VOLUME - 10, ISSUE - 02, FEBRUARY - 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Medical Science

STUDY OF AWARENESS ABOUT POSTPARTUM INSERTION OF INTRAUTERINE DEVICE AMONG ANTENATAL CASES IN RAIGARH

Dr. Amarawatin Kurre*

Assistant Professor (M.S. OBG), Late Lakhiram Agrawal Memorial Medical college, Associated Kirodimal Govt. hospital, Raigarh,C.G. India. *Corresponding Author

Dr. Santoshi Gupta

Assistant Professor (DNB OBG), Late Lakhiram Agrawal Memorial Medical college , Associated Kirodimal Govt. hospital, Raigarh,C.G. India.

ABSTRACT

Background: In spite of many available contraceptives numerous unwanted and unplanned pregnancies occur. Though the couples desire contraception but are not able to accept it due to their ignorance and misconceptions. Ministry of Health & Family Welfare, Government of India has taken initiative for provision of IUCD in immediate postpartum period. Several training programs and awareness camps are conducted by NHM for health service providers and also for the public. The study was corresponding to find out the choices about contraception after delivery and awareness about postpartum insertion.

Methods: The present observational study was conducted in LSLAMMC Raigarh hospitals. The study population included 400 women who planned to deliver at Government Medical College, RAIGARH during the study period including vaginal and caesarean section. Their choice of contraception after delivery and awareness was determined through a questionnaire. Reasons for refusal of postpartum insertion were recorded.

Results: 400 cases were included in the study, a large number had decided about contraception; mainly breast feeding supplemented by barrier contraceptive. 78 of 400 were willing for insertion of contraceptive device but not immediately after delivery due to apprehension in general and fear of side effects.

Conclusion: The results of this study showed Knowledge and acceptance of postpartum insertion is very low among antenatal women; probably because the concept is new in the community. There is a strong need to increase the knowledge and awareness about this by health education and counseling.

KEYWORDS : CuT380A, postpartum contraception, postpartum intrauterine contraceptive device.

INTRODUCTION

Most women do not desire a pregnancy immediately after a delivery but are unclear about contraceptive usage in postpartum period. This results in unplanned and undesired pregnancies, which in turn increases induced abortion rates and consequently maternal morbidity and mortality. India is the second most populous country in the world, and accounts for more than 20% of global maternal and child deaths most of them preventable.[1] Indian women have more children than desired and often too close together. Family Planning can have a positive impact on population growth, maternal mortality, and infant and new-born outcomes.[2]

All women need contraception sometime or other in their reproductive years. Postpartum period is one such important phase of their lives. IUCD is a very effective method of contraception; at times comparable to sterilization, it is one of the good and acceptable method.

The World Health Organization (WHO) revised the use of intrauterine contraceptive device (IUCD) from the 6th week postpartum to within 10 min of delivery (Post placental) to up to 48 hrs of delivery.[3] IUCD has established itself as an effective, reliable, and safe method of contraception with minimal complications.[3-5] However, its acceptance remains low.[6] There are many studies assessing the acceptability and safety of postpartum IUCD (PPIUCD), but very few studies have determined the awareness level regarding this method.

Despite making contraception widely available, there is poor acceptance of contraceptive methods either because of ignorance or fear of associated complications. Inadequate knowledge about contraceptive methods and incomplete or erroneous information about their use or where to procure them are the main reasons for not accepting family planning.[7]

Providing quality contraception methods to women is one of the cornerstones for achieving millennium development goals of improved maternal and child health.[8] Accordingly Ministry of Health and Family Welfare, Government of India has taken initiative for provision of IUCD in immediate postpartum period in 2010 in collaboration with Jhpiego, India.[9] Several training programs and awareness camps are conducted by NHM for health service providers and also for the public.[10] This study was therefore conducted to determine the level of awareness, attitude, and factors affecting awareness and acceptance of PPIUCD.

OBJECTIVES

1. To determine the proportion of woman who had aware for Post-Partum Intrauterine Contraceptive Device(PPIUCD) insertion
2. To determine reason for refusal of PPIUCD insertion.

MATERIALS AND METHODS

This observational study was conducted in the department of Obstetrics and Gynaecology, LSLAM Medical College & Attached Group of Hospitals, Raigarh from jan 2018to jan 2019.

Study Population –

All antenatal cases who reported for registration from jan 2018 onwards were given the option of being included in the study.

Sampling Process -

Confidentiality was maintained in data collection and compilation. The study was terminated on Jan 2019 when the requisite sample size of 400 cases in study group was achieved. Both willing and unwilling cases went through routine and standard antenatal care. Age, parity and other antenatal demographic parameters were noted. Those who were included in the study were given the questionnaire on their visit.

