

Attitude and Awareness of Women towards PPIUCD and To Analyze Reasons of Nonacceptance

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Abstract

Background: In spite of widely available choices for contraceptive method there is poor acceptance for the same because of less knowledge and ignorance. PPIUCD is one of best available contraceptive method which has potential to play a pivot role in country's family planning programme.

Present study is planned to find out the reasons of refusal for PPIUCD and to bring out the alternative contraceptive choices by the participants.

Aim of Study: To assess the knowledge and attitude towards contraception especially PPIUCD in women delivering at Zenana Hospital, Jaipur either vaginally or by caesarean section.

Methods: This is a cross sectional study carried out at Department of obstetrics and gynecology, Zenana Hospital, Jaipur over a period of 3 months. SMS Medical College, Jaipur, India from June 2018 to August 2018, 550 women with term gestation delivering at our institute, vaginally or by cesarean section and willing to participate in the study were

included in the study. A validated questionnaire was filled, to access knowledge and attitude toward contraception including postpartum contraception. **Statistical analysis:** Continuous variable was expressed as Mean and nominally / Categorized variable was summarized as Proportion. Parametric and Nonparametric Tests used for continuous and nominal variable as per yield of data.

Result: Out Of 550 women, only 27 (4.9%) were aware of the PPIUCD. The overall acceptability was found to be 4.9%.

Conclusion: Common reasons behind non-acceptance were lack of awareness, fear of excessive bleeding and fear of misplaced IUCD.

Keyword: PPIUCD, IUCD, UNICEF

Introduction

India's population of over 1.2 billion is slated to overtake China as the world's most populous country, in <1 and half decade.

Family planning could bring more benefits to more people at less cost than any other single technology

now available to the human race (UNICEF). Family planning can avert nearly one-third of maternal death and 10% of childhood mortality if couples space their pregnancies more than 2 years apart.¹

Postpartum period is one of the important and crucial times when women and couples are highly motivated and more receptive to family planning methods. If a contraceptive is provided prior to discharge from the hospital then the woman or couple need not to return specially for contraception. The couple has been protected before they assume sexual activity.²

The choice and decision of contraception should be left to them; popularly called 'Cafeteria Approach'. The couples should have adequate information about all the options available and they reach the informed decision on their own. Lack of adequate knowledge or wrong information and beliefs are common hurdles in acceptance of contraception.^{3,4}

Fear of side effects and misconceptions is wide spread and has been the most important explanation for nonuse of contraception.⁵

Most women do not desire a pregnancy immediately after delivery but they are unclear about postpartum contraceptive methods.

Delaying the next pregnancy and spacing are important as this affects the health of mother and child. It is well known that if the woman conceives within less than 24 months of delivery then there are higher chances of complications like abortions, pre term labor, postpartum hemorrhage, low birth weight babies, neonatal morbidity and mortality.⁶

Delay in practice of contraception by couples during postpartum period can result in many unwanted/unintended or mistimed pregnancies.⁷

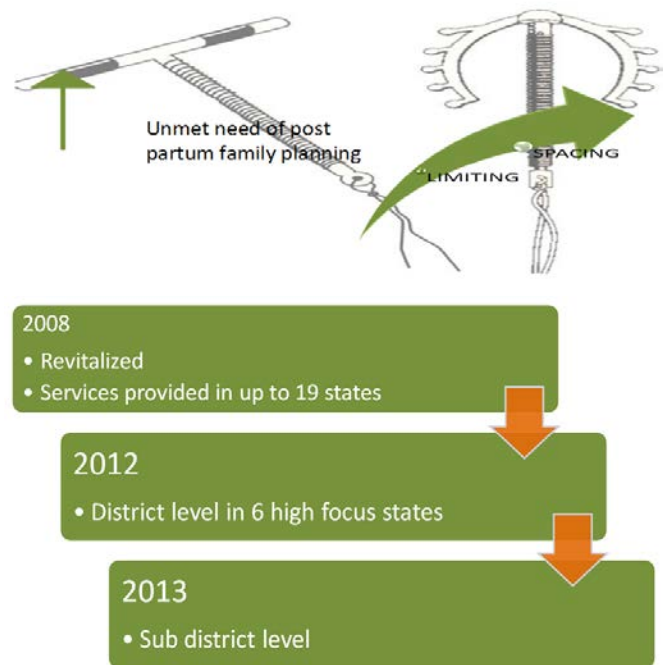
In India 65% women in first year postpartum have an unmet need for family planning.

