

A Study of Factors Affecting Acceptance and Continuation of PPIUCD in Tertiary Care Hospital

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Abstract

Background: Introduction: Postpartum intrauterine contraceptive devices (PPIUCD) serve as an effective contraceptive choice in countries with high unmet family planning needs. However, limited scientific literature on long-term retention rates is available. Despite significant efforts by family planning programs, the adoption of spacing methods stays low, with a lack of awareness leading to the discontinuation of contraceptive methods, particularly PPIUCD. The study is designed to evaluate PPIUCD practices and find reasons for discontinuation during follow-up in our hospital. The aim is to find the factors affecting awareness and continuation of post-placental insertion of Cu T following vaginal deliveries and caesarean section, to find the proportion of women accepting immediate PPIUCD insertion and to explore the factors contributing to IUCD discontinuation. **Material and Methods:** A prospective observational study was conducted to evaluate the awareness, acceptance, and continuation of PPIUCD use in women who received insertion within 10 minutes of delivery. Counselling for post-placental IUCD insertion was provided both before and after delivery. The CuT 380A was inserted under sterile conditions with antibiotic coverage to support asepsis in the mother. The study was carried out in the Department of Obstetrics & Gynaecology at NSCB Medical College, Jabalpur, over 18 months from August 2022 to December 2023. **Results:** Out of 2000 counselled women, 1262 (63.13%) PPIUCD insertions. Most of these women were between 21 and 30 years (84.31%), primigravida (48.65%). Retention rates at six months in the follow-up patients were about 86.94%, while 8.7% and 4.3 % were either removed or expelled. Women declined PPIUCD due to refusal by spouses, partial knowledge, non-willingness, religious beliefs, and fear of pain and heavy bleeding. During follow-up, the main causes for removal were menstrual abnormalities, abdominal pain. **Conclusion:** PPIUCD is a safe, effective, and reversible long-term contraceptive method. Further research is necessary to improve community awareness and acceptance of PPIUCD. Educating and counselling eligible couples during antenatal care can increase acceptance and ensure better compliance with PPIUCD continuation.

Keywords: Postpartum intrauterine contraceptive device (PPIUCD), Intrauterine Contraceptive Device (IUCD), Copper T (Cu T).

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INTRODUCTION

The technology and products related to reproductive and sexual health have been evolving continuously to provide quality health care, while also addressing the needs of the users and their access to facilities.^[1] Promoting the well-being of girls, women, boys, and men requires access to comprehensive family planning options as well as affordable, high-quality reproductive and sexual health services and information. Ensuring universal access to effective contraceptive methods can help prevent the adverse health effects of unintended pregnancies, as well as the related socioeconomic consequences.^[1]

According to the National Family Health Survey (NFHS)-5 data of India, the contraceptive prevalence rate among currently married women (15-49 years of age) was 67%. The modern contraceptive use by women who are presently married increased to 56% in 2019-21 from 48% in 2015-16. The total unmet need for family planning among these women was 9.9%. The unmet need for spacing was. It has been estimated that children born within 2 years of a previous

pregnancy have a 60% increased risk of death during infancy, while those born within 2-3 years have a 10% increased risk as compared to those born after a 3-year interval or longer.^[2] There is also a higher risk of adverse outcomes such as post-partum haemorrhage or maternal death.^[3-5] Contraception reduces these risks and also reduces pregnancy-related health risks for women. Apart from health benefits, contraception offers non-health benefits, including increased educational opportunities and women's empowerment, as well as sustainable population growth and economic development of the countries.^[2]

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Intra-uterine Contraceptive Device (IUCD) is a highly recommended contraceptive method since it is safe, effective, independent of coitus, rapidly reversible, long-acting, and has comparatively minimal side effects.^[5,6] Taking advantage of this period in institutional deliveries for counselling regarding family planning and postpartum IUCD (PPIUCD) insertion helps overcome several service provision barriers.^[5] Service providers also benefit from this as it requires no additional evaluation, pregnancy is ruled out, and it can be performed on the same delivery table without any separate clinical procedure, thus saving time.^[7] This could be attributed to various factors such as delivery being the only time of contact of the woman and the health care personnel, low level of knowledge, misconceptions or myths associated with IUCDs, barriers to service access based on gender or the fear or experience of side effects.^[2,6]

MATERIALS AND METHODS

Study design: Prospective observational study

Study period: July 2022 – Dec 2023

Study area: Department of Obstetrics and Gynecology NSCB Medical College & Hospital, Jabalpur (M.P.)

