

Awareness of Postpartum Intrauterine Contraceptive Device (PPIUCD) and Reasons for Refusal of the Postpartum Intrauterine Contraceptive Device (PPIUCD)

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1. Introduction

- 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 h of delivery.[1]
- IUCD has established itself as an effective, reliable, and safe method of contraception with minimal complications.[2-4] However, its acceptance remains low.[5-7]
- 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. This study was therefore conducted to determine the level of awareness, attitude, and factors affecting awareness and acceptance of PPIUCD.

2. Aims and Objectives

- To study the Awareness of Postpartum intrauterine contraception device (PPIUCD) and reasons for refusal of the postpartum intrauterine contraceptive device (PPIUCD).
- To determine the awareness level and knowledge, acceptance rate and rejection rate about PPIUCD

3. Materials and Methods

- **Study Design:** A Prospective Cohort Study.
- **Study Population:** It was conducted at the SV Medical College Tirupati, Andhra Pradesh, a tertiary center. The duration of the study was 6 months, from January 2022 to June 2022. The sample size was 200.
- **Inclusion criteria:** The study population included women who delivered through normal vaginal delivery or cesarean section at Government Maternity hospital, Sri Venkateswara medical college, Tirupati.
- **Exclusion criteria:** Hb<10gm/dl, Fever during labor and delivery, Postpartum hemorrhage, Manual removal of placenta, Premature rupture of membranes >18 h, Women with fibroids or uterine malformations, Women with an allergy to copper.

Sociodemographic characteristics

Age	N=180	Percent (%)
<20 Years	8	4.4
20-30	140	77.7
>30	32	17.7

Literacy Status	N=180	Percent (%)
Illiterate	28	15.55
Primary	18	10
Upper primary	26	14.44
High school	76	42.22
Intermediate	32	17.77
Graduate	0	0
Post graduate	0	0

Address	N=180	Percent %
Rural	160	88.8
Urban	20	11.1

Religion	N=180	Percent %
Hindu	146	81.1
Muslim	27	15
Christian	7	3.88
Others	0	0

Parity	N=180	Percent %
PARA 1	106	58.88
PARA 2	62	34.44
MULTI PARA	12	6.66

	N=180	Percent%
KNOWLEDGE OF CONTRACEPTION:		
YES	58	32.22
NO	122	67.77
TYPE OF CONTRACEPTION KNOWN:		
Natural	0	0
Male Condom	162	90
OC Pills	99	55
IUCD	72	40
Injectable	0	0
Tubectomy	180	180

	N=180	PERCENT %
Awareness of PPIUCD		
YES	72	40
NO	108	60
Previously used PPIUCD		
YES	1	1
NO	99	99

Reason for Refusal	N=180	Percent %
Fear of Pain	72	40
Menorrhagia	27	15
Non Acceptance of Husband & Mother in Law	25	13.88
Opting for Permanent Sterilization	21	11.66
Pain during PPIUCD Insertion	14	7.77
False Myths about PPIUCD	9	5
White Discharge	8	4.4
Other Methods of Contraception	4	2.2

4. Results

- PPIUCD insertion rate was 10% (20).
- 80% (160) of women in the study belonged to the age group of 20–30 years, with 60 % (120) having education of Class X and above.
- Although 40 % (80) of women were aware of Cu T as a method of contraception, only 10 % (20) accepted PPIUCD.
- The commonest reason for refusal was fear of pain (40 %) menorrhagia (15 %) followed by non-acceptance of husband and mother-in-law (13.88%). Other reasons are opting for permanent sterilization (11.66%) pain during Cu T insertion (7.77%), false myths about Cu T (4.44%), white discharge (4%) and other methods of contraception (2.22%)

5. Conclusion

- This study highlights the importance of counselling these women, dissemination of correct information, and busting myths associated with Cu T.
- The commonest reason behind PPIUCD refusal is lack of awareness and appropriate counseling. Proper counseling is essential regardless of parity.
- As a woman is not the sole deciding force counseling of the couple should be done. At times, keeping in mind the prevalent norms of society, other family members especially the husband and mother-in-law should also be involved in counseling. There is a pressing need to discuss and dispel the myths surrounding PPIUCD

References

- [1] ALUKAL, AnilaTresa; RAVEENDRAN, Resmy C.; GEORGE, Lissamma. PPIUCD: awareness and reasons for non-acceptance. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, [S.l.], v. 7, n. 2, p. 582-586, jan. 2018. ISSN 2320-1789