

## COMPARATIVE ANALYSIS OF CONTRACEPTIVE INTENTIONS IN WOMEN AFTER CHILDBIRTH

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**Abstract.** *One of the factors causing maternal mortality is the onset of pregnancy in women for whom it is absolutely contraindicated. In this regard, women's awareness of contraceptive methods, especially immediately after childbirth, is very relevant in modern medicine. The aim of our study was to determine contraceptive awareness among women in labor in urban and rural areas.*

**Methods.** *We present clinical data analysis and the results of contraceptive behavior 250 postpartum women in urban and rural areas, who conducted survey consisted of 21 questions.*

**Results.** *The questionnaire provided data on contraceptive knowledge and their intentions before and after delivery.*

**Conclusions.** *Women's contraceptive attitudes can be changed with individual counseling and selection of a method taking into account the health and other specific problems of patients.*

**Keywords:** *contraception, urban women, rural women.*

## СРАВНИТЕЛЬНЫЙ АНАЛИЗ КОНТРАЦЕПТИВНЫХ НАМЕРЕНИЙ У ЖЕНЩИН ПОСЛЕ РОДОВ

**Аннотация.** *Одним из факторов, обуславливающих материнскую смертность, является наступление беременности у женщин, которым она абсолютно противопоказана. В связи с этим осведомленность женщин о методах контрацепции, особенно сразу после родов, весьма актуальна в современной медицине. Целью нашего исследования было определение осведомленности о контрацепции среди рожениц в городской и сельской местности.*

**Методы.** *Мы представляем анализ клинических данных и результаты контрацептивного поведения 250 родильниц в городской и сельской местности, которые провели опрос, состоящий из 21 вопроса.*

**Результаты.** *Анкета предоставила данные о контрацептивных знаниях и их намерениях до и после родов.*

**Выводы.** *Контрацептивные установки женщин можно изменить при индивидуальном консультировании и подборе метода с учетом состояния здоровья и других специфических проблем пациенток.*

**Ключевые слова:** *контрацепция, городские женщины, сельские женщины.*

**Introduction.** Protection of women's reproductive health is one of the priority areas in the field of healthcare, since it predetermines the health of the population in general and the reproduction of a healthy generation in particular [8, 10]. In Uzbekistan, the majority of women of fertile age suffer from various somatic diseases, and their childbirth is often complicated by obstetric pathology [4].

Therefore, a special role in the implementation of the set task is given to issues of birth control, prevention of pregnancies in women at high risk in order to reduce the rate of maternal morbidity and mortality [1, 5, 12, 14].

In this regard, it is advisable to consider the postpartum period as "critical", and the use of contraception as the most important direction in maintaining the reproductive health of women after childbirth [7, 14]. One of the most important tasks should include the development and organization of specialized assistance in matters of family development, raising women's awareness of existing methods of contraception, taking into account their wishes in choosing a particular contraceptive [2, 8, 11]. The presence in the anamnesis of certain somatic, endocrine or gynecological diseases, features of sexual and reproductive behavior of women, breastfeeding, age, wishes of partners and many other factors require an individual approach to the choice of a method of contraception for each specific woman [4, 9].

The solution to the problem of protecting women's reproductive health is negatively affected by the insufficient level of training of specialists, as well as women's lack of information about highly effective and acceptable contraceptives [3, 11]. Research in recent years indicates the possibility of using various methods of contraception in the postpartum period, but their effectiveness and acceptability have not been sufficiently studied, as well as the advantages and disadvantages of a particular method, and patients' attitudes toward them [6, 13]. A system and standards for monitoring women in labor in the early stages after childbirth using a particular method have not been developed.

**Materials and Methods.** A survey of 250 women in labor who gave birth in the 9th maternity complex of Tashkent was conducted. The questionnaires provided data on their contraceptive knowledge and intentions after delivery. Of the 250 women surveyed, 70% were urban residents and 30% were rural residents.

**Result and Discussion.** When studying the contraceptive anamnesis, it was found that 59.6% of women used contraception constantly before childbirth, and only 30,4% of them used highly effective methods, such as intrauterine contraception (IUC) (21,6%), hormonal oral (5,6%) and injectable contraceptives (3,2%). Rural women (44%) did not use contraceptive technologies by 5% more than urban women (38,9%). Highly effective methods of contraception, such as IUC and hormonal contraceptives, were used by urban women (30,9%) somewhat more often than by rural women (29,3%). However, hormonal contraception, with an overall extremely low rate of use, was more popular among urban women. The significant prevalence of natural and barrier methods of contraception is associated with their high availability, although women are sufficiently informed about other contraceptives, i.e. in some cases, women do not use the optimal method they would like to use and, therefore, are ready to change their contraceptive technology if possible. On the other hand, the use of hormonal contraceptives and IUCs is largely determined by the health of women and the absence of contraindications, but often the increase in the frequency of hormonal contraception is hindered by the passivity and wariness of patients regarding hormonal drugs and the quality of the IUC. After childbirth, most women changed their contraceptive intentions (table 1).

