

The Future of Postplacental Intrauterine Contraceptive Device (PPIUCD) in Pakistan

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ABSTRACT

Aim: To find out the knowledge, attitude and practice of PPIUD as a contraceptive measure in Pakistani women and to determine the most populous method of contraceptive in use.

Study design: A Cross-sectional study.

Setting: This study was conducted at the outpatient department of Gynecology and Obstetrics Sir Ganga Ram / Fatima Jinnah Medical University, Lahore from 1st June to 31st December 2015 after permission of Hospital Ethical Committee.

Methods: 1200 women of child bearing age were interviewed regarding their awareness, attitude and practices of contraception. The data were recorded on a pre-designed questionnaire after an informed consent. Unmarried, divorced women were excluded due to cultural reasons and women above 45 years were also excluded from study. Data was analyzed on SPSS version 10 and results were presented as percentage.

Results: The mean age of the patients was 24.43 years (SD +/- 4.32 years). 68% women were educated above primary. Awareness was seen regarding contraception in 97% of the women interviewed but only 52% practiced any method and 48% of the women who had knowledge of contraception were not practicing it due to various reasons. Male condom was the most popular method (74%) and practiced. Awareness of PPIUCD was 25% though Interval IUCD awareness rate 87%.

Conclusion: Fear of side effects is the main cause of slow rise in use of PPIUCD. If population of Pakistan needs to be controlled the use of PPIUCD should be made Government project.

Keywords: PPIUCD (Post Placental IUCD) Condom, awareness, practice.

INTRODUCTION

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. This is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy." (WHO 2012). In 1950, Pakistan population was 13 million making it the 13th most populous country. Pakistan's first Family Planning Scheme was a part of the country's Third Five Year Plan (1965-1970). The Family Planning Association of Pakistan (FPAP) was known as "RAHNUMA"¹¹.

This scheme became the template for all subsequent family planning strategies. The goal of this plan was 40-50 percent reduction in birth rate by 1970. At the start of the programme male condom was the most popular method of contraception which was replaced by intrauterine contraceptive device in

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1966. It was considered safe, affordable and reversible and user friendly method. During President Yahya Khan's rule Wajihuddin Ahmed, the Family Planning Commissioner focused on reducing pregnancies in women rather than meeting contraceptive targets alone. He introduced oral contraceptive Pill to Pakistani women. In 1969 Ayub Khan was overthrown by religious leaders who used Family Planning slogans as un-Islamic. In 1971. The estimated population of Pakistan was 65.2 million^{1,2}. In December 1971 The Continuous Motivation System Programme was added. During this programme pills and condoms were made freely available at family planning clinics and pharmacy.

The Current Contraceptive Rate (CCR) of Pakistan is 20% against the desired WHO contraceptive rate is 29%³. The Pakistani Demographic Health Survey (PDHS) in 2006-7 showed that 6% of Pakistani women are restrained from using contraceptive methods by myths or religious beliefs. The World population reached seven billion in 2012 with 180 million Pakistani's. It is the seventh most populous country in the world with an expected population of 240 million by 2030⁴.

According to a study carried out early in Pakistan. Two mothers die every hour, due to lack of

family planning practice. Family planning is very slow in practice ever since its initiative in 1970⁵, Family Planning provides protection against unwanted and high-risk pregnancies, and it also helps improve the woman's health and lowers maternal mortality. Birth spacing provides opportunity of better infant care thus reducing infant modality. Less population growth will increase per- capita income and more job opportunities and progress of nation.

PPIUCD is taken up as a project by USAID to control population of Pakistan. Fear of side effects is the main cause of its limited use which can be controlled by proper training of healthcare provider. The side effects include Expulsion 2.8%⁴ misplaced and displaced insertion, and heavy menstrual bleeding which can be controlled.

METHDOLOGY

1200 women of child bearing age were interviewed regarding their awareness. Attitude and practices of contraception. The data were recorded on a pre-designed questionnaire. Questions regarding awareness and previous use of different methods of contraception and source of knowledge, health visitor. Family physician. Media. Friends or husband and their practices were recorded. Demographic data was also collected and questions were asked about previous pregnancies. Questionnaire was filled with the assistance of postgraduate trainees at the time of interview. Only married women including pregnant ladies between ages of 20-45 years were interviewed after informed consent. Unmarried, divorced women were excluded due to cultural reasons and women above 45 years were also excluded from study. Data was analyzed on SPSS version 10 and results were presented as percentage.

