Research Paper

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Acceptability for The Use of Postpartum Intrauterine Contraceptive Devices

Medical Science

KEYWORDS : PPIUCD, postpartum, contraception

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ABSTRACT

Objective(s) : To evaluate acceptance of PPIUCD at Zenana Hospital, SMSMC, Jaipur.

Method(s) : 5000 women were counselled during antenatal and postpartum period. Among them 1500 verbally accepted PPIUCD. Acceptability rate and percentage of insertion were recorded. Socio-demographic factors in terms of age, parity, literacy, religion, residence, subsequently mode of delivery and counselling time were recorded.

Result(s) : Acceptability rate of PPIUCD was very low 21.80%. Reasons for refusal include misconceptions about IUCD use and its complications. PPIUCD is more acceptable among primi (45.70%) and literate women (65.20%) belonging to age group 20-25 (52%) and mostly Hindus (81.40%). Majority of women were from middle socio-economic status (75.60%) and from urban area (59.27%). Antenatal counselling played a significant role in acceptance of PPIUCD.

Conclusion(s) : PPIUCD acceptance rate is low in our society. Various socio-demographic factors play a role in its acceptance.

INTRODUCTION

Providing contraceptive education and helping in choosing an option for family planning is now considered a standard component of postpartum care. Postpartum IUCD is a concept which has been introduced to meet the unmet needs of contraception of women in the first year after childbirth.

The present study was carried out to evaluate the acceptability of postpartum IUCD and the different socio-demographic and obstetric factors associated.

METHODS

This prospective study was conducted in the Department of Obstetrics & Gynecology, Zenana Hospital, SMS Medical College, Jaipur. Around 5000 women were counseled for PPIUCD antenatally and postnatally. Out of these 1500 women verbally accepted PPIUCD as a method of postpartum contraception. We divided women in 2 groups: -

Group-A - 750 women were verbally accepted PPIUCD antenatally and in

Group-B - 750 women were verbally accepted PPIUCD during postpartum period

The number of women who accepted the use of PPIUCD and the actual number of insertion was recorded. The reasons for refusal were also recorded. The women who accepted the PPIUCD method of contraception were also classified according to their age, parity, residence, religion, literacy, timing of counselling. All the data was recorded and analyzed.

RESULTS

Table-1 shows the number of women verbally accepted the PPIUCD (21.80%) and effect of timing of counselling on acceptance. Antenatal counselling plays an important role (26.93%) in acceptance of PPIUCD.

Table-2 shows the distribution of women according to age, religion, residence, literacy, socio-economic status, parity. Majority of women (52%) belonged to age group 20-25 years. Acceptance rate more among Hindu (81.40%). Majority of women were literate (65.20%) and middle socio-economic status (75.60%). Acceptance was more among primiparous (45.70%). Of the 1500, 889 (59.27%) women belonged to urban areas.

Table-3 shows that different types of factors plays role in acceptance of PPIUCD. Husband counselling plays important role in antenatal counselled women which was 68 / 202 (33.70%). Delivering a male child plays an important role in acceptance of PPIUCD among postpartum women that is 39 / 125 (31.20%).

Table-4 shows different types of factor plays important role in refusal of PPIUCD. Husband refusal plays important role in non-acceptance of PPIUCD in both the groups in Group-A 164/548 (29.90%) and in Group-B 209/625 (33.40%). Delivering a female child also plays an important role in non-acceptance of PPIUCD and it is 139 (25.40%) in Group-A and 181 (29.00%) in Group-B.

Table-5 shows different types of factor plays important role in causes of refusal of PPIUCD. Most important factor to refuse for PPIUCD was planning of another pregnancy in near future in Group-A 264/548 (48.17%) and in Group-B 272/625 (43.52%).

