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STUDY ON AWARENESS AND ACCEPTANCE OF PPIUCD IN POSTPARTUM WOMEN

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ABSTRACT

Background: Postpartum intrauterine contraceptive device (PPIUCD) is one method which is safe and effective method for spacing and also for limiting pregnancy. This study was done to analyse the awareness and rate of acceptance of PPIUCD among post natal women and finding factors affecting the non-acceptance of the PPIUCD.

Materials and Methods: The study was conducted between February 2023 to September 2023 at Viswabharathi Medical College and General Hospital. A total of 300 postnatal women women willing to participate in the study were included. Detailed counselling was done about the PPIUCD and procedure of insertion and the side effects and benefits were explained in detailed and the women were allowed to take their own decision after discussing with the family and husband. The women willing to get PPIUCD were proceeded for insertion and were asked for follow up visits and the women not willing for PPIUCD insertion were enquired about the reasons for not accepting the procedure were discussed. The results were analysed.

Results: Of the 300 women willing for the study a total of 85women were willing for insertion and finally 65 women have undergone PPIUCD insertion and they were under follow up for 3 months with us to know the compliance and the complications were evaluated. Of the 65 women 15 lost follow up 9 women had spontaneous expulsion and 10 had mild dysmenorrhoea and 31women had no complaints. Among the women not willing for the study the main reasons for not accepting were afraid of side effects, religious constraints, and family and husband apposition.

Conclusion: Despite being a minor procedure and a longer-term contraception, PPIUCD was not widely accepted, and while awareness was high, need to accept it was low.

KEYWORDS: PPIUCD, postpartum contraception, postnatal women, IUCD.

INTRODUCTION

India is the highest-ranking nation in the globe and accounts for 17.76 percent of the global population.1 Since its inception in 1952, the family planning programme has evolved in terms of policy and program implementation2. Despite the fact that India was the first country in the world to develop a national population control program in 1952, the increase in contraceptive methods did not correspond to a substantial decrease in predicted birth rates.3

The World Health Organization (WHO) altered the usage of intrauterine contraceptive devices (IUCD) from the sixth week postpartum to within 10 minutes of birth (post placental) and up to 48 hours of delivery.4 IUCD has proven itself as an effective, dependable, and safe form of birth control with little problems.5-7. Nonetheless, its popularity remains minimal.8-10

Pregnancies in the first year postpartum are more likely to be unplanned. Inadequate use of postpartum contemporary contraception has been linked to unwanted pregnancies, induced abortions, and an increased risk of maternal morbidity and death globally. Adoption of postpartum contraception reduces unwanted

pregnancies while simultaneously improving mom and child well-being via proper birth spacing. These major issues might be prevented with the use of current family planning techniques throughout the immediate or prolonged postpartum period.

Postpartum family planning aims to avoid closely spaced and unplanned births. 11. Post-partum family planning is impacted by the fact that the majority of these women will be breastfeeding, and the contraceptive technique should not interfere with this. The following Contraceptive methods can be organized for clinical appropriateness for women who are breastfeeding:

1) Non hormonal methods that do not interfere with lactation- lactational amenorrhea method, postpartum tubal sterilization, IUDs and barrier/ spermicide methods progesterone implants.
2) Progestin- only hormonal methods.

The following Contraceptive methods can be organized for clinical appropriateness for women who do not breastfeed:

1) Non hormonal methods that do not interfere with lactation- lactational amenorrhea method, postpartum tubal sterilization, IUDs and barrier/ spermicide methods progesterone implants.
2) Progestin- only hormonal methods.
3) Hormonal methods. Combined estrogen- progestin formulations should be avoided by all women for at least three weeks postpartum to avoid elevating the risk of thromboembolism.

This study was done to analyse the awareness and rate of acceptance of PPIUCD among post natal women and finding factors affecting the non-acceptance of the PPIUCD.

