

A Review Report

Insufficient Knowledge on Available Contraception among men and women leading to Unintended Pregnancies among Married, Pregnant and Multi Parity Mothers in India – A Review.

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Abstract:

Unintended pregnancy is a Neglected Public Health issue in India that needs immediate attention since it affects many mothers and families physically and emotionally. Knowledge of Family Welfare services and in particular about available safe contraception methods are low in the community which is evident from the recently published works of literature. The steps have to be escalated to disseminate adequate knowledge on contraception through all the communication mediums to reach the masses. Training to all healthcare providers to be culturally sensitive, on social marketing of contraception should be provided to engage them in counseling mothers or their families. Patient empowerment is the domain to be considered when contraception is being perused and should not leave space for the patient's / mother's vulnerability to exist between the healthcare provider and receiver.

Keywords: Unintended Pregnancies, Unwanted Pregnancies, Induced Abortions, Maternal Mortality, Contraception

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Introduction:

An unwanted/unintended pregnancy is commonly interpreted as any mistimed or unplanned event during conception. The world-level incidence of pregnancies is around 200 million and nearly half of them are unintended. Unintended pregnancies are strong influencers of Maternal and Child health outcomes in any developing country's context. Reducing these kind of pregnancies can significantly bring down the maternal mortality rates. Among the unintended pregnancies, only 38% of them are completing the term and stepping into this world according to the 2010 – 2014 data.(1) At the

Same point in time, around 25% of abortions took place which were falling under the category of 'unsafe abortions. It is estimated that each year around three lakh women die due to unwanted pregnancies globally and more than 95% of those maternal deaths occur in developing countries alone thus contributing significantly to the maternal mortality burden. It has been established that India along with two other countries in Africa contributes 58% of all global maternal deaths. (2)

In India, almost 78% of pregnancies are unplanned and within that 25% of families/mothers accepted that it is an unwanted pregnancy. The MTP act in India allows for legalized abortion from the year 1971 but due to early or teen pregnancies which are many times perceived to be unwanted pregnancies and some institutions utilize this chance and conduct illegal abortions in India the ratio is that for every one legal abortion there are 10 illegal abortions (1:10) are conducted across the country making an avenue for abortion-related complications and mortalities to rise.(3)

Complications due to unintended pregnancy are much varied and it has its effects even after the delivery it may include and are not limited to pre-eclampsia, postpartum hemorrhage (PPH), and sometimes postpartum pre-eclampsia with significant odds.(4) On perusing the reasons for a mother or a family to declare a pregnancy as unwanted pregnancy ranges from self-perceived completion of family size to teen pregnancy or pregnant before marriage.(5) Teen pregnancies have been on the rise in recent years that are termed unwanted.

When assessing the actual knowledge on types of contraception among women from different states of India was found to be low significantly and this is a result of a lack of adequate knowledge on available contraception and how to use them.(6) The lack of awareness and knowledge leads the women/couples to perceive a negative attitude towards contraception and thereby prohibiting their usage in the future also. This attitude emerges due to poor counseling provided by the health workers to the mothers after the delivery.(7) Unintended pregnancies were found to be associated with the socio-economic status of the women/family strongly and proved a weak correlation with intent to use contraception. Ideally, the 'intent to use contraception' should be a strong predictor of unwanted pregnancies but the empirical situation is different.(8) Since India has promised its commitment to the Global community and Sustainable Development Goals (SDG) in bringing down the maternal and infant mortality rates its high time to explore our real knowledge on contraception and plan the strategies accordingly.

