

Original Research Article
**Awareness and reason for refusal of Postplacental
Intrauterine device in a Tertiary Centre of Madhya
Pradesh: A Cross Sectional Study**

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ABSTRACT

Objectives: To assess the knowledge and attitude towards contraception, especially PPIUCD in women delivering at tertiary care Government Hospital of Madhya Pradesh and to look for awareness and reason of refusal of PPIUCD

Method: Study is a cross sectional study carried out in the Department of Obstetrics and Gynaecology, NSCB Medical College Jabalpur Madhya Pradesh India. All postnatal women (delivered at our hospital) consented to participate in the study were included. Patients with Haemoglobin <10 gm%, preterm premature rupture of membranes >18 hours, postpartum haemorrhage, history of fever during labor and delivery, women with fibroid or uterine malformation were excluded from study. A total of 360 women were included in the study. Patient asked to fill questionnaire containing both Likert scale and open-ended questions to assess knowledge and attitude towards post placental IUCD and other methods of contraception. At the time of delivery all women counselled for post placental IUCD, and willing patients had IUCD inserted. Those who refused their reason for refusal were recorded. Data entry was done using SPSS version 17.0 for statistical analysis. Continuous variables were reported using mean (standard deviation), and categorical variables were reported using percentage.

Result: In present study, maximum number (65.27%) of patients were unaware of any type of contraception. 30.55% patients were aware of IUCD and 16.38% patients have knowledge of post placental IUCD while only 2.7% have ever used PPIUCD. Among reasons for refusal of PPIUCD, 38.8% patients not willing for PPIUCD, 61.1% others not willing, husband refusal was in 41.6% patents. Common myth associated with PPIUCD is menorrhagia.

Conclusion: According to present study, awareness for copper T devices is very less among patients and also patients are not aware of postplacental intra uterine devices. Therefore, counselling of patient especially during their antenatal visits for contraception is very important.

1. INTRODUCTION

In developing countries like India, lack of knowledge of contraception and improper spacing of pregnancy are the two important factors leading to increase in maternal and fetal morbidities and mortalities.

The recommended birth to birth interval is of approximately 36 months. In India 61% of births occur at interval which is shorter than this recommended interval^{1, 2}. Among this 61%, 34% of birth occurs between 24-35 months after previous birth while 27% is less than 24 months after a previous birth.

Around 65% of women in India have unmet need for family planning in first postpartum year. If current unmet need for family planning could be fulfilled over the next 5 years, 35000 maternal deaths and 1.2 million infant deaths can be avoided³. Follow up after delivery for contraception is the major problem in developing countries leading to unwanted pregnancy and therefore leading to unsafe abortions and its complications. Therefore, contraceptive method which can be used in immediate postpartum period will overcome all these problems.

Long acting reversible contraception (LARC) is very effective method of contraception. These are reversible method of contraception and after their removal return of fertility is rapid^{4, 5}. Intrauterine copper device (IUCD) is a type of LARC and also can be used in immediate postpartum period leading to avoidance of unintended

pregnancies. It is also a good method to space the pregnancy. Adequate spacing of birth can avoid various complication in women like anaemia, maternal mortality etc.

Ease and simplicity of postplacental IUCD insertion, availability, long duration of action, reversibility, certainty of nonpregnant status, high efficacy, no systemic side effects, no effect on amount and quality of breast milk, all this make IUCD an ideal contraceptive method for immediate postpartum period. Women and family are highly motivated in postpartum period for reliable birth spacing method. Government of India had introduced postplacental IUCD services to strengthen the family planning programme.

As this tertiary centre has influx of patients from almost all nearby districts. This study was done to know about awareness of post placental IUCD (PPIUCD) among patient delivering at this hospital.

AIM OF THE STUDY:

- 1) To assess the knowledge and attitude towards contraception, especially PPIUCD in women delivering at tertiary care Government Hospital of Madhya Pradesh
- 2) To look for awareness and reason of refusal of PPIUCD

2. MATERIAL AND METHODS:

Study is a cross sectional study carried out in the Department of Obstetrics and Gynaecology, NSCB Medical College Jabalpur Madhya Pradesh. This institute is a tertiary care centre for nearby rural and urban areas. It covers few district and many villages. The present study was done for one year.

Inclusion criteria

All postnatal women (delivered at our hospital) consented to participate in the study was included.

