



ORIGINAL ARTICLE

Acceptance of contraception in couples receiving contraceptive counselling in antenatal period.

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ABSTRACT... Objective: To conduct research in order to determine the effect that antenatal counseling has on the use of contraception during the immediate postpartum period in the conservative society that exists in the rural areas surrounding Lahore, Pakistan. **Study Design:** Randomized Clinical Trial. **Setting:** Central Park Teaching Hospital in Lahore, Pakistan. **Period:** Jan, 2022 to April, 2022. **Methods:** A random selection was used to divide 400 antenatal patients who were at least 28 weeks along in their pregnancies into two groups. Patients who did not receive antenatal counseling regarding birth control options were included in Group X while patients who received antenatal counseling regarding the use of birth control were included in Group Y. A pre-designed proforma was completed following a written informed consent. Data was analyzed using SPSS 26. **Results:** Data was collected from 400 females (200 in each group) who visited CPTH. The mean age of the female participants was 27.26 + 4.78 years. Most of the participants lived in extended family systems. Nearly one third of the females was illiterate or has primary level of education. Approximately one-fourth of the females were graduated or above. After first pregnancy, 68% in group I and 86% in group II mentioned that they used contraceptive method, ($p = 0.005$, statistically significant). After second and fifth pregnancy, effect of counseling was affective and difference was statistically significant. The most common contraceptive method was barrier method followed by injection after first and second pregnancy. **Conclusion:** Antenatal contraceptive counseling proves to be a highly effective intervention in enhancing the acceptance and utilization of contraceptives within the conservative societies of Pakistan. Health care providers ought to undergo comprehensive training and exhibit unwavering motivation in order to effectively engage in antenatal contraceptive counseling.

Key words: Antenatal Counseling, Contraception, Family Planning, Postpartum Period.

INTRODUCTION

In the US, unintended pregnancies have increased by 50% in recent decades.^{1,2} This high proportion burdens women, their families, and the national health care system.³ Unintended pregnancies in racial and ethnic minority women and low-income women can disadvantage vulnerable populations. Using no contraceptives, less effective methods, incorrect methods, or non-compliant methods leads to many unintended pregnancies.^{4,5}

Zapata, et al. found that 87% of women receiving antenatal counseling used postpartum contraception in 2016. Medical care access, social networks, and all non-barrier contraception methods that require a prescription or procedure affect contraception use. Helping women of

different races and socioeconomic backgrounds, we need better pregnancy counseling skills.⁶

Contraceptive counseling is crucial; we examine its methods and knowledge. We'll recognize family planning counseling. Personal beliefs, relationship influences on contraception use, side effects, and fertility desire affect this counseling. Health professionals help vulnerable populations reduce fertility through counseling. As with other medical decisions, providers help women choose methods.⁷

Postpartum contraception prevents unwanted pregnancies. Helping women reach inter-pregnancy intervals is crucial for maternal-child health. Close pregnancies harm perinatal,

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neonatal, infant, and maternal health. Long birth intervals reduce neonatal, infant, and child mortality, low birth weight, maternal mortality and morbidity, and unplanned pregnancies. Family planning in the first year after childbirth helps women achieve goals. Family planning is becoming a global issue due to its importance in developing nations. Contraception needs are high in the first year after childbirth.^{8,9}

Many studies show that family planning within 12 months of childbirth reduces maternal and child mortality. Woman and baby health during and after birth or breastfeeding require a 2-year birth spacing. IUCs and implants are 'first-line' contraceptives for reducing unintended pregnancies.¹⁰ Reduced use barriers are prioritized. British healthcare commissioning bodies are promoting IUCDs and implants, but researchers and clinicians say this does not reflect women's contraceptive preferences or provide patient-centered counseling and provision.¹¹ Pakistan, with 216.6 million people in 2019, ranks fifth in global population. Pakistan had 2.1% annual growth and 3.6 children per woman in 2017. Pakistan is growing at 5,500,000 births per year. General population has poor maternal and fetal outcomes due to poor health care and education. Our country has 34% contraceptive use, 25% of which is modern.^{12,13}