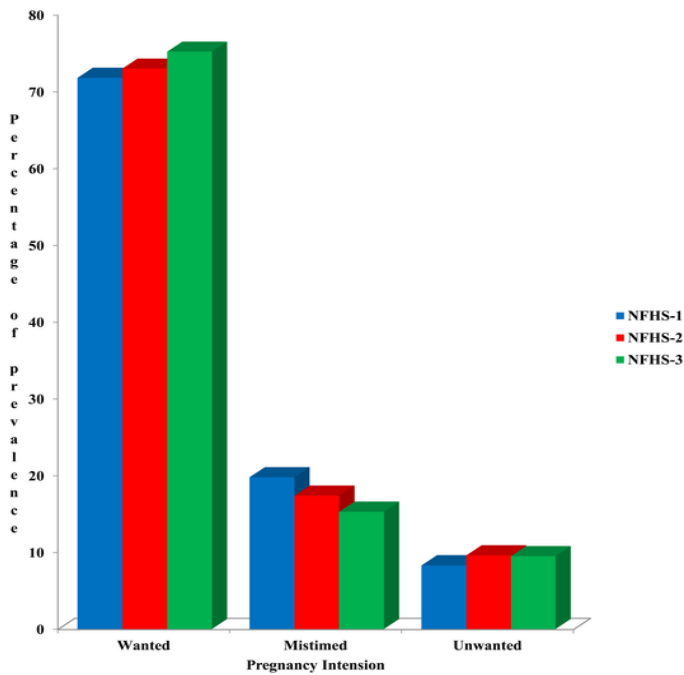
The situation of Unintended Pregnancies in India:

India being a developing nation there are many steps taken towards providing safe institutional deliveries and the main motto was not to lose any mother or child. On the contrary, unwanted pregnancies are happening due to various factors which are pertinent to develop nations and with a country with massive populations. There are repercussions of completing the term of unintended pregnancies like early childhood stunting due to chronic nutrition deficiency and for the mother, it leads to

postnatal depression which severely impacts the physical and mental well-being of both the mother and child.(9) When considering rural India's condition it was found that the odds of receiving inadequate prenatal care among the mothers who reported that the present pregnancy was unintended is more than two times and it was nearly two times not to provide complete immunization to their child who born out of unwanted pregnancy also, it is noted that it leads to more cesarean procedures with nearly two times the odds when compared with intended pregnancy.(10,11) Some social factors like religion and caste status influence unintended pregnancies like being non-Hindu people, people belonging to scheduled tribes, and recent child/child loss are the most important predictors in the rural set-up.(12)

Concerning urban areas, there is less but significant risk associated with women living in urban areas since they are either educated or exposed to a lot of information through access to mass communication. This is essential since the education levels of women are directly linked with the nature of pregnancies. Women who are empowered, a measure that can be estimated through proxy variables, are less likely to become vulnerable to mistimed or unwanted pregnancies when compared to their non-empowered counterparts in rural areas.(13) Another determinant for experiencing unwanted pregnancies was lower economic status and the number of intended pregnancies is less if the economic conditions are not viable.(14) Also in urban areas, people are less interested in having more children since they perceive it as an old and dead ideology of the past. Increasingly people want to play the role of a leader and guide more people rather than be held up to managing only their family. But there are instances in urban areas also where the women have less knowledge of contraception and family welfare. Another factor which got explored as a barrier was shyness among the women which cannot be appreciated in a country that has the history of initiating the world's first family planning program and adopting a cafeteria approach.(15) This is the condition for urban women even if they are in contact with an urban health center. This clearly defines the problem of physicians, nurses, and para-medical workers like urban health nurses not spending time explaining the variety of contraception available to women who are in need. Thus increasing the knowledge gap and unmet needs in urban areas.(16)

Figure 1: Trend of Pregnancy intention among currently pregnant married women according to the earlier NFHS data.



Adapted from Dutta M et al, PLOS ONE 2015.

Lack of adequate knowledge of Contraception:

Unintended pregnancies have the potential of becoming a Public Health issue since there is a huge gap in awareness and adequate knowledge of the different types of contraception available for women or couples. Most of the women or their husbands are aware of permanent sterilization and their knowledge of spacing methods is significantly low this is in contrast with the promise made by the National Population Policy that access to all types of contraception will be fulfilled.(17) Perusing the spacing/barrier methods IUCD and oral contraceptive pills (OCPs) are inevitable. But the knowledge of why it is used and whether it's a permanent or temporary method of contraception is much lacking. Many women know only about male condoms when they are prompted for barrier methods. It has to be noted that nearly 50% of the women who are not using any method of contraception are due to a lack of knowledge alone which is an astonishing fact.(18) IUCD and OCPs are an effective spacing method only a few women know about it and even there is some audience who never even heard about OCPs or IUCDs and we are in the stage of developing a negative attitude towards family welfare schemes due to low trickling down effect and neglect of health workers to give counseling due lack of time which is aroused by low human resource.(19,20) OCPs were introduced by Govt. of India in the year 2002 and it was made as an 'over-the-counter' drug in 2005 for easy access this strategy should have led to knowledge sharing by word of mouth which could have prevented many unwanted pregnancies and the current situation unfolds before us without any positive results. Annual Health surveys conducted in

