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Original Research Article

Cross sectional study on analysis of reasons for refusal of PPIUCD at GIMS, Gadag

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ABSTRACT

Background: Women are highly motivated and receptive to accept Family Planning (FP) methods during the postpartum period. Intrauterine Contraceptive Device (IUCD) is one of the commonly used reversible methods of contraception and provide very effective, safe and long-term protection against pregnancy and the health risks associated with the method are negligible. Taking advantage of the immediate postpartum period for counselling on family planning and IUCD insertion, overcomes multiple barriers to service provision. The increased institutional deliveries are opportunity to provide women easy access to immediate PPIUCD services. Objective-The aim of the study was to determine proportion of women accepting postplacental intrauterine contraceptive device insertion, and to describe the factors associated with acceptability and non-acceptance.

Methods: Cross-sectional study conducted from September 2021 to October 2021 in 250 women admitted for delivery at Gadag institute of medical sciences, Gadag. The respondents were interviewed using structured interviewer administered questionnaire.

Results: In the study, it is found that overall awareness regarding PPIUCD in the study population is only 32% which is comparable with the study findings of Rajasthan where the awareness was 20.2%. The readiness rate for PPIUCD insertion after the counselling in present study was 8% which is similar to the study report from Government Medical College, Trissur, Kerala where the acceptance rate was 10.5%. The major factors associated with nonacceptance were refusal by patient (50%) and relatives.

Conclusions: The emerging factors for less acceptance of PPIUCD are low literacy rate among women and infrequent counselling and education during antenatal period. Integration of a PPIUCD counselling service at every delivery point with provision of couple counselling can improve the success of this programme.

Keywords: Contraception, Family planning, Postpartum, Counselling

INTRODUCTION

India accommodates about 16% of the world population, the second most populous country in the world, next to China. The rate of population growth continues unabated. Increasing number of births has got a deleterious effect on the health of the mother and the child and hinders social and economic upliftment of the family. Pregnancies taking place within 24 months of a previous birth have a higher

risk of adverse outcomes like abortions, premature labor, postpartum hemorrhage, low birth weight babies, fetal loss and maternal death.¹

In spite of availability of wide range of contraceptives, the unmet need for family planning is estimated to be 13% (NFHS3).² Among the various methods of family planning available for a woman, the Postpartum Intrauterine Contraceptive Device (PPIUCD) is the method which is

highly effective, inexpensive, reliable, non-hormonal, immediately reversible and long acting contraceptive that can be initiated during the immediate postpartum period and has no negative effect on lactation.³

It is not only advantageous to the women and couples; even the service providers benefit from PPIUCD insertion as pregnancy is definitely ruled out, time is saved as it is performed on the same delivery table and takes only 10-15 minutes for insertion. The Ministry of Health and Family Welfare, India under National Health Mission has taken initiative to provide PPIUCD facilities at every delivery point of all the government health facilities.

Even several training programs and awareness camps are conducted by NHM for health service providers and also for the public.⁴ Despite making contraceptives widely available, there is poor acceptance of contraceptive methods. Hence a study is undertaken to assess the awareness of contraception and factors affecting acceptance of PPIUCD in Gadag institute of medical sciences, Gadag.

METHODS

Study design and setting

This is a cross sectional study conducted from September 2021 to October 2021 in Gadag institute of medical sciences, Gadag. Here, family planning services are provided free of cost under the various government schemes/programmes.

Sample size

A total of 250 women were interviewed in the study.

Study population

This study included women who were admitted and delivered vaginally or by LSCS hospital during the time framework of the study.

Inclusion criteria

All women delivering vaginally or by caesarean section, counselled for PPIUCD insertion during antenatal period as well as in latent phase of labour.

Exclusion criteria

Fever during labour or delivery (Temperature >38°C), active STD or other genital tract infection or high risk for STD, ruptured membrane >18 hours prior to delivery, known uterine abnormality, manual removal of placenta, unresolved postpartum haemorrhage requiring use of additional oxytocic agents and willing for concurrent tubectomy.

