

Original Research Article

Awareness and acceptance of family planning methods amongst women undergoing MTP: a prospective study in Himalayan region

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ABSTRACT

Background: Family planning services have important role in improving the quality of the lives of a couple and their economic welfare. The objective of the study was to assess the level of awareness and acceptance of different family planning methods among women undergoing to medical termination of pregnancy (MTP).

Methods: This study was done at IGMK KNSHM&C Shimla on 1168 women who reported for MTP in department of Obstetrics and Gynaecology. This study was conducted to find out the awareness about the contraceptive practices, source of information and knowledge, the most preferred method and impact of MTP on acceptance of contraception.

Results: Majority about 97.5% had knowledge about the contraceptive methods and only 2.5% were unaware of any method. Source of information was health and family planning staff. The next source was friends, relatives and mass media, teaching institutions had least role. In spite of knowledge only about 49% were practicing contraception prior to MTP that too OCP and CC only.

Conclusions: Majority of women had optimal knowledge but only less than half of them were using contraceptives. Lacuna is still there, we need to educate and motivate couples to improve family planning services. There is a great need to strengthen the awareness, education and communication regarding various family planning methods in women of reproductive age group.

Keywords: MTP, Birth control, Contraception

INTRODUCTION

Each pregnancy carries a risk of morbidity and mortality, therefore, voluntary fertility control is essential for the health of women. The history of contraception can be traced back to 4000 years with the discovery of prescription for contraception written in an ancient Egyptian Papyrus. In India, the documented methods of birth control were available about two thousand years ago.¹ Contraception is an important aspect of reproductive health and plays a major role in the prevention of unwanted pregnancy. India was the first country in the world to formulate a national family planning programme in 1952 and due importance to it is given by subsequent five year plans.² To reduce the

maternal morbidity and mortality associated with illegal abortions, the medical termination of pregnancy has been legalized in India when the Government of India passed the Medical Termination of Pregnancy Act in 1971 (MTP).³ Repeated abortions are not safe, practical and desirable, the aim should be to help women to avoid abortion and provide humane treatment for those who have to resort to MTP. When patients come for induced abortion they are very receptive to accept subsequent family planning measures.^{4,5} Hence the patient requesting for abortion should be counselled about family planning.

Use of contraceptives can prevent at least 25% of all maternal deaths by preventing unintended pregnancies and unsafe abortions and protection against HIV and

STDs.⁶ The women can be easily counselled and motivated to adopt contraception as the acceptability is high and fear of unwanted pregnancy is real one.

Aims and objectives

- To find out impact of MTP on acceptance of contraceptive methods.
- To find out most preferred method of contraception by the women undergoing MTP.
- To determine the awareness and source of information regarding contraceptive methods.

METHODS

This was a prospective study done on women seeking MTP. This study was done at IGMC KNSHM&C Shimla on 1168 women from May 1999 to June 2000 who reported for MTP in department of Obstetrics and Gynaecology. This study was conducted to find out the awareness about the contraceptive practices, source of information and knowledge, the most preferred method and impact of MTP on acceptance of contraception.

Definition of MTP: The termination of pregnancy up to 20 weeks period of gestation on medical grounds, eugenic grounds, humanitarian grounds and social grounds by authorised registered medical practitioner or practitioners at a place approved for this procedure. Detailed history was recorded on prescribed proforma regarding age, address, education, profession, income, menstrual history, and obstetric history, number of children, desire for more children, any previous history of MTP and any history of past medical or surgical illness. Any contraceptive method used prior to that pregnancy, contraceptive method failed or discontinued, if discontinued reason for discontinuation was noted. Source of information about the MTP and contraceptive was also noted. Detailed clinical examination as per proforma was done including systemic examination, GPE, P/A examination and pelvic examination for the assessment size of uterus and status of adenexa. Haemoglobin, blood grouping and Rh typing, and urine routine examination was done. The procedure of medical termination of pregnancy was explained to the women. Her knowledge about the different methods of contraception and her choice about the most preferred method was recorded. The source of information about the preferred method of contraception and also about other methods of contraception was recorded. She was counselled about the different methods of contraception available in the hospital. A written informed consent for MTP and contraceptive method by her was recorded.