Inclusion criteria:

- All postpartum mothers irrespective of parity with consent.
- Women delivering either vaginally or by Caesarean section

Exclusion criteria:

All post partum mothers:

- Who doesn't give consent for PPIUCD? All those females who adopt permanent methods of sterilisation.
- With diseases like active genital infections (PID, genital TB), bleeding disorders, Females with a distorted uterus,

Severe anaemia, Rupture of membranes for more than 18 hours.

- Post-partum haemorrhage, coagulation disorder, fever or clinical symptoms of infection during labour.

Statistical analysis: The data will be recorded in the predesigned proforma, and then it will be entered into MS Excel, and eventually it will be analysed by using statistical software, SPSS Version 23

Data collection method: All mothers delivered at our institution were counselled about IUCD antenatally at their respective centres. Women were counselled for post-placental IUCD insertion before and after delivery, post-placental insertion of IUCD cut380a under sterile conditions and antibiotic coverage to ensure asepsis in the mother. Informed written consent was obtained from the mother before insertion, after elaborating on the possible complaints following insertion, and after reassurance. They were advised to attend the postnatal clinic after 6 months for follow-up, and the presence of the cut was verified. Patients were treated symptomatically and reassured about the safety of the cut.

RESULTS

The study included two thousand patients, among whom 1262 ppiucd insertions were done. The acceptability of PPIUCD as a method of contraception was 63.1% in the present study. Most cases were observed in the 21–30-year age group(84.31%). Acceptance of PPIUCD was highest among Hindu women, particularly those from rural areas and joint family setups. An analysis of socioeconomic status revealed that women from the lower class demonstrated good acceptance. The education of women and their partners was also of significant importance. Explained in [Table 1].

Table 1: Distribution of Cases According to Socio-Demographic Characteristics

Characteristics	No. of cases (n=1262)	Percentage	
Religion	Hindu	1119	94.37%
	Muslim	71	5.6%
	Others	11	0.8%
Locality	Rural	892	70.68%
	Urban	370	29.32%
Type of family	Nuclear	460	36.46%
	Joint	802	63.54%
Socio-economic status	Lower	778	61.64%
	Middle	441	34.94%
	Upper	43	3.4%
Education of client	No formal Education	123	9.7%
	Primary	450	35.6%
	High School	651	51.58%
	Graduate	38	3.01%
Education of partner	No formal Education	94	7.44%
	Primary	202	16.00%
	High School	799	63.31%
	Graduate	167	13.23%
Occupation of client	Home Maker	1099	87.08%
	Farmer	16	1.05%
	Labourer	71	5.62%
	Govt Servent	32	2.53%
	Business	47	3.72%
Occupation of partner	Unemployed	21	1.66%
	Farmer	153	12.12%
	Labourer	692	54.83%

	Govt/Servant	91	7.21%
	Business	305	24.16%

48.65% of primipara women accepted PPIUCD insertion. Second gravida mothers also accepted it well. The maximum number of cases belonged to the 37-42 weeks gestational age group.

