

# Knowledge and attitudes towards the acceptability of immediate postpartum intrauterine devices among postpartum mothers at Wakiso Health Center IV. A cross-sectional study.

Page | 1

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## ABSTRACT

### Background:

Immediate postpartum intrauterine devices (PPIUDs) are highly effective in preventing unintended and closely spaced pregnancies, yet their uptake in Uganda remains low. This study assessed knowledge, attitudes, and acceptability of PPIUDs among postpartum mothers at Wakiso Health Center IV.

### Methodology:

A descriptive cross-sectional study was conducted among 73 consecutively selected postpartum mothers. Data were collected using a structured self-administered questionnaire and analyzed using descriptive statistics. Results were presented using frequencies and percentages, in the form of tables and figures.

### Results:

The study involved 34(46.6%) women who were aged 20-29 years, followed by 22(30.1%) aged 30–39 years. Three-quarters of the women (55; 75.3%) were married. Overall, 50 (68.5%) mothers were familiar with IPPFP methods, and 62 (84.9%) had heard of PPIUDs, though a detailed understanding of benefits and side effects remained limited. Positive attitudes were noted, with 39 (53.4%) expressing favorable views toward immediate postpartum IUD use, although 23 (31.5%) were unsure of its safety. Acceptability was moderate: 41 (56.2%) reported they were likely or very likely to use a PPIUD after childbirth. Key barriers included inadequate information (37.0%), cultural or religious objections (27.4%), and partner influence. Most respondents (64.4%) perceived services as accessible, and 56 (76.7%) believed PPIUDs should be more widely promoted.

### Conclusion:

Postpartum mothers demonstrated moderate knowledge, generally positive attitudes, and moderate acceptability of PPIUDs, though critical gaps in understanding and perceived safety persist.

### Recommendations:

Strengthening counselling, engaging male partners, improving community sensitization, and ensuring consistent availability of PPIUD services are essential. These measures will enhance informed decision-making, reduce unintended pregnancies, and improve maternal health outcomes in similar low-resource clinical and community settings.

**Keywords:** Postpartum intrauterine devices, Wakiso health center IV, Postpartum, Contraception.

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## BACKGROUND

Postpartum family planning (PPFP) plays a vital role in safeguarding maternal and child health by preventing unintended and closely spaced pregnancies during the first year after childbirth (Nakaggwa et al., 2023a). Evidence shows that PPFP reduces maternal and infant mortality, enhances women's health, and promotes healthy birth spacing (Abdullah H. Baqui et al., 2018). The World Health Organization (WHO) recommends an interval of at least 24 months between a live birth and the next pregnancy to minimize risks of adverse outcomes (Mühlrad et al., 2022).

Long-acting reversible contraceptives (LARCs), such as intrauterine contraceptive devices (IUCDs), are among the most effective PPFP options (Meghan C. Gallagher et al., 2021).

The postpartum intrauterine contraceptive device (PPIUCD), inserted within 48 hours after delivery, offers several advantages, especially in low-resource settings. It is highly effective, safe during breastfeeding, and requires minimal follow-up (Pulwasha M. Iftikhar et al., 2019; Gallagher et al., 2021). By reducing unintended and closely spaced pregnancies, PPIUCDs contribute significantly to

lowering maternal mortality and align with global health goals to improve maternal outcomes (Sinha, 2023; Najan et al., 2022).

Beyond reducing mortality, PPIUCDs ease the physical, emotional, and financial strain associated with unplanned pregnancies and allow women sufficient recovery time before conceiving again (Gallagher et al., 2021). In low- and middle-income countries (LMICs), where access to comprehensive maternal health services is often limited, the availability of PPIUCDs as a reliable contraceptive option is crucial for improving reproductive health outcomes (Sinha, 2023).

Globally, the motivation for promoting PPIUCDs is driven by the need to curb maternal and child mortality, improve family planning outcomes, and empower women to make informed reproductive choices (Makins, 2022). In Uganda, the Ministry of Health and partners have endorsed PPIUCDs as part of postpartum family planning initiatives (Cohen et al., 2022). However, uptake remains low, largely due to cultural beliefs, limited awareness, and lack of access to skilled providers (Gupta et al., 2023).

Barriers such as inadequate health education, myths about side effects, and limited counseling services continue to undermine PPIUCD acceptance (Kirigia et al., 2019; Zimmerman et al., 2021). Women's utilization of postpartum contraception is influenced by factors including age, partner communication, socio-cultural norms, and the quality of antenatal counseling (Wudineh et al., 2023). The shortage of well-trained health providers to counsel and reassure women further limits uptake (Dehlendorf et al., 2010). This study seeks to assess the knowledge, attitudes, and acceptability of PPIUCDs among postpartum mothers at Wakiso Health Center IV, Wakiso District.

