

# Why women refuse Postpartum IUCD?

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## ABSTRACT

**Background:** Women are highly motivated and receptive to accepting family planning methods during the antenatal period. Hence, we conducted this study to evaluate the refusal rate and reasons for the refusal of postpartum Intrauterine Contraceptive Devices (PPIUCD). **Material and Methods:** The present cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, at a tertiary Care Centre, on 400 antenatal women from November 2023 for 2 months. **Results:** In present study, 331 (82.8%) subjects were knowing condom as contraceptive, followed by 310 (77.5%) subjects knowing about copper T. 282 (70.5%) subjects were knowing tubectomy, 264 (68.5%) were knowing oral contraceptives, 264 (66%) were knowing vasectomy, 205 (51.2%) were knowing natural methods, 179 (44.8%) were knowing injectable contraceptive, 83 (20.8%) were knowing Saheli, and 27 (6.8%) subjects were not knowing any contraceptive method. In total, 185 (46.5%) subjects knew that Copper T could be inserted immediately after delivery followed by 83 (20.9%) who knew that copper T could be inserted after menses. Sixty-nine (17.3%) knew that copper T could be inserted during a cesarean section. A total of 352 (88%) subjects refused postpartum copper T as a method of contraception. Only 48 (12%) subjects were willing to insert postpartum copper T. After counseling, the rate of acceptance of copper T insertion increased from 48 (12%) to 102 (25.5%). **Conclusion:** Knowledge of PPIUCD in the present study was good, but the refusal rate was high. The commonest reason was fear of side effects.

**Keywords:** Contraception, family planning, intrauterine contraceptive device, postpartum

## Introduction

Women in India have more children than they desire. Often, children are too closely spaced. Family planning can have a positive impact on the growth of population, maternal mortality, and infant outcomes.<sup>[1]</sup>

The interval between two pregnancies should be at least 24 months to reduce the risk of adverse maternal and perinatal outcomes. By limiting births and preventing closely spaced pregnancies and young or elderly mothers, perinatal and maternal mortality can be reduced.<sup>[2]</sup>

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PPIUCD has been included in the national family welfare program in many states since March 2010.<sup>[3]</sup>

PPIUCD causes less discomfort, fewer side effects, and less infection. It gives protection from undesired pregnancy and consequent abortion. HIV-positive women on antiretroviral therapy can also use PPIUCD.<sup>[4]</sup>

The intrauterine contraceptive device is the most reliable, safe, long-term, immediate reversible method of planning with no effect on lactation. It is inserted in postpartum women starting from placental delivery to within 48 hours of delivery as per WHO.<sup>[5]</sup>

It is a long-term and reversible method. It has a low expulsion rate when inserted by proper technique, cost-effective, safe, and feasible to insert immediately after delivery.<sup>[6]</sup>

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Out of 241 women subjects, the refusal rate was 41.9%.<sup>[7]</sup>

The objective of our study was to evaluate the knowledge, attitude, and practices of antenatal women presenting in antenatal OPD of a tertiary care hospital. Another objective was to assess the reasons for the refusal of PPIUCD in women.

## Aims and Objectives

- To assess the knowledge, attitude, and practices of antenatal women towards postpartum intrauterine contraceptive devices (PPIUCD).
- To analyse reasons for refusal of PP IUCD.

## Methodology

The present cross-sectional study was conducted in the Department of Obstetrics and Gynaecology at a tertiary care Centre on 400 antenatal women coming for check-ups in the hospital from November 2023 for 2 months. The approval by the institutional ethical committee was taken.

## Inclusion criteria

All antenatal women beyond 36 weeks of pregnancy.

Antenatal women willing to participate in the study.

## Exclusion criteria

All antenatal women less than 36 weeks of pregnancy.

Pregnant women not willing to participate in the study.

PID, Pelvic TB, diabetes in present or past.

Women with anatomic abnormalities of the uterus or cervix which can interfere with the insertion, retention, or removal of IUCD.

Women with fibroids distorting the cavity.

PPROM >18 hours.

Hb <8 g/dl.