The women with outdoor procedure were observed for three-four hours in hospital. The women undergoing laparoscopic sterilization and tubectomy were admitted a day prior to surgery and discharged next day to surgery. The patient was asked for routine follow up after next menstrual cycle. She was asked to report to hospital

without delay in case of fever; excessive or irregular bleeding per vaginum, foul smelling discharge. The statistical analysis of data so obtained was done by Chi-square (χ^2) and student's "T" test.

RESULTS

1168 cases reported for MTP and maximum were in the age group 21-30 years. 74% of the cases were para1 or para2. Locality wise 670 cases were from rural area and 498 were from urban area. Out of 1168 only 183 (15.75%) were illiterate and 985 were having some education. Income wise 440 cases were in low income group, 127 were in lower middle class, 352 in upper middle class and 249 were in high income group.

Table 1: Knowledge, practices and source of information about contraceptive methods.

	(n=1168)	%
Knowledge of contraceptive methods		
Terminal methods condoms	54	4.74
Terminal methods condoms & OCPs	274	24.06
Terminal methods condoms, OCP & IUCD	811	71.20
Practice of contraceptive methods		
Knowledge about contraception	1139	97.41
Knowledge but not practising	597	52.41
Knowledge & practicing	542	47.59
Source of information about contraception methods		
Friends & relatives	327	28.76
Mass media	189	16.69
H & FW staff	594	52.57
Educational institutions	22	1.98

Out of 1168, 29 cases had no knowledge and 1139 cases had some knowledge about the contraceptive methods. This table 1 shows that despite of the knowledge only less than half of the population was using contraceptives.

As per Table 1, the main source of information was Health and Family Welfare Staff and Friends and Relatives. Mass media also had influence on 16% but education institutions had minimal role in dispersing knowledge about contraception, which is not acceptable. These results also showing that people think that to control population is the duty of Health and Family Welfare Department only. This type of attitude is not good for the society and the population control programme.

The findings in the Figure 1, conclude that as the education level increases women prefer spacing methods more and more.

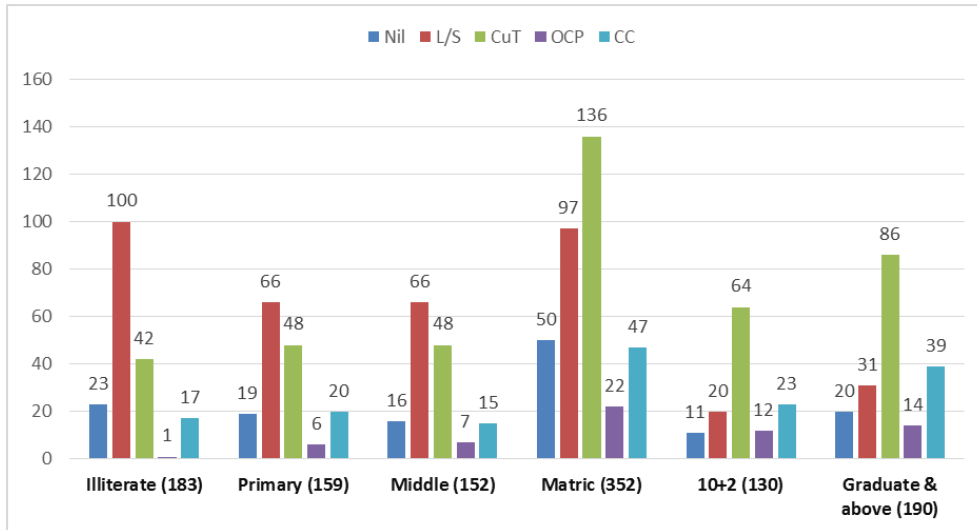


Figure 1: Use of concurrent contraceptive according level of education.