Hence, providing contraception in this sensitive period is important. According to Cochrane review 2010, postpartum IUCD has been recognized as the best contraceptive method in postpartum period in most of women due to its simplicities of insertion, high efficacy, easy availability, long duration of action, reversibility and no effect on breast feeding.

The couples should have adequate information about all the options available and they reach the informed decision on their own. Lack of adequate knowledge or wrong information and beliefs are common hurdles in acceptance of contraception.^{3,8}

The aim of our study was to determine the reasons of refusal for PPIUCD and to bring out the alternative contraceptive choices by the participants.

Paradigm Shift



Aim of the Study

To assess the knowledge and attitude towards contraception especially PPIUCD in women delivering at Zenana Hospital, Jaipur either vaginally or by caesarean section.

Material & methods

This is a cross sectional study carried out at Department of obstetrics and gynecology, Zenana Hospital, Jaipur over a period of 3 months from June 2018 to August 2018

Inclusion criteria

All women with term gestation delivering at our institute, either vaginally or by cesarean section and willing to participate in the study were included in the study.

Exclusion criteria

1. Hb<10 gm/dl
2. Fever during labor and delivery
3. Postpartum hemorrhage
4. Manual removal of placenta
5. Pre-labor rupture of membranes >18 h
6. Obstructed labor
7. Women with fibroids or uterine malformations
8. Women with allergy of copper
9. Known case of heart disease or any other medical disorder
10. Prolonged history of infertility

Methodology

A total of 550 women were enrolled in the study. A validated questionnaire was filled, to access knowledge and attitude toward contraception including postpartum contraception. Counseling was done regarding postpartum contraception using a standardized counseling approach on a one-to-one basis, and the women were explained about different methods of postpartum contraception. At the time of delivery, all women who accepted PPIUCD were given post-placental insertion. The reasons of refusal were recorded.

Statistical analysis

Continuous variable was expressed as Mean and Standard deviation. Nominally / Categorized variable was summarized as Proportion. Parametric and Nonparametric Tests was used for continuous and nominal variable as per yield of data. Statistical Package for the Social Sciences (SPSS) version 17.0 for statistical analysis

Observation

A total of 550 women were recruited for the study, out of which 523 refused PPIUCD and 27 accepted giving the acceptance rate of 4.90 %. And acceptance rate in primigravida was 8.33%. Data of 523 women who refused PPIUCD insertion were analyzed to know the reasons of refusal. The majority (70 %) of women in the study belonged to the age group of 18–25 years, and most (61%) of second gravida or above with 36% having education of Class fifth standard. Most (70 %) of the women were from urban sector and belonged to upper or upper middle class (68 %) according to Modified Kuppaswamy scale. The duration of marriage was less than 2 years in 60.4 % cases, and around 61 % women had a parity of two or more. In present study 94.7% were heard about one method of contraception.

Age

Age Group	Percentage
18-25 YEARS	70%
26-33 YEARS	29%
>33 YEARS	1%

In present study Most of women (70%) belong to 18-25 years age group.

Percentage of Primigravidas

Parity	Percentage
One	39%
Two Or More	61%

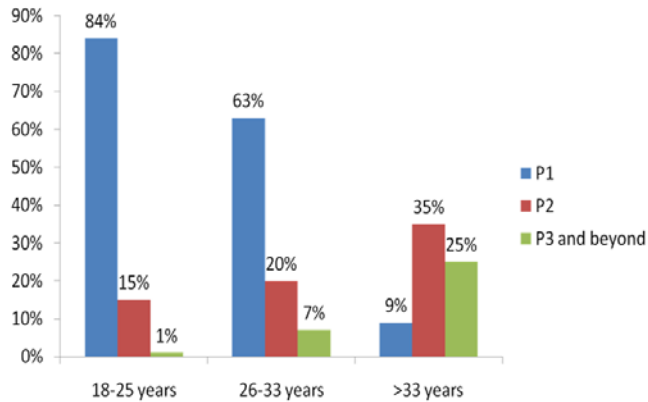
Most common women (61%) were parity two or more.

Demography

Residence	Percentage
Urban	73%
Rural	27%

Most common women (73%) were from urban area.

Parity in relation to age 6



In present study Most of women (84%) were para one in 18-25 years age group and in more than 33 years age group most common para was para two.

Education

Education	Percentage
Illiterate	23%
5 th Class	36%
10 th Class	22%
12 th Class	11%
Graduate Or Beyond	8%

In our study most common 36% were educated up to 5th standard.