## METHODOLOGY

### Study design

The study adopted a cross-sectional, descriptive, and quantitative design.

### Study setting

The study was conducted at Wakiso Health Center IV, located in Wakiso District, Central Uganda. The facility provided a wide range of essential health services, including antenatal care, deliveries, postnatal care, family planning, immunization, and outpatient services. Its strategic location enabled it to serve both peri-urban and rural communities within the district. This setting was suitable for assessing the knowledge, attitudes, and acceptability of immediate postpartum family planning (IPFP) methods among postpartum women, as it catered to a large and diverse population of mothers seeking maternal and child health services.

### Study Population

The study population consisted of postpartum women receiving care at Wakiso Health Center IV in Wakiso District. These women utilized services such as antenatal care, delivery, postnatal care, family planning, and immunization, and they represented a mix of peri-urban and rural backgrounds within the district. This population was appropriate for the study because it provided a relevant group for exploring knowledge, attitudes, and factors influencing the acceptability of immediate postpartum family planning (IPFP) methods in a healthcare setting that served diverse communities.

### Sample Size Determination

Krejcie & Morgan's table was used. Facility records at Wakiso Health Center IV indicated that approximately  $N = 90$  postpartum mothers delivered at the unit per month, representing the accessible population for the data-collection period. Using the Krejcie and Morgan table for sample size determination, the sample size for the study was calculated to be 73 respondents.

| N  | S  | N   | S   | N   | S   | N    | S   | N     | S   |
|----|----|-----|-----|-----|-----|------|-----|-------|-----|
| 10 | 10 | 100 | 80  | 290 | 162 | 800  | 260 | 2800  | 338 |
| 15 | 14 | 110 | 86  | 300 | 165 | 850  | 265 | 3000  | 341 |
| 20 | 19 | 120 | 92  | 320 | 169 | 900  | 269 | 3500  | 246 |
| 25 | 24 | 130 | 97  | 340 | 175 | 950  | 274 | 4000  | 351 |
| 30 | 28 | 140 | 103 | 360 | 181 | 1000 | 278 | 4500  | 351 |
| 35 | 32 | 150 | 108 | 380 | 186 | 1100 | 285 | 5000  | 357 |
| 40 | 36 | 160 | 113 | 400 | 191 | 1200 | 291 | 6000  | 361 |
| 45 | 40 | 180 | 118 | 420 | 196 | 1300 | 297 | 7000  | 364 |
| 50 | 44 | 190 | 123 | 440 | 201 | 1400 | 302 | 8000  | 367 |
| 55 | 48 | 200 | 127 | 460 | 205 | 1500 | 306 | 9000  | 368 |
| 60 | 52 | 210 | 132 | 480 | 210 | 1600 | 310 | 10000 | 373 |
| 65 | 56 | 220 | 136 | 500 | 214 | 1700 | 313 | 15000 | 375 |
| 70 | 59 | 230 | 140 | 540 | 217 | 1800 | 317 | 20000 | 377 |
| 75 | 63 | 240 | 144 | 580 | 225 | 1900 | 320 | 30000 | 379 |
| 80 | 66 | 250 | 148 | 600 | 234 | 2000 | 322 | 40000 | 380 |
| 85 | 70 | 260 | 152 | 650 | 242 | 2200 | 327 | 50000 | 381 |
| 90 | 73 | 270 | 155 | 700 | 248 | 2400 | 331 | 75000 | 382 |

### Sampling Procedure

A consecutive sampling technique was used to recruit postpartum mothers at Wakiso Health Center IV, Wakiso District. Under this approach, every eligible mother who met the inclusion criteria was enrolled in the study until the required sample size of 73 participants was attained. This method was practical and suitable for a health facility-based study, as it ensured that all accessible participants during the study period had an equal chance of being included. Consecutive sampling, therefore, enhanced the reliability of the data while remaining feasible within the available time and resources.

### Inclusion Criteria

The study included postpartum mothers receiving care at Wakiso Health Center IV, Wakiso District, who provided informed consent to participate. Eligible participants were those who had delivered within the last 48 hours to 6 weeks and were present at the facility during the data collection period. All women meeting these criteria were enrolled consecutively until the required sample size was achieved.

### Exclusion Criteria

The study excluded postpartum mothers at Wakiso Health Center IV who had serious health complications or conditions that could hinder their ability to participate fully or provide reliable information were not included in the study.

### Dependent Variable

Acceptability of Immediate Postpartum Intrauterine Devices (PPIUDs): Refers to the willingness of postpartum mothers to adopt and use PPIUDs as a family planning method.

### Independent Variables

Knowledge of Immediate Postpartum Family Planning (IPFP) Methods: Refers to the awareness and understanding of postpartum mothers about the availability, benefits, effectiveness, and potential side effects of IPFP methods, particularly PPIUDs.