DISCUSSION

In the present study around 5000 women were counselled for PPIUCD antenatally and postnatally. Out of these women 1500 women verbally accepted PPIUCD as method of postpartum contraception. Among these women actual insertion rate of PPIUCD was 21.80%. The final decision was influenced by factors like refusal by husband or family members, misconceptions about the complications from the PPIUCD, previous experience, planning another pregnancy in near future and preference for another contraceptive method namely lactational amenorrhoea.

Tehrani FR et al (2001)[1] found that age, women's level of education, their husband's level of education and previous familiarity with contraceptive methods were the most significant factors influencing contraceptive use.

Romero-Gutierrez G et al (2003)[2] found that reasons for contraceptive refusal were husband's rejection (33.20%) and delaying contraceptive use until after finishing the postpartum period (31.80%).

Adegbola O et al (2008)[3] found that among IUCD acceptors the mean age was 31.3 ± 5.5 yrs.

Mustafa R et al (2008)[4] concluded that there was a low contraceptive use among women of rural origin despite good knowledge. Motivation of couples through media and health personnel can help to achieve positive attitude of husbands for effective use of contraceptives.

Adegbolo et al (2009)[5] concluded that family planning counselling and education play a vital role in increasing the use of contraceptives in the postpartum period.

Haider et al (2009)[6] found a complex interrelationship between acknowledge risk of childbearing, desire for family planning, rational for limited contraceptive use and socio-cultural barriers to contraceptive use.

Khatun HA et al (2009)[7] found that PPIUCD is a long term, reversible, non-affecting breast feeding and suitable method for a woman delivered in a hospital. For its sustainability, counselling to women on PPIUCD during ANC and availability of round the clock trained personnel with required equipment are necessary.

Nte et al (2009)[8] concluded that to increase the acceptance of family planning, males should also be targeted by family planning programmes. Peter Oogunjuyigbe et al (2009)[9] concluded that male involvement in family planning should be encouraged through inter-spousal communication.

McGuire J et al (2010)[10] concluded that most women reporting a plan to use IUC postpartum did not actually have a device placed by 3 months postpartum women who desire IUC in the postpartum period might face multiple barriers to placement, many of which are modifiable.

Glazer AB et al (2011)[11] found that prenatal visits and postpartum contact with providers create an opportunity to discuss family planning and contraception. They found that acceptance rate of PPIUCD was 23.00%.

Yee L et al (2011)[12] recommended that frequent provider initiated, multiple modality discussions of appropriate postpartum contraceptive options should take place throughout pregnancy.

Vasundhara Sharma et al (2012)[13] found that maximum utilization of family planning methods were among Hindu women.

Western MR (2012)[14] studied the barrier and facilitators to uptake of the IUD among primiparous. They concluded that postpartum adolescents may reduce their risk of rapid repeat pregnancy by using IUDs.

CONCLUSION

Verbal acceptance of IUCD was less than expected and actual insertion was even less. The woman's choice of suitable methods of contraception during the period of lactation is affected by her knowledge, and literacy status, social factor and family structure, negative attitudes and misconception.

The receptivity of compliance towards contraceptive method and their acceptance was maximum when it was provided during intranatal period. One of the associated factors to increase compliance could have been attributed to the duration for which they are in contact with medical personnel during childbrith period. It is suggested that family planning should be integrated with maternal and childcare services in order to effectively promote the use of contraceptive devices in women who otherwise and on their own initiative would not seek the use of such protective devices.

Table – 1
Distribution of Cases According to Actual Acceptance of PPIUCD

	Verbal Acceptance	Actual Insertion	% of Actual Insertion
Overall Counselling	1500	327	21.80
Antenatal Counselling	750	202	26.93
Postpartum Counselling	750	125	16.66

P-Value = 0.0000 (Significant)

Table-2
Distribution of Women According to Age, Religion, Residence, Literacy, Socio-economic Status and Parity

