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RESEARCH ARTICLE

FACTORS ASSOCIATED WITH ACCEPTANCE AND REFUSAL FOR PPIUCD AT TERTIARY CARE TEACHING HOSPITAL IN MAHARASHTRA

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Abstract

Background: Postpartum Intrauterine Contraceptives (PPIUCDs) offer a highly effective, reliable, cost effective, non hormonal, immediately reversible, long active contraception which can be used immediately after birth and has no negative effects on breast feeding. Despite these benefits, the acceptance and utilization of immediate PPIUCD were very low and the reasons for rejecting immediate PPIUCD usage have not been characterized in Maharashtra. This study aims to determine the level of acceptability and factors associated with rejection of immediate PPIUCD use among women who gave birth at Pravara Institute of Medical Sciences, Loni, Maharashtra.

Methods: This was a cross-sectional study, conducted from August to September 2023 at Pravara Institute of Medical Sciences, Loni, Maharashtra. Three hundred fifty-one women were randomly selected and were interviewed using structured and pre-tested questionnaire. Statistical analysis was done using SPSS version 21, and results were found to be statistically significant (p -value < 0.05).

Results: The acceptance of immediate PPIUCD usage was found to be 22.5%. The reasons for rejection of PPIUCD use were; husband refusal (35.9%), religious beliefs (33.7%), and concern and fears of complications (30.4%). Women who had completed secondary education were more likely to accept PPIUCD usage than those who had no formal education. There was a higher inclination of PPIUCD use in women who had attended 3 antenatal care visits than those who did not attend the antenatal care visits for current pregnancy.

Conclusions: Currently the acceptance rate for PPIUCD is low. This is mostly attributed to low education of the couple, male partners refusal and religious beliefs, and perceived fear and concerns regarding complications associated with the insertion of PPIUCD. Higher inclination for PPIUCD insertion among counselled women during Antenatal Care visits indicates the importance of patients and partners counselling regarding benefits of PPIUCDs, correction of fear and concerns regarding the procedure and the need for proper family planning.

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Introduction:-

Postpartum family planning is a prevention of unintended and closely spaced pregnancies in the first 12 months after delivery. During the postpartum period, there is a high chance of having unplanned pregnancy which has an adverse outcome like abortion, premature labor, postpartum hemorrhage, low birth weight baby, fetal loss and maternal death.^(1,2) Postpartum Intrauterine Contraceptives (PPIUCDs) offer a highly effective, reliable, cost effective, non hormonal, immediately reversible, long active contraception which can be used immediately after birth and has no negative effects on breast feeding.⁽¹⁻³⁾ PPIUCD can promote the health of the women and children by preventing financial, psychological, obstetric, and other health-related complications associated with closely spaced pregnancies.⁽¹⁾ Immediate PPIUCD insertion does not require repeated health care visits for contraceptive refill.⁽⁴⁾ The insertion of immediate PPIUCD is easy and safe when compared with delayed postpartum and interval insertion of the intrauterine contraceptive device (IUCD) and it can be initiated by a mid-level skilled birth attendant.⁽⁵⁾ The immediate postpartum period is a great opportunity for PPIUCD service providers to introduce the method especially in settings where women have cultural and/or geographical limitation to access contraceptive service.⁽⁶⁾ Failure to provide immediate postpartum contraception can contribute the occurrence of unintended pregnancies because most of the women often do not return for postnatal services.⁽⁷⁾ The initiation and provision of contraceptive methods during the immediate postpartum period safeguard the women from unintended pregnancy before they resume sexual activity or return to fecundity.⁽⁸⁾ Despite these benefits, the acceptance and utilization of immediate PPIUCD were very low and the reasons for rejecting immediate PPIUCD usage have not been characterized in Maharashtra. This study aims to determine the level of acceptability and factors associated with rejection of immediate PPIUCD use among women who gave birth at Pravara Institute of Medical Sciences, Loni, Maharashtra.

Materials and Methods:-

This cross-sectional study was conducted from August 2023 to September 2023 at Pravara Institute of Medical Sciences, Loni, Maharashtra. Postnatal women who gave birth at Pravara Institute of Medical Sciences, Loni during the study period were considered as the study population. Postnatal women who did not fulfill World Health Organization medical eligibility criteria for IUCD insertion were excluded. Three hundred fifty-one women were randomly selected and were interviewed. Statistical analysis was done using SPSS version 21.