RESULTS

The mean age of the patients was 24.43 years (SD +/-4.32 years). 68% women were educated above primary. Awareness was seen regarding contraception in 97% of the women interviewed but only 52% practiced any method and 48% of the women who had knowledge of contraception were not practicing it due to various reasons. Mate condom was the most popular method (74%) and practiced. Awareness of PPIUCD was 25% though Interval IUCD awareness rate 87%. Media seemed to be the major source of information (58.5%). Fear of side effects particularly displaced insertion into abdominal cavity was the main reason for not practicing contraception followed by interference of other family members particularly mother-in law. Major reason for use of contraception was spacing (47.9%). Majority

(80.05%) of women had positive attitude towards contraception. There is a gap between awareness and practice of contraception. Despite having knowledge the compliance is low.

Table1: Source of knowledge

Source of knowledge	n	%age
TV, Newspaper, pamphlets	492-75	45
Medical personal	383.25	35
Friends, Neighbor, Husband	219	12
Family Planning Clinic	88	8.03
Total	1095	100

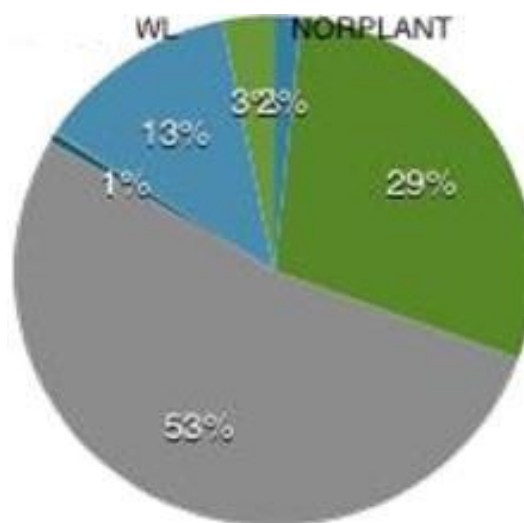
105 were lost to follow up.

Table 2: Demographic characteristics of patients

Education	n	%age
20-25	67	6.11
26-30	296	27.03
35-40	503	45.93
41-45	230	21
Illiterate	55	5
Primary	624	57
Matric	307	28

Fig 1: Contraceptive prevalence

- Condom PPIUCD
- COCP Injectable
- Sterilization Males sterilization
- Withdrawal Norplant



DISCUSSION

Knowledge of different contraceptive methods point in the adaptation of family planning and making a choice for a particular method⁶. Although nearly all patients knew at least three methods of contraception male condom was the most preferred method of choice (53%) due to its less side effects. This statistic is comparable with other studies^{8,9,10}. COCP are 29% being second in choice but there use problem of

compliance with them and consequent irregular withdrawal bleeding. The next in line was injectable Progesterones 13% as they are available at all family planning clinics free of cost and give protection for 2-3 months. Comparative analysis of two studies show that although use of condom and female sterilization is on rise the use of IUCD has remained stable at 3.5% in both studies¹⁴. With the introduction of PPIUCD there is seen a rise in its use as the study in JPMC, Karachi indicates 18%.

Availability of condom at affordable price at government owned family planning centres have made this temporary contraceptive more popular (58%) in this study. This also shows positive attitude of male towards contraception as his decision is crucial to family planning. There is no doubt that provision of family planning advice and supplies at the doorstep of women increases contraceptive use.¹⁹ This was evident from our study. A study was conducted in Sir Ganga Ram Hospital. 1095 (8.99%) PPIUCD were inserted out of 12,230 total deliveries both vaginal and Caesarean during six months as compared to 18% PPIUCD in a study at JPMC, Karachi against a set target of 30%¹¹.

This is considerably less in our study but Sir Ganga Ram Hospital is a very busy Tertiary care Hospital dealing with large amount of High Risk pregnancies and delivering normal pregnancies and less time for PPIUCD insertion in emergency care. It is therefore suggested that more clinical staff be recruited for normal vaginal deliveries and all normal deliveries should be conducted in maternity clinics away from tertiary care hospitals.

In our study 94% women had knowledge about one or more methods of contraception as compared to 96% in study at JPMC. The results are comparable^{1,12}.

One study report 890,000 abortions annually in Pakistan for unwanted pregnancies¹³. If we are to reduce family size we should counsel our population for family planning practices as induced abortion is not a method of contraception¹⁴.

CONCLUSION

Awareness of Contraception is far in excess of its practice. PPIUCD falls behind other contraceptives. Male Barrier is the preferred practice due to less side effects. There is a gap between awareness and

practice of contraception. The compliance needs to be increased with good counseling and easy availability by project taken up by Government.

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