

The 5th Asian Population Association Conference (3rd to 5th August 2021)

Co-hosted by APA, BKKBN, and CPPS-UGM

Acceptance of Methods of Family Planning in Women Undergoing C-section delivery



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Introduction:

- Historically, the family planning program in India has focused heavily on the promotion of permanent methods in response to the need for controlling rapid population growth; from that time to date, the dominance of sterilization is still as it is.
- On the other side, caesarean section rates in India are increasing rapidly, and it crossed the optimum number of caesarean sections.
- Both procedures involve surgical intervention. There are long-term side effects of both the procedures if they are performed unnecessarily and early age.
- In addition, repeat Caesarean sections due to earlier Cesar can lead to a substantial increase in future obstetric morbidity and mortality. Family planning can contribute to lower obstetric morbidity and mortality if it uses the necessary family planning method.
- Therefore, the study examine the acceptance of family planning methods in women undergoing C-sections

Methodology

- The study used the National Family Health Survey round four (NFHS-4) 2015-16. the women who were non-pregnant and gave birth in the last five years were included in the study.
- Bivariate and multinomial logit regression has been used to reveals a comparative overview of the use of contraceptive methods by background characteristics among those who underwent normal and caesarean section delivery.

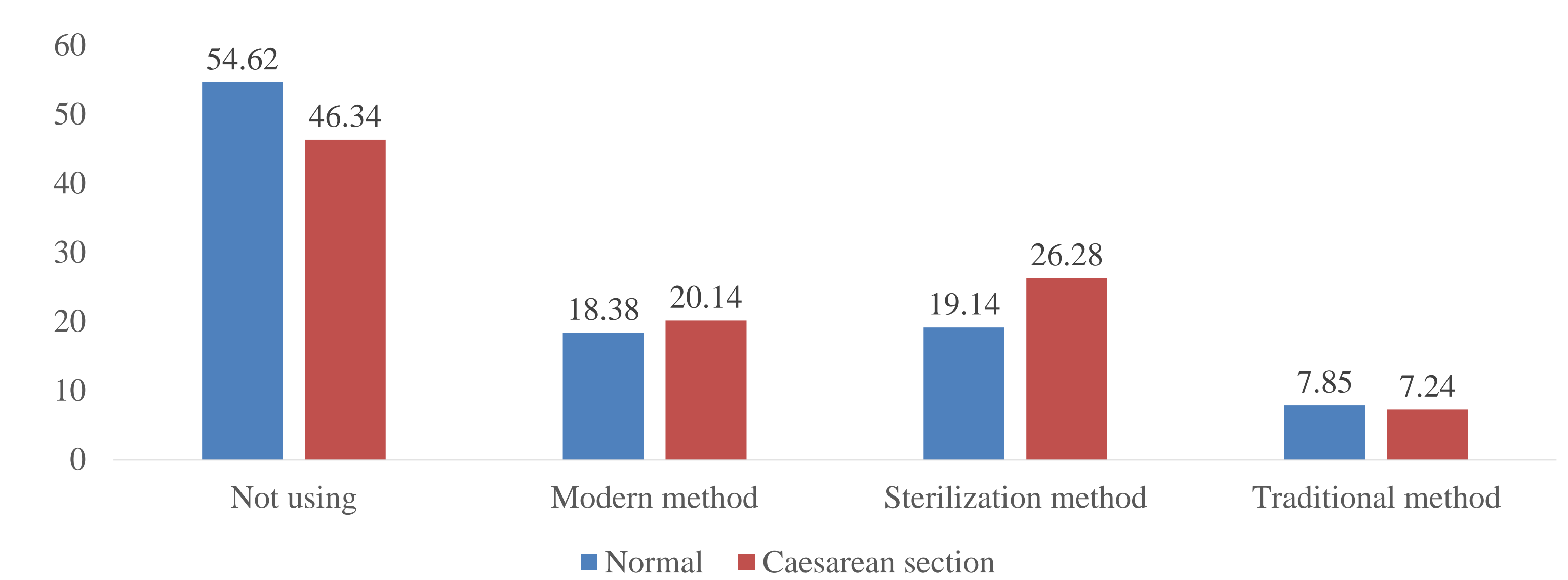
Results and Discussion:

- The women who underwent caesarean section tend to use more contraception methods than the women who underwent the normal delivery section.
- The sterilization method represents 26.3 percent of the highest method use among women delivered by caesarean section and 19.1 percent among women with normal delivery. The use of the traditional method was nearly the same and lowest in both types of delivery. The use of modern contraceptive methods was high in women with c-section than the normal delivery.
- With increasing, age women were more likely to use sterilization over other methods. Those women were living in rural areas were more likely to use sterilization over other contraceptive methods. Women belong to scheduled tribes, and OBC was more likely to use sterilization than scheduled caste women. Muslim women were less likely to undergo caesarean section and more likely to use modern and traditional methods than women who belong to the Hindu religion. Except for the southern region, women were more likely to incline toward modern and traditional methods, whereas southern regions dominated sterilization choices.
- Educated, professionally skilled women were more likely to use modern methods than sterilization compared to illiterate and not working women. With the increasing wealth quintile, women were more likely to use modern and traditional methods. Higher parity women were more likely to undergo sterilization.
- Women with caesarean section were more likely to undergo sterilization than other methods or not using any method.
- The percentage of use of family planning was high in the cesarean section. But, women preferred the permanent method, i.e., female sterilization, over other methods. However, women were more likely to use family planning. This excess use of family planning was only for the sterilization method.

Conclusion:

- Women who underwent cesarean section were more likely to use contraception though women chose sterilization methods over modern and traditional methods.
- The percentage of caesarean sections is increasing in India, in which surgeries are performed on women. At the same time, sterilization also prevails in India, which also includes surgical operations and hormonal imbalances.
- Sterilization effects not only her sexual or reproductive life but, in the long run, can lead to uterine infections, leading to hysterectomy. These surgeries and hormonal imbalances can adversely affect women's health. It has been proven that women who undergo sterilization are more likely to have a hysterectomy. Therefore, there is a need to aware of women to accept substitute methods for sterilization.

Figure 1: Percentage of contraceptive use by type of delivery, India, NFHS-4 2015-16



Sources: National Family Health Survey (NFHS 4, 2015-16)

Table 1: The adjusted odds ratio of contraceptive use by background characteristic among those who underwent normal and caesarean section delivery, India, NFHS-4 2015-16