Table 1. Contraceptive intentions in women after childbirth

Methods of contraception	Period of birth	Number of surveyed women using contraception			
		Urban		Rural	
		abs	%	abs	%
Intrauterine device	before	38	21,7	16	21,3
	after	79	45,1	33	44
Oral contraceptives	before	12	6,9	2	2,7
	after	22	12,6	9	12
Injectable contraceptives	before	4	2,3	4	5,3
	after	2	1,1	4	5,3
Condoms and spermicides	before	27	15,4	9	12,0
	after	28	16	10	13,3
Coitus interruptus	before	17	9,7	9	12,0
	after	7	4	3	4
Calendar method	before	9	5,1	2	2,7
	after	9	5,1	2	2,7
Did not want to use contraception	before	68	38,9	33	44,0
	after	28	16,1	14	18,7

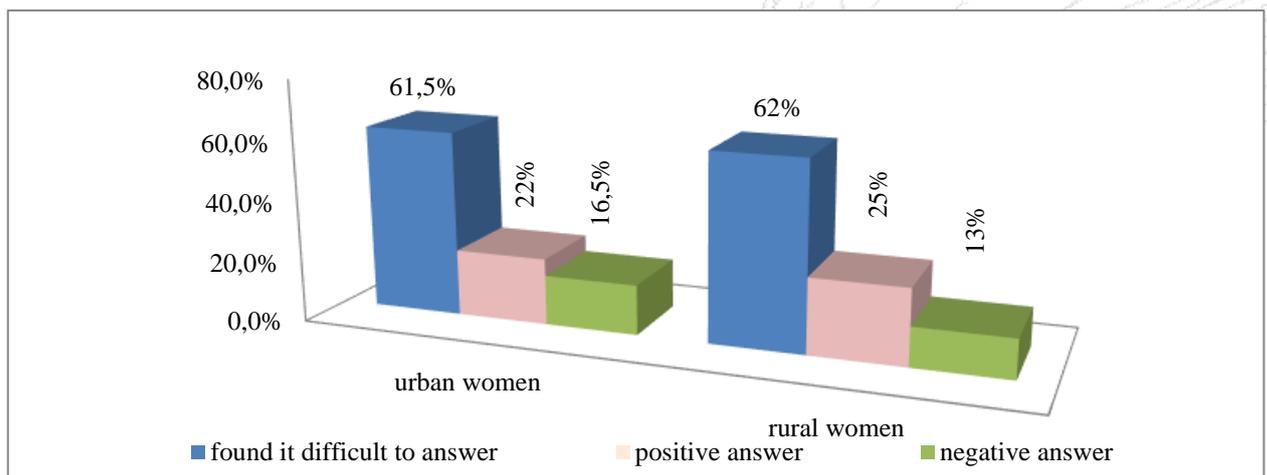
More than half of both urban and rural women of reproductive age intend to use effective modern methods of family planning. The frequency of the intended use of condoms (16,0 and 13,3%) did not differ significantly from the use of barrier methods before childbirth; urban and

rural women intended to use traditional methods with the same frequency. Intrauterine contraception turned out to be a priority method in intentions both in the city and in the village.

Intentions to use oral contraceptives were positive and equal among urban and rural women.

They exceeded the frequency of using progestins before childbirth, however, it is significantly lower than the desired frequency. To a large extent, women's reluctance to use hormonal contraception is associated with the established stereotype of a negative attitude towards hormonal drugs among the population and health workers.

The attitude of women in labor to medical sterilization is mainly explained by the lack of information of women. Therefore, 61,5% of them found it difficult to express their attitude towards this method, at the same time, almost a quarter of women expressed a positive attitude towards the use of sterilization, almost 16,5% - negatively assessed this method, and the number of urban women with a negative attitude towards sterilization was 3,5% more than in the village (Fig. 1).