Exclusion criteria

- 1) Hb <10 gm%
- 2) Preterm premature rupture of membranes >18 hours
- 3) Postpartum haemorrhage
- 4) History of fever during labor and delivery
- 5) Women with fibroid or uterine malformation

A total of 360 women were included in the study. Patient asked to fill questionnaire containing both Likert scale and open-ended questions to assess knowledge and attitude towards post placental IUCD and other methods of contraception. At the time of delivery all women counselled for post placental IUCD, and willing patients had IUCD inserted. Those who refused their reason for refusal were recorded. Data entry was done using SPSS version 17.0 for statistical analysis. Continuous variables were reported using mean (standard deviation), and categorical variables were reported using percentage.

Table 1. Sociodemographic characteristics

Sociodemographic characteristics	N= 360	%
Age (years)		
<20	33	9.16
20-24	173	48.05
25-29	115	31.94
30-34	29	8.05
>34	10	2.7
Literacy status		
Illiterate	91	25.2
Primary	58	16.1
Middle	96	26.6
High school	52	14.4
Higher secondary	43	11.9
Graduate or more	20	5.5
Occupation		
Nonworking	286	77.2
Working		
Private	20	5.5
Government	23	6.38
Business	31	8.61
Address		
Rural	246	68.3
Urban	114	31.6
Religion		

Hindu	327	90.83
Muslim	29	8.05
Sikh	4	1.11
Christian	0	
Type of family		
Nuclear	145	40.27
Joint	215	59.72
Socioeconomic class (modified Kuppuswamy classification)		
Upper	6	1.66
Upper middle	20	5.55
Middle	85	23.61
Lower middle	98	27.22
Lower	151	41.94
Duration of marriage		
< 2 years	103	27.77
2-4 years	116	32.2
4-6 years	80	22.22
6-8 years	25	6.94
8- 10 years	21	5.83
>10 years	15	4.16
Parity		
Para 1	192	53.33
Para 2	130	36.11
Para 3	26	7.22
Para 4 and more	12	3.33

Table 2: Knowledge of contraception

Question	Answer	N	%
Do you have any knowledge of contraception	Yes	125	34.74
	No	235	65.27
Which type of contraception do you know	Natural	10	2.7
	Male condom	220	61.1
	Oral contraceptive pills	175	48.6
	IUCD	110	30.5
	Injectable	72	20
	Ligation	185	51.3
Which method do you used	Natural	6	1.6
	Male condom	115	31.9
	Oral contraceptive pills	43	11.9
	IUCD	74	20.55
	Injectable	15	4.16
Which is the best method according to you	Natural	5	1.3
	Male condom	82	22.7
	Oral contraceptive pills	56	15.5
	IUCD	43	11.9
	Injectable	18	5
	Ligation	88	24.4
From where you got knowledge regarding contraception	Relative	44	12.2
	Friend	40	11.1
	TV	67	18.6
	Newspaper	25	6.9
	Hospital	70	19.4
	Only hospital	23	6.3

Table 3: Knowledge of IUCD

Question	Answer	N	%
Are you aware of Cu T	Yes	110	30.55
	No	250	69.44
Have you ever used Cu T as a form of contraception	Yes	74	20.55
	No	286	79.44
Are you aware of PPIUCD	Yes	59	16.38
	No	301	83.61
Have you ever used PPIUCD	Yes	10	2.77
	No	350	97.22

Table 4: Refusal for PPIUCD- reasons

Reason of refusal	N	%
Patient not willing	140	38.8
Others not willing	220	61.1
Husband not willing	150	41.6
Mother in law not willing	70	19.4
Religious reason	20	5.5
Ligation done	3	0.8
Want some other method		
Condom	15	4.1
OCPs	10	2.7
Ligation later	10	2.7
Fear associated with IUCD		
Menorrhagia	32	8.8
Infertility	5	1.3
Pain	5	1.3
Malignancy	0	0

OBSERVATION

A total of 410 women were recruited in the study, out of these 50 only accept while 360 refused PPIUCD, making acceptance rate of 12.2 %. Data of these 360 patients who refused PPIUCD were analysed. Table 1 describe sociodemographic profile of patients recruited in study. Majority of women (79.99) were from 20-30 age group. Most of the patient have education till middle standard. 31.6 % of women were from urban sector and 68.3 % belong to rural setup. Maximum patients 41.94 % were belonging to lower class of modified Kuppuswamy scale. Duration of marriage was less than 4 years in 59.97 % cases. Majority 89.44 % of women had parity one or two. Most of the women were not working and percentage of joint family (59.72) was more as compared to nuclear family (40.72).

Table 2 was about knowledge of contraception in the study population. Maximum number (65.27%) of patients were unaware of any type of contraception. Patients who are aware most of them has knowledge of male condom and 31.9% patients was using it also. 24.4% patients think ligation is the best method and 22.7% was in favour of male condom as the best method of contraception. Mostly they got this contraception knowledge from hospital and television.

