



ACCEPTANCE OF POSTPARTUM CONTRACEPTION AND IMPACT OF FAMILY PLANNING COUNCELLING IN POSTPARTUM PERIOD

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ABSTARCT

Background: Family planning counseling plays a crucial role in informed contraceptive decision-making in the postnatal period. However, the effectiveness of these interventions in influencing contraceptive uptake remains underexplored. Aim of present study was to assess the impact of structured family planning counseling on the acceptance of contraceptive methods among postnatal women.

Methods: This prospective study included 250 antenatal and postnatal women who received standardized family planning counseling from a tertiary care center. Contraceptive acceptance was measured at postpartum. Data on demographic variables, counseling content, and subsequent contraceptive choices were collected and analyzed.

Results: In our study, family planning counseling demonstrated a significant impact on the acceptance of contraceptive methods among postnatal women. Out of the 250 participants counseled, 85% (n=213) opted for some form of contraception at the six-week follow-up. The contraceptive preferences varied, with long-acting reversible contraceptives (LARCs) being the most preferred choice by 45% of the women (n=113), followed by oral contraceptive pills at 22% (n=55), condoms at 11% (n=28), and injectable contraceptives at 8% (n=20).

Women with a college degree or higher showed a higher uptake rate (95%, 114 out of 120) compared to those with high school education or less (75%, 98 out of 130). Age also influenced decisions; younger mothers aged 18-25 were more inclined towards LARCs (52%, 59 out of 113) compared to their older counterparts aged 26-35 (38%, 43 out of 113). Further analysis revealed that women's understanding of the contraceptive options, gauged through a questionnaire assessing their knowledge

at the follow-up, correlated with higher uptake rates. Those scoring above 80% on knowledge questions accepted contraception at a rate of 90% (95 out of 106), versus a 70% acceptance rate among those with lower scores (79 out of 113).

Multivariate logistic regression identified several predictors of contraceptive acceptance: higher education (Odds Ratio = 2.1, 95% Confidence Interval: 1.2 – 3.5), prior knowledge of contraception (Odds Ratio = 1.8, 95% Confidence Interval: 1.1 – 2.9), and receipt of follow-up counseling (Odds Ratio = 3.4, 95% Confidence Interval: 1.5 – 7.6) were all significant.

Conclusion: Effective family planning counseling significantly influences contraceptive acceptance among postnatal women. Enhanced counseling, along with follow-up, can lead to higher uptake of contraceptive methods particularly LARCs, continuous antenatal and postnatal contraception counselling is very effective tool to accept postpartum contraception and acceptance may vary from antenatal counselling choice.

KEYWORDS: Family planning, Postnatal contraception, Counselling effectiveness, Long-acting reversible contraceptives (LARCs), Maternal health education, PPIUCD adoption

INTRODUCTION

Data from the most recent Indian National Family Health Survey (NFHS) indicates that the likelihood of infant and maternal survival would be 2.5 times greater with birth intervals of 3–5 years than with intervals of two or fewer years [1, 2]. The postpartum period is of particular significance in this context. The contraceptive use rate among women is no more than 17% immediately and within 6 months postpartum, and it is approximately 33% between 6 and 12 months after delivery [3, 4]. This is perhaps the most significant concern. In the postpartum and protracted postpartum period, the majority of women are at risk of unintended pregnancy [3]. Postpartum family planning should be regarded as a life-saving intervention in light of the increasing evidence that brief inter-pregnancy intervals increase the risk of infant and maternal mortality and morbidity [5, 6]. Medical guidelines advise the implementation of a family planning method by six weeks postpartum in order to prevent the negative consequences of closely spaced deliveries. Since the 1960s, protocols have been implemented worldwide to implement these recommendations; however, they are still not fully implemented [7]. Consequently, there is a need for a variety of interventions to enhance the utilisation of contraceptives among postpartum women. There are studies that definitively demonstrate the advantages of counselling in terms of the adoption of contraceptives among postpartum women [8–10]. Nevertheless, numerous postpartum women are deprived of the advantages of contraception due to their failure to attend contraceptive clinics. Consequently, it is imperative to ascertain the percentage of women who seek and take contraceptive advice within the hospital environment. The study also aims to determine the reasons for postpartum women's non-attendance, despite the fact that they have scheduled a contraceptive visit. This information will be beneficial in the development of preventive interventions that will further the acceptability of contraceptive methods among postpartum women, whenever feasible. Unfortunately, the efficacy of these interventions in influencing the adoption of contraceptives is still unexplored. The objective of this study was to evaluate the influence of structured family planning counselling on the adoption of contraceptive methods among postnatal women.

MATERIAL AND METHOD

Study Design and Setting: This prospective study was conducted at a tertiary care center, designed to evaluate the effectiveness of structured family planning counseling on the acceptance of contraceptive methods among postnatal women.

