

Counseling women for postpartum family planning: Experiences from Karachi, Pakistan

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Background

Conceptions soon after child births resulting in closely spaced pregnancies put the women and their infants at health risks. Inter-pregnancy intervals of 2-3 years are associated with the healthiest outcomes. Shorter inter-pregnancy intervals, ranging from 2 to 18 months, are associated with an increased risk of adverse birth outcomes, including low birth weight, preterm births, small for gestational age, neonatal death, and infant mortality. The association between lack of birth spacing and risk of adverse maternal outcomes has also been evident.

To reduce these morbidities and mortality, the months right after childbirth is a critical time for a woman to begin or restart using a contraceptive method. Studies have shown that a large proportion of women in the postpartum period want to space or limit the childbearing but do not use contraceptives. An extremely small percentage of women are discussed with postpartum contraception during antenatal period, in the postnatal ward and at the 6-week postnatal visit. The picture is much gloomier for many developing countries where majority of the women neither go for antenatal or postnatal checkups nor they deliver in facilities. The provision of quality family planning services in the postpartum period not only contributes in reducing maternal and child mortality and morbidity, but is an important measure for preventing voluntary termination of pregnancies too.

Pakistan was one of the first countries to launch its Family Planning Program in 1965. However, it is still struggling with a low contraceptive prevalence rate (CPR) of 34% and a high unmet need of 30% resulting in total fertility rate (TFR) of 3.5 per woman on one hand and high rates of unwanted pregnancies and unsafe abortions on the other hand. The National study on abortion revealed induced abortion as a method of contraception and “short spacing” was reported by 45% of women a reason for opting for termination of pregnancy.

Women, who have just given birth or are breast-feeding, have special health needs including needs for contraception. In spite of importance of this group of women, family planning program has often neglected their needs.

An intervention study was conducted in a squatter settlement in Karachi, Pakistan from Jan-Dec 2009 evaluate the effect of counseling the recently delivered women for use of modern contraceptives and preventing unsafe abortions during first year of postpartum period.

Methodology

This community-based study is an intervention study with recently delivered women. The intervention was one to one counseling of recently delivered women regarding contraception in general and postpartum contraception in particular. To assess the effectiveness of the intervention, quasi experimental technique was applied

Study site and population

The study was conducted in a squatter settlement of Karachi, Pakistan.

Target population

The recently delivered women with live births were enrolled for the study after explaining the process and taking the written consent from them.

Sample Size

Our sampling unit was a woman. The sample size was calculated as a minimum of 430 (215 in each group) using Epi Info 2000 statistical software, with an error of 1% and with a confidence interval of 95%. Allowance for 5 percent refusals, the sample size increased to 250 women in each group.

Sampling strategy and enrollment

All 500 women registered from four hospitals were counseled by a counselor on first postpartum day for contraception in general and postpartum contraception in particular. The counselors highlighted the chances of unwanted pregnancies faced by the women during postpartum period and possibility of end those through unsafe abortions. Information, Education and Communication (IEC) material was used for counseling.

A pre-counseling questionnaire was filled in to assess the knowledge, attitudes and practices of women. The names and complete addresses of these women were noted.

The women were then divided into two groups. The women in Group A were counseled again at 1, 3 and 6 months postpartum and were labeled as 'counseled group'.

The women in Group B were not contacted and so were not counseled. These women were labeled as 'non counseled group'.

Follow Up visit

All 500 women were finally visited at 12 months postpartum to evaluate the effectiveness of counseling of women on the knowledge and practices for postpartum family planning.

The trained personnel were responsible for conducting counseling sessions and the questionnaires administration. Various activities in the field were supervised by the two investigators who cross checked the completed questionnaires and do the editing of the

completed questionnaires in the field on daily basis. Similarly the investigator also monitored activities in other phases.

Results

A total of 236 women in Group A and 229 women in Group B completed the study

Background characteristics:

The recently delivered women were selected from the following four hospitals:

1. Sindh Govt. Hospital
2. Chinyot Hospital
3. Baldia Hospital
4. Sultan Hospital

Pl see Table 1 for enrollment of women from various hospitals. The women were interviewed either on the day of delivery or the very next day.