## Sample size

A sample size of 384 subjects would have been sufficient to estimate the knowledge of the antenatal women population who were eligible for PPIUCD insertion assuming that 49.5% of them have the correct knowledge as reported by Maria Kraft *et al.* (2021)<sup>[7]</sup> with 5% precision and 95% confidence level. We included 400 consenting subjects who fulfilled the inclusion criteria.

## Parameters to be taken

Age.

Education.

Working status.

Gravidity.

Knowledge of contraceptives.

Timing of copper T.

Source of information.

Prior use of copper T.

Willingness for copper T.

Reason for refusal.

Counseling was done regarding postpartum contraception. Women were explained about the advantages of PPIUCD. If the woman refused postpartum IUCD, the reasons for refusal were evaluated.

## Statistical analysis

After coding, data were analyzed with the STATA, version 10.1 (2011) by Stata Corp, Texas, USA.

Descriptive statistics were summary measures like mean, standard deviation, and frequency/percentages.

The proportion of awareness was estimated in percentage and 95% confidence intervals.

Chi-square test, a *P* value less than 0.05 was considered statistically significant.

## Results

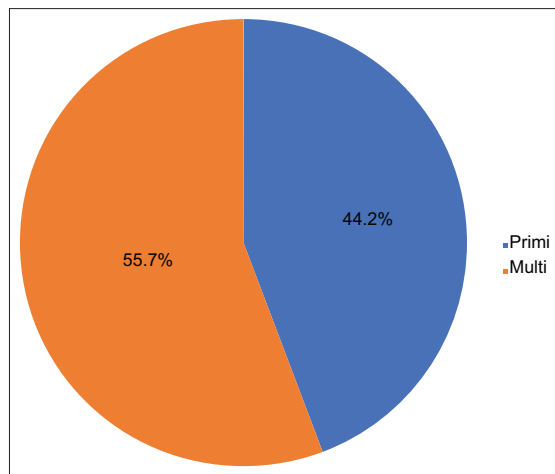
In the present study, the majority, i.e., 165 (41.25%), of subjects were from the 18–25 years age group followed by 150 (37.5%) subjects in the 26–30 years age group, 74 (18.5%) subjects in 31–35 years age group, and 11 (2.75%) subjects in 36–40 years age group.

The majority, i.e., 198 (49.8%), of subjects were graduates or postgraduates. 179 (44.8%) had education until high school or 12<sup>th</sup> standard, while 21 (5.3%) had primary education.

The majority, i.e., 343 (86.2%), were homemakers. 46 (11.6%) were salaried, and 9 (2.3%) were working on daily wages [Table 1].

In the present study, the majority, i.e., 223 (55.75%), were multigravida followed by 177 (44.25%) as primigravida [Figure 1].

In the present study, almost all, i.e., 93.2% (95% CI 90.3–95.5%), subjects knew about one or another contraceptive method.



**Figure 1:** Distribution by gravidity of participants

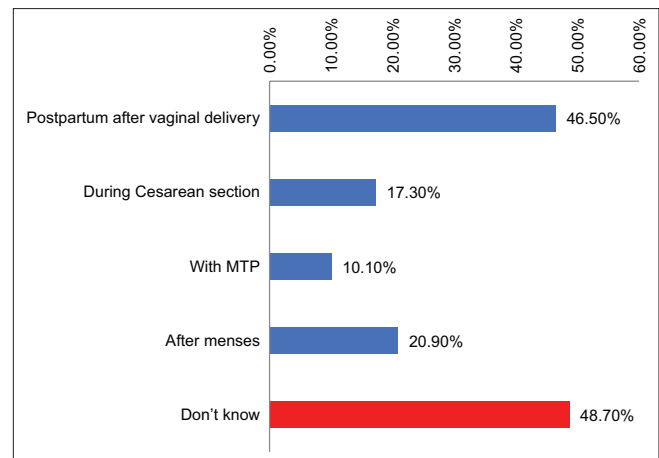
331 (82.8%) were knowing condom as contraceptive followed by 310 (77.5%) subjects knowing about copper T. 282 (70.5%) subjects were knowing tubectomy, 264 (68.5%) were knowing oral contraceptives, 264 (66%) were knowing vasectomy, 205 (51.2%) were knowing natural methods, 179 (44.8%) were knowing injectable contraceptive, 92 (23%) were knowing emergency contraceptive pills, 83 (20.8%) were knowing Saheli pills, and 27 (6.8%) subjects were not knowing any contraceptive method [Table 2].