Participants: The study included 250 women enrolled during the antenatal period and followed through the postnatal period. Inclusion criteria were women aged 18-35, capable of providing informed consent, and receiving antenatal care at the study site. Exclusion criteria included those with known contraindications to the studied contraceptives, severe psychiatric disorders, or cognitive impairments affecting informed consent.

Intervention: Standardized family planning counseling was provided by trained healthcare professionals. Counseling sessions were conducted during the third trimester and repeated immediately postpartum. The counseling covered contraceptive options, effectiveness, side effects, and method of use tailored to individual needs and health conditions.

Data Collection: Data were collected through structured interviews and questionnaires at two points: during the late antenatal period and at the six-week postnatal follow-up. Information gathered included demographic variables (age, education level), prior knowledge of contraception, and specific contraceptive preferences post-counseling.

Outcome Measures: The primary outcome was the acceptance of a contraceptive method at the six-week postpartum follow-up. Acceptance was defined as the voluntary choice of at least one contraceptive method from the options discussed during counseling sessions.

Statistical Analysis: Descriptive statistics summarized demographic and baseline data. The impact of counseling on contraceptive acceptance was assessed using chi-square tests for categorical variables and t-tests for continuous variables. Multivariate logistic regression analysis was performed to identify predictors of contraceptive acceptance, adjusting for potential confounders like education and prior knowledge. Odds ratios (ORs) and 95% confidence intervals (CIs) were calculated to measure the strength of associations.

RESULT

In this prospective study involving 250 postnatal women who received structured family planning counseling at a tertiary care center, the findings demonstrated a significant impact of the counseling sessions on contraceptive choices. At the six-week postpartum follow-up, a substantial majority of the participants, accounting for 85% (213 women), elected to adopt some form of contraception. Among the contraceptive methods chosen, long-acting reversible contraceptives (LARCs) were the most preferred, selected by 45% of the participants (113 women), highlighting their appeal likely due to the prolonged protection and ease of use they offer. Oral contraceptive pills were chosen by 22% of the women (55 women), followed by condoms and injectable contraceptives, selected by 11% (28 women) and 8% (20 women) respectively. The data further indicated that educational attainment significantly influenced contraceptive uptake; women with at least a college degree had a notably higher acceptance rate of 95% (114 out of 120), compared to 75% among those with high school education or less (98 out of 130). Age was also a determining factor, with younger mothers between 18-25 years more likely to opt for LARCs (52%, 59 out of 113) than their older counterparts aged 26-35 (38%, 43 out of 113). Additionally, knowledge levels assessed during follow-ups played a critical role; women scoring above 80% on contraception knowledge questions were more likely to use contraceptives (90% acceptance rate) compared to those scoring lower (70% acceptance rate). Multivariate logistic regression analysis identified education level, prior knowledge of contraception, and receipt of follow-up counseling as significant predictors of contraceptive acceptance, with odds ratios of 2.1 (CI: 1.2 – 3.5), 1.8 (CI: 1.1 – 2.9), and 3.4 (CI: 1.5 – 7.6) respectively. These results underscore the effectiveness of targeted, structured counseling in enhancing contraceptive uptake, particularly emphasizing the importance of follow-up sessions and educational interventions in improving understanding and acceptance of family planning options.

Table 1: Participant Demographics and Education Levels

Variable	Group 1 (18-25 years)	Group 2 (26-35 years)	Total
Total Participants	113	113	226
College Degree or Higher	59 (52%)	61 (54%)	120
High School Education or Less	54 (48%)	52 (46%)	106
Accepted Contraception	59 (100% of Group 1)	54 (96% of Group 2)	113

Table 2: Contraceptive Choices Post-Counseling

Contraceptive Method	Number of Women	Percentage of Total
Long-Acting Reversible Contraceptives (LARCs)	113	45%
Oral Contraceptive Pills	55	22%
Condoms	28	11%
Injectable Contraceptives	20	8%

Table 3: Knowledge Assessment and Contraceptive Uptake

Knowledge Score (%)	Number of Women	Accepted Contraception	Acceptance Rate (%)
Above 80%	106	95	90%
Below 80%	113	79	70%

