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Original Research Article

Effect of counseling on Acceptance of post-partum IUCD and reasons of non-acceptances among recently delivered women in a Government Hospital, Jaipur, Rajasthan

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Abstract

In India 65% of women do not meet the need of contraceptives in their first year of married life. The Janani surksha yojna (JSY 2013) provides a great opportunity to health provider to approach recently delivered women and persuade them for contraceptive methods. The Government of India has introduces PPIUCD insertion in RMNCHA program for the promotion of PPIUCD, compensation scheme was introduced for PPIUCD service providers and ASHAs. Family Planning (FP) has been repositioned as a critical intervention to reduce maternal and child mortality and not just as a strategy for achieving population stabilization8. The Counseling plays a vital role for helping her take best decision about family planning for herself as per her needs, based on accurate information and a range of contraceptive options. India is a diverse country with different geographical terrain, culture, religion, practices that influence acceptance of PPIUCD.

Objectives: To determination the increase in proportion of cases who accepted PPIUCD after counseling among previously non acceptor and reasons for non-acceptance of PPIUCD insertion in a tertiary care hospital attached with SMS Medical College, Jaipur

Methodology: A hospital based observational descriptive study was conducted at Government hospital Jaipur. Total 404 recently delivered women during January month of year 2018 to June month year 2018 were included in the study. PPIUCD was offered to all the women within 48 hours of their delivery by the duty staff. Investigator approached all the women who initially refused for PPIUCD. The socio-demographic profile and factors of acceptors and initial non acceptors were recorded on a Performa's. Reasons for non-acceptance were asked using inter personal communication.

Result: Around 56% (n=106/188) previously non acceptors women accepted PPIUCD after counseling. Investigator asked about the reasons of refusal and cancelled them and clarifies all their doubts and apprehension about PPIUCD after this counseling of non-acceptors. Each PPIUCD user was followed up for 6 months. Majority (92%) had no problem with PPIUCD.

Conclusion: The copper bearing intrauterine contraceptive device (Cu IUCD) is a small, flexible plastic frame containing copper, which a specifically trained provider inserts into a woman's uterus. IUCD provides very effective, safe, and long-term, yet reversible protection from pregnancy.

Keywords: Knowledge, Awareness, IPPIUCD, Jaipur

INTRODUCTION

A contraceptive method given immediately after delivery is an essential step in preventing unwanted frequent, short interval pregnancies that often lead to unsafe abortion, increased maternal and infant mortality(2). In India 65% of women do not meet the need of contraceptives in their first year of married life. The Janani surksha yojna (JSY 2013) promotes institutional deliveries. Cash benefits were given for antenatal care during pregnancy, institutional delivery and even in post-partum period. More than 70% of the mothers availed JSY services in their previous delivery and more than

75%of deliveries are now institutional deliveries (9). It provides a great opportunity to health provider to approach recently delivered women and persuade them for contraceptive methods. Intra uterine contraceptive devices are reversible, safe, coitus independent and does not harms breast feeding however only 2% of women use IUCDs in India despite the overall increase in contraceptive use (54%)[7] . Among the temporary modern methods, IUD was ever used by only 5.7 percent of women at the national level 7. Considering all these facts, Government of India has introduces PPIUCD insertion in RMNCHA program for the promotion of PPIUCD, compensation scheme was introduced for PPIUCD service providers and ASHAs. Family Planning (FP) has been repositioned as a critical intervention to reduce maternal and child mortality and not just as a strategy for achieving population stabilization(R)8. It was observed that 63% of postpartum women accept different method of family planning in different state of India (9) and around…. % accepts and who do not accept PPIUCD (R…). There are different reasons stated by women for refusal of PPIUCD. Counseling plays a vital role for helping her take best decision about family planning for herself as per her needs, based on accurate information and a range of contraceptive options. India is a diverse country with different geographical terrain, culture, religion, practices that influence acceptance of PPIUCD. Hence this study was planned with following

Objectives

1. To estimate the proportion of acceptance of PPIUCD among recently delivered women in a tertiary care hospital attached with SMS Medical College, Jaipur
2. To determination the increase in proportion of cases who accepted PPIUCD after counseling among previously non acceptor.
3. To determine the reasons for non-acceptance of PPIUCD insertion

