

ORIGINAL ARTICLE

Awareness and Acceptance of PPIUCD among Pregnant Females Attending Tertiary Care Hospital in Pakistan

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ABSTRACT

Introduction: The postpartum intrauterine contraceptive devices (PPIUCD) is the only family planning strategy for couples asking highly viable, reliable, reasonable, non-hormonal, instantly reversible, and long-acting contraceptive that can be started during the immediate postpartum period and it has no negative impact on lactation. In spite of this advantage, the acknowledgment and utilization of prompt PPIUCD were exceptionally low and the reasons for dismissing quick PPIUCD utilization have not been characterized in Pakistan. Subsequently, this study determined the level of adequacy and factors related with quick PPIUCD utilize among ladies who gave birth.

Methods: A cross-sectional study was conducted from July 2020 to June 2021 at Lahore General Hospital, Lahore. Two hundred females patients were effectively met utilizing structured and pre-tested survey. Health facilities were chosen. Study participants were chosen systematically. Information entered and data was analyzed using SPSS version 23. Calculated relapse examinations were done. A significant association was pronounced at a p-value less than 0.05.

Results: Out of these 200 females, 80 females patients (40%) had information of PPIUCD, as it were 30 % of ladies had past information almost PPIUCD however only 8 % of ladies practiced it within the past. After counseling 22% of ladies concurred for addition of PPIUCD after this delivery.

Conclusion: The study concludes that the antenatal ladies had poor information with respect to PPIUCD. Practices were indeed more awful. This might be credited to low education, refusal by family particularly male partner, and religious convictions. But once suitable information and data is given, state of mind gradually changes.

Keywords: PPIUCD, Awareness, Pregnancy, Hospital

INTRODUCTION

The postpartum intrauterine contraceptive devices (PPIUCD) is the only family planning strategy for couples asking highly viable, reliable, reasonable, non-hormonal, instantly reversible, and long-acting contraceptive that can be started during the immediate postpartum period and it has no negative impact on lactation¹. In spite of this advantage, the acknowledgment and utilization of prompt PPIUCD were exceptionally low and the reasons for dismissing quick PPIUCD utilization have not been characterized in Pakistan. Subsequently, this study determined the level of adequacy and factors related with quick PPIUCD utilize among ladies who gave birth.

In developing nations, almost 61% of births happen at interval that's shorter than 03 years^{2,3}. More than 100 million ladies in developing nations would prefer to maintain a strategic distance from a pregnancy but they may not be utilizing any shape of contraception. This may be due to poor information of contraceptives, fear of side effects and failure to return for a contraceptive advice. PPIUCD has been presented within the national family welfare program since Walk 2010 in a few states^{4,5}. An IUCD can be inserted in 48 hours postpartum, referred to here as postpartum intrauterine contraceptive device. Postpartum period is one of the critical and vital times when ladies and couples are more open and motivated for family planning methods. In case a contraceptive is given earlier to release from the healing center, at that point the ladies or couple need not return extraordinarily for contraception. The couple has been protected before they accept sexual action.

PPIUCD is related with less discomfort, less side effects, lower incidence of infection, relief of packed outpatient offices, protection against undesirable pregnancy and consequent abortion. HIV positive ladies on antiretroviral treatment can too avail the benefit of PPIUCD. Apart from this, it does not interfere with breastfeeding⁶. In addition, complaints related by IUCD addition are concealing by postnatal lochia and after pains. The objective of the present study was to survey the Information, attitude and practice of postpartum intrauterine contraceptive device in antenatal patients at a tertiary care Hospital⁷.

MATERIAL AND METHODS

A cross-sectional study was conducted from July 2020 to June 2021 at Lahore General Hospital, Lahore. Two hundred females patients were effectively met utilizing structured and pre-tested survey. Health facilities were chosen. Study participants were chosen systematically. The ladies included in study who is giving consent during their gestational period visiting in outdoor patient department in routine visit. All the ladies selected in the study were assessed employing a pre-designed questionnaire. Survey was filled for each lady with offer assistance of resident specialist. Ladies were evaluated with respect to information of contraceptives and practices in past. Ladies were given with suitable information of postpartum intrauterine contraceptive device insertion and its advantages. They were given the choice of PPIUCD insertion after this delivery. Information entered and data was analyzed using SPSS version 23. Calculated relapse examinations were done. A significant association was pronounced at a p-value less than 0.05.

RESULTS

Out of these 200 ladies, 80 ladies (40%) had information of PPIUCD, as it were 30 % of ladies had past information almost PPIUCD however only 8 % of ladies practiced it within the past. After counseling 22% of ladies concurred for addition of PPIUCD after this delivery.

Table 1 showing demographic characteristics of individuals. 80 (40%) out 200 ladies had awareness regarding PPIUCD. Patients who had prior knowledge regarding PPIUCD were maximum in the age group of 30-40 years.

