

Reasons of Refusal to Postpartum Intrauterine Contraceptive Device

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Abstract

Objective: (1) To determine the reasons of refusal for insertion of postpartum intrauterine contraceptive device. (2) To determine the alternative contraceptive choices

Study design: Cross-sectional study

Duration and Place of Study: Obstetrics & Gynae Department of Sharif Medical City Hospital, Lahore, over a period of 6 months.

Methodology: Pregnant women of all age and parity attending antenatal clinic were counseled for insertion of the post-partum intrauterine contraceptive device. The women who refused for postpartum IUCD insertion were included in the study. Data was collected on a structured proforma and analyzed in SPSS 23.

Results: Women recruited for the study were 434. Their mean age was 27.9±5.2 years and 60.8% (264) were multipara. The majority (58.1%) belong to low-income group. Only 3.3% of male partner were illiterate and 11.5% of female but only 36.4% (158) had heard about postpartum insertion of intrauterine contraceptive device. Among women who declined to postpartum insertion of intrauterine contraceptive device, 28.6% (124) preferred to use alternative methods, 22.6% (98) were satisfied with their previous contraceptive method, 18% (78) were not willing to use contraception during puerperium and 12.4% (54) had fear of complications. The husband of study participants and their mother-in-law did not agree in 11% (48) and 1.4% (6) cases respectively. Couples who did not consent due to religious reasons were 3.2% (14) and 2.8% (12) had concerns about interference with the sexual activity.

Conclusion: Major reasons of refusal for postpartum insertion of the intrauterine contraceptive device were women preference for alternative methods of contraception, their satisfaction with the previously used contraceptives and fear of complications in postpartum period.

Keywords: Contraception, Intrauterine contraceptive device, Postpartum.

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Introduction

Pakistan is the 6th most populous country in the world. Birth spacing is less than 24 months in 37% females. Contraceptive use is highest in age group of 35-39 years. Among reversible family planning methods couples prefer to use condoms and injectable contraceptives while female sterilization is most commonly used permanent method. Currently, 64.4% married women are not practicing any contraception. Twenty percent of currently married women have unmet need for family planning source leading to low contraceptive prevalence in Pakistan.¹

Intrauterine contraceptive device (IUCD) is a second common method known by married women in Pakistan.¹ Traditionally interval IUCD was being practiced. IUCD insertion in the postpartum period is a revolutionary change. Postpartum intrauterine contraceptive device (PPIUCD) insertion is self-explanatory; further divided into immediate postpartum that is within 48 hours after delivery of the fetus. The other is post-placental IUCD insertion within 10 minutes of removal of the placenta that can be trans-caesarean or after vaginal delivery.^{2, 3} It is equally safe when compared to interval IUCD with no significant increase in complication rate.^{4,5}

PPIUCD is cost effective long-term contraceptive choice for resource-constrained population of the developing countries but most of them are reluctant to use.^{6, 7, 8}

The aim of this study was to determine the reasons of refusal for PPIUCD and to find out the alternative contraceptive choices of study participants. Very few studies have been conducted in Pakistan on this subject. So, the purpose was to bridge paucity of data by identifying different reasons of refusal of PPIUCD insertion.

Methodology

Approval of this cross-sectional study was obtained from ethical committee of Sharif Medical and Dental College; no. SMRC/28. Duration of the study was six months from July to December 2016. Pregnant women of all age and parity attending the antenatal clinic were counseled for insertion of post-partum intrauterine contraceptive device (PPIUCD) by the doctors. The women who were not willing for postpartum IUCD insertion and preferred some other

contraceptive method were included in the study after informed consent. Women who were agreed for insertion of postpartum IUCD were excluded from the study. Data was collected on a self-administered structured proforma which included demographic data of the participants like age, parity, education, occupation and monthly income of the couple. Questions included were, women desire for future contraception, awareness about postpartum IUCD and preference for other contraceptive methods. Different reasons of refusal for postpartum insertion of IUCD were enquired. Confidentiality of study participants was ensured.

Data was entered and analyzed in SPSS 23. Quantitative variables like age were calculated using mean while qualitative variables were measured using percent and frequency.

Results

A total number of women recruited for the study was 434 and only 158(36.4%) had heard about postpartum intrauterine contraceptive device. Mean age of women was 27.9±5.2 with 69.6% in age group of 20-29 years. Two hundred and sixty-four (60.8%) were multipara. More than half belong to low-income group as shown in table I. The literacy status of the study participants was quite high as shown in Figure 1.