Awareness

Awarness About Method of Contraception	Percentage
Condom	77.8%
Ppiucd	70.50%
Sterilization	66.30%
Oral Contraceptives	55.7%
Implants	38.90%

In our study awareness about condom was 77.8%, PPIUCD 70.50%, sterilization 66.30%, oral contraceptive 55.70% and implants was 38.90%.

Source of Knowledge

Source of Knowledge of Contraction From	Percentage
Society	76%
Advertisement	20%
Hospital	4%

Most of women (76%) knowledge of contraception from society.

Past History of Use of Contraceptives

Past History of Use of Contraceptives	No	Percentage
Condom	130	77.4%
Oral Contraceptives	26	15.5%
Ppiucd	10	%
Implant	2	1.1%
Total	168	100%

In present study 77.2% women have past history of condom.

Post Partum Use of Contraceptive

Post Partum Contraceptive Methods	Percentage
Sterilization	41%
Condom	21%
Oral Contraceptives	5%
Ppiucd	5%
Implants	1%
Undecided	27%

In present study most common (41%) method of postpartum contraception was sterilization and PPIUCD was 5%.

Preference of Post Partum Contraceptive among Primigravidas

Post Partum Contraceptive Methods In Primigravidas	Percentage
Condom	29.66%
Oral Contraceptives	10.70%
Ppiucd	8.33%
Implants	1.31%
Undecided	50%

In our study 8.33% primigravida were use PPIUCD as method of postpartum contraception.

Reasons for Not Using PPUICD

Reasons For Not Using PPUICD	Percentage
Miscnception	46.2%
Need For Permanent Method	16.4%
Less Knowledge	29.8%

In our study reason for not using PPIUCD most common was misconception (46.2%), less knowledge (29.8%) and least common was need of permanent method of contraception.

Reasons For Not Using Ppiucd Among Primigravidas

Reasons For Not Using PPUICD In Primigravida	Percentage
Miscnception	44%
Less Knowledge	56%

In our study reason for not using PPIUCD in primigravida most common was less knowledge (56%).

Discussion

Contraceptive needs of postpartum women are unique Postpartum family planning services play an important role in meeting the unmet need of family planning. For breast feeding women, lactational amenorrhea method and Cu- bearing IUCD are best

suitable in the immediate postpartum period. Cu T 380A has been found to have a contraceptive protection similar to that achieved with tubal sterilization.

In present study the awareness of 550 patients regarding contraception and PPIUCD were assessed. In present study the acceptance of PPIUCD was 4.9%. similarly, in the Alukal AT et⁹ al study was 10.5%. In a study by Kanhere AV et al¹⁰ the acceptance rate was 36%. The acceptance rate of PPIUCD in present study was very low even though majority of the study population were educated and well aware about contraceptive methods. Their prior awareness regarding PPIUCD was also very low.

During this study, it is seen that 23% of clients were illiterate indicating that education is an important factor in awareness and acceptance of PPIUCD. Education renders people more receptive to new ideas and practices, spacing methods, and importance of small family norms. Education is also a major factor in fertility control. Choudhary et al found secondary and higher education influenced contraceptive use.¹² Ullah and Chakraborty showed women's education as the most important determinant of contraceptive use.¹²

In present study the other preferred method being sterilization 41% barrier method for 21% and least preferred being IUCD (4.9%). In the study by Alukal AT et al⁹ 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 al¹⁰ the other preferred method was barrier (47%) followed by natural method (19%) and IUCD (13%).

During the study it was found that 70.50% of the clients were familiar with the PPIUCD, while the rest 94.21% women have not even heard of PPIUCD. Also, women who knew about PPIUCD had many misconceptions

and myths about it like it affects lactation, nonreversible method, cause pain and heavy bleeding, hinders during coitus etc. During the study these misconceptions were cleared up and women were educated, counselled and motivated about IUCD along with providing PPIUCD insertions.

Conclusion

The study highlights the role of proper counselling of women about PPIUCD and busting myths about CuT.

Common reasons behind non-acceptance were lack of awareness, fear of excessive bleeding and fear of misplaced IUCD. As the woman is not the only decision force, counselling of husband and mother in law should also be done.

We should keep in mind, the prevalent norms of society. Hence, there is a pressing need to discuss and dispel myths about IUCD.

Ethical approval: The Institutional Ethical Committee approved the study

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