Our study reveals that the maximum number of cases were

willing for IUCD insertion antenatally (32.67%) and after delivery (40.57%), and the maximum number of instances had post-placental type (66.40%) of IUCD insertion. [Table 2,3]

Table 2: Distribution of Cases According to Timing of Counselling

Timing of counselling	No. of cases (n= 1262)	Percentage
ANC Period	421	32.64%
Early Labour or Preparation for LSCS	326	25.83%
After delivery	512	40.57%
Postpartum Stay	3	1.85%

Table 3: Distribution of Cases According to Type of IUCD Insertion

Type of insertion	No. of cases. (n= 1262)	Percentage
Post Placental	838	66.40%
Post Partum	3	0.23%
Intra Caesarean	421	33.35%
Total	1262	100.00%

Some eligible women refuse to undergo insertion, mostly due to fear of pain and heavy bleeding 28.31%. Partner refusal was also an important factor, 17.07%. Approx 13 % women

don't want immediate contraception, and 13.14 % mothers prefer to use another method of contraception. Reasons for declining ppiucd are explained in [Table 4]

Table 4: Reasons for Declining PPIUCD

Reason	Number (N =738)	Percent
Prefer to use another method	97	13.14%
Partner refusal	126	17.07%
Fear of pain and heavy bleeding	209	28.31%
Don't want contraception immediately	102	13.82%
No specific reason	89	12.05%
Fears cancer	21	2.84%
Religious	94	12.73%

Follow-up was advised for patients with PPIUCD insertion after 6 months or due to related medical issues. The current study shows that the maximum number of cases had their first follow-up visit in 6 months (60.69%) after discharge from the hospital, and 39.14% patients didn't even come for follow-up. Among them some were contacted telephonically, we

didn't have examination findings of these patients. This data is given in Tables 5 &6. Total 20 out of 320 women who were contacted through telephone had discontinuation of PPIUCD, mainly due to patient complaints. Other reasons given in [Table 7]

Table 5: Number of Follow up cases (6 month)

Follow up	No of cases	Percent
Done	766	60.69%
Loss to follow up	494	39.14%

Table 6: Telephonically Follow up of patients who was Loss to Follow up in our Institute

Follow up (telephonically)	No of cases (N=494)	Percent
Done	320	64.77%
Couldn't be contacted on phone	174	35.22%

Table 7: Discontinuation Noted on Telephonic Follow up (N =20)

Reason for discontinuation	No of cases (N=20)	Percent
Based on patients' complaint	11	55.0%
Spontaneous expulsion	4	20%
Removal Without any complaints	5	25%

During follow-up examinations, 5.6% of cases had a missing string, 4.17% showed local infection, 1.43% experienced partial expulsion, 7.96% had bleeding per vaginum, and

80.02% showed no abnormal findings. Of the 766 follow-up cases, 225 sought assistance due to issues related to the IUCD, while 541 visited for routine check-ups. Refer to

[Table 8]. Out of 1,262 IUCD insertions, with 766 cases returning for follow-up, 4.30% experienced spontaneous

expulsion, 8.7% opted for voluntary removal, and 86.94% continued using IUCD, as explained in [Table 9].

Table 8: Distribution of cases according to Examination Findings

Examination Findings	No. of cases (n=766) 6 month follow up	Percentage
partial expulsion	11	1.43%
Complete expulsion (Iucd seen in vagina)	6	0.78%
Local Infection	32	4.17%
Missing Strings	43	5.61%
Bleeding	61	7.96%
None	613	80.02%

Table 9: Continuation Rate in the study after First Follow up (6 months)

Total insertions	1262	
Total followed up	766	
Expulsions	33	4.30%
Removal	67	8.7%
Continuation	666	86.94%

Table 10: Correlation between Desire for Removal and symptoms at Follow up

Symptoms	Desire for removal		Willing to continue after counseling		P value
	Wants removal in spite of counselling	Percentage	Percentage	Percentage	
Pain	87	65.90%	45	34.09%	0.0
Hanging Tail	4	20.00%	15	78.94%	1
Bleeding	49	77.7%	14	22.22%	0.0
Foul Smelling Discharge	6	54.54%	5	45.45%	0.016
No Symptoms	14	2.58%	527	97.41%	0.0

P value: <0.001 (s) using FE test statistically significant

[Table 10] shows that most common symptom in cases requesting removal, with 65.90% of these cases seeking IUCD removal. Additionally, 82.60% of cases with heavy bleeding desired IUCD removal, making bleeding a major cause for removal. This correlation was statistically significant, with a p-value of 0.0.

