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Knowledge, attitude and practice study on immediate postpartum intrauterine contraceptive device method of family planning

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ABSTRACT

Background: The objectives of the study were to assess knowledge, attitude and practice in post-partum intrauterine contraceptive device method of family planning and to know about willingness for post-partum intrauterine contraceptive device (PPIUCD) when knowledge is provided for the same.

Methods: This is a cross sectional observational study including 1200 patients of immediate post-partum period (<48 hrs of delivery), delivered at Safdarjung hospital. Women were evaluated with the help of a pre-designed and pretested questionnaire.

Results: Out of 1200 women 864 (72%) were aware of some family planning method but only 672 (56%) had used some family planning method in the past. 108 (9%) women had knowledge regarding Post-partum intrauterine contraceptive device (PPIUCD). Among these, 72 (6%) women opted for PPIUCD. After knowledge regarding PPIUCD had been given, 80 more women adopted this as a method of contraception. So total 152 (12.67%) opted PPIUCD.

Conclusions: This study highlights that awareness and knowledge does not always lead to use of contraceptives. A lot of educational and motivational activities are needed.

Keywords: Family planning, Post-partum intrauterine contraceptive device, Antenatal, Postpartum

INTRODUCTION

Family planning is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individual and couples, to promote the welfare of the family and thus, contribute effectively to the social development of the country (WHO, 1971).¹

India was the first country in the world to start a National family planning program in 1956 to address the problems

associated with increasing population. These programmes have been in operation in India for more than five decades. Despite constant efforts by the government, unmet needs still remain. There is high demand (92-97%) and high unmet need (up to 60%) for birth spacing or family planning in developing countries in first year post-partum.²

Since the inception of the programme several knowledge, attitude and practice studies have been conducted. The main objective is to spread the knowledge of family

planning method and develop among the people an attitude favourable for adoption of contraceptive method.³

Contraceptive counselling has become an integral part of antenatal and postpartum programs.

In developing countries like INDIA, Many women in far flung areas where health facilities are minimal & the women have very little knowledge of various types of contraceptives, ante partum or postpartum is the only opportunity to visit a health set-up, best described as 'crisis-oriented'. The postpartum period is potentially an ideal time to begin contraception as women are more strongly motivated to do so at this time. They should be counselled by cafeteria approach and for those women who want immediate, one time, reversible & easily available, free of cost in government set ups option of intrauterine contraceptive device insertion should be given.

Postpartum intrauterine contraceptive device (PPIUCD) is associated with less discomfort, fewer side effects (bleeding problems, perforation), lower incidence of infection, relief of overcrowded outpatient facilities, protection against unwanted pregnancy and consequent abortion. In addition, insertion complaints caused by lochia blood and cramping are masked. It is safe for the use by HIV positive women on anti-retroviral therapy. Apart from this, it does not interfere with breastfeeding. Furthermore breastfeeding is associated with reduced need of IUD removal due to bleeding or pain.

The present paper is an effort to motivate the women and their care providers regarding contraception.

Aim

- To assesses knowledge, attitude & practice in postpartum intrauterine contraceptive device method of family planning.
- 2. To know about willingness for Post-partum intrauterine contraceptive device (PPIUCD) when knowledge is provided for the same.

METHODS

The present study is based on data collected at random from the women delivered at Safdarjung hospital. This is a cross sectional observational study including 1200 patients of immediate post-partum period (<48 hrs of delivery) over a period of six months from January 2016 to June 2016. An informed verbal consent was taken from each participant. All the women delivered in labour room 2 during this period and who were willing to participate in the study were included in the study. The women who delivered by lower segment caesarean section, who delivered in labour room 1, who were not willing to be the part of the study and women who are not the canditate for PPIUCD insertion like prolonged leaking >24 hrs, severe anemia or if post-partum haemorrhage occurred

were excluded from the study. This study was conducted in the Department of Obstetrics and Gynaecology, VMMC and Safdarjung hospital, New Delhi. Women were evaluated with the help of a pre-designed and pretested questionnaire. Lady was given option to opt for any postpartum contraception and who were willing given the knowledge of PPIUCD. Standard statistical analysis with frequency distribution tables was done.

RESULTS

All the women were evaluated regarding knowledge of any contraceptive method. Then they were asked about the postpartum intrauterine contraception method of family planning. Table 1 and Table 2 show the demographic profile and socioeconomic level of the individuals participating in the study respectively. Along with this PPIUCD knowledge in different age groups and different socioeconomic strata has been shown in these tables. This shows that major portion of the women who were having knowledge regarding PPIUCD belongs to age group of >35 years and upper middle class.

Table 1: Demographic characteristics.

Age	No.	Age (%)	Knowledge of PPIUCD No (% age)
18-25 years	760	66	76 (10)
25-35 years	392	32.67	28 (7.14)
>35 years	48	4	4 (33.33)

Table 2: Socioeconomic status.