Parameters	Sub Group	Group-A		Group-B		Total	
		Number	%	Number	%	Number	%
Age	<20	35	4.60	55	7.33	90	6.00
	20-25	384	51.20	390	52.00	774	52.00
	26-30	254	33.90	232	30.93	486	32.00
	31-35	65	8.70	64	8.53	129	9.00
	36-40	12	1.60	9	1.20	21	1.00
Religion	Hindu	631	84.10	590	78.70	1221	81.40
	Muslim	119	15.90	160	21.30	279	18.60
Residence	Rural	308	41.07	303	40.40	611	40.73
	Urban	442	58.93	447	59.60	889	59.27
Literacy	Illiterate	244	32.50	278	37.10	522	34.80
	Literate	506	67.50	472	62.90	978	65.20
Socio-economic Status	Lower	102	13.60	173	23.10	275	18.30
	Middle	603	80.40	531	70.80	1134	75.60
	Upper	45	6.00	46	6.10	91	6.10
Parity	1	351	46.80	335	44.70	686	45.70
	2	298	39.70	244	32.50	542	36.10
	3	78	10.40	129	17.20	207	13.80
	4	21	2.80	26	3.50	47	3.10
	5	2	0.30	15	2.00	17	1.10
	6	0	0.00	1	0.10	1	0.10

Table – 3
Distribution of Cases According to Factors of Acceptance of PPIUCD

Factors of Acceptance	Group-A		Group-B		Total		P Value
	Number	%	Number	%	Number	%	
Self Counselled	62	30.70	41	32.80	103	31.50	0.6902 (Not Significant)
Counselled by Husband	68	33.70	25	20.00	93	28.40	0.0078 (Significant)
Counselled by Mother-in-law, Sister-in-law	26	12.90	8	6.40	34	10.40	0.0625 (Not Significant)
Counselled by Other Family Member	2	1.00	2	1.60	4	1.20	0.1479 (Not Significant)
Conselled by Other Women in Antenatal Clinic	15	7.40	10	8.00	25	7.60	0.8494 (Not Significant)
Accepted if Male Child	29	14.40	39	31.20	68	20.80	0.0003 (Significant)
Total	202	100.00	125	100.00	327	100.00	

Table – 4
Distribution of Cases According to Factors of Refusal of PPIUCD

Factors of Refusal	Group-A		Group-B		Total		P Value
	Number	%	Number	%	Number	%	
Self Refused	117	21.40	92	14.70	209	17.80	0.0031 (Significant)
Refused by Husband	164	29.90	209	33.40	373	31.80	0.1974 (Not Significant)
Refused by Mother-in-law, Sister-in-law	82	15.00	92	14.70	174	14.80	0.9068 (Not Significant)

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Refused by Other Family Member	17	3.10	21	3.40	38	3.20	0.8035 (Not Significant)
Refused by Other Women in Antenatal Clinical / Labour Room	29	5.30	30	4.80	59	5.00	0.7005 (Not Significant)
Refused if Female Child	139	25.40	181	29.00	320	27.30	0.1678 (Not Significant)
Total	548	100.00	625	100.00	1173	100.00	

Table – 5

Distribution of Cases According to Causes of Refusal of PPI-UCD Among Verbal Accepted Group

Causes of Refusal	Group-A		Group-B		Total		P Value
	Number	%	Number	%	Number	%	
Planning Another Pregnancy in Near Future	264	48.17	272	43.52	536	45.70	0.1103 (Not Significant)
Preference of Interval IUCD	118	21.53	179	28.64	297	25.30	0.0052 (Significant)
Preference for Another Method	108	19.70	106	17.00	214	18.20	0.2240 (Not Significant)
Previous IUCD Complication	15	2.70	17	2.70	32	2.70	0.9856 (Not Significant)
Postpartum Exhaustion or Complication	11	2.00	12	1.90	23	2.00	0.9143 (Not Significant)
Intention to Postpone the Decision	32	5.80	39	6.20	71	6.10	0.7741 (Not Significant)
Total	548	100.00	625	100.00	1173	100.00	

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