Tool and data collection

A structured questionnaire was prepared. Data collected were checked for completeness. Data entry was done using Statistical Package for the Social Sciences (SPSS) version 22.0 for statistical analysis. Continuous variables were reported using mean (standard deviation), and categorical variables were reported using percentages.

The type of insertion

Post-placental- Immediately following delivery of placenta IUCD was inserted within 10 minutes. Intra-caesarean- During caesarean section IUCD was inserted through the uterine incision and placed at the uterine fundus after placenta was removed and then uterine incision was closed.

On discharge women were advised to visit after 6 weeks or prior if any complaint occurs.

RESULTS

The data collected were checked for completeness and were analysed using descriptive statistics.

Table 1: Acceptance of PPIUCD among different age groups.

Age in years	Number of women	Percentage
<20	1	5
20-24	10	50
25-29	8	40
>30	1	5

Table 2: Timing of PPIUCD insertion.

PPIUCD insertion	Number of women	Percentage
Post placental	6	30
Intra-caesarean	14	70

Table 3: Acceptance among primipara and multipara.

Parity	Number of women	Percentage
Primipara	12	60
Multipara	8	40

Total number of deliveries during the study period was 554. Out of these 250 women were included in the study group and offered PPIUCD insertion.

(Table 1) Total of 250 women were recruited for the study, out of which 230 refused PPIUCD and 20 accepted giving the acceptance rate of 8%.

(Table 2) Acceptance of PPIUCD was more among patients undergoing caesarean section; 90% of the

acceptors were in the age group of 21-30 years which is similar to study done by Gautam et al.

Table 4: Sociodemographic profile.

Sociodemographic characteristic	N = 230	%
Age (years)		
Less than 20	30	13.04
20–24	140	60.86
25–29	40	17.39
30–34	20	8.6
More than 34	0	0
Literacy status		
Illiterate	10	4.34
Primary school	90	39.13
Middle school	70	30.43
High school	50	21.73
Graduate	10	4.34
Postgraduate	0	0
Occupation		
Nonworking	218	94.78
Working	12	5.21
Address		
Rural	172	74.78
Urban	58	25.21
Religion		
Hindu	99	43.04
Muslim	129	56.08
Christian	2	0.86
Others	0	0
Type of family		
Nuclear	192	83.47
Joint	38	16.52
Socioeconomic class (modified Kuppaswamy classification)		
Upper	0	0
Upper middle	0	0
Lower middle	56	24.34
Upper lower	93	40.43
Lower	81	35.21
Duration of marriage		
<2 years	139	60.43
2–4 years	63	27.39
4–6 years	16	6.95
6–8 years	8	3.47
8–10 years	2	0.86
>10 years	2	0.86
Parity		
Primipara	149	64.78
Multipara	81	35.21

Table 5: Knowledge of contraception.

Question	N=230	%
Do you have any knowledge of contraception		
Yes	157	68.26
No	73	31.73
Which type of contraception do you know N=157 %		
Natural	30	19.10
Male condom	107	66.24
Oral contraceptive pills	98	62.42
IUCD	94	59.87
Injectable	56	35.66
Ligation	142	90.44
Any contraception used	37	23.56
From where did you get knowledge regarding contraception		
Relatives and friends	52	33.12
TV	39	24.84
Newspaper	4	2.52
Hospital	80	50.95
Are you aware of PPIUCD?		
Yes	51	32.48
No	106	67.51
Have you ever used PPIUCD?		
Yes	3	1.9
No	153	97.45

Table 6: Reasons for refusal of PPIUCD.

Reason of refusal	N=230	%
Patient not willing	116	50.43
Others not willing	114	49.56
Religious reasons	58	25.21
Want some other method	98	42.60
Does not want contraception immediately	72	31.30
Fears associated with IUCD		
Menorrhagia	128	55.65
Infertility	99	43.04
Pain	106	46.08
Malignancy	47	20.43
Interferes with sexual intercourse	53	23.04
Fear of perforation	72	31.30
Not having enough experience of PPIUCD	145	63.04
Previous bad experience	11	4.78

(Table 3) Acceptance for PPIUCD was higher in primipara women than multipara woman which is similar to study done by Malchuru et al, Gautam et al and Vidyarama et al where acceptance for PPIUCD was more in primipara.⁵⁻⁷

Data of 230 women who refused PPIUCD insertion were analysed to know the reasons of refusal.