Table I: Sociodemographic & Obstetric Characteristics

Variables	Number	Percentage
Age(Years)		
18-20	028	6.5%
21-30	302	69.6%
31-40	100	23.0%
41-43	004	0.9%
Total	434	100%
Parity (Number)		
Para 1	120	27.7%
Para 2-4	264	60.8%
Para 5-9	050	11.5%
Total	434	100%
Future Fertility Wishes (Years)		
1-2	90	20.7%
3-5	118	27.2%
>5	28	6.5%
No intension	94	21.7%

Not sure	104	24%
Total	434	100%
Income/month (Rupee)		
5000-20,000	252	58.1%
21000-40,000	99	22.8%
41,000-60,000	51	11.8%
61,000-80,000	16	03.7%
81,000-100,000	08	01.8%
100,000-400,000	08	01.8%
Total	434	100%

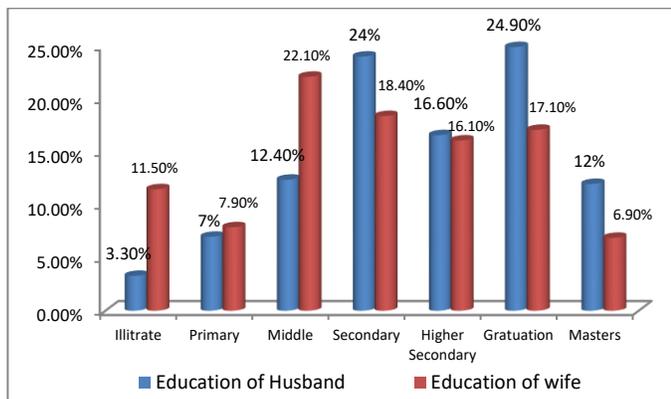


Figure 1. Education status of couples

Most common reason of refusal was a preference for an alternative contraceptive method followed by client satisfaction with the previously used method as shown in figure 2.

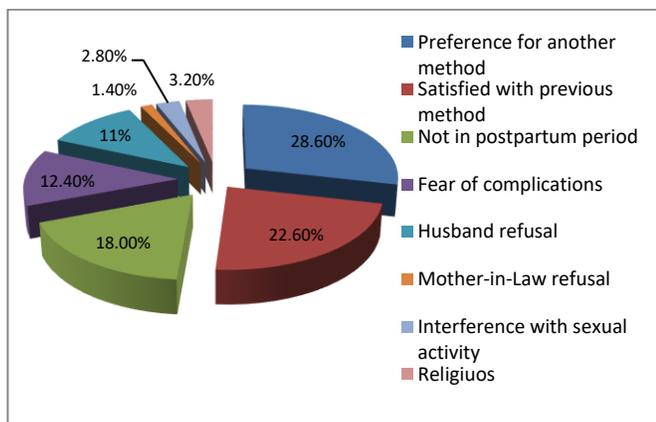


Figure 2. Reasons of refusal to postpartum IUCD insertion

Among women who preferred another method or were satisfied with the previously practicing method of contraception; 188 (43.3%) chose natural methods, male condom by 104 (24%), interval IUCD by 40

(9.2%), depot injections by 28 (6.5%), oral contraceptive pills by 27 (6.2%) participants. Female sterilization was the widely accepted permanent contraceptive method by the couples in 46 (10.6%) while vasectomy was opted only by one (0.2%).

Discussion

Postpartum IUCD eliminates the need of revisit for contraception and is a suitable choice of birth spacing in developing countries. But on the other hand, women are reluctant to accept this innovation due to lack of awareness. Among women who declined for PPIUCD 69.6% were from age group of 20-29 years while Nigam et al reported a figure of 80%.⁹ Most of the women were multipara; similar results are shown by Jairaj.¹⁰

In current study only 11.5% wives and 3.3% of the male partners were illiterate but 36.4% had heard about the postpartum insertion of IUCD. Nigam et al reported that 21.9% were aware of it.⁹ contrary to this the participants who declined, 86.8% were those who did not receive any formal education.¹⁰

More than half (58.1%) belong to low-income group. According to Jairaj et al 72.7% of the women, those declined for postpartum insertion of IUCD have low socioeconomic status.¹⁰ Lower socioeconomic status has a direct association with denial of PPIUCD insertion. It may be due to lack of awareness they remain to adhere to the traditional practice in family planning.