Attitudes toward the Use of IPFP Methods: Refers to postpartum mothers' perceptions, beliefs, and feelings (positive or negative) regarding the adoption of IPFP methods, including trust in safety, cultural acceptability, and partner support.

### Research Instruments

The study employed structured questionnaires as the primary research instrument. To ensure validity and reliability, the tool was first pre-tested with a small group of 10 postpartum mothers at Wakiso Health Center IV, Wakiso District, who were not part of the main study sample. Feedback from the pre-test was used to refine the questionnaire by revising, adding, or removing items as necessary to improve clarity, appropriateness, and effectiveness in capturing the required information.

## Data Collection Procedures

Center IV, Wakiso District, with support provided by the researcher or trained research assistants where needed. Before administering the tool, the purpose of the study and the instructions for completing the questionnaire were clearly explained to each participant. Data were collected systematically, incorporating improvements identified during the pre-test, to ensure consistency, accuracy, and reliability of the responses.

Data collection was carried out using a consecutive sampling approach. Structured, self-administered questionnaires were given to eligible postpartum mothers at Wakiso Health

## Data Management

Data management prioritized the secure storage and organization of completed questionnaires. Strict measures were implemented to ensure confidentiality and accuracy during data entry and analysis, thereby preserving the integrity of the data throughout the research process.

## Data Analysis and Presentation

Data management emphasized the secure handling, storage, and organization of all completed questionnaires. After collection, the questionnaires were checked daily for completeness and consistency before being securely stored in a locked cabinet accessible only to the researcher. During data entry, unique codes were assigned to each questionnaire to avoid the use of personal identifiers, thereby ensuring anonymity.

Data were entered into a password-protected computer and analyzed using SPSS. Double-entry verification was performed to minimize errors, and strict confidentiality protocols were observed throughout the entire process.

## Ethical Considerations

An introductory letter from the Mildmay Institute of Health Sciences (MIHS) was obtained and presented to the management of Wakiso Health Center IV to seek formal approval for the study. Once permission was granted, eligible postpartum mothers were unveiled by the designated healthcare staff. The objectives, procedures, potential benefits, and minimal risks of the study were clearly explained to all potential participants. Informed consent was then sought from those who were willing to participate. Confidentiality was strictly maintained by avoiding the use of personal identifiers on questionnaires and securely storing all data. Participation was entirely voluntary, and participants were free to decline or withdraw at any stage without affecting the care they received at the facility. The findings were reported in aggregate form to ensure anonymity and protect the privacy of all participants.

## RESULTS

### Socio-demographic characteristics of respondents

**Table 1: Distribution of respondents by socio-demographic characteristics (n=73).**

| Characteristic     | Category      | Frequency (f) | Percentage (%) |
|--------------------|---------------|---------------|----------------|
| Age (years)        | 15–19         | 9             | 12.3           |
|                    | 20–29         | 34            | 46.6           |
|                    | 30–39         | 22            | 30.1           |
|                    | 40–49         | 8             | 11.0           |
| Marital status     | Single        | 10            | 13.7           |
|                    | Married       | 55            | 75.3           |
|                    | Divorced      | 4             | 5.5            |
|                    | Widowed       | 4             | 5.5            |
| Occupation         | Student       | 8             | 11.0           |
|                    | Housewife     | 26            | 35.6           |
|                    | Employed      | 16            | 21.9           |
|                    | Self-employed | 13            | 17.8           |
|                    | Unemployed    | 10            | 13.7           |
| Number of children | 1             | 21            | 28.8           |
|                    | 2–3           | 37            | 50.7           |
|                    | ≥4            | 15            | 20.5           |

The results in Table 1 show that most respondents, 34(46.6%), were aged 20-29 years, followed by 22(30.1%) aged 30–39 years. Three-quarters of the women, 55 (75.3%), were married. Regarding occupation, 26 (35.6%) were housewives, while 16 (21.9%) were formally employed and

13 (17.8%) self-employed. In terms of parity, about half of the respondents, 37 (50.7%), had 2–3 children, while 21 (28.8%) had one child and 15 (20.5%) had four or more children.