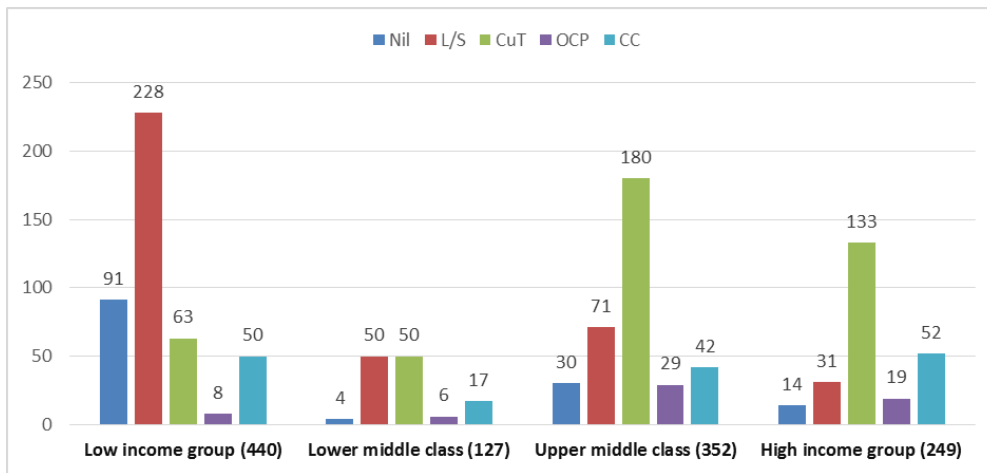


Figure 2: Acceptance of concurrent contraceptive post MTP according to income group.

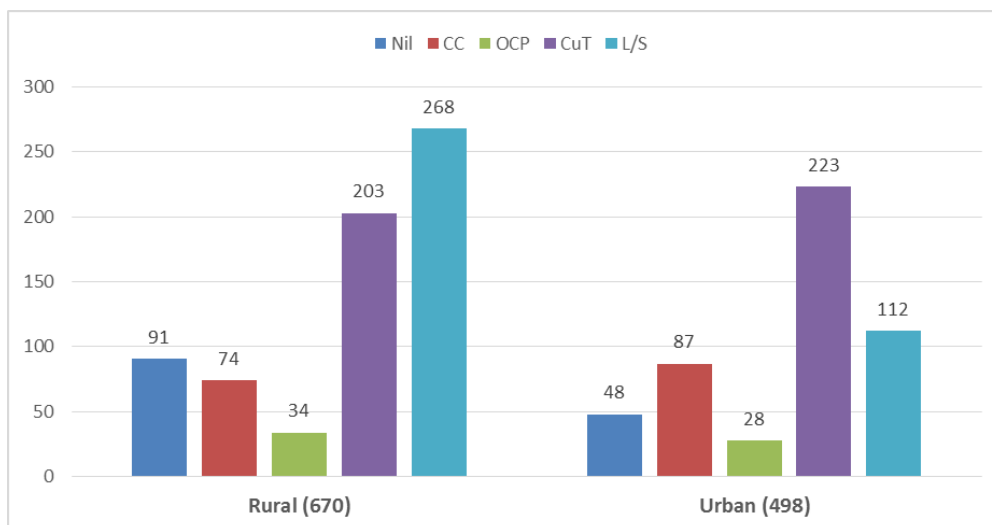


Figure 3: Use of concurrent contraceptive after MTP preferences in rural and urban area.

It is obvious from the Figure 2, that as income increases the choice for spacing methods increases.

The Figure 3 revealing that, the women from rural area prefer permanent methods and urban women prefer spacing methods more.

Table 2: Use of contraceptive methods prior and after MTP.