Table 1: Demographic Presentation

No.	Age	Number of Ladies	%age of Ladies	Number of Ladies having Awareness PPIUCD
1	20-30	95	47.5	25
2	30-40	65	32.5	35
3	40-50	40	20	20

In table 2 regarding educational status of patients 20% were illiterate and in general very low percentage of women's having awareness regarding PPIUCD.

Table 2: Educational Status

No.	Educational level	Number of ladies	%age of ladies	%age of Ladies having Awareness PPIUCD
1	Illiterate	40	20%	10(25%)
2	Secondary	50	25%	15(30%)
3	Intermediate	60	30%	25(41.6%)
4	Graduate	35	17.5	20(57%)
5	Postgraduate	15	7.5%	10(66%)

Among the women participating in the study 42.8% were Primigravida and 53.8% Multigravida.

Table 3: Parity Status

No.	Parity	No. of Ladies	%age of ladies	%age of Ladies having Awareness PPIUCD
1	Primigravida	70	35	30(42.8)
2	Multigravida	130	65	70(53.8)

Table 4 showing 40% women's having awareness regarding PPIUCD

Table 4: Awareness of contraceptive methods

No.	Number of Ladies	Response & Percentage	
		Yes	No
1	200	80(40%)	120(80%)

Table 5 showing patients willing for PPIUCD insertion after counseling

Table 5: Patients willing for PPIUCD insertion

No.	Number of Ladies	Response & Percentage	
		Yes	No
1	200	44(22%)	156(78%)

Table 6: Intended Contraception

No.	Family Planning method	Response & Percentage
1	Not decided yet	20(10%)
2	Breast feeding	30(15%)
3	IUCD	70(35%)
4	Barrier method	120(60%)
5	Injectables	95(47.5%)
6	Oral Pills	100(50%)
7	Male sterilization	20(10%)
8	Female sterilization	130(65%)

Table 7: Reason for Refusal

No.	Reason	Response & %age
1	Apprehension in general	70(35%)
2	Not agreed by husband	135(67.5%)
3	Not agreed by relatives	110(55%)
4	Side effects in general	120(60%)
5	Not willing for experience	105(52.5%)
6	Not willing due to apprehension infection	100(50%)
7	Not decided yet	20(10%)

DISCUSSION

During the postpartum time period ladies are often exceedingly motivated to start contraceptive use. Postpartum IUCD insertion is an opportunity not to be missed in developing nations like ours where delivery may be the only time when a healthy lady comes into contact with wellbeing care providers and the chances of returning for contraceptive advice are uncertain. It does not interfere with breastfeeding, is convenient for both women and their wellbeing care providers, is related with less distress and less side effects than interval insertions and permits ladies to get

secure, long acting, highly viable contraception whereas already within the medical system⁸.

The most side effects of IUCD utilization are delayed or excessive bleeding and abdominal pain during menstruation. In this study the rate of removal of contraceptive device is only due to bleeding only. The restriction of this study was low follow up rate, as significant number of patients had to be followed on phone; this limits our capacity to accurately estimate the IUCD removal rate and precise continuation rate at long term. In Pakistan, postpartum IUCD inclusion is only in the starting stage of presentation at few centers in the nation. The National Committee for Maternal & Neonatal Wellbeing (NCMNH) is advancing mindfulness and has executed postpartum IUCD insertion at two tertiary healing centers in Karachi, Pakistan⁹.

We hope that the results from this study and the continuous projects by NCMNH will have a valuable impact on the postpartum IUCD utilize in Pakistan at mass scale.

As the population of our country is exploding, contraception is the need of hour. In spite of the fact that there are so numerous contraceptive methods available, an efficacious, long term, cost viable method is desirable in a low resource nation as of our own. Moreover, the postpartum period is exceptionally important as ladies are exceptionally open for IUCD inclusion¹⁰. This study was conducted to survey the information, state of mind and practices of postpartum IUCD. Most of the women's in the study having age group of 20-30 years. However previous awareness level regarding PPIUCD in the age group of 30-40 years. In present study the most used contraceptive method was female sterilization followed by Barrier method and then Oral contraceptive pills. Present study findings are moreover supported by Kathpalia SK, Mustafa MS who detailed that information and acceptance of postpartum insertion is low among antenatal ladies^{11, 12}.

CONCLUSION

The study concludes that the antenatal ladies had poor information with respect to PPIUCD. Awareness was indeed worse. This may be attributed to low instruction, refusal by family particularly male partner, and religious convictions. But once appropriate information and data is given, attitude slowly changes. Antenatal period and childbirth are unquestionably a great opportunity for a lady to obtain information with respect to contraceptives as they are exceptionally responsive towards contraceptives amid this period. So, for expanding prophylactic utilization individuals ought to receive different sorts of instructive and motivational exercises. Due consideration ought to be given for upgrading instructive level of ladies and compelling PPIUCD guiding should be given during visit to adjust misconceptions and off-base beliefs of ladies with respect to PPIUCD addition.

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