



Study of Knowledge, Attitude, Practices of Postpartum Intrauterine Contraceptive Devices among Antenatal Women: A Cross Sectional Study

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Citation this Article: Suman Budania, Mukesh Beniwal, Laleeta, Rajendra Singh, “Study of Knowledge, Attitude, Practices of Postpartum Intrauterine Contraceptive Devices among Antenatal Women: A Cross Sectional Study”, IJMSIR- March - 2022, Vol – 7, Issue - 2, P. No. 11 – 15.

Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Background: This study was conducted to assess the knowledge, attitude, practice and acceptance of postpartum IUCD in antenatal women at tertiary care centre in western Rajasthan.

Methods: This was a questionnaire based cross sectional observational study including 500 antenatal women visiting labour room for delivery at P. B. M. & Associated Groups of Hospitals, Bikaner. A preformed and predesigned questionnaire was applied to determine if these women were aware of the PPIUCD

Results: In 56 % cases, it was refused by the patient and in 57% cases by other family members. The husband refusal was in 25% cases, and mother-in-law refused in 32% cases. The most common reason for non-acceptance was fear of complications. Commonest myths prevalent regarding Cu T were fear of perforation and fear of pain. Other methods of contraception were male condom (51%), followed by OCP's (33%). Only 1% of the women had ever used it before.

Conclusion: The study concludes that the antenatal women had poor knowledge regarding PPIUCD. Practices were even worse. This might be attributed to low education, refusal by family especially male partner, and religious beliefs. But once appropriate knowledge and information is provided, attitude gradually changes.

Keywords: OCP, PPIUCD, Cu T.

Introduction

India's population of over 1.2 billion is slated to overtake China as the world's most populous country, in less than one and a half decade. Family planning is important not only for population stabilization, but it has been increasingly realized that family planning is central to improve maternal and new-born survival and health.¹

In India 65% women in first year after delivery have an unmet need of family planning. New estimates for 2014 show that sexual and reproductive health services fall well short of needs in developing regions. An estimated 225 million women who want to avoid pregnancy are not using an effective contraceptive method.²This may be due to poor knowledge of contraceptives, fear of side effects and

inability to return for a contraceptive advice. PPIUCD has been introduced in the national family welfare program since March 2010 in several states.³ Spacing of pregnancies reduces abortion rate, preterm births, low birth weight babies, intrauterine deaths, and postpartum hemorrhage, which in turn decrease in the maternal morbidity and mortality and infant mortality rate.⁴ An IUCD can be inserted in 48 hours postpartum, referred to here as postpartum intrauterine contraceptive device.⁵ This period is most crucial when women and couples are more receptive and motivated for family planning methods. PPIUCD is associated with less discomfort, fewer side effects, lower incidence of infection, relief of overcrowded outpatient facilities, protection against unwanted pregnancy and consequent abortions. Apart from this, it does not interfere with breastfeeding.⁶ In addition, complaints associated by IUCD insertion are masked by postnatal lochia and afterpains.⁷

This study was conducted to assess the knowledge, attitude, practice and acceptance of post-partum IUCD in

Results

Table 1: Distribution of cases as per age and educational status of antenatal women

Variable		No. of women	Percentage
Age (in years)	18-24	165	(33%)
	25-30	200	(40%)
	>30	135	(27%)
Education	Illiterate	110	(22%)
	Up to 8th	160	(32%)
	9 th -12 th	105	(21%)
	Graduate	125	(25%)

Table 2: Distribution of cases as per occupation and parity

Variable		No. of women	Percentage
Occupation	Home makers	465	93%
	Working	35	07%
Parity	Gravida-1	220	44%
	Gravida-2	140	28%
	Multigravida	140	28%

antenatal women at tertiary care centre in western Rajasthan.

Methodology

This was a questionnaire based cross sectional observational study including 500 antenatal women visiting labour room for delivery at P. B. M. & Associated Groups of Hospitals, Bikaner. A preformed and predesigned questionnaire was applied to determine if these women were aware of the PPIUCD. Acceptability was defined as the number of antenatal women who agreed to undergo insertion of PPIUCD and reasons for non-acceptability were noted. Data collected after taking informed consent from participants, tabulated and analysed.

