

Impact of literacy on contraceptive practice in perimenopausal women

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Abstract

Objective: To study the Contraceptive practices in perimenopausal women and to compare between perimenopausal women educated less than 12th std. (Group A) and Perimenopausal women who were graduate or had completed 12th std (Group B) **Methods:** A questionnaire based study was done on 250 Perimenopausal women attending Gynae OPD and to evaluate the impact of literacy on the contraceptive choices among these women. **Results:** Mean parity of Group A was (2.96) as compared to Group B (2.16). Effect of literacy on reducing the parity was statistically highly significant ($p < 0.0001$) and was inversely related to it. Barrier IUCD as method of contraception was preferred by more educated class ($p < 0.0001$) and lesser educated class preferred natural methods (51.92%) and permanent methods of contraception. Awareness about emergency contraception in perimenopausal women is limited more so in lesser educated class which was statistically highly significant.

Keywords: Contraceptive, Emergency Contraception.

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INTRODUCTION

Perimenopause marks the transition from normal ovulation to anovulation and ultimately to permanent loss of ovarian function¹. Fecundity- the average monthly probability of conception declines by half a early as the mid forties. However, women during the perimenopause still need effective contraception. This fact has not been given the importance it deserves. Issues arising at this period such as menstrual cycle abnormalities, vasomotor instability, the need for osteoporosis and cardiovascular disease prevention as well as the increased risk of gynaecological cancer should be taken into consideration before the initiation of a specific method of contraception. Various contraceptive options may be offered to perimenopausal women including oral contraceptives, tubal ligation, IUCD's, barrier method, hormonal

injectables and implants. Recently newer methods of contraception have been introduced presenting high efficacy rates and minor side effects such as monthly injectable system, the contraceptive vaginal ring and the transdermal contraceptive system. Women are still using traditional methods and women's knowledge about contraception in perimenopausal stage is very limited. Health professionals should provide information about perimenopausal contraception.

MATERIAL AND METHODS

A questionnaire based study was carried out on 250 perimenopausal women of 40-50 years attending Gynaecology OPD of Government Hospital Sarwal Jammu from January 2016 to May 2016 regarding their choice of contraception. These women were divided into two groups.

Group A: Perimenopausal women who have education level less than 12th standard.

Group B: Perimenopausal women who are graduate or have completed their 12th standard.

The data collected was analysed for distribution according to parity, Socio Economic Status, contraception used and awareness about Emergency contraceptives and compared between two groups. Statistical Analysis using 't' test and 'chi' square test was done.

RESULTS

Age of the women varied from 40-50 years with mean age being 44 years in both the groups. In group A (29.28%) of women were Para 4 and above, (70.71%) were Para 3 and below. Whereas all women in group B were Para 3 and below.

Mean parity of Group A was more (2.96) as compared to the group B (2.16). The difference was statistically highly significant ($p < 0.0001$) Table 1.

Table1: Distribution of study group according to parity

Parity	Group A (educated less than 12 th class) n=140	Group B Educated > 12 th Class n=110
0	0 (0%)	1 (0.9%)
1	4 (2.8%)	19 (9.09%)
2	38 (27.14%)	70 (63.63%)
3	57 (40.71%)	29 (26.36%)
>4	41 (29.28%)	0 (0%)

In group A 42% were illiterate, 46% had completed 8th std and 12% had passed 10th std. In groups (33.63%) were graduate and 73 (63.36%) had completed 12th std. In group A 95% of women belonged to middle and low SES and 5% to high SES. In group B 70% belonged to middle SES, 25% to high SES and only 5% belonged to low SES. Use of barrier method was more in among group B women (34.54%) as compared to 15.4% in Group A. IUCD method was opted by 17.27% women in group B as compared to only (12.6%) in Group A. (6.36%) of Women in Group B were using OCP's as contraceptive method while none of women in Group A opted for OCP's as contraception. Use of permanent method of contraception was more in Group A (19.28%) as compared to (15.45%) in group B. only 12 (11%) women in group B were aware of emergency contraceptives while none of the women in Group A were aware of emergency contraceptive which was found to be highly significant ($p < 0.0001$) Table 2.

Table 2: Distribution of Study Group According to Contraceptive used

Method Used	Group A Women educated less than 12 th class n=140	Group B Women educated more than 12 th class n=110	p-value
Barrier	11 (15.4%)	38 (34.54%)	<0.0001
IUCD	9 (12.6%)	19 (17.27%)	<0.006
OCP's	0 (0%)	7 (6.36%)	NS
Natural	72 (51.42%)	27 (24.54%)	<0.001
Ligation	27 (19.28%)	13 (15.45%)	=NS
None	21 (15%)	6 (5.45%)	=NS
Awareness about Emergency Contraception	0%	12(10.90%)	<0.0001

NS = Not significant

DISCUSSION

Epidemiologic research has shown that perimenopausal contraception is an important issue because women during perimenopause still need effective contraception². Pregnancy at this stage is often unwanted and is attended by increased risk of maternal mortality, spontaneous abortions, fetal abnormalities, perinatal mortality and sometimes embarrassment. In developing countries, these risks are compounded by high number of pregnancies and poor medical care. There is no contraception that is contraindicated merely by age. However, issues including loss of bone mineral density, menstrual cycle changes, vasomotor instability, the need for osteoporosis and cardiovascular disease prevention as well as the increased risk of gynaecological cancer should be taken into consideration before initiation of a specific method of contraception. It may be personal choice as far as the method is concerned but as per the present study Indian women don't prefer oral contraceptives though 11% of the Western Women between 40-50 years and 4% of the

women above 45 yrs still use OCP's². Barrier method which has the highest failure rate was found to be a preferred method by the educated class (34.54%) as per the present study. Barrier method may be more appealing to perimenopausal women with infrequent sexual exposure. Sterilisation is less preferred by perimenopausal women as compared to younger women³. Our study revealed that it is more proffered method in less educated women as compared to educated class. Intrauterine device is found to be quite on acceptable method of contraception among Indian women. During the perimenopausal years, Progestin Intrauterine device provides an effective contraception as occasional ovulation occur. In addition, by its direct effect on the endometrium it prevents the occurrence of menorrhagia - frequent condition during perimenopause. But its high cost limits its use widely. Women who can afford progestin intrauterine device can be offered after proper counseling. Oral contraception is not the preferred method of contraception amongst Indian perimenopausal

women. Use of OCP's should be encouraged in this age group as a strategy not only to improve perimenopausal symptoms, provide effective contraception and reduced long term health risks but also to enhance the quality of life for such women.⁴ Most women are still using traditional methods and women's knowledge about contraception in perimenopausal stage is very limited. There is need to increase the awareness about emergency contraception especially among the less educated class. This can be achieved through medical practioners and mass media. Emergency contraception is particularly suitable for perimenopausal women because of their pattern of sexual behaviour and contraceptive use. Awareness itself will make women come forward to opt for it once they need it.

CONCLUSION

Main contraceptive used by women educated >12th Std was barrier method (34.54%) as compared to lesser educated perimenopausal women who opted for permanent method (19.28%). This reflects that the intellectual status and literacy level has a definite role in

handling the temporary methods of contraception more effectively. Awareness about emergency contraception was very limited especially so in lesser educated class. Health professionals should provide information about perimenopausal contraception. The use of the various contraceptive methods during perimenopause holds special benefits and risks that should be carefully balanced after a thorough consultation and according to each women's contraceptive needs.

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