Contraceptive methods	Pre MTP (%)	Post MTP (%)
Nil	597 (51.11)	139 (11.9)
CC	260 (22.66)	161 (13.78)
OCP	295 (25.26)	62 (5.30)
Cu-T	14 (1.2)	426 (36.47)
L/S	2 (0.17)	380 (32.53)

Table 2 is revealing that a large number of cases (51.11%) had not used any definite contraceptive prior to this pregnancy, 22.66% had used male condom not so regularly and 25.26% were using OCPs. Cu-T users were 1.2% and sterilization failure 0.17%. Almost 32.53% clients were willing to accept TL method as contraceptive option, 36.47% IUCD, 5.3% OC pill, and 13.78% preferred the CC as method of contraception. 11.9% of women not accepted any contraceptive method as per Table 2.

This showing that despite of the knowledge about the contraception, people are not practising the same, if at all practicing, they are not using more effective methods, if at all practicing more effective methods then they are not using these methods properly. After MTP there is shift towards more effective methods and acceptance has also increased TWO TIMES then prior to MTP.

In study 1168 women reported for MTP. All were counselled and 1029 accepted one or the other method of contraception. Prior to MTP 48.89% of the cases were practising contraceptive methods which rose to 88.10%. Also there is right shift from less effective contraceptive methods to more effective methods.

DISCUSSION

Contraception is an important aspect of reproductive health and plays a major role in the prevention of unwanted pregnancy.² There are a variety of methods of regular contraception which are available for the individual choice of a woman, which include natural methods, barrier methods, oral pills, intrauterine devices, progesterone injections and permanent methods in the form of female and male sterilizations.⁷ In spite of increased use of contraceptive, almost 50% pregnancies are unplanned and almost 60% pregnancies result in abortion. Lack of awareness, knowledge and education, religious beliefs and fear of side effects are the main causes why women do not use family planning methods.⁸

India was the first country in the world to implement a National Family Planning Programme in 1952.⁹ The national population policy 2000 set out a framework for integrated service for the delivery of reproductive health services in which the demands for contraceptive products and services would be met as fully. It is therefore a significant factor in reduction of induced abortion rates and improvement in maternal health.²

Present study found that 74% of the cases were para 1 or para 2. A large number of cases (51.11%) had not used any definite contraceptive prior to this pregnancy, 22.66% had used male condom not so regularly and 25.26% were using OCPs. Cu-T users were 1.2% and sterilization failure 0.17%. These results were comparable with study done by Kathpalia.¹⁰

Almost 32.53% clients were willing to accept TL method as contraceptive option, 36.47% IUCD, 5.3% OC pill, and 13.78% preferred the CC as method of contraception. 11.9% of women not accepted any contraceptive method. These results were comparable with study done by Patel and Ghosh.¹¹

MTP Act is a health measure of great importance for reducing morbidity and mortality in pregnant women seeking abortion. It is also true that the statute has added a new dimension to the family planning programme in India. In present study out of 1168, 1029 accepted one or the other method of contraception. The correlation between pre MTP and post MTP acceptor of family planning methods is 930 which is significant ($p < 0.05$). Also there is right shift from less effective contraceptive method to more effective.

This study amply proves that; the public is well aware of the product but they are not taking the same. Now we have to increase our efforts so that they consume the product. For this education of the masses has to be increased and economic standard uplifted while the family planning staff should work more for the promotion of their products. We should provide full information and sources of contraceptives and treat the complications if any. It is equally important to tackle other factors like malnutrition, gender discrimination and superstitions and false beliefs regarding contraception.

CONCLUSION

It is not the lay public whose attitude is towards family planning has to be changed but there is a drastic need to change the attitude of medical personnel also. It is aptly said that the development is the best contraceptive and this require a herculean task on the part of medical personnel, government agencies and N G O's. Abraham Lincoln has advised us well "The dogmas of the quiet past are inadequate to the stormy present. As our case is new, so we must think anew and act anew. We must disenthrall ourselves."

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Ethical approval: The study was approved by the institutional ethics committee

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