

Original Article

Impact of literacy on contraceptive practice in Indian perimenopausal women

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Abstract

Objectives: To study the contraceptive practices in perimenopausal women and to compare them between general population and staff nurses. **Methods:** A questionnaire based study was done on 250 perimenopausal women (100 staff nurses and 150 women from general population) to evaluate the impact of literacy on the contraceptive choices among these women. **Results:** Mean parity of the general population was more (3.2) as compared to the staff nurses (2.12) and this difference was statistically significant ($p < 0.001$). Effect of literacy on reducing the parity was statistically significant ($p = 0.001$) and was inversely related to it. Use of barrier method was more common in staff nurses as compared to general population ($p < 0.001$). None of the women in either group were using oral contraceptive pills. Awareness about emergency contraception was more in staff nurses as compared to general population ($p < 0.001$). **Conclusion:** Intellectual status and literacy level has a definite role in using temporary methods of contraception more effectively. There is a need for creating awareness about emergency contraception among women more so amongst the general population

Keywords: contraception, perimenopause, emergency contraception, literacy

Introduction

Perimenopause marks the transition from ovulation to anovulation and ultimately to permanent loss of ovarian function¹. Perimenopausal women are still fertile and pregnancy, termination of pregnancy is attended with increased maternal morbidity and mortality². Contraception is as important in the perimenopausal age group

as in the reproductive age group. However, this fact has not been given the importance it deserves. The decreased fertility rate among perimenopausal women allows more latitude and contraceptive methods with suboptimal efficacies are selected.

Aims and Objectives

- To study the contraceptive practices in perimenopausal women
- Comparison of contraceptive practices between general population and staff nurses.

Methods

A Questionnaire based study was carried out on 250 perimenopausal women (40-50 years) regarding their choice of contraception. The study was conducted on

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150 women attending gynecology OPD of Lok Nayak Hospital, Delhi, and 100 staff nurses of the same institution. The data collected was analyzed for distribution according to parity, literacy level, contraceptive method used and awareness about emergency contraception. 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 general population 46% of the women were para 4 and above, 54% were para 3 and below whereas all the women in paramedical staff were para 3 and below. Mean parity of the general population was more (3.2) as compared to the staff nurses (2.12). This difference was statistically significant ($p < 0.001$) (Table 1).

In general population 45% of the women were illiterate,

Table 1 :
Distribution of study group according to parity

Parity	General Population (n=150)	Para medical staff (n=1000)
0	5 (3%)	4 (4%)
1	9 (6%)	4 (4%)
2	33 (22%)	68 (68%)
3	34 (23%)	24 (24%)
>4	69 (46%)	0

Table 2 :
Distribution of study group according to literacy level

Literacy level	General Population (n=150)	Para medical staff (n=100)
Illiterate	77 (45%)	0
Upto 8th Standard	36 (24%)	0
12 pass	23 (17%)	0
Graduation	21 (14%)	100 (100%)

41% had done schooling and 14% were graduates. Effect of literacy on reducing the parity was statistically significant ($p=0.001$) and was inversely related to it (Table 2).

In the general population 95% of the women belonged to middle and low socioeconomic status and 5% to high socioeconomic status. Among the paramedical staff 75% belonged to middle socioeconomic status, 25% to high and none belonged to low socioeconomic status.

Use of barrier method was more common among staff nurses (42%) as compared to the general population (21%) ($p < 0.001$). Intrauterine device (IUD) use was comparable between the general population (23%) and the staff nurses (20%). None of the women in either group were using oral contraceptive pills (OC). Use of permanent method of contraception was more in general population (46%) as compared to staff nurses (6%). Awareness of emergency contraception was much more in staff nurses (50%) as compared to general population (5%) ($p < 0.001$) (Table 3).

Discussion

Epidemiologic research has shown that perimenopausal contraception is an important medical issue, because women during the perimenopause still need effective contraception³. Pregnancy can occur in 50% of the women between 40-44 years². Pregnancy at this age is often an unwanted pregnancy and this may count for many complications. There is no contraception that is contraindicated merely by age; however the emphasis on clinical profile of case is required during this period, for proper management. It may be a personal choice as far as the method is concerned but as per the present study Indian women do not prefer oral contraceptives; though 11% of the western women between 40-45 yrs and 4% of the women above 45 years still use OCs³. Barrier methods prove more appealing to perimenopausal women with infrequent sexual exposure but may not be suitable to perimenopausal women with dysfunctional uterine bleeding. This method which has the highest failure rate was found to be a preferred method by the educated class (42%) as per present study.

Sterilization is less preferred by perimenopausal women as compared to the younger women. Our study revealed that it was more common in the general population (46%) as compared to staff nurses (6%).

Table 3 :
Distribution of study group according to contraceptive used

Method used	General Population	Para medical staff	p-value
Barrier	31 (21%)	42 (42%)	<0.001
ICUD	35 (23%)	20 (20%)	NS
OCPs	Nil	Nil	NS
Natural	12 (8%)	22 (22%)	NS
Ligation	69 (46%)	6 (6%)	NS
None	3 (2%)	10 (10%)	NS
Awareness about emergency contraception	8 (5%)	50 (50%)	<0.001

NS= Not Significant

Intrauterine device may offer an interesting option for this age group. It has been found to be quite an acceptable method of contraception among the Indian women. During the perimenopausal years, progestin IUD provides an effective contraception as occasional ovulation occur. In addition, by its direct effect on the endometrium it prevents the occurrence of menorrhagia, a frequent condition during perimenopause⁴. But restricted availability in our country and high cost limits its use widely. None of the women in our study used progestin IUD but women who can afford it can be offered after proper counseling.

There is a need to increase the awareness about emergency contraception especially among the general population. This can be achieved through medical practitioners and mass media. Emergency contraception is particularly suitable for perimenopausal women because of their patterns of sexual behavior and contraceptive use⁵. Awareness itself will make women come forward to opt for it once they need it.

In conclusion, the main contraception used by paramedical staff was barrier method (42%) as compared to the general population who opted for permanent method (46%). This reflects that the intellectual status and literacy level has a definite role in handling the temporary methods of contraception more effectively. OCs is not the preferred method of contraception amongst the Indian perimenopausal women. Use of OCs should be encouraged in this age group as a strategy not only to improve perimenopausal symptoms, provide effective contraception and reduce long term health risks, but also to enhance the quality of life for such women⁶. The

idea of use of oral contraceptives from menarche to menopause should be propagated. There is a need for creating awareness about emergency contraception among women more so amongst the general population. Thus, women should receive accurate individualized advice on how the risks and benefits of contraceptive methods related to them and the method selection in this age group should be carefully guided by considering personal and family health history, individual preferences and previous experiences.

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