**Figure 1: Distribution of respondents by highest education level attained (n=73)**

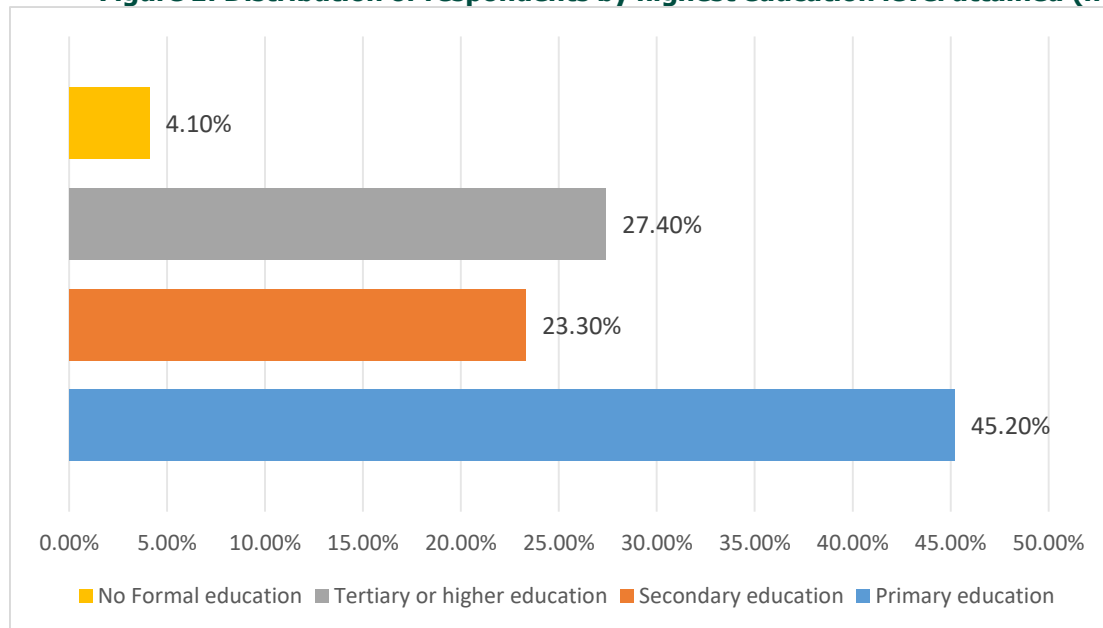


Figure 1 shows that nearly half of the respondents, 33 (45.2%), had secondary education, while 17 (23.3%) had primary education. A combined 20 (27.4%) had tertiary or higher qualifications, and a small proportion, 3 (4.1%), had no formal education.

### Knowledge of postpartum mothers regarding immediate postpartum family planning (IPFP) methods

The results in Table 2 show that 50 (68.5%) respondents were very or somewhat familiar with IPFP methods, and 62 (84.9%) had heard of the IUD as a family planning

method. Regarding benefits, 30 (41.1%) correctly identified all key advantages (long-term, non-hormonal, and low maintenance), whereas 15 (20.5%) were unsure of any benefit. Healthcare providers were the major source of IPFP information for 47 (64.4%) mothers.

Most respondents, 61 (83.6%), believed that IPFP methods are very or somewhat effective in preventing pregnancy. Irregular bleeding (41.1%) and pain (38.4%) were the most commonly mentioned side effects, and 14 (19.2%) were not sure about any side effects. A large proportion, 54 (74.0%), felt that IPFP should be discussed always or frequently during ANC, and 52 (71.2%) knew of alternative postpartum contraceptive options besides IUDs.

**Table 2: Attitudes of postpartum mothers toward IPFP methods (n = 73)**

| Knowledge item                                              | Response category       | Frequency (n) | Percentage (%) |
|-------------------------------------------------------------|-------------------------|---------------|----------------|
| Familiarity with IPFP methods                               | Very familiar           | 18            | 24.7           |
|                                                             | Somewhat familiar       | 32            | 43.8           |
|                                                             | Not very familiar       | 15            | 20.5           |
|                                                             | Not familiar at all     | 8             | 11.0           |
| Heard of IUD as a FP method                                 | Yes                     | 62            | 84.9           |
|                                                             | No                      | 11            | 15.1           |
| The perceived main benefits of the immediate postpartum IUD | Long-term contraception | 17            | 23.3           |
|                                                             | Non-hormonal option     | 5             | 6.8            |
|                                                             | Low maintenance         | 6             | 8.2            |
|                                                             | All of the above        | 30            | 41.1           |
|                                                             | Not sure                | 15            | 20.5           |
| First source of information on IPFP                         | Healthcare provider     | 47            | 64.4           |

|                                                                |                      |    |      |
|----------------------------------------------------------------|----------------------|----|------|
|                                                                | Family/friends       | 10 | 13.7 |
|                                                                | Media (TV, radio)    | 9  | 12.3 |
|                                                                | Community programs   | 5  | 6.8  |
|                                                                | Other                | 2  | 2.7  |
| Perceived effectiveness of IPPFP in preventing pregnancy       | Very effective       | 40 | 54.8 |
|                                                                | Somewhat effective   | 21 | 28.8 |
|                                                                | Not very effective   | 7  | 9.6  |
|                                                                | Not effective at all | 5  | 6.8  |
| Common side effects mentioned                                  | Irregular bleeding   | 30 | 41.1 |
|                                                                | Pain/discomfort      | 28 | 38.4 |
|                                                                | Infection            | 17 | 23.3 |
|                                                                | No side effects      | 5  | 6.8  |
|                                                                | Not sure             | 14 | 19.2 |
| How often should IPPFP be discussed during ANC                 | Always               | 31 | 42.5 |
|                                                                | Frequently           | 23 | 31.5 |
|                                                                | Occasionally         | 12 | 16.4 |
|                                                                | Never                | 7  | 9.6  |
| Awareness of alternatives to IUDs for postpartum contraception | Yes                  | 52 | 71.2 |
|                                                                | No                   | 21 | 28.8 |