In the present study, almost half, i.e., 51.30% (95%CI 46.2-56.2%), subjects knew the timing of PPIUCD insertion. 185 (46.5%) knew that Copper T could be inserted immediately after delivery followed by 83 (20.9%) who knew that copper T could be inserted after menses. 69 (17.3%) knew that copper T could be inserted during cesarean section, and 40 (10.1%) subjects knew that copper T could be inserted with MTP [Figure 2].

In the present study, almost a quarter, i.e., 24.5%, of subjects could not say any specific reason for refusal of PPIUCD insertion. 104 (26%) subjects refused to use copper T because being multigravida, they were going for tubal ligation. 55 (13.8%) had fear of side effects, in 35 (8.75%) subjects, the husband or mother-in-law was not willing, 30 (7.5%) subjects were not willing for any contraception at present, 19 (4.8%) wanted other contraception, and 9 (2.3%) had fear of expulsion. 98 (24.5%) subjects refused copper T insertion for no reason [Table 3].

In the present study, the majority, i.e., 298 (74.5%), refused to accept postpartum copper T insertion, but after counselling, the rate of acceptance of copper T insertion increased from 48 (12%) to 102 (25.5%).

Overall, it can be concluded that the refusal rate was significantly decreased or the acceptance rate was significantly increased by almost 12.5% after counselling. Hence, proper counselling may be an essential intervention to motivate participants for PPIUCD insertion [Table 4].



**Figure 2:** Percentage of respondents having knowledge about timing of IUCD insertion

**Table 1: Demographics of subjects**

	No. of subjects	Percentage
<b>Age distribution</b>		
18-25 years	165	41.25%
26-30 years	150	37.5%
31-35 years	74	18.5%
36-40 years	11	2.75%
<b>Education</b>		
Primary	21	5.3%
High school	179	44.8%
Graduate & above	198	49.8%
<b>Working status of participants</b>		
<b>Working status</b>		
Homemaker	343	86.2%
Salaried	46	11.6%
Daily wages	9	2.3%

**Table 2: Knowledge of contraceptive methods (n=400)**

Knowledge of Contraceptive methods	Number of subjects n=400	Percentage	95% Confidence Interval
Copper T	310	77.5%	73.1-81.5%
Condom	331	82.8%	78.7-86.3%
Oral contraceptives	274	68.5%	63.7-73.0%
Natural methods	205	51.2%	46.2-56.2%
Injectable DMPA	179	44.8%	39.8-49.8%
Tubectomy	282	70.5%	65.8-74.9%
Vasectomy	264	66%	61.1-70.6%
Emergency contraceptive	92	23%	18.9-27.4%
Saheli	83	20.8%	16.9-25.1%
Don't know	27	6.8%	4.5-9.7%

## Discussion

In the present study, the majority, i.e., 165 (41.25%), subjects were from the 18–25 years age group followed by 150 (37.5%) subjects in the 26–30 years age group, and 74 (18.5%) subjects in 31–35 years age group.

198 (49.8%) subjects were graduates or postgraduates. 179 (44.8%) had education until high school or 12<sup>th</sup> standard.

343 (86.2%) were homemakers. 46 (11.6%) were salaried, and 9 (2.3%) were working on daily wages [Table 1].

In the present study, the majority, i.e., 223 (55.75%), were multigravida followed by 177 (44.25%) as primigravida [Figure 1].

Ghafoor F *et al.*<sup>[8]</sup> found that out of 108 participants, the mean age was  $26.7 \pm 4.4$  S.D. years. 56.4% of the women were para 2. 46.2% of women were uneducated, and 53.8% had education to different levels. 60.1% belong to lower socioeconomic class.