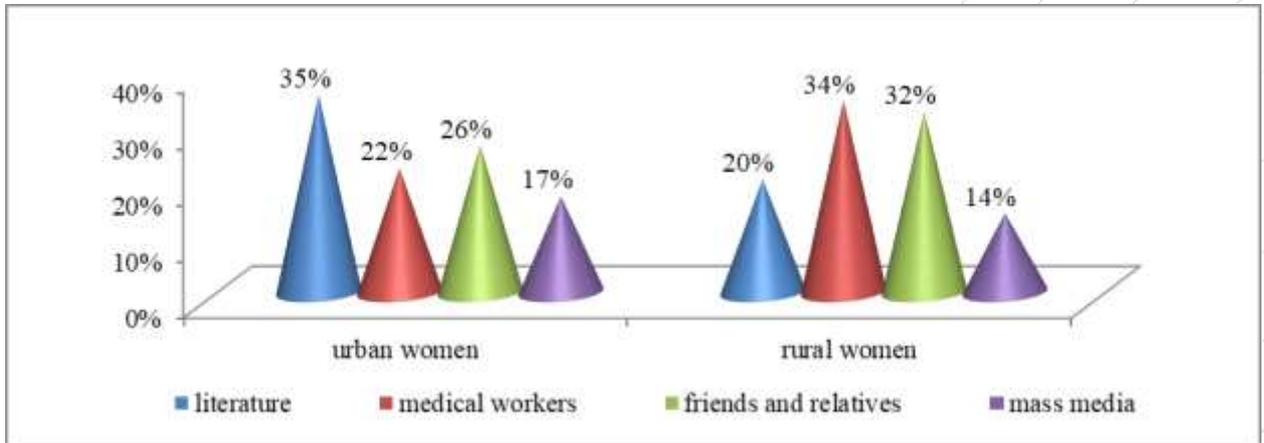
**Figure 1. Women’s attitudes towards medical sterilization**

It is obvious that women’s contraceptive behavior is significantly influenced by the quality of information received and the availability of the method, which determine the motivation to use contraception (Fig. 2).

As can be seen from Fig. 2, the sources of information for urban women differ from those in rural areas, apparently, these differences depend on the social status and level of education of women.

The main sources of information for urban women were literature (35%), friends and relatives (26%), and health workers (22%). Rural women use literature and the media less for these purposes, but consult health workers more and use information from their environment.

These data indicate insufficient participation of health workers in educating the population on contraception, including during pregnancy. Such a situation determines the need for high-quality counseling at three stages: starting from preparation for pregnancy, during its development, and in the postpartum period.



**Figure 2. Sources of information on contraception after childbirth**

According to the results, it is alarming that this pregnancy was desired by 70,4% of women, the remaining 29,6% of women did not plan the pregnancy, and 24,4% of women would like to give birth later, 5,2% of women did not want to have a pregnancy at all. It is characteristic that women with an unplanned pregnancy were mainly young women, or had significant problems with housing conditions and financial situation. In general, an unplanned pregnancy had a negative impact on the course of pregnancy and the postpartum period, expressed mainly in negative disorders (weakness, irritability, severe headaches, depression, insomnia, etc.). After the birth, most women in labor did not plan a pregnancy in the next 2 years, only 43% of them indicated that they would probably plan another pregnancy and childbirth in 3-4 years, the remaining 57% of women did not want to have another pregnancy.

Only 85,4% of women expressed contraceptive intentions, the remaining 14,6% did not want to protect themselves from pregnancy. It is interesting to note that when choosing methods of contraception, 81% of women in labor considered the most important condition for using contraceptives to be their lack of influence on lactation and the development of the child.

45% of women in labor were aware of the possibility of using the period of lactational amenorrhea for contraception. However, for 92% of respondents, the method of lactational amenorrhea was unacceptable, since maintaining a high contraceptive effect required exclusive breastfeeding with short intervals between feedings, including at night, while most women in labor did not have long-term and regular lactation, other traditional methods of contraception

were also unacceptable for 95,7% of women due to the peculiarities of their lifestyle in the postpartum period (sleepless nights associated with child care, lack of time, fatigue, etc.).

To a large extent, the unpromising structure of contraceptive technologies used by women is due to the inertia of medical personnel who have contact with women of reproductive age. Even during a medical examination for pregnancy, only 36,4% of women listened to information and had consultations regarding postpartum contraception.

It should be noted that in the city's women's clinics only 60% of pregnant women received information and advice on how to prevent another pregnancy after childbirth, in the village the number of such women is 1,4 times less. In obstetric hospitals, counseling on contraception is practically not carried out, more than 20% of women are discharged with a child without specific knowledge of the method of contraception.

It should be noted that 21,7% of women in labor believed that they could solve problems with contraception with a full consultation with a doctor, 24,2% did not want to use the methods proposed by the doctor, and 25,6% did not use contraception due to the categorical opposition of their husbands, and the rest of the women (28,5%) believe that the problem of insufficient use of modern contraceptive drugs is associated only with economic considerations and the high cost of synthetic progestins.

**Conclusions.** Women's contraceptive attitudes can be changed with individual counseling and selection of a method taking into account the health and other specific problems of patients. When counseling, it is important to know the main reasons for patients' negative attitudes towards contraceptives: poor information, violation of the technology of use, poor learning ability, economic factors. To improve the efficiency of using postpartum contraceptive methods, it is necessary to further develop continuity in the work of women's consultations and hospitals.

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