Inclusion criteria

1. Antenatal women attending labour room for delivery.

Table 3: Knowledge regarding PPIUCD and its acceptance

Variables	Primi gravida	Second gravida	Multi-gravida	Total	Percentage
Having prior knowledge regarding PPIUCD present	25	45	90	160	32%
No prior knowledge	195	95	50	340	68%
Acceptance of PPIUCD after counseling	20	15	40	75	15%
Non acceptance of PPIUCD	200	125	100	425	85%

Table 4: Reasons for non- acceptance of PPIUCD

Reason for non-acceptance	No. of Women (n=500)	Percentage
Pt. not willing	280	56%
Husband not willing	100	25%
Mother in low not willing	160	32%
Fear of complications	320	64%
Wants another method	270	54%
Religious reason	20	6%
I don't think I need contraception	90	18%
Wants ligation later	145	29%

Table: 5 Acceptance of other contraceptive methods

Categories	Primi-gravida	Second gravida	Multi-gravida	Total	Percentage
Condom	135/220	75/140	45/140	255	51%
OC pills	95/220	50/140	20/140	165	33%
Inject able	80/220	55/140	5/140	139	28%
IUCD	0	05	0	05	01%
Sterilization	0	30/140	115/140	145	29%

Observation

A total of 500 antenatal women visiting labour room for delivery were included in the study, out of which 32% of women were have prior knowledge of PPIUCD and 75 (15%) gave acceptance after counseling. The majority (73%) of women in our study belonged to the age group of 18–30 years, and 32% of women were educated up to 8th standard (Table 1).

Among the women participated in the study, majority were nonworking (93%) and 220 (44%) were primigravida. (Table-2).

Table 3 shows the knowledge regarding PPIUCD in the study population. The overall knowledge of women was

32%, out of which majority were multigravida.

Acceptance of PPIUCD was only 15% after counseling.

Table 4 gives reasons for refusal of PPIUCD. In 56 % cases, it was refused by the patient and in 57% cases by other family members. The husband refusal was in 25% cases, and mother-in-law refused in 32% cases. The most common reason for non-acceptance was fear of complications. Commonest myths prevalent regarding Cu T were fear of perforation and fear of pain. Other methods of contraception were male condom (51%), followed by OCP`s(33%). Only 1% of the women had ever used it before (Table-5).

Discussion

Contraception is an important aspect of reproductive health and plays a major role in the prevention of unwanted pregnancy. There are so many contraceptive methods available, but an efficacious, long-term, cost-effective method is desirable in a low resource country as of ours. Despite all the constant efforts unmet need for contraception still exists. In present study most women were in age group of 24-30yrs and educated up to 8th standard. Most commonly used contraceptive method was barrier method (51%) followed OCPs. Only 32% of women had prior knowledge regarding PPIUCD. After providing proper knowledge of PPIUCD, 15% of women gave consent for PPIUCD after this delivery. Although 85% of women did not give consent at that time however some of them told that they want some time to think about it. The most common reason for non-acceptance was fear of complications. Contraceptive needs of postpartum women are unique. Postpartum family planning services play an important role in meeting the unmet need of family planning. For breast feeding women, lactational amenorrhea method IUCD are best suited in the immediate postpartum period. Cu T 380A has been found to have a contraceptive protection similar to that achieved with tubal sterilization.

Conclusion

The study concludes that the antenatal women had poor knowledge regarding PPIUCD. Practices were even worse. This might be attributed to low education, refusal by family especially male partner, and religious beliefs. But once appropriate knowledge and information is provided, attitude gradually changes. Antenatal period and childbirth are definitely a good opportunity for a woman to acquire knowledge regarding contraceptives as they are very receptive towards contraceptives during this

period. So, for increasing contraceptive usage people should adopt various kinds of educational and motivational activities. Due attention should be given for enhancing educational level of women⁸ and effective PPIUCD counseling should be given during antenatal check-up visits to correct misconceptions and wrong beliefs of women regarding PPIUCD insertion^{9,10}. For a large section of women in developing countries, probably the only opportunity to receive information about contraception is at the time of delivery when they come in contact with medical personnel and when the motivational levels and receptiveness to family planning methods is high. Therefore, it is suggested that a comprehensive approach be adopted wherein family planning services are integrated with maternal and child health care services.¹¹ This enables service provider to administer a long term, reversible family planning method to these women.

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