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Original Research Article

A Study on Awareness and Factors Affecting Acceptance of PPIUCD in Jamalpur Block of Purba Bardhaman district, West Bengal

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Abstract

Background: India's rapid population growth continues to pose major public health challenges. A substantial proportion of postpartum women have unmet needs for family planning, resulting in short birth intervals and heightened risks of maternal and neonatal morbidity. The postpartum intrauterine contraceptive device (PPIUCD) is a safe, effective, and long-acting reversible contraceptive method; however, its acceptance remains limited due to inadequate awareness and socio-cultural barriers.

Objective: To assess the level of awareness and to identify the factors influencing acceptance of PPIUCD among mothers registered in Health and Wellness Centre (HWC) PPIUCD lists in Jamalpur block of Purba Bardhaman district, West Bengal.

Methods: A community-based cross-sectional study was conducted from January to March 2025 among 71 postpartum mothers selected through simple random sampling from 16 HWCs. Data were collected using a pretested structured questionnaire and analyzed using appropriate statistical methods.

Results: Overall awareness of PPIUCD was high (95.8%), with health workers serving as the primary source of information (70.4%). The main reasons cited for acceptance were reversibility (30%) and antenatal counselling (28%). Awareness showed statistically significant associations with religion ($p = 0.016$) and socioeconomic status ($p = 0.007$), whereas age, education, and parity were not significantly associated. Despite encouraging levels of awareness, notable knowledge gaps persisted, particularly regarding post-insertion care, as none of the participants (0%) were aware of the importance of monthly thread checks.

Conclusion: Although awareness of PPIUCD was encouraging in this rural population, critical knowledge gaps and disparities among disadvantaged groups remain. Targeted antenatal counselling and culturally sensitive communication strategies are essential to enhance informed decision-making and sustained use of PPIUCD.

Keywords: Acceptance, Awareness, Family planning, PPIUCD, Postpartum contraception.

Introduction

India has recently overtaken China to become the most populous country in the world, with its population projected to reach 1.53 billion by 2030, growing at an annual rate of 1.2% (UN, 2022) [1]. This rapid population increase presents substantial challenges to the country's development, emphasizing the urgent need to strengthen family planning services (Basu et al., 2020) [2]. One of the most effective strategies to manage population growth is to provide individuals of reproductive age with reliable contraceptive methods (Bongaarts, 2016) [3]. In India, over 65% of women within the first year postpartum have an unmet need for family planning services (IIPS, 2017) [4], and nearly 27% of births occur within 24 months of a previous pregnancy (National Family Health Survey, 2015-16) [5]. Such short birth intervals are associated with an increased risk of maternal and neonatal complications, including anemia, abortion, pregnancy-induced hypertension (PIH), preterm labor, postpartum hemorrhage (PPH), premature rupture of membranes (PROM),

low birth weight, and maternal mortality (Singh et al., 2018) [6]. Evidence suggests that family planning could prevent approximately one-third of maternal deaths and 10% of childhood mortality when pregnancies are spaced by at least two years (Cleland et al., 2012) [7].

Recent years have seen considerable advancements in contraceptive methods, with new options being developed to address diverse needs. While many of these methods are effective at the individual level, there remains a search for an ideal method that is suitable for the broader community (Mumtaz et al., 2019) [8]. Contraceptive needs vary throughout the reproductive life course, from delaying the first pregnancy to spacing subsequent births and adopting permanent methods once a desired family size is achieved (Raghunathan et al., 2021) [9]. The "cafeteria approach" advocates that couples should have access to comprehensive information on all available methods to make informed choices (Agarwal et al., 2020) [10]. However, barriers such as inadequate knowledge, misinformation, and cultural beliefs continue to limit contraceptive use (Chaudhury et al., 2021) [11].

The postpartum period is particularly crucial for the initiation of family planning, as it is a time when women and couples are often more receptive to contraceptive counseling (Pradhan et al., 2020) [12]. Initiating contraception before hospital discharge ensures immediate protection against unintended pregnancies, reduces the need for follow-up visits, and aligns with the resumption of sexual activity (Sharma et al., 2016) [13]. Delayed initiation of postpartum contraception is linked to unintended pregnancies, which can negatively impact both maternal and child health (Khan et al., 2019) [14].

