

AWARENESS AND DETERMINANTS OF CONTRACEPTIVE USE AMONG NURSING MOTHERS: A STUDY DONE AT A TERTIARY CARE HOSPITAL OF SOUTH - WEST BIHAR

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Abstract

Background: Many of the nursing mothers who prefer to delay next pregnancy are unaware of family planning practices. Hence, the present study is conducted among nursing mothers who delivered at Narayan Medicine & Hospital, Jamuhar, Bihar to know the prevailing contraceptive awareness and the various Sociodemographic factors affecting it. This study also enabled in reaching out maximum number of mothers at a time when they are most receptive to contraceptive advice. **Materials and Methods:** This was a cross-sectional study, conducted in the post natal wards between Dec 2022 and Nov 2024 among nursing mothers who delivered at Narayan Medicine & Hospital, Jamuhar, Bihar. The study included all the healthy breast feeding mothers. Women with bad obstetric history, psychiatric disorders, no living issues, not breast feeding due to various reasons, which have undergone concurrent puerperal sterilization, medical disorders like severe anaemia, heart disease etc., were excluded from the study. Institutional ethical clearance was obtained. **Result:** A total of 2000 eligible married women in the reproductive age group were interviewed. Most of the women in the study were in the age group 20-29 years (88% of study). 82% of mothers were literate and 20% were illiterate. Regarding awareness of contraceptive methods only 47% of study population had knowledge regarding family planning methods. A 32% of women who had awareness were literate, and 70% were illiterate. The awareness of contraception is not zero among illiterate. But the literate couples would understand better and show willingness for contraception after counseling. **Conclusion:** Many of the nursing mothers are not aware of contraceptive practices. But these women are very receptive to contraceptive advice. Also, the decision of family planning depends not only on the couples but even on elders of the family. Hence, a combined family approach to educate and counsel the entire family including elders is needed. The major determinant is education of the entire family regarding family planning practices.

INTRODUCTION

With a population of 1.21 billion with 17.64% decadal growth rate, India is the second most populous country in the world.^[1] Although the Total Fertility Rate has dropped from 3.6% (1991) to 2.58% (2012), there are still miles to go to reach the replacement level of 2.1 set by National Population Policy, 2000.^[2] The acceptance of contraceptive methods varies within societies and also among different castes and religious groups. The factors responsible operate at the individual, family and

community level with their roots in the socio-economic and cultural milieu of Indian society.^[3] The current contraception prevalence rate of Jamuhar is 43.5% lagging behind other districts of Bihar.^[4] Many of the nursing mothers who prefer to delay next pregnancy are unaware of family planning practices. Hence, the present study is conducted among nursing mothers who delivered at Narayan Medicine & Hospital, Jamuhar, Bihar to know the prevailing contraceptive awareness and the various Sociodemographic factors affecting it. This study also enabled in reaching out maximum number of

mothers at a time when they are most receptive to contraceptive advice.

MATERIALS AND METHODS

This was a cross-sectional study, conducted in the post natal wards between Dec 2022 and Nov 2024 among nursing mothers who delivered at Narayan Medicine & Hospital, Jamuhar, Bihar. The study included all the healthy breast feeding mothers. Women with bad obstetric history, psychiatric disorders, no living issues, not breast feeding due to various reasons, which have undergone concurrent puerperal sterilization, medical disorders like severe anaemia, heart disease etc., were excluded from the study. Institutional ethical clearance was obtained. After taking written informed consent from the mothers, postgraduate residents and the interns interviewed the mothers using the pretested structured questionnaire in the post natal wards between 2nd and 7th postpartum day. The questionnaire was based on two sets of variables,

- Socio economic and demographic conditions indicated by the back ground variables.
- Dependent variables and willingness for family planning methods.