Questionnaire included two parts; the first was to know the contraceptive method/methods which the couple had planned to use after delivery. The second part was to find out if they had heard about postpartum insertion of IUCD. If it was familiar

and known to them; then what was the source of that information. All those who had opted for IUCD as contraceptive were asked if they were willing to get the IUCD inserted at the time of delivery. All the cases were given the option of postpartum insertion of IUCD when they reported in early labor. The reasons for the reluctance to get PPIUCD insertion were enquired into.

RESULTS

Demographic characteristics of the study population are shown in table 1. Most of the subjects (60%) of the study belonged to the age group of 21-30years (Table 1). Majority of the cases studied were Hindus 392(98%). Majority of the patients 283(70.75%) were belong to lower socioeconomic status , 190(47.50%) were illiterate. (Table 3) Majority (69.6%) of the women were housewives. Only 30.4 % had some form of employment. Most of the study population belonged to multigravida group (67.5%). Around and 32.5% were primigravida.

Demographic characteristics of all ANC cases included in study (n=400)

Table – 1 Age Distribution Of Cases

S.NO.	AGE(YEARS)	FREQUENCY (%)
1.	<20	105 (26.25%)
2.	21-30	240 (60%)
3.	31-40	52 (12%)
4.	>40	3 (0.75%)
5.	TOTAL	400

Table- 2 Distribution Of Cases As Per Parity

S.NO.	PARITY	NO. OF CASES(%)
1.	1	130(32.5%)
2.	2	89 (22.25%)
3.	3	180 (45%)
4.	4	1 (0.25%)
	Total	400

Table - 3.

Category	Subcategory	NO (%)
Locality	Urban	165 (41.25%)
	Rural	235 (58.75%)
Education	Illiterate	190 (47.50%)
	Primary and middle school	88 (22%)
	High school	60 (15%)
	Higher secondary school	47 (11.75%)
	Graduate	15 (3.75%)
Socio- Economic Status	Lower	283 (70.75%)
	Middle	89 (22.25)%
	Upper	28 (7%)
Religion	Hindu	392 (98%)
	Muslim	8 (2%)
Total(n)		400

Table- 4 Intended Contraception In Future

Intended contraception	Group 1 Nulliparous	Group 2 Multiparous	Total
Not yet decided	46	83	129
Breast feeding	30	64	94
IUCD	32	49	81
Oral pill	19	41	60
Injectable	9	2	11
Female sterilization	0	36	36
Male sterilization	0	1	1
total	130	276	406
>400 due to multiple choice			

Table-5

IUCD volunteer (interval)	81
Willing for PPIUCD	3
Unwilling for PPIUCD	78

Group 1 (total 130 cases) was of nulliparous and Group 2 (total 276 cases) consisted of others that is the ones with one child or more. There was a large no of women in both groups who were still undecided about the contraception they would practice after delivery (129 of 400).

Breast feeding was the first option in both the groups. Many in both the groups had indicated more than one option; breast feeding and barrier male contraceptive combined, 94 out of 400 cases (23.5%) had decided on IUCD after delivery, they all knew that IUCD needs to be inserted later; after delivery or when the menstruation begins. 13 women in group 2 had used IUCD in the past. Volunteers for IUCD were offered the option of PPIUCD insertion; only three of them agreed.

Two had to undergo Cesarean Section (CS) and IUCD was put intra cesarean; only one case was willing for IUCD insertion at the time of labor; this was done post placentally. Rest 81 cases who were willing for IUCD insertion after delivery refused PPIUCD. The reasons for not being willing are enumerated in (Table 6.) Female sterilization was an option for 36 out of 400 (9%) cases, and only one were for male sterilization.

Table- 6 Reason For Refusal For PPIUCD

Apprehension in general	6 (7.69%)
Not agreed by husband	7 (8.97%)
Not agreed by families	12 (15.38%)
Side effect in general	10 (12.82%)
Apprehension an about insertion	4 (5.12%)
Not willing for experiment	14 (17.94%)
Not ready yet	25 (32.05%)
Total	78 (100%)

Almost all the volunteers (except 3) for IUCD insertion refused PPIUCD; they had multiple reasons for refusal. Two most common reasons for refusal were not being ready (25/78) and not willing for experiment (14/78) about the procedure immediately after delivery. Relatives including husband refusing for the procedure was another reason. All 400 cases were enquired if they had heard about the PPIUCD program, only six of them mentioned they has some idea about this but not very clear. These 5 cases were not able to convey the source of this information. 367 cases had delivered in the same hospital; none of them was willing for PPIUCD when asked about their willingness during early labor.