Methodology

A hospital based observational descriptive study was conducted at Government hospital Jaipur. Total 404 recently delivered women during January month of year 2018 to June month year 2018 were included in the study. PPIUCD was offered to all the women within 48 hours of their delivery by the duty staff. Investigator approached all the women who initially refused for PPIUCD. The socio-demographic profile and factors of acceptors and initial non acceptors were recorded on a Performa's. Reasons for non-acceptance were asked using inter personal communication. An enhanced counseling was done to all these non-acceptors and all their doubts and apprehensions were clarified. The proportion of non-acceptors finally accepted PPIUCD after enhanced counseling were recorded. The GATHER Approach for Family Planning Counseling often has 6 elements, or steps. Each letter in the word GATHER stands for, as follows: G: Greet A: Ask T: Tell H: Help E: Explain R: Return 6. Following aspects were Included in the counseling: Importance of breastfeeding and that the PPIUCD does not affect breastfeeding, PPIUCD is inexpensive and available free of cost in government health facility, once it is inserted, no additional actions are needed on your part, you will be able to get pregnant right away after it is removed, If you want to continue to use it for a long time, you can use it for 10 years and then have it replaced with another one. Come after 6 weeks for first check-up (when you come for your child's vaccination), need to come back at any time if she has any complaint. Women were followed up for six months for removal or expellsion of PPIUCD.

Inclusion criteria: 613 564 9552

1. Received counseling during ANC visit, labor and immediate postpartum period
2. Written informed consent prior insertion

Exclusion criteria

1. < 8 gm hemoglobin
2. Rupture of membrane > 18 hours
3. Refused to give consent
4. Postpartum hemorrhage
5. Coagulation disorders, fever or any clinical symptom of infection.

Counseling

Gather approach was used for counseling. On an average 30 minutes were given to each woman. Women were encouraged to speak and discuss what they think about PPIUCD. What is bothering them. They were made aware about advantages of PPIUCD, after clarifying all their doubts. Their husbands were asked to join counseling. Finally decision of acceptance was left on women themselves.

Sample size

A sample of 381was calculated at 95% confidence and 5 % absolute error to verify the expected 39% non-acceptance and 50% increase in acceptance after counseling keeping 10% absolute error.

Statistical analysis

Continuous data were summarized in form of mean and standard error. Difference in means of two groups would be analyzed using students't' test. Count data would be expressed in form of proportions. Difference in proportions would be analyzed using chi-square test. Data were tabulated and Pie chart was prepared for descriptive analysis. The level of significance would keep 95% for all statistical analysis.

RESULT

All the women were asked for PPIUCD insertion after delivery. Around 53% (216/404) women agreed for PPIUCD insertion on approaching them however, a large chunk 44.55% (180/404) of women refused initially (chart-1). Majority (73%) of non-acceptors feared that PPIUCD can cause lower abdominal pain. Next important reason stated was fear of heavy bleeding (25%). Fear of Irregular menses (21%) and abnormal vaginal discharge (11%) were another concerns. Around 10% women stated that they are not feeling well currently. Around 10% stated that they had difficulty in coitus due to thread in past so do not want to get PPIUCD insertion now (Table-1). Most common accepted in Hindu, parity one and in socioeconomic status class first group (Table-2)

Pie Chart 1 Initial acceptors and non-acceptors of PPIUCD among recently delivered women

Table-1: Reasons of non-acceptance for PPIUCD stated by women who initially refused

Reasons for refusal	Initial non-acceptors n= 188(%)
Fear of Irregular menses	41/188(21.80)
Fear of Heavy bleeding	48/188(25.53 %)
Fear of Lower abd pain	55/188(73.13 %)
Fear of Abnormal vaginal discharge	21/188(11.17%)
Not feeling well currently	20/188(10.63 %)
Past complaint of difficulty in coitus due to thread	19/188(10.10%)

(*multiple answers by single woman)

Table-2: Acceptors in recently delivered women and associated factors

Associated Factors	Recently Delivered women Initially Acceptors (n=216)
	Age
<18	15 (69%)
18-<21years	35 (16 %)
21-<25	59 (27 %)
25-<30	80 (37 %)
>30	27 (12 %)
	Religion
Hindu	175 (81 %)
Muslim	41 (18 %)
	Education
Illiterate	9 (4.1 %)
Just-literate-<5th standard	36 (16 %)
5- 8th standard	43 (19 %)
9- 12th standard	61/216 (28 %)
>12- graduate or more	67/216 (31%)
	Parity
1	144/216) (66 %)
2	26/216) (12 %)
3	18/216(8 %)
4	28/216 (12 %)
	Social economic status (Rs./month)[11]
I (7008 and above)	92/216 (42 %)
II (3504-7007)	75/216 (34 %)