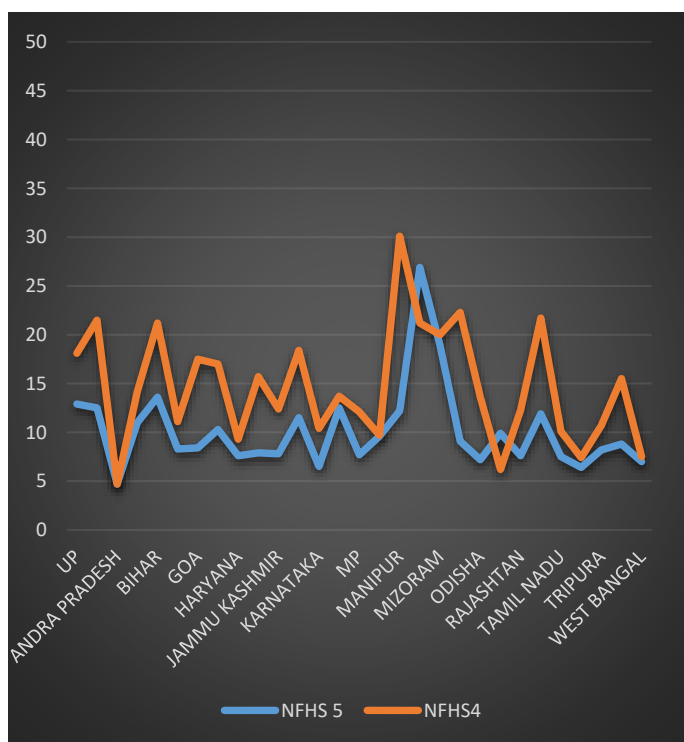
some states of India have revealed that the rate of usage of OCPs is continuously seen in a downward trend. This trend has been pinned on the undercurrents of strong cultural barriers and misconceptions against all contraception methods which inhibits the usage of OCPs among youngsters also leading them towards unintended pregnancy.(21,22) As a result of less knowledge and wrong perceptions of different contraception methodologies the actual practice of family welfare has come down significantly leading to unintended pregnancies and related complications.(23) The only well-known family welfare procedure among the majority of the women was permanent sterilization (only tubectomy) since hospitals force it on the mothers and families especially if they get admitted for the second delivery which paves way for uninformed decision-making with haste.

Contraception Knowledge among Tribal Communities:

The challenges and hardships faced by the tribal community are much different when compared with the normal population. India is a diverse country in religion, culture, language, and ethnicity it's inevitable analyzing the situation among the tribal population. In this review, more of the socioeconomically deprived tribes will be dealt with since some tribal communities have improved their living conditions due to social and economic justice promised by the constitution. National Family Health Survey (NFHS) a flagship survey done in our country has revealed that the high total fertility rate is soaring among the tribes when weighed up against other societies in India due to highly truncated contraception usage among them.(24) The knowledge of contraception among the tribal communities present in the state of Kerala, the literate state in India, is average, and the fact that intention to use any type of contraception among the families who expected to have more than 2 children is much modest thus, proving those tribes are still acting per the old ideologies.(25) The same kind of situation is prevailing among the tribal groups of Khasi, who have their habitation in the east Khasi hills of the state Meghalaya. Here the findings are a little different when compared with other tribes because women of this tribal group have adopted any family welfare method more than 50% but they lack knowledge of that contraception indicating that the decision to adopt a family welfare measure was imposed on them thus eliminating the process of informed decision making by the consumers.(26) The 'Koraga' community who are the indigenous tribes of Karnataka living in the districts of Dakshin Kannada and Udupi been facing social boycott through untouchability for centuries as a result they are vulnerable and marginalized even in recent times due to extensive developmental gap of their

community. Among these kinds of recent advancements naïve group the knowledge of contraception was found to be alarmingly low and under no circumstances did they know about ways of preventing HIV in their community also.(27) This is the current situation among the tribal community of India with less to average knowledge on contraception and exposing themselves to the risk of unintended pregnancies and related complications along with imperiling to get sexually transmitted diseases