The results shown in Table 2 indicate that most postpartum mothers, 32 (43.8%), were somewhat familiar with immediate postpartum family planning (IPFP) methods. A large majority, 62 (84.9%), had heard of the intrauterine device (IUD) as a family planning method. When asked about the main benefits of a postpartum IUD, the highest proportion, 30 (41.1%), identified all benefits combined (long-term, non-hormonal, and low maintenance). Healthcare providers were the primary source of information for most respondents, with 47 (64.4%) reporting it as their first point of learning. In terms of perceived

effectiveness, the majority, 40 (54.8%), believed IPFP methods to be very effective in preventing pregnancy. Irregular bleeding emerged as the most commonly mentioned side effect, reported by 30 (41.1%) of the mothers. Regarding how often these methods should be discussed during ANC, the highest proportion, 31 (42.5%), felt IPFP should always be discussed. Finally, awareness of alternative postpartum contraceptive options was relatively high, with 52 (71.2%) indicating they were aware of other available methods besides IUDs.



**Figure 2: Distribution of respondents by source of IPPFP information (n=73)**

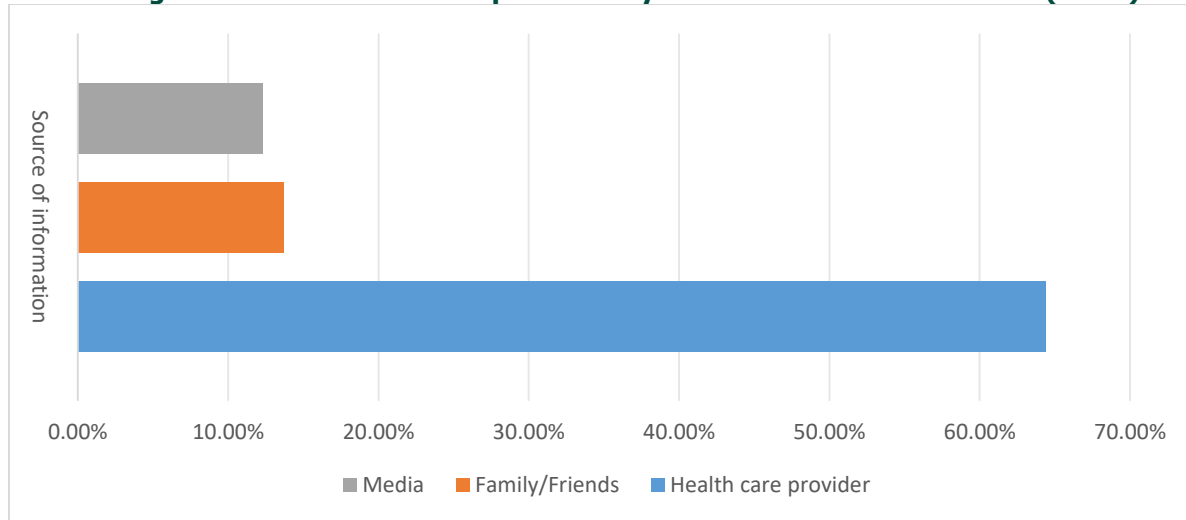


Figure 2 shows that healthcare providers accounted for the majority (64.4%), followed by family/friends (13.7%) and the media (12.3%), and with smaller proportions citing community programs and other sources.