All couples have the right to best manage their lives. Parents, siblings, relatives, friends, and neighbors in Pakistan try to influence family size. Average girl marriage age is 18.5 years. The 2017 demographic and health survey of Pakistani women in their early 20s found that 39.5% had married before 18. Despite the average marriage age of 18 and menopause age of 51, most couples will need to use contraception for over 30 years.¹⁵

Modern contraception is widely used in developed nations. In 2019/20, 60% of UK women used contraception. Doctors influence women's contraceptive choices most.¹⁶ The 2017-2018 Pakistan Bureau of Statistics Contraceptive performance report estimates mCPR at 41%.¹⁷ In conservative societies like Pakistan, husbands

make contraception decisions, which may be bad because they have little information.

Most couples interviewed use contraception, but it is usually ineffective, inconsistent, or misused. We think comprehensive and repeated counseling of couples on contraception options in the antenatal, labor, and postpartum periods can help them make informed decisions and increase uptake of modern, more reliable methods with lower failure rates.

METHODS

This was a randomized clinical trial that took place over the course of three months at the Central Park Teaching Hospital in Lahore, Pakistan from Jan, 2022 to April, 2022 after approval from ethical committee (CPMC/IRB-No/1323) (03-01-2022). The purpose of this study was to conduct research in order to determine the effect that antenatal counseling has on the use of contraception during the immediate postpartum period in the conservative society that exists in the rural areas surrounding Lahore, Pakistan.

A random selection was used to divide 400 antenatal patients who were at least 28 weeks along in their pregnancies into two groups. Patients who did not receive antenatal counseling regarding birth control options were included in Group X while patients who received antenatal counseling regarding the use of birth control were included in Group Y. Patients were split up into their respective groups. A pre-designed proforma was completed following a written informed consent.

SPSS 23 was used to conduct the analysis on the data. Qualitative variables were age groups, parity, mode of delivery, family type, education and occupation of the husband and wife, contraception after marriage, and after each pregnancy. Quantitative variables were age, parity, and inter-pregnancy interval after each pregnancy. All these variables were compared between two groups, using the chi square test and t-test, respective to the type of variables.

RESULTS

Data was collected from 400 females (200 in each group) who visited CPTH. The mean age of the female participants was 27.26 + 4.78 years. Most of the participants lived in extended family systems. Nearly one third of the females was illiterate or has primary level of education. Approximately one-fourth of the females were graduated or above. About 24% of the husbands were either illiterate or had primary education. Approximately one third of husbands were at-least graduated. A large proportion of the husbands were daily wagers followed by private jobs. Overall 7% of the participants were engaged in any kind of job whereas remaining were housewives. Nearly 4% were working females from group I and 10% were from group II (Table-I).

In group II, more than 99% of the females said that they didn't use any contraceptive method

and that first pregnancy was planned. After first pregnancy, nearly 68% in group I and 86% in group II mentioned that they used contraceptive method, ($p = 0.005$, statistically significant). After second pregnancy nearly 71% used contraceptive method in No-counseling group and 87% in counseling group ($p = 0.005$, statistically significant). The most common contraceptive method was barrier method followed by injection after first and second pregnancy.

The proportion of females who used contraceptives after third pregnancy was same in both groups. Injection was the most popular contraceptive method in two groups along with barrier and Bilateral Tubal Ligation (BTL) after fourth pregnancy. After 5th pregnancy, again the difference of effect of counseling was statistically significant, ($p = 0.022$)