MATERIALS AND METHODS

The study was conducted between February 2023 to September 2023 at Viswabharathi Medical College& General Hospital. Kurnool. A total of 300 post-natal women willing to participate in the study were included.

Inclusion criteria: All postnatal patients delivering live full-term babies in this hospital and

Patients willing to participate in the study.

Exclusion criteria: Women in post abortal period, Women who have delivered an intrauterine dead fetus, Women not willing to participate in study, Women delivered babies with congenital anomalies, Women with mullareananamolies detected in USG or during LSCS, Women with fibroids detected in USG or during LSCS, Women with comorbidities.

Detailed counselling was done about the PPIUCD during the antenatal period, women in early labour and post-natal women and procedure of insertion and the side effects and benefits were explained in detailed and the women were allowed to take their own decision after discussing with the family and husband. The women willing to get PPIUCD were proceeded for insertion and were asked for follow up visits and the women not willing for PPIUCD insertion were enquired about the reasons for not accepting the procedure were discussed. The results were analysed

RESULTS

Our study was taken up for 300 post-partum women. majority ware aged between 20-30 years contributed to 73.3%, and the rest belonged to the age group between 30-40 years contributing to 26.6% of the study population as shown in Table 1 and Fig. 1

TABLE 1: DEMOGRAPHIC FEATURES

Age Range	Number	Percentage
20-30	220	73.3%
30-40	80	26.6%

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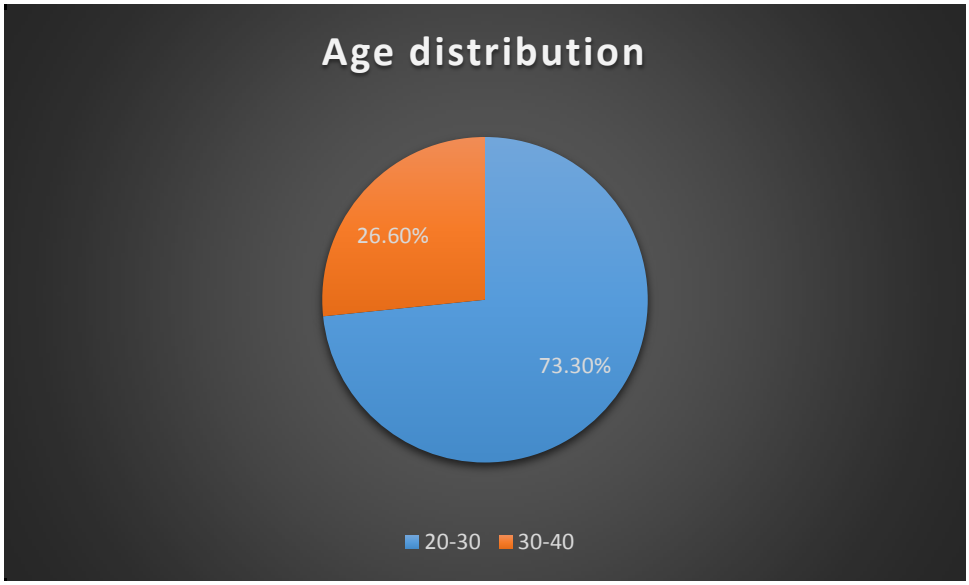

FIG. 1: AGE DISTRIBUTION

The educational status of the study population was assessed and tabulated as above 60(20%) women were illiterate, 100(33%) women had primary school education ,75(25%) women had secondary school 35 (11.6%)women completed intermediate and 30 (10%)women completed post graduation as shown in Table 2 & Fig. 2

TABLE 2: EDUCATIONAL STATUS

Educational status	Number	Percentage
Illiterate	60	20%
Primary school	100	33%
secondary school	75	25%
Intermediate	35	11.6%
postgraduate	30	10%