Table 3 shows knowledge for IUCD, 30.55% patients were aware of IUCD and 16.38% patients have knowledge of post placental IUCD while only 2.7% have used PPIUCD.

Table 4 is about reason for refusal of PPIUCD, in 38.8% patients not willing for PPIUCD, 61.1% others not willing, husband refusal was in 41.6% patents. Common myth associated with PPIUCD is menorrhagia.

3. DISCUSSION

Due to lack of knowledge of contraception, spacing between two pregnancies is not adequate. Having children at short interpregnancy interval lead to many complications in mother's health like anaemia, increase risk of preterm birth, low birth weight etc. Follow up after delivery for contraception is not up to the mark. In developing countries like India contraception doesn't given importance as a measure of health in female. Therefore, any contraceptive method which can be used in immediate postpartum period is important. So that female not coming for follow up after delivery only for contraception purposes can be overcome. Postplacental IUCD can be inserted in postpartum period and can be continued for long period. CuT 380 A has a life span of 10 years, so this method is suitable for multiparous women who have two or more children and do not want sterilization. Because of this reason use of postplacental IUCD has increased in recent years.

In our study 65.37% has no knowledge of any type of contraception. Study done by Prachi S Koranne, Aparna R Wahane in 2014, concluded that all women participated in study has knowledge of at least one method of contraception but 48% were using some sort of contraception. Most known method was female sterilization, least known were injectable and male sterilization. Common method chosen was female sterilization (70.8%)⁶. This compares the unawareness of female about contraception in the present study.

Study done by Sherpa U et al showed 23% had never used contraceptive methods⁷. Study done by Ashwini Nayak U et al in 2017 at 100 rural women showed 11% had not used any contraceptive method. Most commonly used contraceptive method in that study was condom 59% followed by CU-T 41%⁸. In present study among the patients who are aware of contraception maximum had knowledge of Male condom in 61.1% followed by oral contraceptive pills 48.6%.

In present study 30.55% patients were aware of IUCD and among them 16.38% had knowledge of postplacental IUCD and its usage is limited to 2.7% patients. Study done by Geeta Katheit, et al in 2013 showed awareness about post-placental IUCD was significantly low as compared to interval AIUCD (5.79% versus 73.55%)⁹. S.K. Kathpalia, et al done a study to assess the awareness about postpartum insertion of intrauterine device among antenatal cases and they found knowledge and acceptance of postpartum insertion is very low¹⁰. Alukal AT et al. conducted study in Government Medical College Thrissur, Kerala, showed awareness regarding PPIUCD was only 11.1% whereas for interval IUCD it was 94.9%¹¹. All these study suggested that the awareness regarding PPIUCD is still less and to increase acceptance awareness needs to be increased.

Reason for refusal of PPIUCD in present study was cited and it was found that in 38.8% cases patients not willing. Influence of other family members for decision of PPIUCD insertion was also present, husband not willing in 41.6% cases in present study. In study done by Anila Tresa et al maximum patients who refused PPIUCD was multigravida who had two children they requested for permanent sterilisation (52.8%). Other reasons found that, some women want to use other methods (32.6%), husband not willing (11.9%) and afraid of complications (2.8%)¹¹. In another study done by Kanhere AV et al reasons for refusal were wanted permanent sterilisation (20%), wanted other methods of contraception (32%) and family pressure (9%)¹².

As shown in the present study, husband not willing for PPIUCD insertion in patient in 41.6% cases while patient not willing in 38.8% and mother in law refused in 19.4% cases. By this it is interpreted that, for choosing any contraceptive method not only women but other family members like husband and mother in law counselling is also very important as they play a crucial role for decision making for the type of contraception.

In present study the other preferred method being barrier method for 52.8% followed by natural method 32.6% and least preferred being IUCD (2.8%). In the study by Kanhere AV et al the other preferred method was barrier (47%) followed by natural method (19%) and IUCD (13%)¹².

Counselling of patient and other family member in antenatal period will increase the acceptance of PPIUCD. It should be a routine practice to emphasize on contraception and mainly on PPIUCD in every antenatal visit of patient. Even the trained counsellor can be appointed in OPD premises for the counselling purposes.

4. CONCLUSION

According to present study, awareness for copper T devices is very less among patients and also patients are not aware of postplacental intra uterine devices. Therefore counselling of patient especially during their antenatal visits for contraception is very important. And also it is concluded from study that women alone are not deciding member for contraception, counselling of couple and at times other family member counselling is also important.

5. REFERENCES

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