Considering the sentimental issue of contraception and sensitivity of the topic the interview was conducted on individual basis. Information was collected regarding her age, education, husband's education, religion, per capita income, age at marriage, number of living children, husband wife discussions, sex of living children, desire for more children, influence by elders and religious decisions. This was followed by mass education and counseling for a group of around 10-15 women regarding various suitable methods of contraception with the help of Audio visual aids. The advantages and drawbacks were explained and patients were offered "cafeteria approach" to use any contraceptive method they wanted. The data collected were analysed using percentage and chi square test. Chi-square test was used when 2 variables were compared, and to know whether the test results were significant or not.

Table 1: Distribution of women according to awareness about the family planning practices.

Awareness	No. of Women	Percentage (%)
Yes	894	44.7%
No	1106	55.3%
Total	2000	100

Table 2: Reasons for not limiting family size

Final Decision taker	No. of Women	Percentage (%)
Wife	08	0.4%
Husband	917	45.85%
Husband and wife both	10	0.5%
Elder	1023	52.4%
Husband and elder	12	0.6%
Don't Know	14	0.7%
All Combined	16	0.8%

Table 3: Distribution of women according to final decision takers in the family.

Reason	No. of Women (%)
Lack of awareness	1164 (58.2%)
Socioeconomic issue	752(37.6%)
Gender issue	722(36.1%)
Myths and Misconception	408(20.4%)
Influence and Medical Factor	582(29.1%)

RESULTS

A total of 2000 eligible married women in the reproductive age group were interviewed. Most of the women in the study were in the age group 20-29 years (88% of study). 82% of mothers were literate and 20% were illiterate. What was enlightening and interesting in the present study was 69% of husbands were illiterate as unexpected. More number of mothers was educated as compared to their husbands. 78% of mothers were from lower socioeconomic status according to Modified B.G. Prasad's classification. Out of total, 58% of mothers were from rural area and 44% from urban area. A total of 80% of study population married within 20 years of age. An 82% of women were Hindus, 19% Muslims and 2% Christians. A 22% of mothers were from

nuclear family and 80% from joint family. The total number of living children in the families was predominantly conforming to the 2 child norm currently practiced in India.

The proportion of willingness for contraception is more among women in the age group 19-29 years ($p < 0.001$), among literate husband and wife ($p < 0.01$), among women belonging to nuclear families ($p < 0.001$) and with higher socioeconomic status ($p < 0.001$). Nuclear families will be more effective and beneficial by allowing women to take individual decisions and couples not to be influenced by family pressure to conceive. In the present study, Muslim women were least receptive to contraceptive advice ($p < 0.05$). The proportion of women with 1 child willing for spacing methods after proper education and counseling was 87% ($p < 0.001$).

Regarding awareness of contraceptive methods only 47% of study population had knowledge regarding family planning methods [Table 1]. A 32% of women who had awareness were literate, and 70% were illiterate. The awareness of contraception is not zero among illiterate. But the literate couples would understand better and show willingness for contraception after counseling. This implies that apart from literacy status separate education regarding family planning is needed. A 44% of mothers opted to limit family size as 72% had already 2 children, 24.9% had 3 children and 6% had 1 male child. Among 17% of mothers who did not want to limit family size, 71% had no male child [Table 2]. This is still one of the major determinants in using family planning methods even after having healthy children. In most of the families, final decision regarding family planning method was taken by husband alone or by elders [Table 4]. The main reason for non usage of contraception was lack of awareness, followed by socioeconomic issues and gender issues [Table 3].

DISCUSSION

In the present study, 57% of the women are between 20-24 years of age group. This corresponds with the peak reproductive age group in which most pregnancies occur. Similarly in studies by Padma mohan et al., Christian Ewhrudjakpor the peak reproductive age group was between 20-24 years and most of the study population were in this age group.^[5,6] The proportion of willingness to use contraception after educating and counselling among women in the younger age group i.e. 15-29 years is more compared to women in age group between 30-34 years. Studies by Padma mohan et al., Arbab et al., Tehrani et al., Tonjam Joshila., Vasundhara et al., quoted that acceptors of contraception were more in the higher age group.^[5,7-10] As most of the study results quoted, women of higher age group are acceptors of family planning, it is suggested that the age at marriage has to be increased, which in turn may help in population stabilization. As per our study result it is concluded that, women of younger age group accept and show willingness for contraception after proper educating and counselling. Women who had no awareness regarding family planning practices showed willingness for contraception after educating and counseling. Hence counseling plays a very important role in the acceptance of family planning practices by women.