The postpartum intrauterine contraceptive device (PPIUCD) is currently the only long-acting, reversible contraceptive method that can be inserted immediately after childbirth (Saha et al., 2017) [15]. It is considered safe, even for breastfeeding women, and offers several advantages, including convenience, reduced need for follow-up visits, immediate protection, and minimal risk of uterine perforation due to the thickened postpartum uterine wall (Chauhan et al., 2020) [16]. Despite these benefits, acceptance of PPIUCD remains low in developing countries, often due to limited awareness, inadequate counseling, lack of trained providers, and widespread myths and misconceptions (Sundari et al., 2021) [17].

In Eastern India, there is limited evidence regarding the awareness of and factors influencing PPIUCD acceptance at the community level. To address this gap, the present study was conducted to assess awareness levels and identify the determinants of PPIUCD acceptance among mothers in the Jamalpur block of Purba Bardhaman district, West Bengal.

Objective

General objective: To assess the awareness and factors affecting acceptance of PPIUCD

Specific objective:

1. To assess the awareness for PPIUCD (Postpartum intrauterine contraceptive device) among mothers registered in HWC PPIUCD list within last 1 year from the date of interview.
2. To find out the factors affecting acceptance of PPIUCD among the study subjects.
3. To identify the association between socio-demographic variables and their awareness about PPIUCD, if any**.**

Methodology

This community-based cross-sectional study was conducted between January and March 2025 in the Jamalpur Community Development Block of Purba Bardhaman District, West Bengal. The objective of this study was to assess the awareness of and factors influencing the acceptance of the postpartum intrauterine contraceptive device (PPIUCD) among mothers in the region.

Sample Size Calculation

The sample size was determined based on a previously reported prevalence of PPIUCD awareness (2.58%) among women, as reported in a study by Sharma et al. [3]. To calculate the minimum sample size, Cochran's formula for sample size estimation was applied. Using this method, the estimated minimum sample size was found to be 39 participants. To ensure the study's robustness and account for various factors, such as the design effect and non-response, adjustments were made.

A design effect of 1.5 was factored in to account for the sampling strategy, and an anticipated 20% non-response rate was incorporated to increase the reliability of the results. As a result, the final sample size was determined to be 71 participants.

Sampling Procedure

Out of the 32 Health and Wellness Centres (HWCs) in the Jamalpur block, 50% (n = 16) were selected through simple random sampling. From these selected centres, a line listing of all mothers who had been registered in the PPIUCD list over the previous year was obtained, yielding a total of 320 eligible mothers. From this list, a final sample of 71 mothers was selected through simple random sampling.

Data Collection

Data were collected through face-to-face interviews, using a pre-designed and pre-tested structured questionnaire. Prior to the interviews, written informed consent was obtained from all participants, ensuring that they understood the study's purpose and voluntarily agreed to participate.

The questionnaire was designed to capture key socio-demographic information, as well as to assess participants' awareness of PPIUCD and the factors influencing its acceptance. The questions were aimed at understanding the participants' level of knowledge about the method, cultural perceptions, and other barriers to its adoption.

Quality Control and Data Analysis: To maintain the integrity and accuracy of the data, checks for completeness and consistency were performed at the end of each day's data collection. This allowed the research team to address any discrepancies or missing information in real-time, ensuring that the collected data were reliable.

Once the data were collected and verified, they were entered into Microsoft Excel spreadsheets for organization and management. The data were then analyzed using appropriate statistical software, which allowed for descriptive and inferential analysis. The analysis aimed to identify patterns in awareness levels, demographic factors influencing PPIUCD acceptance, and other key determinants.

Ethical Considerations: The study adhered to ethical guidelines for (BMC/IEC/463 Dated 20th March 2025) human research, with written informed consent obtained from all participants before data collection. The confidentiality of all participants was strictly maintained, and their participation was voluntary, with the option to withdraw at any time without any consequences.

Results

In this study the majority of respondents were aged 20–30 years (67.6%), followed by those over 30 years (21.1%) and under 20 years (11.3%). Most participants had completed secondary education (52.1%), while 25.4% had attained education beyond secondary level, and 22.5% had only primary education. Hindus comprised 64.8% of the study population, while Muslims accounted for 35.2%. Regarding socioeconomic status, the largest proportion belonged to the lower-middle class (36.6%), followed by middle (31.0%), lower (18.3%), upper-middle (11.3%), and upper class (2.8%). In terms of parity, 56.3% were multiparous, and 43.7% were primiparous.(Table 1).