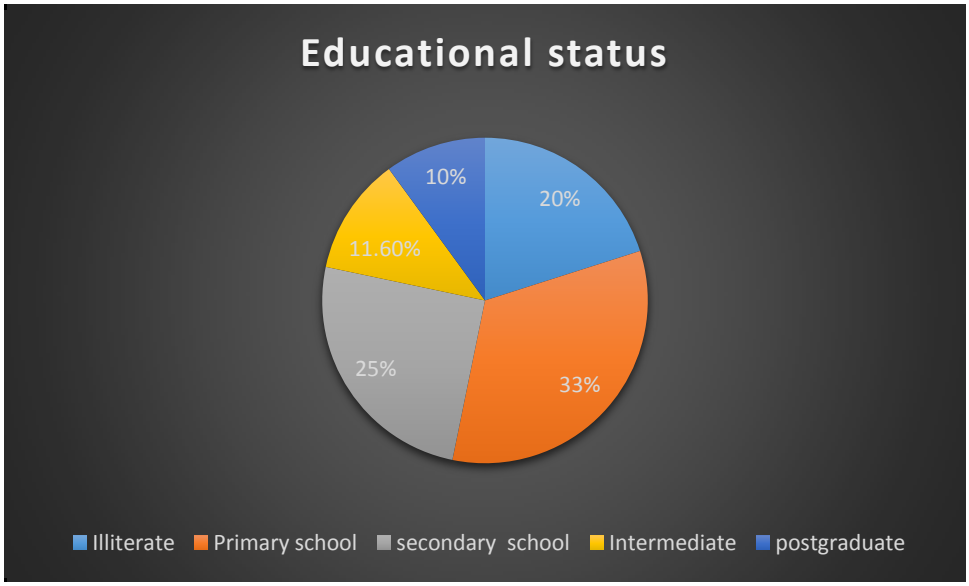

FIG 2: EDUCATIONAL STATUS

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Among the study population, 65 women have accepted for insertion contributing to 21.6% of the study population as shown in Table 3

TABLE 3: ACCEPTANCE RATE

Acceptance	**Number**	**Percentage**
Yes	65	21.6%
No	235	78.4%

Among the study population a detailed interview for finding the reasons for not accepting the PPIUCD were noted. Major reasons for not accepting for PPIUCD insertion were afraid of side effects and infections, family and religious opposition, social stigma, comorbidities in the patient.

TABLE 4: REASONS FOR NOT ACCEPTING

Reasons	number	Percentage
Afraid of side effects	60	20 %
Family opposition	40	13.3 %
Social stigma	30	10 %
Comorbidities	10	3.3 %
Religious grounds	40	13.3 %
Afraid of infections	70	23.3 %
Multiple reasons	50	16.7 %