### Attitudes of postpartum mothers toward the use of ippfp methods

**Table 3: Attitude of postpartum mothers towards the use of ippfp methods (n=73)**

| Attitude item                                                 | Response category    | Frequency | Percentage (%) |
|---------------------------------------------------------------|----------------------|-----------|----------------|
| Feelings about using an IUD immediately after childbirth      | Very positive        | 17        | 23.3           |
|                                                               | Somewhat positive    | 22        | 30.1           |
|                                                               | Neutral              | 16        | 21.9           |
|                                                               | Somewhat negative    | 11        | 15.1           |
|                                                               | Very negative        | 7         | 9.6            |
| Belief that using an IUD Immediately after childbirth is safe | Yes                  | 42        | 57.5           |
|                                                               | No                   | 8         | 11.0           |
|                                                               | Unsure               | 23        | 31.5           |
| Confidence in information from healthcare providers           | Very confident       | 19        | 26.0           |
|                                                               | Somewhat confident   | 31        | 42.5           |
|                                                               | Not very confident   | 14        | 19.2           |
|                                                               | Not confident at all | 9         | 12.3           |
| Cultural/religious beliefs influence attitude towards IPPFP   | Yes                  | 30        | 41.1           |
|                                                               | No                   | 22        | 30.1           |
|                                                               | Unsure               | 21        | 28.8           |
| Importance of partner support in the decision to use IPPFP    | Very important       | 45        | 61.6           |
|                                                               | Somewhat important   | 16        | 21.9           |
|                                                               | Not very important   | 7         | 9.6            |
|                                                               | Not important at all | 5         | 6.8            |



|                                                         |                                  |    |      |
|---------------------------------------------------------|----------------------------------|----|------|
| Discussed IPPFP with partner                            | Yes, supportive                  | 31 | 42.5 |
|                                                         | Yes, not supportive              | 9  | 12.3 |
|                                                         | No, but plan to                  | 18 | 24.7 |
|                                                         | No, and do not plan to           | 15 | 20.5 |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
|                                                         |                                  |    |      |
| Perceived impact of IPPFP on postpartum recovery        | Positive                         | 27 | 37.0 |
|                                                         | Neutral                          | 23 | 31.5 |
|                                                         | Negative                         | 8  | 11.0 |
|                                                         | Unsure                           | 15 | 20.5 |
| What would make the respondent more likely to use IPPFP | More information/counselling     | 29 | 39.7 |
|                                                         | Support from health workers      | 17 | 23.3 |
|                                                         | Positive experiences from others | 14 | 19.2 |
|                                                         |                                  |    |      |
|                                                         | Reduced costs                    | 16 | 21.9 |
|                                                         | Other                            | 11 | 15.1 |

According to the results shown in Table 3, the highest proportion of postpartum mothers, 22 (30.1%), felt somewhat positive about using an IUD immediately after childbirth. When asked about safety, most respondents, 42 (57.5%), believed that using an IUD immediately postpartum was safe.

Confidence in information provided by healthcare workers was generally high, with the largest proportion, 31 (42.5%), reporting they were somewhat confident in the information received. Cultural and religious influences were also notable, with 30 (41.1%) indicating that these beliefs affected their attitude toward IPPFP.

Partner support played a significant role, as the majority, 45 (61.6%), considered it very important in making decisions about postpartum contraception. When asked about partner discussions, the highest percentage, 31 (42.5%), reported having discussed IPPFP with a supportive partner.

Regarding perceived impact on postpartum recovery, the largest proportion, 27 (37.0%), felt that IPPFP would have a *positive* impact. The primary factor that would increase the likelihood of using IPPFP was a need for more information and counselling, cited by 29 (39.7%) of respondents.

### Acceptability of immediate postpartum family planning (IPFP) methods

**Table 4: Acceptability of immediate postpartum family planning (IPFP) methods (n=73)**

| Acceptability Item                              | Response Category                             | Frequency (n) | Percentage (%) |
|-------------------------------------------------|-----------------------------------------------|---------------|----------------|
| Perceived accessibility of IPFP services        | Very/Somewhat accessible                      | 47            | 64.4           |
|                                                 | Not very/Not accessible at all                | 26            | 35.6           |
| Quality of counselling received                 | Excellent/Good                                | 40            | 54.8           |
|                                                 | Fair/Poor                                     | 33            | 45.2           |
| Main barriers to using IPFP methods             | Lack of information                           | 27            | 37.0           |
|                                                 | Cultural/religious objections                 | 20            | 27.4           |
|                                                 | Financial constraints                         | 18            | 24.7           |
| Belief that IPFP should be more widely promoted | Yes                                           | 56            | 76.7           |
|                                                 | No/Unsure                                     | 17            | 23.3           |
| Effect of increased community awareness         | Significantly/Slightly increase acceptability | 59            | 80.8           |
|                                                 | No effect/Decrease                            | 14            | 19.2           |
| Would recommend IPFP to others                  | Yes                                           | 41            | 56.2           |
|                                                 | No/Unsure                                     | 32            | 43.8           |

The majority of respondents, 47 (64.4%), perceived IPFP services as *very or somewhat accessible* at Wakiso Health

Center IV. Most mothers, 40 (54.8%), rated the quality of counselling they received as *excellent or good*. The most