According to this study vast majority of participants (95.8%) were aware of postpartum intrauterine contraceptive devices (PPIUCD), while only 4.2% had no awareness. The predominant source of information was health workers or health centers (70.4%), followed by neighbours or family members (21.1%), and media (8.5%). (Table 2) High awareness levels were noted regarding counselling (94.37%), perforation (84.5%), irregular bleeding (78.87%), and displacement of the device (69.01%). Moderate awareness was reported for abdominal pain (39.43%) and missing threads (14.08%), while awareness about pregnancy after insertion was very low (5.63%). Notably, none of the participants were aware of the importance of monthly thread checks (0%). (Table 3)

The most commonly reported reason for acceptance was its reversible nature (30%), highlighting women's preference for a method that allows future fertility. This was closely followed by antenatal counselling (28%), indicating the critical role of healthcare providers in shaping informed decisions. Permission or support from partners or family members accounted for 22%, reflecting the influence of familial and spousal approval in contraceptive choices. A smaller proportion of mothers accepted PPIUCD due to its safety and effectiveness (14%), while the least cited reason was its long duration of action (6%). These findings suggest that both personal reproductive intentions and social support, alongside professional counselling, significantly contribute to the acceptance of PPIUCD. (Figure1)

No statistically significant associations were observed for age, educational status, or parity ($p > 0.05$), indicating relatively uniform awareness levels across these categories. However, awareness was significantly associated with religion ($p = 0.016$), with all Hindu participants reporting awareness compared to 88% among Muslim participants. Socioeconomic status also showed a significant association ($p = 0.007$); while awareness was universal in all strata except the lower class, only 76.9% of women from the lower class reported awareness. These findings suggest that religion and socioeconomic status are important determinants of awareness about PPIUCD, while age, education, and parity do not appear to influence awareness levels. (Table 4)

Table 1: Distribution of Study Participants According to Socio-demographic Characteristics (n = 71)

Variable	Number (%)
Age (in years)	
< 20	8 (11.3)
20–30	48 (67.6)
> 30	15 (21.1)
Educational status	
Primary	16 (22.5)
Secondary	37 (52.1)
Higher than Secondary	18 (25.4)
Religion	
Hindu	46 (64.8)
Muslim	25 (35.2)
Socioeconomic status	
Upper	2 (2.8)
Upper-Middle	8 (11.3)
Middle	22 (31.0)
Lower-Middle	26 (36.6)
Lower	13 (18.3)
Parity	
Primipara	31 (43.7)
Multipara	40 (56.3)

Table 2: Awareness about PPIUCD and Sources of Information among Study Participants (n = 71)

Variable	Number (%)
Awareness about PPIUCD	
Yes	67 (94.4)
No	4 (5.6)
Source of information on PPIUCD	
Health worker/Health center	50 (70.4)
Media	6 (8.5)
Neighbours/Family members	15 (21.1)

Table 3: Awareness of Participants Regarding Various Aspects of PPIUCD (n = 71)

Variable	Aware n (%)	Not Aware n (%)
Counselling	67 (94.37)	4 (5.63)
Monthly check-up of threads	0 (0.00)	71 (100.00)
Missing threads	10 (14.08)	61 (85.91)
Pain in abdomen	28 (39.43)	43 (60.56)
Irregular bleeding	56 (78.87)	15 (21.12)
Pregnancy after insertion	4 (5.63)	67 (94.36)
Displacement of IUCD	49 (69.01)	22 (30.98)
Perforation	60 (84.50)	11 (15.49)

Table 4: Association of Mothers' Awareness about PPIUCD with Various Socio-demographic Factors (n = 71)

Sociodemographic Characteristics	Awareness of PPIUCD Yes n (%)	Awareness of PPIUCD No n (%)	Fishers exact test value, df	p value
Age (in years)			0.574[#], df = 1	0.750
< 30	24 (93.3)	1 (6.7)		
>30	46 (95.8)	2 (4.2)		
Educational status			0.912[#], df = 2	0.634
Primary	15 (97.8)	1 (2.2)		
Secondary	35 (94.6)	2 (5.4)		
Higher than Secondary	17 (94.4)	1 (5.6)		
Religion			5.764[#], df = 1	0.016*
Hindu	45 (97.8)	1 (2.2)		
Muslim	22 (88.0)	3 (12.0)		
Socioeconomic status			4.975[#], df = 1	0.007*