Results:-

The acceptance of immediate PPIUCD usage was found to be 22.5%. The reasons for non acceptance of PPIUCD use were; husband's non acceptance for ppiucd (35.9%), religious beliefs (33.7%), and concern and fears of complications (30.4%). Women who had completed secondary education were more likely to accept PPIUCD usage than those who had no formal education. There was a higher inclination of PPIUCD use in women who had attended 3 antenatal care visits than those who did not attend the antenatal care visits for current pregnancy.

Table no. 1:- Age of Respondents.

Age Groups (years)	Percentage
<= 20	17.7
21-25	29.6
26-30	28.6
31-35	18.7
>=36	5.4

Majority of Women belonged to age groups- 21-25 and 26-30 years.

Table no. 2:- Religion.

Religion	Percentage
Hindu	65.4
Muslim	31.7
Others	2.9

Table no. 3:- Education Status of Women.

Education Status	Percentage
No Formal Education	8

Primary	15
Secondary	65
College	12

Table no. 4:- Education Status of Husband.

Education Status	Percentage
No Formal Education	5
Primary	45
Secondary	40
College	10

Table no. 5:- Parity.

Parity	Percentage
Primipara	30
Multipara 2	54
Multipara 3	14
Multipara 4	2

Table no. 6:- Antenatal Visits.

ANC Visits	Percentage
No ANC	5
1	48
2	40
3	7

Table no. 7:- Previous Knowledge about PPIUCD.

Previous Knowledge about PPIUCD	Percentage
YES	77
NO	23

Table no. 8:- Acceptance of PPIUCD.

Acceptance	Percentage
Acceptance	22.5
Accept but not right now	2.5
Refusal	75

Table no. 9:- Reasons for Acceptance of PPIUCD.

Reason for Acceptance	Percentage
Long Term Contraception	35
No Hormonal Side effects	28
A.N.M/ ASHA Recommended it	21
No Interference with Breast Feeding	9
Heard about it from Relatives	5
No Repetitive Visits to Hospital	2

Table no. 10:- Reasons for Refusal.

Reason for Refusal	Percentage
Husband Refusal	35.9
Religious Belief	33.7
Fear of Complications	30.4

Table no. 11:- Reasons regarding PPIUCD related complications.

Complications	Percentage
Painful Insertion of PPIUCD	45
Irregular bleeding	52.6
Impact future Fertility	41.6

Discussion:-

In this study, it was found that the overall acceptance of PPIUCD use in the study population was 22.5 %. This was comparable with 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%).⁽⁹⁻¹³⁾ In our Study, main reason for refusal of PPIUCD was Husband non acceptance. However in other studies conducted tertiary care hospital, Telangana⁽¹⁴⁾, fear of complication of PPIUCD insertion was the main reason for rejection. 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⁽¹⁰⁾. A study conducted by Sharma A et al. revealed that fear of complication (69.96%) was the reason for refusal⁽¹¹⁾. In this study, the women who had attended secondary educational level were 3 times more likely to accept PPIUCD use than those women who had no formal education. This agreed with a study reported by Sangeetha Jairaj and Sridhar Dayyala where completing secondary education determined acceptance of IUCD use⁽¹⁵⁾. In our study, the odds of accepting PPIUCD use was higher among women attending 3 ANC visits after the delivery. A similar finding was reported by Kumari Saroj and Goyal Neha where antenatal care played a significant role in the acceptance of PPIUCD use⁽¹⁰⁾. Shashi Kant et al. reported that having attended ANC visits were more likely to accept PPIUCD use⁽¹¹⁾. The possible reason why women who attended 3 ANC visits accepted PPIUCD was probably they might be counseled by healthcare workers during their ANC visits.

Conclusion:-

Currently the acceptance rate for PPIUCD is low. This is mostly attributed to low education of the couple, male partner's refusal and religious beliefs, and perceived fear and concerns regarding complications associated with the insertion of PPIUCD. Higher inclination for PPIUCD insertion among counselled women during Antenatal Care visits indicates the importance of patient's and partner's counselling regarding benefits of PPIUCDs, correction of fear and concerns regarding the procedure and the need for proper family planning. This study was conducted in tertiary health care facility; hence the findings might not adequately reflect the entire population.

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