Figure 2: Trend of unintended pregnancies in India according to the recent NFHS data



Addressing the Problem:

Table 1: Means to decrease unintended pregnancy

S.no	Means	Strategies
1.	Access to Family Welfare services	Strict implementation of Universal Health Coverage
2.	Integrating Cultural & Religious factors	Sharing the success stories of family welfare schemes among the community
3.	Patient Empowerment	Healthcare providers should provide the necessary education to the couples, Knowledge dissemination should happen intensively
4.	Refresher training on contraception and its usage	Enforce the importance of usage of contraception with cost and life-saving

Access to Family Welfare services:

Even though contraception non-use is being influenced and attributed to many factors, access to safe contraception can address this problem of unwanted pregnancy. Strong implementation of ‘Universal Health Coverage’ which enforces the full ANC with all the components fulfilled and backed up by sturdy political will, can decrease the incidence of unintended pregnancy. Many women tend to miss their ANCs in India due to factors like place of residence, maternal education, and socio-cultural factors like religion, caste, etc. which makes the service to become more inequitable rather than what it’s aiming to fulfill. This inequity can be alleviated through the implementation of UHC because it has systems that are not sensitive to culture or religion which provides more odds for success in providing access to family welfare services.(28)

Culture-sensitive approach:

India is a diverse country in culture its essential all policy decisions are made after a thorough perusal of socio-cultural factors. We have learned from our past experiences that the ‘one size fits all’ strategy is a failure model in our country especially when it comes to execution at the community level due to the vast cultural differences. In this context, Family Life Education (FLE) should be started in schools itself to make the children understand the benefits of contraception and having a small family more scientifically.(29) For the elders and married couples the strategy should be different, by making the person who can be influential and has adopted any contraception share their experiences and make their success stories as IEC material to others so that personal connection will be established and it will act as an impetus to adopt contraception.

Patient Empowerment:

Knowledge levels on available contraception among adolescents are found to be alarmingly low. Usually, very few couples and adolescents receive sex education thus paving the way to unprotected sex and unwanted pregnancies.(30) So it’s high time for the policymakers to intensify the family welfare program in its implementation. Patient empowerment only will re-establish the ‘cafeteria approach which seems to be low currently which is evident with available data. The role of media in spreading awareness on contraception has become zero recently, a powerful platform to spread family welfare services to more people.

Training on Social Marketing of Contraception:

Contraception awareness is first provided by a healthcare worker to the people who are in need and it’s the responsibility of the healthcare worker to explain in detail the available contraception according to spacing and

limiting methods leaving the decision-making power to the couples or the individual. But the present situation is not enabling such an environment for the healthcare providers or the patients due to many factors like less doctor-to-patient ratio, less bed-to-nurse ratio, etc. Due to these factors, health workers tend to force their decisions at the last minute without giving adequate time to think from the patient's end thus exploiting the patient-doctor vulnerability. To introduce changes in this status – quo re-introduction of family welfare training to all categories of healthcare providers seems to be inevitable along with training on social marketing of contraception so that it reaches more audience.(31)

Conclusion:

In India, unintended pregnancy continues to be a neglected Public Health issue among women and couples having unmet needs. This can affect the woman and her family emotionally and financially after taking a toll on the women's health. The only avenue the policymakers should travel to avoid unwanted pregnancy is to make access to effective contraception easy with a special focus on new contraceptives like Antara and Chaya. Oral contraceptive pills (E-pills) should again be made available OTC to women. Physicians along with other para-medical workers should counsel the mothers and those who are in need to make them choose the right contraception based on their personal needs along with being culturally sensitive. The role of media is nothing nowadays in advertising contraception and the benefits of using it. It's high time to believe that contraception knowledge is low to average among all the strata of the community and re-initiation of television advertisements is essential leaving back the ideology that the community is owning adequate knowledge on contraception. Even advertisements on social media, gaming apps targeted for enhancement of knowledge of FLEs, and starting Govt. channels on famous video blogging sites can be some of the ways to disseminate contraception and family welfare schemes that could save many lives.

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