< Middle Class	32 (96.9)	1 (3.04)		
> Middle Class	36 (92.3)	3 (7.7)		
Parity			1.02#, df = 1	0.712
Primipara	30 (96.8)	1 (3.2)		
Multipara	38 (95.0)	2 (5.0)		

***Statistically significant at p < 0.05**
#: Fishers Exact test

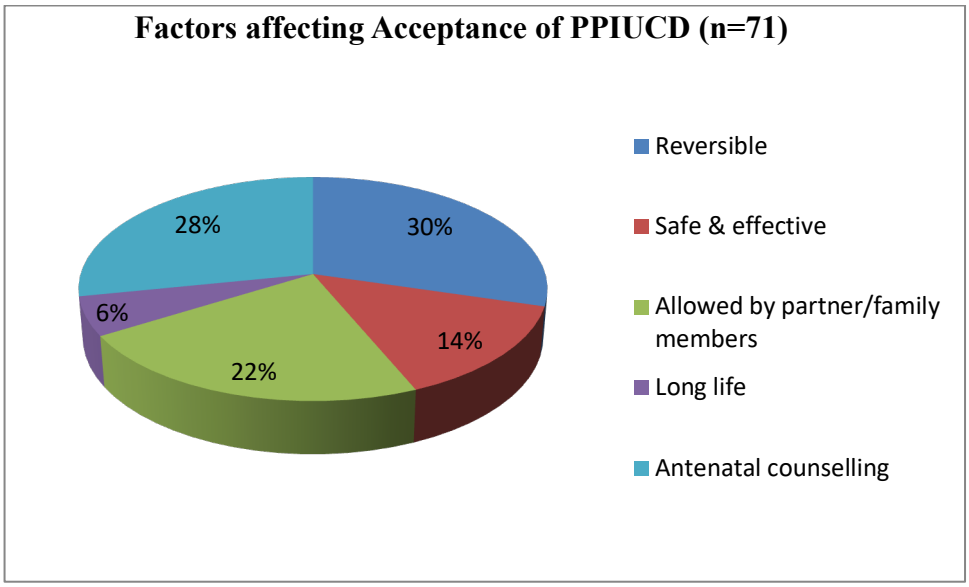

Figure 1: **Distribution of study participants according to their Factors affecting Acceptance of PPIUCD (n=71)**

Discussion

In the present study, the majority of respondents (67.6%) were between 20–30 years of age, which is consistent with the findings of Nalini and Singh [1], who identified this age group as the most active in terms of reproductive health behavior and decision-making. This demographic represents a key target group for postpartum family planning interventions.

Most participants had completed at least secondary education, aligning with Thota et al. [2], who highlighted education as a facilitator of contraceptive awareness. Similarly, Sharma and Gupta [3] observed that higher levels of education among women were associated with increased awareness and acceptance of modern contraceptive methods.

While Orji and Onwudiegwu [4] emphasized the role of parity, contraceptive knowledge, and spacing awareness in influencing postpartum contraceptive uptake, the current study additionally identifies religion and socioeconomic status as significant factors influencing PPIUCD awareness and acceptance. This expands on existing literature and underscores the multifactorial nature of contraceptive behavior in India.

Unlike Srivastava et al. [5], who found family and friends to be the primary sources of contraceptive information, our findings show that health facilities and health workers were the main sources (70.4%) of information—a positive indicator of improved healthcare outreach and institutional influence.

Majhi [6] emphasized the growing need for postpartum contraception in India due to its demographic challenges. Our study supports this, evidenced by a high awareness rate of 95.8%, reflecting successful dissemination efforts. However, critical gaps remain—none of the participants were aware of the monthly thread check requirement, and only 5.63% were aware of the risk of pregnancy post-insertion—highlighting shortcomings in counselling and post-insertion education.

The importance of antenatal counselling for PPIUCD uptake, as identified by Kanakuze et al. [7], was reinforced in our study. Counselling, particularly during the antenatal period, emerged as a major driver of acceptance. Sidhu and Coonar [8] reported significant associations between educational status, institutional deliveries, and antenatal/postnatal visits; however, our study instead found significant associations with religion and socioeconomic status, indicating differing influencing factors across regions and populations.