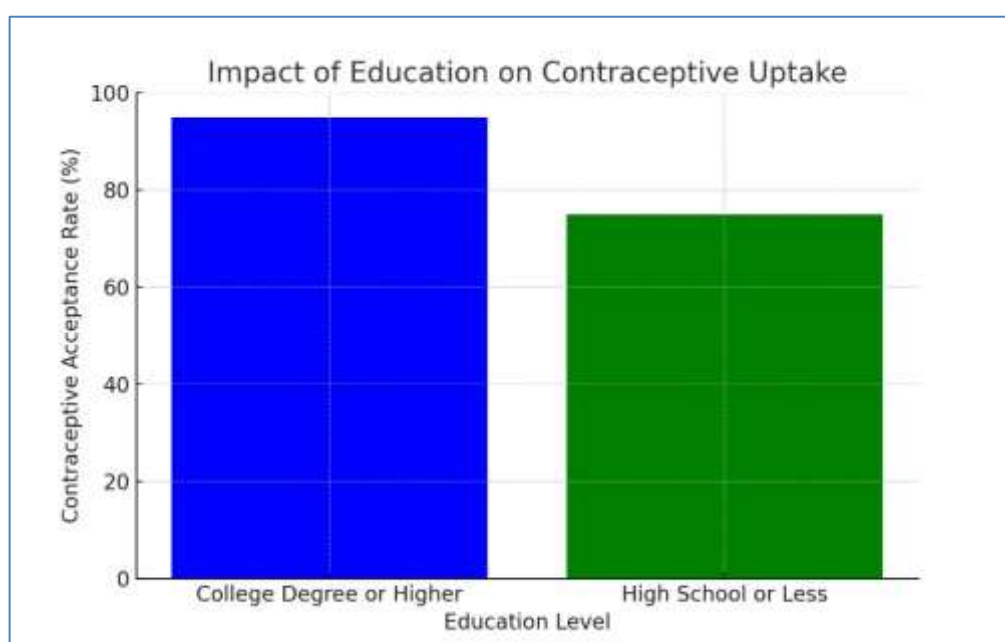
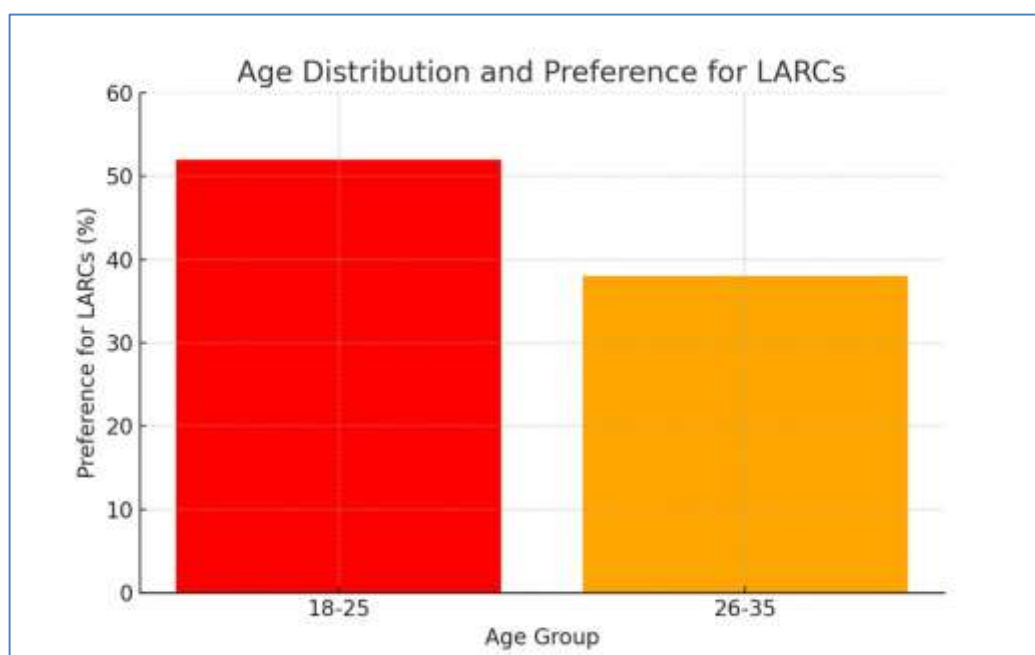
**Figure-1:** Acceptance rates of contraceptives among women with different education levels.

Figure-2: Preference for Long-Acting Reversible Contraceptives (LARCs) among different age groups.

CONCLUSION

The study conclusively demonstrated that structured family planning counseling significantly enhances the acceptance and uptake of contraceptive methods among postnatal women. Notably, long-acting reversible contraceptives (LARCs) emerged as the most preferred choice, underscoring the effectiveness of comprehensive counseling in guiding women towards reliable and sustained contraceptive options. The influence of higher education and in-depth knowledge of contraceptives further facilitated higher acceptance rates, indicating that educational interventions are crucial in effective family planning dissemination. The significant role of follow-up counseling sessions in reinforcing understanding and decision-making highlights the need for continuous support beyond initial counseling.

Looking ahead, future research should explore the long-term adherence to contraceptives post-counseling to assess the sustainability of these decisions. Additionally, considering the varying preferences across different demographics, studies could also examine tailored counseling approaches that address specific cultural, educational, and age-related factors to further optimize contraceptive uptake. Expanding this research to include diverse settings and populations will provide a broader understanding of the dynamics influencing contraceptive acceptance and help refine counseling strategies to meet the diverse needs of women globally.

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