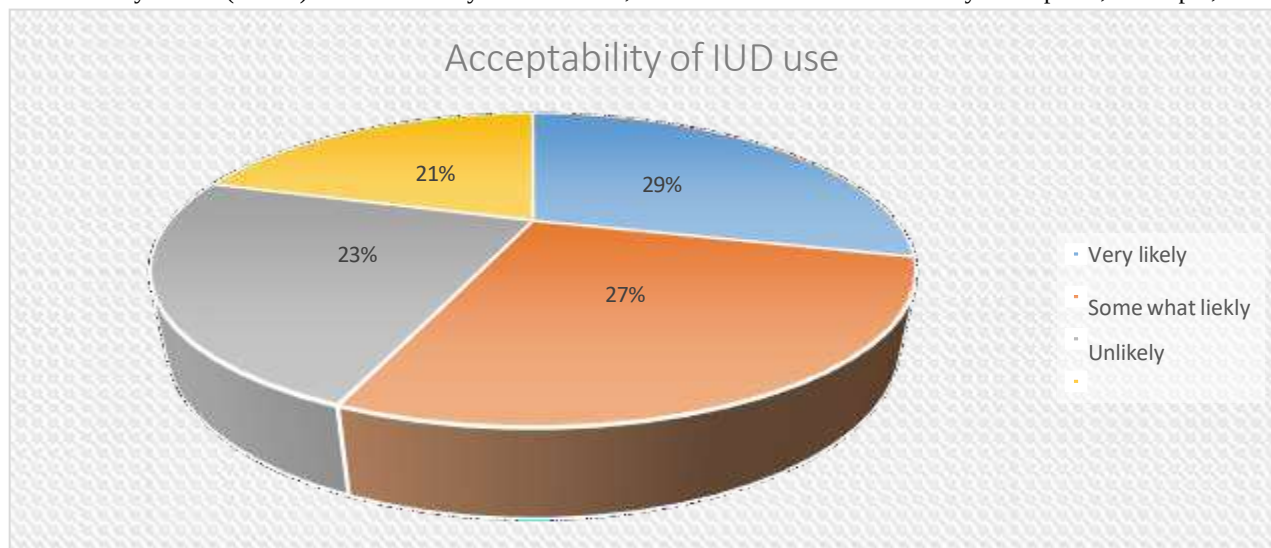
commonly cited barrier to using IPPFP methods was *lack of information*, reported by 27 (37.0%) of respondents. A strong majority, 56 (76.7%), believed that IPPFP methods should be more widely promoted. Similarly, 59 (80.8%) felt that increased community awareness would *significantly or*

*slightly* increase the acceptability of these methods. More than half of the mothers, 41 (56.2%), indicated that they would recommend IPPFP methods to other postpartum women.

**Figure 3: Distribution of respondents by likelihood of using an IUD immediately after childbirth (n=73)**

Figure 3 shows that 21 (28.8%) of respondents were very likely and 20 (27.4%) somewhat likely to use an IUD, while

results confirm literature asserting that although exposure to FP information is fairly widespread, the depth, the quality,



17 (23.3%) were unlikely and 15 (20.5%) very unlikely.

and consistency of that information remain insufficient.

## DISCUSSION

### Knowledge of postpartum mothers regarding IPPFP methods

The study showed that postpartum mothers generally had moderate knowledge of IPPFP methods. A large proportion reported familiarity with postpartum contraception, and 84.9% had heard of IUDs as postpartum methods. This aligns with similar findings in Rwanda and India, where women attending ANC demonstrated moderate to high awareness of postpartum contraception (Toukara et al., 2022; Pal et al., 2022). Despite this broad awareness, a detailed understanding of the PPIUD benefits and side effects was lacking; 20.5% were uncertain of the benefits, and several respondents were unsure about potential side effects. These findings are consistent with studies from Uganda and Tanzania, which highlight persistent misconceptions and partial knowledge despite increasing coverage of FP counselling (Namutebi et al., 2023; Muna & Mahiti, 2022). The fact that healthcare workers were the main source of information (64.4%) agrees with other East Africa studies (Teshome et al., 2017), emphasizing their central role in disseminating post-partum FP knowledge. Overall, the

### Attitude of postpartum mothers towards IPPFP methods

Attitudes towards postpartum IUD use were generally favorable, with over half of the respondents expressing positive feelings. This corresponds with the evidence from India and North Africa showing that many postpartum women are receptive to PPIUDs when properly counseled (Sinha, 2023; Pal et al., 2022). However, significant reservations persisted; 31.5% of the respondents were unsure about the safety of PPIUDs, echoing findings from Tanzania, Kenya, and Uganda, where fear of infertility, device movement, or complications discouraged uptake (Huber-Krum et al., 2019; Namasivayam et al., 2022). Cultural and religious influences shaped attitudes for 41.1% of respondents, a trend widely documented in sub-Saharan Africa (Srikanthan & Reid, 2018; Ouma et al., 2015). Partner involvement emerged as a dominant factor influencing attitudes, consistent with findings from Uganda and Ethiopia, where male engagement plays a critical role in postpartum FP uptake (Silesh et al., 2023; Wambete et al., 2024). The results, therefore, reinforce existing evidence that favorable attitudes alone do not guarantee acceptance of

postpartum contraception when socio-cultural and interpersonal dynamics remain strong.