III (2102-3503)	33/216 (24 %)
IV (1051-2101)	9/216 (41 %)
V (1050 and Below)	7/216 (3 %)
	Earning status
Yes	47/216 (21 %)
No	169/216 (78 %)

(*) the younger age women have more acceptance as age increase acceptance decrease. The acceptance was more in around 25 age group. ($p<0.5$)

Around 56% (n=106/188) previously non acceptors women accepted PPIUCD after counseling. Both husband and wife were approached and each point of their concern was clarified using Interpersonal communication skills. However a small proportion 43 % (82/188) still refused for insertion of ppiucd. Investigator asked about the reasons of refusal and cancelled them and clarifies all their doubts and apprehension about PPIUCD after this counseling of non-acceptors (Chart-2). Each PPIUCD user was followed up for 6 months. Majority (92%) had no problem with PPIUCD. However PPIUCD got expelled in eight women spontaneously and it was removed in 19 women (5.8%) due to some reasons.

Pie Chart 2: Acceptance of PPIUCD after counseling among previously non-accepted

Table-3: Expulsion rate of PPIUCD during six months follow-up

In situ	299/326 (91.71%)
Expulsion	8/326 (2.45%)
Removal duo to any reason	19/326 (5.82%)

Table-1: non acceptance ppiucd
Table-2: acceptance ppiucd

Total number of delivery in 6 month Jan –June 2018		Number of non-acceptance	Number of ppiucd
Jan	53	2	51
Feb	65	22	43
March	70	15	55
April	71	44	27
May	72	52	20
June	73	53	20
		188	216

DISCUSSION

The Government of India provided IUCD free of cost, still it was largely underutilized. In India only 2% of married women of reproductive age use IUCDs, unmet need for family planning is very high in the postpartum period. Offers highly effective, long-term protection against pregnancy, with prompt return to fertility upon removal and is convenient—does not require daily action on the part of the user, or repeated clinic visits for supplies (Rivera et al. 2006). In India only 2% of married women of reproductive age use IUCDs, though the last DLHS-3 survey (2007-2008) has shown an increase in the contraceptive use to 54% In India, majority of IUD users were using the method for more than two years (62.6 percent). Almost one fourth (24.2 percent) of IUD users have been using the device for four or more years[7].In the case of modern spacing method, only two-thirds of the women were aware of IUD in the age group 15-24 years, women with 1 living child . Only 60.5 percent of non-literate women were aware of IUD as compared to 93.6 percent among women educated for 10 or more years. More Muslim women (78.0 percent) were more aware of IUD than Hindu women. In a recent study of postpartum unintended pregnancies 86% resulted from nonuse of contraception and 88% ended in induced abortions [1]Cochrane reviews provide evidence of safety and feasibility of postpartum IUCD (PPIUCD) insertions in various settings [3, 4].Around 64 percent of those who discontinued using contraceptives had reported reasons related to fertility, 25.8 percent cited other reasons and Family Planning 129 10.5 percent mentioned side effects. reported menstrual problems in India, 63 percent, 25 percent, and 14 percent reported ‘painful period’, ‘irregular periods’ and ‘scanty bleeding’ as symptoms respectively. It seems ‘painful period’ and ‘irregular periods’ are the main menstrual problems prevalent in India.[7] The symptom of irregular bleeding per vaginum was not influenced by route of insertion. The women mainly complained of excessive bleeding and were treated adequately with Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) and haematinics. Shukla et al. indicated a higher incidence of menorrhagia (27.2%)

with use of CuT 200 in postpartum women [5]. Gupta et al. observed bleeding in 4.3% PPIUCD cases using CuT-380-A [11]. Other studies using CuT-380 A have reported IUCD removal due to bleeding/pain as 6% to 8% [8, 10] Change in bleeding pattern, which was mainly increased blood loss (menorrhagia), was observed in 10.5% women.

CONCLUSION

The copper bearing intrauterine contraceptive device (Cu IUCD) is a small, flexible plastic frame containing copper, which a specifically trained provider inserts into a woman's uterus. IUCD provides very effective, safe, and long-term, yet reversible protection from pregnancy.

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