Socio-demographic characteristics

The mean age for counseled women was 28.9 ± 4.3 (range 15-35) and for a non-counseled was 29.0 ± 4.3 (ranges 19-39years). Compared with the 51 % of counseled women, 56% of non-counseled women were literate. Twelve percent of counseled women compared with 19 % of non-counseled women were employed.

Regarding spousal education and employment, status was similar among counseled and non-counseled women (Table 2)

The ethnic composition of the counseled and non-counseled women is illustrated in Fig 1. Majority of women were Urdu speaking in both groups followed by Punjabi and Balochi.

Obstetric History

The women were asked about complete obstetric history for each pregnancy. The questions focused on pregnancy outcomes, birth attendants, place of delivery, antenatal and post natal checkups and counseling about contraceptive use after the delivery.

Counseled Women

A total of 738 pregnancies were reported by 236 women with a mean of 3.13 ± 1.05 with 639 live births, 25 still births and 74 abortions. 39.7% pregnancies were delivered at home, 6.8% in clinics, 6.6% in maternity homes, and 46.5% in hospitals. Three quarter of the deliveries were conducted by skilled birth attendants and 26.6% by traditional birth attendants. Only 8.9 % of the pregnancies were followed by a postnatal check up and only a small proportion (3.4 %) of

women remembered that they were talked about the postpartum family planning during their postnatal visits.

Non-Counseled Women

A total of 792 pregnancies were reported by 229 women with a mean of 3.46 ± 1.96 . with 708 live births, 23 SB and 61 abortions. 40.4% pregnancies were delivered at home, 5.7% in clinics, 9.4% in maternity homes, and 48.2% in hospitals. For majority of the deliveries, the birth attendant was skilled personnel. Only 9.5 % of the pregnancies had a postnatal check up. Only 5.2 % of the women reported that the attending health personal at the postnatal check up talked about the postpartum family planning.

Evaluation of Intervention

Each woman was revisited at 12 months postpartum in their homes and were administered the same questionnaire used at the time of delivery to assess their knowledge, attitudes and practices for postpartum contraception after the index pregnancy.

Knowledge about contraceptives

To assess the knowledge about the contraceptives, women were asked to name the modern contraceptive methods spontaneously.

Among the counseled group, there was marked improvement about the knowledge for the modern contraceptive methods. Regarding the number of contraceptive methods, there was 41% and 62% improvement for four and five methods respectively mentioned among the counseled women. (Table 3)

The knowledge about number of contraceptive methods mentioned was less encouraging among non counseled women. Though there was improvement for the awareness of number of contraceptive methods, it was more marked for two or three methods.

Use of contraceptives during the postpartum period

It was not only the change in the knowledge and the attitude of the counseled and non-counseled group of women, but the impact of counseling was clearly shown by their practices too.

Out of 236 counseled women counseled, 154 women (65%) were using some form of contraceptive. Of these, a little less than half of the women (42%) started a method within first 6 months postpartum while remaining started the method during the second half of the first postpartum year. The main reasons for 82 women who did not opt for a method included husband away, severe illness, death of index child and husbands/families don't allow the use of contraceptives while breastfeeding the child.

Only 90 women (36%) in Group B reported to use some form of modern contraceptive. The reasons mentioned by 139 women for not opting for contraceptives were fear of side effects, relying on breast feeding as a contraceptive, want another child and disapproval by husbands/families.

See Table 4 for method used

Conception during postpartum period

Women were asked about their pregnancy history during the first postpartum year. Four women from Group A and 26 from B reported a conception. Nine women from Group B, but none from Group A, terminated their pregnancies through unsafe abortion. Five of them faced one or more post-abortion complications. In addition, one maternal death was also reported (by family member) due to unsafe termination.

Conclusions:

The counseling of recently delivered women using IEC material demonstrate substantial change in their knowledge for family planning in general and postpartum period in particular.

There was marked change in the behavior of women regarding use of contraceptives. A larger proportion of counseled women started using modern contraceptives during the postpartum period. The use in contraceptives averted the attempt to termination of unwanted pregnancies and so the associated complications of unsafe abortions and maternal deaths.

Recommendations

The immediate postpartum period is of prime importance for the caregiver to help the woman start contraceptives. However, this opportunity is mostly missed. Key steps to better services include training providers to counsel clients effectively and training program managers to adopt a more gender-sensitive approach to service delivery.