DISCUSSION

The present study, along with global clinical trials, confirms that immediate postpartum IUCD (PPIUCD) insertion is a safe, effective, and convenient contraceptive method. However, in India, PPIUCD is still an emerging choice. According to NFHS-5 data, only 2.1% of currently married Indian women use PPIUCD, with an even lower prevalence of 1.1% in Madhya Pradesh.^[7,8]

The postpartum period presents a crucial opportunity for contraceptive counselling, particularly for women with limited antenatal care (ANC) visits. Educating women during ANC allows them to make informed choices about birth spacing and contraceptive options like IUCDs. In this study, after receiving counselling, 1,262 out of 2,000 women accepted PPIUCD insertion, resulting in an acceptance rate of 63.1%. This rate is comparable to the findings by Gupta S et al. (2023), who reported 60% acceptance, with the highest rates among women aged 25 to 30. Other studies reported varying acceptance rates, including 41.1% by Agarwal N et al., 21.8% by Gautam R et al., and 8.55% by Vidyaramana et al. These variations likely stem from differences in study settings, locality, and socio-demographic factors.^[9-11]

Women who declined PPIUCD were mostly uneducated and unwilling to acknowledge its benefits. The availability of Cu

T 380 A and Cu T 375 free of cost under the Government of India's program makes this contraceptive method more accessible. Acceptance increased when the woman was the primary decision-maker or when counselling occurred during a cesarean section, likely due to concerns about pregnancy risks on a scarred uterus. Educated women were generally more receptive to PPIUCD, while their families and societal norms more influenced uneducated women. Many women who accepted PPIUCD did so after discussing it with their husbands or family members, highlighting the importance of male involvement in counselling.^[12-14]

Nearly half of our institute's patients are referred from rural areas and other centres. Family planning counselling is provided to almost all patients, contributing to a relatively high acceptance rate even among unbooked patients. However, distance and low awareness hinder follow-up rates after discharge. Socio-demographic differences between southern and northern India suggest that better education and awareness in the south lead to higher acceptance and follow-up rates.^[15]

In this study, 84.31% of PPIUCD acceptors were between 21 and 30 years old. Among them, 94.37% were Hindu, 61.64% belonged to lower socioeconomic backgrounds, and 70.68% were from rural areas. Acceptance was higher among lower socioeconomic groups after proper counselling than among middle- and high-income groups. Satyavathi et al. reported a 67% acceptance rate among low-income women, with 51.58% of clients and 63.31% of their partners having at least a high school education. Our study found no significant difference in acceptance between urban and rural areas. Around 35.6% of women had primary education, while 9.7% had no formal education. Among their husbands, 51.58% had secondary

education, while 7.44% had no formal education. Most women (63.54%) came from joint families. The woman's and her partner's education positively influenced acceptance, but since partners are rarely present at ANC visits, joint education remains a challenge.

A study by Adeyemi et al. among Nigerian women found no significant link between parity, education, and contraception use. In our study, 57.85% of women had fewer than three ANC visits (unbooked), and 48.65% were primiparous. A similar Sangeetha Jairaj et al. survey in Telangana found higher acceptance among primiparous women, with more acceptance observed among those who had experienced at least one previous delivery. In contrast, a study by Sudha C.P. found comparable acceptance rates between primigravida and multigravida women, with 98.3% of patients being booked. This suggests that women with a recent first delivery are more receptive to this reversible contraceptive method.

In this study, 1,262 IUCD insertions were performed. Among these, 94.37% were in women with gestational ages of 37–42 weeks, 4.1% between 33–36 weeks, and 1.5% between 21–32 weeks. Preterm insertions primarily involved multiparous women who were highly motivated for family planning after counselling. Of all insertions, 66.4% were post-placental, 33.3% were intracerebral, and 0.23% were postpartum. The acceptance rate among women undergoing lower segment cesarean section (LSCS) was 77.07%. In contrast, it was 22.93% among those with vaginal deliveries, similar to findings by Gautam R et al. and Jairaj S et al.