DISCUSSION

According to a report released by WHO in 2006, better family planning and birth spacing services resulted in better maternal and neonatal outcome. When promoted in countries with high birth rates, 32% of all maternal deaths and over one million deaths of children under five could be prevented. Healthy timing and spacing of pregnancies have a positive effect on maternal health and new born outcome.[11]

The study was conducted to find out the awareness about the timing of IUCD insertion. Timing of insertion is usually six weeks after delivery. Recent studies have shown that insertion of IUCD immediately after delivery is a safe and effective procedure. Awareness about this timing is very low and needs to be enhanced by health education and counseling during antenatal period. The reasons given for being unwilling were frivolous and need to be allayed by health education and counseling. Many women and couples remained undecided about contraception after delivery and this would increase the chances of conception resulting in unplanned and unwanted pregnancies.[12]

In our study, majority (43.4%) of individuals belonged to the age group of 20–24 years. In the study by Katheit and Agarwal [5] 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 to the other populations studied.

Breast feeding was a common option for many women, there is need to strengthen this method of contraception as it is well known that lactational amenorrhoea method (LAM) is a useful and effective method if used properly,[13-14] but only up to six months.

CONCLUSION

Hence on concluding the present study, Knowledge and acceptance of PPIUCD insertion is very low among women attending antenatal OPD in Raigarh , probably because the concept is new in the community. This emphasises the need for proper counselling of females regarding family planning methods including IUCD and PPIUCD. This should be overcome with the help of social media as well as health care workers starting from ASHA workers to consultants.

The reasons for refusal like unwillingness of husband, fear of complications etc. can be overcome by proper counselling and public awareness programs.. A larger sample size with a metacentric study may further strengthen the results obtained in the study.

Conflict Of Interest-

Authors are declare that no conflict of interest

REFERENCES

1. Lucksom PG, Kanungo BK, Sebastian N, Mehrotra R, Pradhan D, Upadhya R. Comparative study of interval versus postpartum Cu-T insertion in a central referral hospital of North East India. Int J Reprod Contracept Obstet Gynecol. 2015 Feb;4(1):47-51.
2. Shukla M, Qureshi S, Chandrawati. Post placental intrauterine device insertion a five year experience at a tertiary care centre in north India. Indian J Med Res. 2012;136(3):432-5.
3. WHO. Medical Eligibility Criteria for Contraceptive Use 5th ed. Geneva: WHO; 2015.Available from: http://www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/9789241549158].
4. Kumar S, Sethi R, Balasubramaniam S, Charurat E, Lalchandani K, Semba R, *et al.* Women's experience with postpartum intrauterine contraceptive device use in India. Reprod Health 2014;11:32.
5. Katheit G, Agarwal J. Evaluation of post-placental intrauterine device (PPIUCD) in terms of awareness, acceptance, and expulsion in a tertiary care centre. Int J Reprod Contracept Obstet Gynecol 2013;2:539-43.
6. Shukla M, Qureshi S, Chandrawati. Post-placental intrauterine device insertion – A five year experience at a tertiary care centre in North India. Indian J Med Res 2012;136:432-5.
7. Gautam R, Arya KN, Kharakwal S, Singh S, Trivedi M. Overview of immediate PPIUCD application in Bundelkhand Region. J Evol Med Dental Sci. 2014;3:9518-26.
8. Mishra S. Evaluation of safety, efficacy, and expulsion of post-placental and intracesarean insertion of intrauterine contraceptive device (PPIUCD). J Obstet Gynaecol India. 2014;64:337.
9. Postpartum IUCD Facilitators' Guide November, 2010 Family Planning Division Ministry of Health and Family Welfare, Government of India. Available at http://www.ukhfws.org/uploads/documents/doc_9479_ppiucd-facilitators-guide-feb-2011-final.pdf
10. Gadre SS, Ahirwar R. Level of acceptance of IUCD insertion in Indian women - a cross-sectional mixed research from central India. Int J Reprod Contracept Obstet Gynecol. 2015;4(4):1079-85
11. Maternal and Child Health Integrated Programand PPFP activities, WHOreport, Washington, DC 2011.http://www.k4health. org/sites/default/files/PPFPMeetingReport-formatted.pdf.
12. Grime DA, Benson J, Singh S, et al. Unsafe abortion: the preventable pandemic. Lancet. 1908e19;368.
13. Kennedy KI. Efficacy and effectiveness of LAM. Adv Exp Med Biol. 2002;503:207e210. Van der Wijden, Kleijn J, VandenBerk T.
14. Lactational amenorrhea for family planning. Cochrane Database Syst Rev.2003:CD001329