The most common reason of refusal identified is the preference for an alternative contraceptive method in 28.6% participants while 22.6% of the study participants were satisfied with the family planning methods they were already practicing. According to a study, 30% parturient preferred another contraceptive method while 15% were satisfied with the previous contraceptive method.⁸ A study conducted by Maluchuru S et al revealed that 46.6% participants opted for another contraceptive method in place of postpartum intrauterine contraceptive device¹¹ while according to Jairaj S 63.9% preferred an alternative contraceptive method.¹⁰ It may be due to the fact that clients are more comfortable with the previously tested method of contraception. Fear of side effects of newer modalities may be a barrier to select PPIUCD.

The common alternative choices were natural methods, male condoms and interval IUCD among reversible contraception and female sterilization between permanent methods. According to Mustafa et al the alter future contraceptive preference of the study participants was interval IUCD, barrier methods, oral contraceptive pills followed by bilateral tubal ligation.¹²

The attitude of going along with traditional methods can be changed by educating target population about the safety of innovations in family planning practices. Women reported a high level of satisfaction with immediate postpartum IUCD at time of insertion and at six weeks follow up i.e. 99.6% and 92% respectively.⁶ Similarly, a study conducted in Holy Family Hospital Rawalpindi, Pakistan, revealed a satisfaction rate of 89.9% among PPIUCD users.⁴

In the current study, 18% participants were not willing to practice any contraception during the immediate postpartum period. In contrast, an Indian study revealed that this is the reason of denial in 10.4%.¹³ It may be due to the myth of inference of the device with the normal process of puerperium. It is of prime importance to educate the couples and their families that it is safe and effective choice of contraception with no additional risk to the health of the parturient.¹²

In current study 12.4% of the participants did not agree for PPIUCD insertion because they were afraid of complications in consistent with a study by Gautam et al notified that 10% had fear of complications.⁸ Maluchuru et al found that fear of complications was a reason of denial in 32.8% in contrast to another study it was observed in only 4% of the subjects.¹¹ It is important to inculcate the communities that postpartum insertion of IUCD is safe, effective and feasible reversible method with long-term contraceptive protection. It is suitable for high risk obstetric group of females who are in dire need of birth spacing but can't avail the opportunity because of limited access to health care facility due to social or financial constraints. Similarly insertion of post-placental intrauterine contraceptive device during caesarean section is highly effective without significantly increasing the risk of adverse effects.^{14, 15} According to Cochrane database systematic review beneficial aspect of immediate and effective contraception may outweigh the risk of expulsion.¹⁶

Husband's approval for the selection of a contraceptive method is equally important in the reproductive life of a couple. It was observed that in 11% and 1.4% cases husband and mother in law did not allow for postpartum IUCD insertion. A similar trend was observed in another study.¹⁰ Sujnanendra M came out with the finding that partner and family refusal was as high as 50.2% of the participants.¹³ This may because of the social and cultural values of our society where the male is the decision maker in the family. Appropriate counseling of the couples and family especially the mother-in-law during antenatal period may enhance the acceptability for postpartum IUCD.

The myth of interference with sexual activity was another reason found in 2.8% clients while the findings of Barala S et al were 0.9%.¹⁵ Another reason to negate was religious belief in 3.2% similar trend was observed by Jairaj S et al in 4%.¹⁰ However it was reason of decline in 0.04% in a study conducted in India.¹³

Acceptability to postpartum IUCD insertion can be enhanced by creating awareness in the target population. Antenatal counseling involving couples and families is necessary. It is found that antenatal counseling for immediate postpartum contraception is more effective than intrapartum and postnatal.¹⁷

Adequate training of midwives and nurses along with doctors is fairly important to expand the expertise and number of trained personnel. Intrauterine insertion in postpartum period by trained nurses, midwives who conduct deliveries in public health sector and physicians is equally safe.¹⁸

Alliance of the expertise with the governing and regional bodies to facilitate the immediate postpartum family planning services is crucial for a better outcome. Audit of the implemented policies on regular basis to obtain the objective is essential.¹⁹ In short; it should not be missed by women of developing countries who have limited exposure to the healthcare facility.²⁰

Conclusion

Major reasons of refusal for postpartum insertion of the intrauterine contraceptive device were women preference for alternative methods of contraception, their satisfaction with the previously used

contraceptives and fear of complications in the postpartum period.

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