Postpartum and post abortion family planning should be included in medical and nursing school curricula, especially where medical services emphasize curative rather than preventive care.

Involving community specially the husbands in family planning interventions is the area that needs to be addressed.

Table 1: Percentage distribution of women counseled (n=236) and non counseled (n=229) from maternity hospitals of Karachi

Sr.No	Hospitals	Counseled women (n=236)		Non-Counseled Women (n=229)	
		n	%	n	%
1.	Sindh Govt. Hospital	124	52.5	105	45.8
2.	Chinyot Hospital	35	14.8	41	18.0
3.	Baldia Hospital	40	16.9	51	22.2
4.	Sultan Hospital	37	15.6	32	13.9
Total		236	100	229	100

Fig 1: Percentage distribution of Ethnicity of women counseled (n=236) and non-counseled (n=229) for contraceptive use in postpartum period

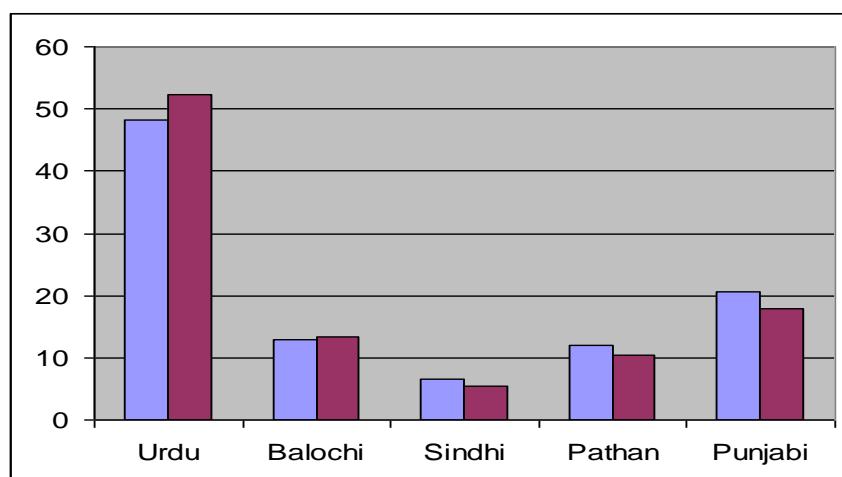


Table 2: Socio-Demographic characteristics of women counseled (n=250) and non-counseled for contraceptive use in postpartum period (n=250) in Karachi, Pakistan

Variables	Counseled women		Non-counseled women	
	n	%	n	%
Respondent's Age (years)	28.9 (\pm 4.3)		29.0 (\pm 4.3)	
Education respondent				
Illiterate	109	46.1	89	38.8
Literate	127	53.9	140	61.2
Education Husband				
Illiterate	73	30.9	64	27.9
Literate	163	69.1	165	72.1
Occupation Respondent				
House wife	211	89.6	190	83.0
Employed	25	10.4	39	17.0
Occupation Husband				
Unemployed	14	5.9	15	6.5
Employed	222	94.1	214	93.5

Table 3 :Change in knowledge for contraceptive among women counseled and not counseled for contraceptives in Karachi, Pakistan.

Variables	Counseled women (n=236)			Non counseled women (n=229)		
	Pre	Post	% change	Pre	Post	% change
Heard of FP	68.4	91.7	34.0	67.4	68.3	1.3
No. of FP methods mentioned						
One	6.0	1.6	-733.3	20.8	24.5	17.7
two	18.4	4.3	-76.4	20.6	23.1	12.1
three	19.8	18.4	-7.0	18.8	16.3	-13.2
four	22.2	31.5	41.0	22.2	19.4	-12.6
five	20.4	33.2	62.7	7.4	5.2	-24.3
Six & +	13.2	11.0	-16.6	10.2	11.5	12.7

Table 4: Contraceptive methods use by counseled and non counseled women during postpartum period

Method using	Counseled n=236		Non counseled n=229	
	n	%	n	%
Condoms	73	47.4	45	50.0
Pills	2	1.1	10	11.1
IUCD	24	15.5	15	16.6
Injection	48	31.0	18	20.0
norplant	2	1.8	-	-
Tubal ligation	5	3.2	2	0.8
Total	154	100	90	100