	Not using		Modern method		Traditional Method	
	aOR (p-value)	CI	aOR (p-value)	CI	aOR (p-value)	CI
Age of women						
15-24 ⁰						
25-34	-0.303***	(-0.362, -0.245)	-0.155***	(-0.225, -0.085)	0.008	(-0.076, 0.091)
35+	-0.12***	(-0.207, -0.033)	-0.106*	(-0.226, 0.014)	0.41***	(0.285, 0.534)
Place of residence						
urban ⁰						
rural	-0.057*	(-0.119, 0.006)	-0.339***	(-0.412, -0.267)	-0.220***	(-0.309, -0.130)
Caste						
SC ⁰						
ST	-0.069*	(-0.142, 0.005)	-0.358***	(-0.468, -0.247)	-0.396***	(-0.514, -0.277)
OBC	0.109***	(0.054, 0.165)	-0.225***	(-0.297, -0.153)	-0.112**	(-0.199, -0.025)
Others	-0.024	(-0.100, 0.052)	0.021	(-0.070, 0.110)	0.016	(-0.097, 0.128)
Religion						
Hindu ⁰						
Muslim	1.064***	(0.983, 1.145)	1.382***	(1.290, 1.474)	0.986***	(0.881, 1.091)
Christian	0.296***	(0.138, 0.454)	-0.054	(-0.258, 0.152)	-0.19	(-0.452, 0.072)
others	-0.121	(-0.265, 0.024)	0.456***	(0.302, 0.611)	-0.021	(-0.221, 0.18)
Region						
central	1.558***	(1.492, 1.624)	3.241***	(3.134, 3.348)	4.116***	(3.930, 4.302)
east	1.325***	(1.249, 1.400)	3.278***	(3.161, 3.394)	3.528***	(3.332, 3.724)
northeast	2.117***	(2.000, 2.235)	4.68***	(4.532, 4.828)	5.197***	(4.983, 5.412)
north	1.114***	(1.038, 1.190)	3.189***	(3.075, 3.303)	3.497***	(3.301, 3.692)
west	0.724***	(0.634, 0.813)	2.105***	(1.970, 2.241)	2.068***	(1.830, 2.306)
south ⁰						
Women's education						
No education ⁰						
primary	-0.301***	(-0.367, -0.235)	0.095**	(0.008, 0.183)	-0.161***	(-0.260, -0.063)
secondary	-0.135***	(-0.193, -0.078)	0.393***	(0.316, 0.470)	0.060	(-0.026, 0.145)
higher	0.258***	(0.150, 0.366)	0.827***	(0.700, 0.953)	0.298***	(0.154, 0.441)
Women's occupation						
not working ⁰						
professional skilled	0.133	(-0.204, 0.468)	0.492**	(0.076, 0.908)	0.514**	(0.047, 0.982)
services skilled manu	-0.390***	(-0.567, -0.212)	0.115	(-0.104, 0.334)	0.074	(-0.186, 0.334)
agriculture	-0.488***	(-0.595, -0.381)	-0.394***	(-0.574, -0.214)	-0.187*	(-0.378, 0.005)
Wealth quintile						
poorest ⁰						
poorer	-0.251***	(-0.309, -0.193)	0.194***	(0.114, 0.274)	0.115**	(0.026, 0.203)
middle	-0.258***	(-0.327, -0.188)	0.33***	(0.239, 0.421)	0.286***	(0.184, 0.388)
richer	-0.217***	(-0.300, -0.134)	0.561***	(0.454, 0.668)	0.354***	(0.233, 0.476)
richest	-0.157***	(-0.263, -0.050)	0.827***	(0.701, 0.952)	0.52***	(0.368, 0.673)
Parity						
1 ⁰						
2	-3.709***	(-3.897, -3.520)	-3.77***	(-3.967, -3.572)	-3.94***	(-4.146, -3.735)
3+	-3.797***	(-4.001, -3.593)	-4.054***	(-4.278, -3.829)	-4.241***	(-4.477, -4.005)
Number of living daughters						
0 ⁰						
1	-0.464***	(-0.532, -0.395)	-0.283***	(-0.370, -0.196)	-0.238***	(-0.341, -0.135)
2	-0.534***	(-0.623, -0.444)	-0.244***	(-0.369, -0.120)	-0.224***	(-0.366, -0.082)
3+	-0.429***	(-0.533, -0.325)	-0.287***	(-0.436, -0.139)	-0.15*	(-0.314, 0.016)
Number of living sons						
0 ⁰						
1	-1.103***	(-1.183, -1.023)	-0.813***	(-0.911, -0.715)	-0.815***	(-0.923, -0.707)
2	-1.859***	(-1.957, -1.761)	-1.537***	(-1.667, -1.407)	-1.462***	(-1.606, -1.317)
3+	-1.727***	(-1.850, -1.605)	-1.383***	(-1.553, -1.214)	-1.32***	(-1.502, -1.138)
Respondent heard family planning on media						
0 ⁰						
1	-0.314***	(-0.363, -0.266)	-0.012	(-0.076, 0.053)	-0.233***	(-0.305, -0.161)
Type of delivery						
Normal ⁰						
Caesarean section	-0.81***	(-0.881, -0.739)	-0.771***	(-0.855, -0.688)	-0.645***	(-0.745, -0.544)
Constant	5.522***	(5.304, 5.739)	1.605***	(1.355, 1.855)	0.729***	(0.429, 1.029)

Sources: National Family Health Survey (NFHS 4, 2015-16); Note: (***)P>0.01; ** P>0.05; * P>0.1); ⁰ Reference Category; aOR= Adjusted Odds Ratio; 95% CI= Confidence Interval