Reshma K and Susheela<sup>[9]</sup> found that 80% (160) of women belonged to 20–30 years age group, with 60% (120) educated up to Class X and above.

In the present study, the majority, i.e., 331 (82.8%), were knowing condoms as contraceptive followed by 310 (77.5%) subjects knowing about copper T. 282 (70.5%) subjects were knowing tubectomy, 264 (68.5%) were knowing oral contraceptives, 264 (66%) were knowing vasectomy, 205 (51.2%) were knowing natural methods, 179 (44.8%) were knowing injectable contraceptive, and 92 (23%) were knowing emergency contraceptive pills [Table 2].

Terefe G *et al.*<sup>[10]</sup> found that 117 participants (40.5%) were aware that PPIUCD can prevent pregnancy for 10 years. 120 (38.2%) knew that after IUCD removal, pregnancy can occur. 198 (63.1%) knew that it does not interfere with breastfeeding. 188 (59.9%) did not know that PPIUCD could be withdrawn at any time. High knowledge was in 66.9% of respondents, whereas 33.1% had less knowledge of PPIUCDs.

**Table 3: Reasons for refusal of PP IUCD**

Reasons for refusal of PP IUCD	Number of subjects	Percentage
Tubal ligation	104	26%
Fear of side effects	55	13.8%
Husband or mother-in-law not willing	35	8.75%
Fear of expulsion	9	2.3%
Want other contraception	19	4.8%
Not willing to any contraception now	30	7.5%
Religious reason	2	0.5%
No reason	98	24.5%

Prakash P, *et al.* found that 204 (49%) women were aware of PPIUCD. Of this, 58 (14%) practised PPIUCD. The barrier method was the most known and used. Out of 411 patients, 336 (81%) were aware and 131 (31%) practised barrier contraception. PPIUCD had higher acceptance in educated women 13% than in uneducated women (0.7%) with a *P* value of 0.17. In multiparous women, acceptance of PPIUCD was 8.7% than in primiparous (5.3%) with a significant *P* value of  $<0.05$ .<sup>[11]</sup>

In the present study, the majority, i.e., 185 (46.5%), knew that Copper T can be inserted immediately after delivery followed by 83 (20.9%) knew that copper T can be inserted after menses [Figure 2].

Agarwal M *et al.*<sup>[12]</sup> found that out of 50 women participants, 24 (48%) accepted PPIUCD. 26 (52%) women participants refused. 28% in the age group of 18–25 and 20% of patients in age group of 26–35 accepted PPIUCD. 40% accepted PPIUCD as multipara. Only 12% primi accepted PPIUCD. 57.6% did not accept PPIUCD because of fear. They wanted some other contraceptive method.

Supritha JC and Jayashree<sup>[13]</sup> found that out of 250 women, 230 refused PPIUCD and only 20 accepted. Hence, the acceptance rate was 8%.

In the present study, the majority, i.e., 104 (26%), of subjects refused to use copper T because being multigravida, they were going for tubal ligation. 55 (13.8%) had a fear of side effects, and in 35 (8.75%) subjects, the husband or mother-in-law was not willing [Table 3].

Nigam A *et al.*<sup>[14]</sup> found that 41% refused PPIUCD. Of this, in 59%, other family members refused for the patient. In 40%, the husband refused. Mother-in-law refused in 19%. The commonest reason for refusal was fear of malignancy (38%) and fear of menorrhagia (36.4%).

Nigam A *et al.* reported that a common reason for refusing PPIUCD was interest in other methods of family planning (60%). In 20%, the partner refused.

In the present study, the majority, i.e., 298 (74.5%), refused to accept postpartum copper T insertion, but after counselling, the rate of acceptance of copper T insertion increased from 48 (12%) to 102 (25.5%) [Table 4].