Counselling significantly influenced acceptance rates. In this study, 32.64% of women were counselled antenatally, while 40.57% received counselling post-delivery. IUCD insertion was performed immediately after placental expulsion in 40.53% of cases, reinforcing the importance of antenatal counselling. A study by MR Pradeep demonstrated that effective counselling increased PPIUCD acceptance from 15.3% to 51.3%.

Primary reasons for refusal included fear of bleeding or pain (28.31%), a perceived lack of need for immediate contraception (13.82%), partner refusal (17%), preference for other contraceptive methods (13.14%), and religious beliefs (12.73%). Myths such as fears of cancer (38%) and menorrhagia (36.4%) also contributed to refusal. Family influence, especially from husbands and mothers-in-law, was a major factor, affecting 59% of cases.

Follow-up rates remained low, with only 60.69% of women returning for follow-up within six months, while 39.14% were lost to follow-up. A similar study by Gudi SN et al. found that 40.36% of women attended follow-ups at six months. Of the 494 women who did not return, 320 (64.77%) were contacted telephonically, while 174 (35.22%) could not be reached. Among those followed up, 12 women experienced complications, six (1.8%) had spontaneous expulsions, and five (1.5%) had their PPIUCD removed at external facilities. Most women (75.84%) had no complaints and attended routine check-ups. The most common complaints were pain (17.23%), heavy bleeding (3%), a hanging tail (2.61%), and foul-smelling discharge (1.43%). No serious complications, such as perforation, were reported. Sonali Deshpande et al. found that 62.17% of women had an

uneventful course following PPIUCD insertion. Similarly, Runjun Doley et al. reported that 12.35% of women experienced irregular bleeding, 15.12% had a missing thread, 3.09% had expulsion, 0.75% had infections, and 2.13% reported abdominal pain.

Among removal requests, the most common reasons were heavy bleeding (82.6%), pelvic pain (65.9%), foul-smelling discharge (54.54%), and a hanging tail (20%). Gunna Goswami et al. reported a 10% expulsion rate and 30% loss to follow-up, with removal primarily due to bleeding (30%), abdominal pain (20%), and family pressure (20%). WHO and Family Health International trials found expulsion rates of 31–41% and 12–22% at six months, respectively. Studies confirm that post-placental insertions have higher expulsion rates than intracerebral insertions.

Our study found that 80.15% of patients were satisfied with PPIUCD, and 87.85% continued its use. 8.7% opted for voluntary removal, while 3.39% experienced expulsion. These findings align with the ESHRE Copri Workshop, which reported that bleeding and pain were the main reasons for a 10% removal rate within the first year and 50% within five years. Runjun Doley et al. found that 42.11% of removals were due to bleeding, followed by family pressure (17.54%), with a continuation rate of 90.84% and a failure rate of 0.11%. O'Hanley et al. reported a 7–15% expulsion rate at six months for post-placental Copper-T insertions by trained clinicians.

CONCLUSION

At the end of the study, we observed a good retention rate and consistent PPIUCD use, with an average acceptance rate. However, the overall adoption rate remains low and needs further improvement. No major complications were reported, though minor side effects were observed. Misconceptions about IUCDs remain a significant barrier.

Insertion of an IUCD within 10 minutes after placental delivery or during cesarean section is a safe, long-acting, reversible contraceptive method with a low expulsion rate and no effect on breastfeeding. Since many women do not return for postpartum contraceptive counselling, increasing awareness during antenatal check-ups is crucial. The government should implement strategies to promote PPIUCD through media campaigns, and training programs for healthcare providers should be strengthened to improve their counselling and insertion skills.

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Conflicts of interest

There are no conflicts of interest.

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