Women with 2 or more children 78% (36% of total women) conceived within first 2 years after the first child. Our results are comparable with the results of NFHS-3.^[11] According to NFHS-3,^[11] the median interval between births in India is 31 months. Average number of children per woman as per our study population is 1.64. According to NFHS – 3,^[11] at current fertility levels, a woman in India will have an average of 2.7 children in her lifetime.

The proportion of women willing for contraception either temporary or permanent, with 1 child is 88%, with 2 children is 92%, 3-4 children is 57.8% and greater than 5 children is 56.5% which is statistically significant. This shows that women with one child show willingness for spacing methods after proper counseling. Therefore the primipara group of women has to be targeted by adequate counselling for spacing methods.

Increase in the percentage of contraceptive usage with the increase in the education level of both husband and wife was observed. Literacy level influences the behavior of male partner when it comes to take joint decision regarding contraception.^[3]

Contraceptive use is maximum among women with higher socio-economic status compared to women with lower socio-economic status.

The willingness to use contraceptive method among women in nuclear families (97.2%) is more compared to women in joint families (81%). Study by SM Pandey et al., shows that the contraceptive use rate is higher in the nuclear families i.e. 79.44%.^[3] Family structure is a significant factor for usage of contraceptives. The peak age of marriage was between 15-20 years (79%). According to NFHS 3,^[11] median age at first marriage is 17.2 years. Women and men living in urban areas and those with higher levels of education marry later than their rural and less educated counterparts.

The willingness for contraception among Hindu women was 84.6% compared to 78.4% among Muslim women. Only 2% of women had religious decisions regarding family planning methods [Table 6].

Regarding limiting and spacing methods of family planning, the final decision was taken by elders in 51.4% and by husband alone in 46.1%. Husband and wife both together took decision in only 0.4% of families. In most of the families, mother alone is not allowed to take decision regarding family size. Probably in years to come family planning can be improved by women empowerment. As elders interfere in the decisions of the couple in these matters, educating elders also and counseling them about family planning practices and the advantages of adopting small family norm is needed.

Among the women wanting to limit or space family size, majority of the women i.e. 71% already had 2 children. This study result proves the currently practiced 2 child norm in our country. Among women who did not want to limit family size, 70% had no male child. Most men and women would like to have at least one male child. A 58% of the couples had discussions regarding limiting and spacing of family and 42% did not have discussions. Most couples do not discuss with each other when to have their first child, birth spacing or contraception. Among the women willing for contraception, 40% opted permanent methods, 38% opted temporary methods and 22% opted both.^[12,13]

Majority of women do not use contraception due to lack of awareness, fear of side effects and socioeconomic issues. By proper education regarding various contraceptive methods and offering the cafeteria approach, mothers can be helped to limit family size.

CONCLUSION

Post partum women form a key audience who will be receptive to contraceptive advice. Imparting correct knowledge at correct time can easily motivate them for adoption of proper family planning method. Unfortunately still the decision of using a contraceptive method is in the hands of elders or on husbands. Thus it is good that a combined family approach should be followed by authorities to counsel people. As our target population which is currently women only can not suffice to apply family planning methods in Indian scenario.

The current urban phenomenon of nuclear family, where elders will not interfere is good for controlling population explosion.

As the government gives incentives to couples who opt permanent sterilization, which is an effective drive, it should also give incentives to couples who follow temporary methods and delay pregnancies. Couples who adopt one child norm or 2 children norm should be encouraged by benefits either in the form of children's education or health insurance.

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