Table 4 describes the sociodemographic profile of the study population. The majority (78.6 %) of women in the study belonged to the age group of 20–30 years, with 70% having education of primary and middle school. Most (75%) of the women were from rural sector and belonged to upper lower or lower class according to Modified Kuppuswamy scale. The duration of marriage was less than 4 years in 87% cases, and around 64% women had a parity of one. The majority of women were nonworking (95 %), and the incidence of nuclear families (83.47%) was higher than joint families.

Table 5 shows the knowledge of contraception in the study population. The overall contraceptive knowledge of women was 68 %, the commonest source being relatives and friends, followed by doctors and health care workers. Male condom was known by most of the women (66 %) and describes awareness regarding PPIUCD. 32% were aware of PPIUCD. 2% of the women had ever used it before.

Table 6 gives reasons for refusal of PPIUCD. In 50 % cases, it was refused by the patient, and in 49 % cases by other family members. The commonest myths prevalent regarding Cu T were fear of menorrhagia, pain and infertility.

DISCUSSION

In the study, it is found that the overall awareness regarding PPIUCD in the study population is only 32% which is comparable with the study findings of Sharma et al where the awareness was 20.2%.⁵

The readiness rate for PPIUCD insertion after the counselling in present study was 8%. This was slightly comparable with findings in Central India (11.9%), Government Medical College, Trissur, Kerala (10.5%), Tertiary care center, Indore (10.0%), but lower than other studies conducted in Zenana hospital, Jaipur (21.8%), Jorhat tertiary care hospital, Assam (36.6%), Faridabad district, India (39.0%) and Cuttack medical college, Odisha (25.32%).⁶⁻¹¹ This variation of acceptance rate might be due to the difference in the level of awareness, educational level of respondents, religious beliefs and various misconceptions about PPIUCD insertion in the study settings.

90% of the acceptors were in the age group of 21-30 years which is similar to study done by Gautam et al.¹³

Acceptance for PPIUCD was higher in primipara women (60%) than multipara woman which is similar to study done by Malchuru et al, Gautam et al and Vidyarama et al where acceptance for PPIUCD was more in primipara.¹²⁻¹⁴

The major factors associated with non-acceptance were refusal by patient (50%) and relatives due to fear of complications. These findings are comparable with the study results from the tertiary care centers of Andhra Pradesh in which the common causes for refusal of PPIUCD was the negative thoughts of parents and relatives (60%).¹⁴ This finding was supported by other studies conducted at tertiary care hospital, Telangana.¹⁵ A similar observation was reported by Kumari Saroj and Goyal Neha where fear of side effect and complication (32.5%) were the most common reason to reject PPIUCD usage.⁸ This implies that the presence of overwhelming perception towards fear of complication, and religious unacceptability of PPIUCD use by women in the study settings.

70% having education of primary and middle school. A study reported by Sangeetha et al where completing secondary education determined increased acceptance of IUCD.¹⁶ Maluchuru et al found that primary education affected acceptance of IUCD use.¹² This observation suggests that education has a positive influence on women's interest to accept PPIUCD use including their family planning utilization.

This gives us a clear hint for the need of public awareness regarding the programme through different medias along with the individual counselling sections of the couples.

Limitation of the study

This study was conducted in single tertiary care centre hence the findings might not adequately reflect the entire population. For those women who heard about PPIUCD only during the immediate postpartum period, it might be difficult to make an informed decision towards acceptance of PPIUCD usage.

CONCLUSION

It has been noticed that 70% women are educated only up to Middle School. The prior knowledge of PPIUCD was very low and the acceptance of PPIUCD after counselling was also low (8%). Therefore, due attention should be given to the education level of women and effective PPIUCD counselling should be given during antenatal visits itself to enhance the acceptance among women as more acceptance of PPIUCD had been seen among the category of antenatal mothers. Integration of a PPIUCD counselling service at every delivery point with provision of couple counselling will improve the success of this programme.

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