**Table 4: Attitude of participants before and after counseling**

Attitude of subjects	Number of subjects before counselling	Number of subjects after counselling	Before-after change in attitude of participants
Acceptance	48 (12%) 95% CI 9.0-15.6%	102 (25.5%) 95% CI 21.3-30.1%	Increase in Acceptance=25.5%- 12% = 13.5%, <i>P</i> =0.001 (Significant)
Refusal	248 (62%) 95% CI 84.4-91.1%	232 (58%) 95% CI 69.9-78.7%	Decrease in Refusal=62%- 58% = 4% <i>P</i> =0.05 (Significant)

## Conclusion

Knowledge of PPIUCD in the present study was good, but the refusal rate was high. The commonest reason was fear of side effects. In addition, after counselling, the acceptance rate increased significantly. Improving counselling to the pregnant women and their families and increasing the education and awareness about the benefits of IUCD can lead to better acceptance rates.

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## Conflicts of interest

There are no conflicts of interest.

## References

- Shukla M, Qureshi S, Chandrawati. Post placental intrauterine device insertion a five-year experience at a tertiary care center in north India. *Indian J Med Res* 2012;136:432-5.
- Nisha S, Sathi MS, Vijayan CP. Post-placental insertion of IUCD in a tertiary care center-Acceptance and safety. *J Evol Med Dent Sci* 2016;5:5933-8.
- National Rural Health Mission Ministry of Health and Family Welfare Government of India. JSY. Available from: <https://nhm.gov.in/WriteReadData/1892s/97827133331523438951.pdf>. [Last accessed on 2024 Oct 12].
- Asnani M, Agarwal A, Singh R. Study of knowledge, attitude, practices regarding PPIUCD among antenatal women at a tertiary care centre in Northern India. *Int J Reprod Contracept Obstet Gynecol* 2019;8:1111-4.
- WHO Medical Eligibility Criteria for Contraceptive Use. 5<sup>th</sup> ed. Geneva: WHO; 2015. Available from: [http://\\_planning/MEC-5/en/9789241549158](http://_planning/MEC-5/en/9789241549158). [Last accessed on 2024 Oct 12]
- Bedi PK, Guliani MS, Bala S. A prospective study to assess the safety and expulsion rate of copper T380A in an immediate post-partum period during cesarean section. *Int J Reprod Contracept Obstet Gynecol* 2016;5:3195-9.
- Kraft MBPL, Miadaira M, Marangoni M Júnior, Juliato CRT, Surita FG. Postplacental placement of intrauterine devices: Acceptability, reasons for refusal and proposals to increase its use. *Rev Bras Ginecol Obstet* 2021;43:172-7.
- Ghafoor F, Sarosh M, Zahid N, Zia K, Manzoor U, Shahzad U. Incidence of acceptance and reasons of refusal of PPIUCD in a tertiary care hospital. *P J M H S* 2020;14:278.
- Reshma K, Susheela L. Awareness of postpartum intrauterine contraceptive device (PPIUCD) and reasons for refusal of the postpartum intrauterine contraceptive device (PPIUCD). *Int J Sci Res* 2022;11:682-83.
- Terefe G, Wakjira D, Abebe F. Immediate postpartum intrauterine contraceptive device use among pregnant women attending antenatal clinics in Jimma town public healthcare facilities, Ethiopia: Intentions and barriers. *SAGE Open Med* 2023;11. doi: 10.1177/20503121231157212.
- Prakash P, Goyal A, Ojha P. Present scenario of PPIUCD versus other contraceptive method in large tertiary healthcare centre in Bikaner, Rajasthan—KAP study. *Pan Asian J Obs Gyn* 2021;4:116-9.
- Agarwal M, Pyrbot JE, Priyadarshini D. Why women refuse ppiucd? Study of acceptability and complications with postpartum IUCD insertion in a tertiary hospital in North East India. *Int J Curr Med Pharm Res* 2018;4:3623-5.
- Supritha JC, Jayashree AK. Cross-sectional study on analysis of reasons for refusal of PPIUCD at GIMS, Gadag. *Int J Reprod Contracept Obstet Gynecol* 2022;11:1236-40.
- Nigam A, Ahmad A, Sharma A, Saith P, Batra S. Postpartum intrauterine device refusal in Delhi: Reasons analysed. *J Obstet Gynaecol India* 2018;68:208-13.