According to WHO guidelines [9], PPIUCD is classified as a safe and effective postpartum contraceptive. Our participants showed high

awareness of some side effects such as uterine perforation (84.5%) and irregular bleeding (78.87%), yet the complete absence of thread check awareness indicates a critical counselling gap. National guidelines [10] also recommend structured counselling during antenatal and postnatal periods—our findings support this recommendation.

Kathpalia and Mustafa [11] found higher awareness levels among educated women who received antenatal counselling. Interestingly, our study found that while antenatal counselling was significantly associated with awareness, education level was not, suggesting that effective counselling may compensate for educational disparities.

Mishra [12] noted safety as a key motivator for PPIUCD acceptance, echoed by 14% of our participants. Although Ramya et al. [13] found higher acceptance among primiparous women, our study had a larger proportion of multiparous mothers and found no parity-based difference in awareness. This suggests that parity may be less influential in awareness than previously thought.

Chauhan et al. [14] reported that most women were counselled antenatally—a finding mirrored in our study, reaffirming the importance of timing in counselling. Lal et al. [15] highlighted reversibility and counselling as the most cited reasons for choosing PPIUCD, findings consistent with our results.

Deshpande et al. [16] also observed improved awareness among women who received antenatal counselling, though they acknowledged persistent knowledge gaps—similar to those noted in our study. While Rao et al. [17] emphasized long-term protection as the main reason for acceptance, our participants primarily cited reversibility and antenatal counselling.

In contrast to Tripathi and Sahu [18], who reported only 34.5% awareness, our study showed a remarkably high 95.8% awareness, indicating notable regional progress. However, while Jain et al. [19] found primiparous women dominating their study population, our participants were predominantly multiparous. Chawla et al. [20] reported significant associations with parity; in contrast, our study found no such association, with socioeconomic status and religion emerging as statistically significant instead.

Conclusion

This study reveals encouraging levels of awareness (95.8%) regarding PPIUCD among postpartum mothers in a rural block of West Bengal. It also highlights the crucial role played by healthcare providers and institutional counselling, particularly during antenatal visits, in increasing awareness and acceptance.

The most influential motivators for PPIUCD acceptance were identified as the reversibility of the method and antenatal counselling, both of which were significantly associated with uptake. However, despite the high awareness rate, important knowledge gaps persist—most notably, the complete lack of awareness about monthly thread checks, and limited understanding of pregnancy risks post-insertion.

Furthermore, the study establishes that socioeconomic status and religious affiliation are key determinants of awareness and acceptance, emphasizing the need for context-specific, inclusive strategies to promote postpartum contraceptive use.

Recommendations

To enhance awareness and acceptance of the Postpartum Intrauterine Contraceptive Device (PPIUCD), a multi-pronged and inclusive approach is essential. Firstly, high-quality, client-centred contraceptive counselling should be systematically integrated into routine antenatal and postnatal care services. This counselling must go beyond simply introducing the method—it should include detailed explanations about the benefits of PPIUCD, potential side effects, and crucial aspects of post-insertion care, such as the importance of regular thread checks and timely follow-up visits. Comprehensive counselling at these key maternal health touchpoints can ensure that women make informed and confident decisions regarding their reproductive choices.Special attention must be given to women from lower socioeconomic backgrounds and minority communities, who often face barriers such as lack of access, lower health literacy, and cultural hesitations. Targeted outreach efforts using culturally sensitive and linguistically appropriate communication strategies can help bridge these gaps. Moreover, involving partners and family members—especially in patriarchal settings—can foster a more supportive decision-making environment, where the woman feels empowered rather than pressured in her contraceptive choices.In addition, community-based platforms must be leveraged to normalize the use of postpartum contraception. Engagement with local opinion leaders, grassroots organizations, and women's groups, alongside the strategic use of mass media, can be instrumental in debunking persistent myths and misinformation around PPIUCD. Such community-level interventions can build trust, encourage dialogue, and promote the method as a safe and acceptable choice for postpartum women. Another cornerstone of improved uptake is the continuous capacity building of healthcare providers. Training programs

must be regularly updated to ensure that providers are not only clinically competent in PPIUCD insertion but also skilled in communicating effectively, respectfully, and without bias. Counselling must be consistent and aligned with national guidelines, with providers able to address concerns with empathy and factual clarity. By implementing these integrated strategies, health systems can significantly improve informed decision-making among postpartum women, increase the uptake and sustained use of PPIUCD, and ultimately contribute to better maternal and child health outcomes, including reduced unintended pregnancies and safer birth spacing practices.

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