table-III: Features of current pregnancy (n=100)



Fig-1: Gap between last and current pregnancy (n=100)

| Table-IV: Knowledge and practice of contraceptive among study people (n=100) | | | | | |
|--|--------------------------------|----|-------|--|--|
| Characteristics | | | % | | |
| Have adequate knowledge and | No | 79 | 79.00 | | |
| practice of contraceptive | Yes | 21 | 21.00 | | |
| Cause of not using any contraceptive | Lack of knowledge | 14 | 14.00 | | |
| | Ignorance | 10 | 10.00 | | |
| | Not allowed by family | 3 | 3.00 | | |
| | Irregular meeting with husband | 4 | 4.00 | | |
| Source of knowledge about PPFP | Health worker | 58 | 58.00 | | |
| | Relatives | 8 | 8.00 | | |
| | Doctor | 7 | 7.00 | | |
| | From media | 1 | 1.00 | | |
| Decision maker regarding postpartum | Self | 41 | 41.00 | | |
| contraceptive usage | Husband | 59 | 59.00 | | |



Fig-2: Method used for postpartum contraceptive after last pregnancy (n=100)

The present study was conducted on 100 pregnant women. In this study, most of the pregnant women (46%) were in the age group of 21-25 years. Followed by 23% in the age group of 26-30 years, 19% in the age group of more than 30 years and 12% in the age group of 16-20 years. The mean age was 25.91 vears (SD± 4.97 years) ranged between 16-39 years. In the study of Jalang'o R. et al. [25] among 365 women. the majority of the mothers (45%) were between 20 and 24 years of age which is similar to our study. In this study, most of the pregnant women (63%) were from rural area. In this study, most of the pregnant women (45%) were primary educated. In this study, family income of most of the pregnant women (36%) was between 5000 to 10000 TK monthly. In this study, most of the pregnant women (70%) had one living baby. In this study, the place of last delivery of the study people (72%) was in hospital through cesarian section. Followed by 17% had delivery in home through vaginal delivery and 11% had delivery in hospital through vaginal delivery. In this study, most of the pregnant women (69%) did not get any post-partum FP during the hospital discharge. In this study, most of the pregnant women (77%) had ANC in last pregnancy. In this study, most of the pregnant women (76%) did not get post-partum family planning counseling during ANC checkup. For most of the pregnant women (84%), the resumption of menstruation after last pregnancy was less than 6 months. In this study, the current pregnancy study (76%) of the people most was unplanned/unintended. There was no unplanned pregnancy loss (abortion) between last and current pregnancy for most of the pregnant women (80%). Followed by 12% pregnant women had MR/D&C and 8% had MTP as unplanned pregnancy loss (abortion). For most of the pregnant women (76%), the gap between last and current pregnancy was 1-2 years. In this study, most of the pregnant women (79%) did not have adequate knowledge and practice of contraceptive. In the study of Gaikwad RA. et al. [26], among the 720 women enrolled in the study, only 55.69% were aware about various methods of contraception. In this study, most of the pregnant women (14%) did not use any contraceptive due to lack of knowledge. Followed by 10% did not used due to ignorance, 4% did not used due to irregular meeting with husband and 3% did not used as the family did not allow. In this study, most of the women (58%) gained knowledge about PPFP from health worker and followed by 8% gained from relatives, 7% gained from doctors and 1% gained from media. Gaikwad RA. et al. [26], among the 720 women, around 36% women knew about contraception from different Media, 45% from health care system (7% knew from ASHA workers), 22% from family members. In this study, for most of the cases (59%), decision maker regarding postpartum contraceptive usage was husband. Similar results found in the study of Singh M. et al. [27], where husband was the decision maker in 48% women out of 492 cases, so husband was

playing an important and pivotal role in family planning acceptance. In this study, most of the pregnant women (31%) did not use any method for postpartum contraceptive after last pregnancy. Followed by, 20% used POP, 17% used condom, 15% used OCP, 10% used injection, 3% used PPIUD, 3% used LAM and 1% used implant. In the study of Zapata LB. et al. [28], among 9536 women, most women (85%) reported using some method of contraception postpartum, with 53% using a more effective method (pills were most commonly reported) and 32% using a less effective method (condoms were most commonly reported). In another study of Olamijulo JA. et al. [29], the most popular type of contraceptive before and after pregnancy was the male condom (64.4% and 55.9% respectively).

Limitations of the study

In our study, there was a small sample size and absence of control for comparison. The study population was selected from one center in Dhaka city, so may not represent a wider population. The study was conducted for a short period of time. The sampling was retrospective and there was no random allocation, so there is a risk of selection bias. Follow-up of the pregnancy data was not included in this study.

CONCLUSION AND RECOMMENDATIONS

Most pregnant women do not have adequate knowledge and practice of contraceptives. Most pregnant women do not use any post-partum contraceptives. Women, using post-partum contraceptives, prefer POP, condoms, and OCP. The husband is the decision-maker for contraceptive usage in most cases. Postpartum family planning counseling should be provided in order to reduce the death of mother and neonatal. Further studies are needed with a larger sample to have better results. Follow-up of the pregnancy data might be included in further study.

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