### Acceptability of immediate postpartum family planning methods

The study found moderate acceptability of PPIUDs among postpartum mothers, with just over half indicating they would likely use an IUD immediately after childbirth. This aligns with findings from Ethiopia, where contraceptive uptake remains moderate due to persistent barriers (Gezume et al., 2024). In this study, acceptability was strongly shaped by knowledge, partner opinion, and cultural beliefs—factors consistent with the Andersen Behavioral Model widely applied in family planning research in Uganda (Zimmerman et al., 2021).

The results further showed that 64.4% of mothers perceived IPPFP services as accessible, and 54.8% rated counselling as excellent or good, suggesting that service availability and quality played a notable role in shaping acceptability. However, key barriers remained evident, with lack of information (37.0%) identified as the most significant obstacle, followed by cultural or religious objections and financial limitations. These barriers mirror findings from Kenya and rural Uganda, where community norms and limited awareness hinder postpartum contraceptive uptake. Importantly, 76.7% of respondents believed IPPFP methods should be more widely promoted, while 80.8% felt that enhanced community awareness would increase acceptability, highlighting a strong demand for broader public sensitization. Despite this, only 56.2% were willing to recommend the methods to peers, illustrating the persistent gap between theoretical acceptance and practical willingness to advocate for use—a pattern similarly noted in East African studies (Memon et al., 2023).

### LIMITATIONS

The use of a consecutive sampling technique, although practical in a clinical setting, limited the generalizability of the results because it did not capture postpartum mothers who did not attend the facility during the study period.

Data were collected using self-administered questionnaires, which may have introduced response bias, including social desirability and recall challenges, especially regarding attitudes and prior contraceptive experiences.

Being a cross-sectional study, the findings reflect respondents' knowledge, attitudes, and acceptability at a single point in time and cannot demonstrate changes over the postpartum period.

### CONCLUSION

This study demonstrated that postpartum mothers at Wakiso Health Center IV generally possess moderate knowledge, moderately positive attitudes, and moderate levels of acceptability toward immediate postpartum family planning, especially IUDs. However, significant gaps persist in a

detailed understanding of benefits and side effects, perceptions of safety, and the role of cultural norms and partner influence.

Knowledge was highest in broad awareness but lowest in areas requiring deeper understanding. Attitudes were predominantly positive but strongly mediated by socio-cultural and interpersonal factors. Acceptability was moderate and limited by information gaps, perceived side effects, fear, cultural influences, and accessibility challenges.

### RECOMMENDATION

To enhance knowledge, attitudes, and acceptability of immediate postpartum family planning methods, several actions are recommended. Health workers should intensify structured and individualized counselling sessions during antenatal, maternity, and postnatal periods to ensure that women receive complete and accurate information about IPPFP methods, including their effectiveness, safety, and potential side effects. Such counselling should be frequent, interactive, and supported by visual aids to dispel misconceptions and address common fears related to postpartum IUD use. Strengthening the capacity of health workers through regular refresher training will further improve the quality and consistency of the information provided.

Improving male partner involvement is also critical. Health facilities should encourage partners to attend ANC sessions and be part of the counselling process, thereby fostering shared decision-making within households. Given the strong influence of cultural and religious beliefs on postpartum contraceptive choices, community engagement strategies such as using local leaders, VHTs, women's groups, and religious influencers should be employed to provide culturally sensitive messaging that aligns contraceptive use with community values and health benefits.

At the facility level, it is important to ensure consistent availability of family planning commodities, particularly IUDs, and to minimize stock-outs. Improving the accessibility of services by reducing waiting times and ensuring privacy during counselling will further support uptake. Community-based campaigns, radio programs, and peer-led awareness initiatives should be expanded to increase public knowledge and normalize the uptake of postpartum contraception.

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### List of abbreviations

**IPFP:** Immediate Postpartum Family Planning

**PPIUD:** Postpartum Intrauterine Device

**IUD:** Intrauterine Device

**ANC:** Antenatal Care

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### Conflict of interest

The author declares that there was no conflict of interest.

### Author contributions

**JA-** Developed the study, pretested research tools, and analyzed data.

**JO-** Supervised the Study.

**HN-** supervised the Study.

**FS-**Supervised the Study.

**JFN-**Supervised the Study.

### Data availability

Data is available upon request.

### Informed consent

There was full disclosure; full comprehension, and respondents voluntarily consented to participate in the study.

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