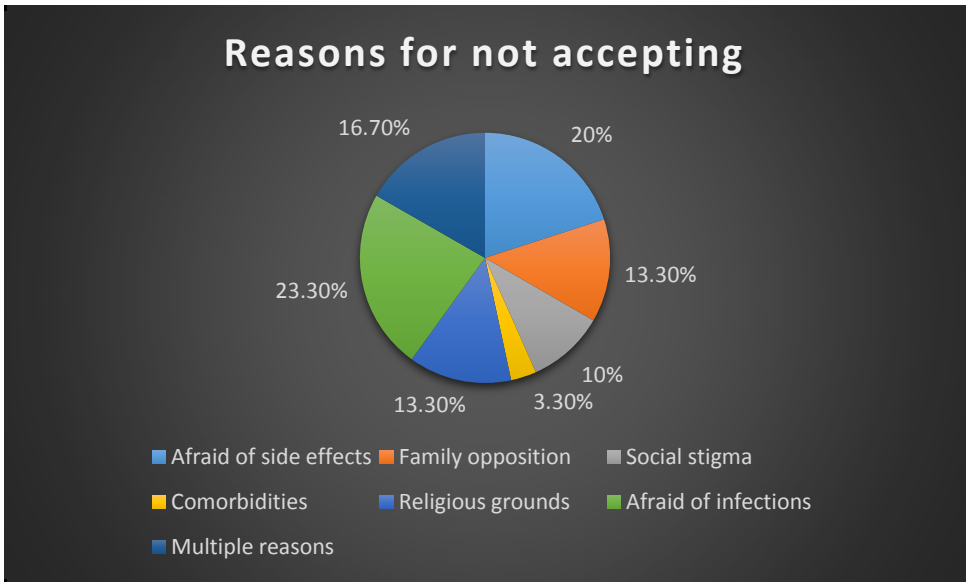

FIGURE 3: REASONS FOR NOT ACCEPTING

Out of the 65 women who accepted and got PPIUCD inserted were kept under follow up for 3 months to know about the compliance and complications. 15 of these women did not turn up for follow up, 9 had spontaneous expulsion, 10 women had mild dysmenorrhea and 18 women were not having any complaints and were compliant with the PPIUCD, and 13 women got the PPIUCD removed.

TABLE 5: COMPLIANCE AND COMPLICATIONS

Factors	Number (n=65)
Mild dysmenorrhea	10

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No complaints	18
Spontaneous expulsion	9
Lost follow up	15
Removal rate	13

Out of the 65 women who accepted and got PPIUCD inserted were kept under follow up for 3 months to know about the compliance and complications. 15 of these women did not turn up for follow up, 9 had spontaneous expulsion, 10 women had mild dysmenorrhea and 18 women were not having any complaints and were compliant with the PPIUCD, and 13 women got the PPIUCD removed.

TABLE 6: REASONS FOR REMOVAL OF THE PPIUCD

Reason	**Number (n=13)**
Pain	6
Bleeding	4
White discharge	2
Family opposition	1

DISCUSSION

Postpartum women are more likely to have unmet family planning needs than married women in general. It has been proposed that such women use a contraceptive method as soon as feasible after delivery and before resuming sexual engagement.[12]

Our study aimed to determine the degree of acceptability of PPIUCD as well as to assess the factors that influence the likelihood of adoption of PPIUCD. The mean age in our study was 21 years but Anguzu et al. identified a mean age of 26.3 years among respondents in their Ugandan study [13], which is lower than the study compared. The causes include illiteracy and early marriage at a young age.

In our study, majority (73.3%) of individuals belonged to the age group of 20–30 years. In the study by Katheit and Agarwal[6]also, the majority (50.8%) of the study population belonged to the age group of 20–25 years. Thus, the age distribution of our study population is similar compared study.

In our study, the negative views about the method were fear of cancer, infections and religious beliefs which are comparable to the results found in the study done by Sunanda and Sudha[14]wherein the most common negative views were fear of pain and bleeding (41%), fear of cancer, and some religious belief.

Postpartum intrauterine contraceptive device (PPIUCD) acceptance was 21.6% in our study which was better than the study conducted by Nidhi Gupta et.al which was 12%. [15]

The expulsion rate of the present study was 13 % which is high compared to Mishra S et al [8], found expulsion rate 6.4% at 6 weeks. Gunjan Goswamy et al., found expulsion rate was 10%. In our present study 23 % lost follow up compared to 30% lost follow up in the study by Gunjan Goswamy et al.[16].

In our study the reasons for removal were found to be pain(46%) , bleeding(30%), white discharge(15%) and family opposition(7%), compared to Satyavathi et al., found reasons for removal were bleeding (27.27%), menstrual disturbances (18.18%), pressure from family (27.27%) other problems (18.18%) and pain (9%) [17]

CONCLUSION

In conclusion, the study found minimal acceptability of PPIUCD as a post-partum contraception. The major causes for this include illiteracy, societal and religious taboos, and a lack of understanding. Because of the community's many taboos surrounding IUCD, PPIUCD acceptance and actual implantation were low. To enhance acceptability of PPIUCD, the government should cover postpartum contraception with PPIUCD in addition to mother and child health care.

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