Status	No.	Age (%)	Knowledge of PPIUCD No (% age)
Upper middle class	24	2	12 (50)
Lower middle class	336	28	32 (9.52)
Upper lower class	660	55	56 (25.45)
Lower class	180	15	8 (4.44)

Table 3: Education level.

Education	No.	Age (%)	Knowledge of PPIUCD No (% age)
Illiterate	556	46.33	16 (2.88)
Primary	412	34.33	32 (7.77)
High school and higher secondary	224	18.67	52 (23.21)
Graduate	12	1	8 (66.67)

Table 3 shows that the 46.33% volunteers were illiterate. Among these only 2.88% were having the knowledge of PPIUCD. Out of 12 graduates, 8 knew about this method of contraception. Among the women participated in the study, 516 were primigravida and 684 were multigravida. Out of these 60 primigravida's and 48 multigravida's were having the knowledge of PPIUCD (Table 4).

Table 4: Parity.

Parity	No.	Age (%)	Knowledge of PPIUCD No (%age)
Primiparous	516	43	60 (11.63)
Parity 2-3	468	39	28 (5.98)
Parity >3	216	18	20 (9.26)

Table 5: Knowledge and practice of different types of contraception.

Method	Knowledge (%)	Practice (%)
Natural methods	612 (51)	324 (27)
Barrier method	756 (63)	552 (46)
IUCD	576 (48)	68 (5.67)
OCP	384 (32)	20 (1.67)
Inj. DMPA	192 (16)	12 (1)
Female sterilization	1104 (92)	456 (38)
Male sterilization	624 (52)	24 (2)
Emergency contraception	348 (29)	228 (19)
PPIUCD	108 (9)	72 (6)

When participants of the study were asked about the various family planning methods, only 72% women were having the knowledge of any family planning method but the usage of these methods is less i.e. only 56%. Had knowledge and practice of various family planning methods is given in Table 5. 108 (9%) women already had knowledge regarding PPIUCD, mostly were counselled in antenatal clinics. 72 (6%) women opted for PPIUCD. Health professional (78%) was the most common source of knowledge provider followed by friends & family members (11%) as shown in Table 6.

Table 6: Source of knowledge of PPIUCD.

Source	Number	Age (%)
Health professional	84	77.78
Family and friends	12	11.11
Media	4	3.70
No reliable source	8	7.40

Out of 1200, 792 (66%) women were willing to use contraceptive method when they were asked for the same. 408 (34%) were not ready to use any type of contraceptive method. Among the women who wish to use contraceptive method, 560 (46.67%) were willing to use post-partum contraception. After knowledge regarding PPIUCD had been given, 80 more women adopted this as a method of contraception. 72 (6%) had already adopted this method. So total 152 (12.67%) were willing for PPIUCD.

DISCUSSION

Contraception is a valuable tool in the prevention of unwanted pregnancy. So it can be used for the improvement in maternal health care by reducing the induced abortion rates.

Adinma et al and various Nigerian studies have shown that there is high contraceptive awareness but still usage of contraceptive methods is low. ⁷⁻⁹ This is similar to our study which shows that the 72% women were having the knowledge of various contraceptive methods but only 36% were using any method. This is in contrast to the studies done by Young et al and Aneblom et al which showed high contraceptive use among their study population (61% and 66% respectively). ^{10,11}

In our study we have found that the most common used method was barrier contraception (46%) followed by female sterilization (38%), natural methods (27%), emergency contraception (19%). We have found surprisingly low practice of oral contraceptive pills (1.5%) and hormonal injectable (1%). The knowledge regarding IUCD was reasonably fair (48%) but only 5.5% were ready to use them.

Bhasin et al reported that the most common accepted method was condom (33.4%) followed by tubectomy (27.3%), OCP (16.6%), IUD (15.7%).¹²

Postpartum intrauterine contraceptive device insertion (PPIUCD) is very less popular among the women as shown in our study. 9% patients were aware of this method of contraception. Among these only 6% wants to adopt this method. When they were told about this contraceptive method, acceptance was still low. Only 12% women were interested in PPIUCD.

CONCLUSION

The study reveals good knowledge and favourable attitude towards family planning. The knowledge of family planning is widespread among the women and is aware of at least one method of contraception. But the study highlights a very low contraceptive use. The various reasons for this are mainly illiteracy, ignorance, social and religious taboos, and inadequate social welfare services. To increase the contraceptive usage a lot of educational and motivational activities are needed.

Acceptance and actual insertion of PPIUCD were low because it is a new concept in the community. Childbirth may be a very good opportunity to receive information about contraceptives. Hence, it is suggested that integration of family planning should be done with maternal and child-care services in order to effectively promote the use of contraceptive devices in these women who otherwise would not seek the use of such a wonderful device.

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