Factor	Categories	Without Counseling		With Counseling		P-Value
		No.	%	No.	%	
Family Type	Nuclear	80	39.6%	70	35%	0.35
	Extended	122	80.4%	130	82%	
Educational Level of females	Illiterate	30	14.9%	44	22%	0.07
	Primary or less	37	18.3%	23	11.5%	
	Matric or equivalent	58	28.7%	46	23%	
	Intermediate or equivalent	32	15.8%	34	17%	
	Graduation or equivalent	33	16.3%	32	16%	
	Post-graduation or above	12	5.9%	21	10.5%	
Educational Level of Husband	Illiterate	29	14.4%	32	16%	0.98
	Primary or less	17	8.4%	19	9.5%	
	Matric or equivalent	47	23.3%	48	24%	
	Intermediate or equivalent	35	17.3%	31	15.5%	
	Graduation or equivalent	45	22.3%	42	21%	
	Post-graduation or above	29	14.4%	28	14%	
Occupation	Housewife	194	96%	180	90%	0.04
	Private Job	04	2%	12	6%	
	Government Job	04	2%	08	4%	
	Business	0	0	0	0	
	Others	0	0	0	0	
Husband's occupation	Private Job	64	31.7%	38	19%	0.014
	Government Job	27	13.4%	19	9.5%	
	Businessman	25	12.4%	33	16.5%	
	Daily Wager	62	30.7%	84	42%	
	Others	24	11.9%	26	13%	

Table-I. Frequency distribution of Socio-economic and demographic factors among two groups

	Use of Contraceptive		P-Value
	Without Counseling	With Counseling	
After 1 st pregnancy	67.75%	86%	0.005
After 2 nd pregnancy	71.2%	87.23%	0.005
After 3 rd pregnancy	78.47%	78.57%	0.86
After 4 th pregnancy	82.1%	86.8%	0.32
After 5 th pregnancy	73.3%	85.71%	0.022

Table-II. Percentage of participants who used contraceptive methods in two groups

DISCUSSION

In recent years, the choice and uptake of contraceptive methods has been increased however, data on women's awareness for choice and reasons for uptake of various contraceptive methods is limited. Women of reproductive age group are aware of variety of contraceptive methods but the knowledge of use and side effects of contraceptives is limited.¹⁸ Change of contraceptive method is quite frequent. Women regardless of their age, ethnicity, education and living area have negative feelings about health risks and side-effects of contraceptives.¹⁹

Statistics showed that 49% of all the pregnancies in USA in 2001 were unplanned.¹⁹ A study in 2018 showed that one in six pregnancies in UK was unintended.²⁰ The use of contraceptives has declined in the last decade. This makes women confused about the choice of ideal method of contraception which fits their personal requirements and lifestyle. Advice on the choice of contraceptive and potential information can benefit women in terms of recommended contraception method for their individual needs.

Our study explored the use of contraceptives with and without counseling. Group 1 used contraception without counseling while group 2 used contraception after counseling. The current study explored the influence of counseling upon the uptake of contraceptive method. The solid motivation for the use of contraception is planning family size.²¹

In the study, 80% of deliveries were cesarean. About 85% of patients are from extended families, and 95% are housewives. The counseling group used contraceptives slightly more than the non-counseling group in this study. In group I, no women use contraceptives after marriage, but in group II, over 99% do. Just over 81% of group II women used contraception after their first pregnancy. Among Myanmar's youth in 2021, 54% of ever-married females used contraceptives.²² Attitude towards the use and adoption of any contraceptive method was also an important factor to consult. A related study in Iran in 2010 explored that attitude of the user is the important

issue for contraceptive use.^{23,24}

In Pakistan the most common method of contraception is withdrawal but in our present research we observed that barrier was the most common contraceptive method followed by injectable.^{25,26}

Free of charge accessibility to contraceptive method must be promoted.²⁷ It might be possible that people with high knowledge of modern contraceptive have positive attitude towards contraceptive use.²³

CONCLUSION

Antenatal contraceptive counseling proves to be a highly effective intervention in enhancing the acceptance and utilization of contraceptives within the conservative societies of Pakistan. Health care providers ought to undergo comprehensive training and exhibit unwavering motivation in order to effectively engage in antenatal contraceptive counseling, thereby enhancing the prevalence of contraceptive usage within the rural regions of Pakistan.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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





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4	Ammara Riaz	Proposal writing & Review of paper.	
5	Fouzia Saba	Review of paper.	
6	Muhammad Zulqurnain	Data entry & Analysis.	
7	Muhammad Ahsan	Data entry, Analysis & Manuscript writing.	