Pakistan has a high fertility rate of 3.8 and a low contraceptive prevalence of 35%. Worldwide studies have shown that poorly spaced pregnancies have a negative impact on both the health of mothers and their children [1]. About 65% of women lack access to contraception. Lack of knowledge, the absence of easily available family planning services, and restrictions on women's movement owing to cultural and socioeconomic circumstances are the causes of the poor use of contraception [2]. If the birth takes place in a medical setting, the time of delivery offers the ideal chance to address their need for contraception. Women are frequently discharged after giving birth and contacted six weeks later for advice on contraception [3]. The two main categories of contraceptive techniques are modern and traditional. The conventional techniques are calendar method and coitus interruptus, however the modern methods include female sterilization, vasectomy, the pill, intrauterine device (IUD), injectables, implants, male condoms, female condoms, lactational amenorrhea, and emergency contraception [4, 5]. Contraceptive cessation rates vary significantly depending on the technique utilized. IUD users typically have the lowest discontinuation...
rates, whereas condom users and, to a lesser extent, injectable users have the highest rates [6]. Women with poor parity and those whose planned family size had not been reached at the beginning of the segment of usage are more likely to stop using contraceptives [7]. In deciding whether to use contraception, the choice for family size appears to be more significant than the preference for the sex of children [8]. Women who wish to space their pregnancies, however, are twice as likely to stop using the IUD during the first year as women who want to limit pregnancy9. Studies have shown that women who are younger, have less education, have tried other forms of contraception, and are more likely to stop using IUDs. However, education does not always appear to be a significant factor [9, 10]. IUCD discontinuation was detected in 18.8% of women in the study, and nearly half (49.8%) of the respondents mentioned side effects as the primary motivator, followed by a wish for additional children (34.0%). 7.7% of women also stopped because their spouses disapproved of them or their in-laws objected to them [11]. In another study, adverse effects were the primary factor in early discontinuation (34.7%). Woman's occupational status (house wife 44.9%), husband's occupational status (business 32.7%), illiterate women (26.5%) and urban area (79.6%) were the other factors for early discontinuation [12]. Another study found that pregnancy desire (50.9%), menorrhagia (10.4%), recurrent vaginal infections (9.0%), and other factors were the most frequent causes of cessation [13]. As the contraception for family planning is evolving nowadays in our country, but majority of our public think that intrauterine contraceptive devices are not safe and efficacious for contraception. As there is a racial difference among its acceptability, thus this study generated some useful data for local population. Then based on these results, antenatal counseling should be done in every female for IUD insertion in order to avoid the unwanted pregnancy. Once major factors are identified then efforts can be made to modify these factors I like health promotional programs for appropriate management strategies and therapy in order to decrease the discontinuation of IUD.

M E T H O D S

After approval from institutional ethical review committee the quantitative cross-sectional study was carried out in Department of Obstetrics & Gynecology, Services Hospital, Lahore from 1st October 2022 to 31st March 2023. Non-probability, consecutive sampling technique was chosen. Sample size of 236 was calculated by taking 95% confidence level, 5% margin of error and taking expected difference among its acceptability, thus this study...
### Discussion

IUD usage increased from 11% in the middle of the 1980s to 17% in 2001, making it the second highest long acting reversible contraceptive being used in Pakistan [14]. Surprisingly, public knowledge about IUD and its usage has reduced over time, resulting in the IUD making up only 9.3% of the total number of methods [15]. Furthermore, the rural population uses it even less frequently [15, 16]. No data were available to explain the decline in IUD knowledge and use in Pakistan throughout this time period, however it may be related to vertical programs and the public sector's emphasis on both long-term and short-term solutions.

There are little statistics on the usage of IUDs both globally [17] and in Pakistan; surveys conducted in several nations, including the most recent Pakistan Demographic and Health Survey, tend to fail to collect this data [16]. IUD discontinuation rates were recorded as 16.3%, 18.8%, and 22.7% after 6, 12, and 24 months, respectively, in a recent survey of Social Franchise Network clients conducted in 2011 in Sindh and Punjab provinces that was 21.51% in our study. Social Franchise Network is a business model in which service delivery outlets are given licenses to work under its brand name [11]. Additionally, a double-blind clinical trial in Pakistan revealed discontinuation rates of 3% and 8%, respectively, for the Copper-T and 6% and 7%, respectively, for the Multiload (copper 375 IUD) [18]. Unpublished statistics also show 12-month IUD dropout rates of up to 23% in a survey of 29 Pakistani districts [19]. In this study, frequency of early discontinuation of IUD was found in 51 (21.61%) patients that was approximately same as our study with side effects (47.06%) as the major cause of discontinuation which in our study was found to be 60.78% followed by desire for more children (33.33%) which in our study was 5.88%, discontinuation due to their husbands' dislike or in-law's opposition (9.80%) that was 21.57% in our study, and myths (3.92%) that was the same in our study. In a study, discontinuation of IUCD was found in 18.9% women and nearly half (49.8%) of the respondents cited side effects as the main reason for discontinuation, followed by desire for more children at 34.0%. In addition, 7.7% discontinued due to their husbands' dislike or in-law's opposition [11]. In another study, side-effects were the main reason for early discontinuation (34.7%) that was also the main reason of discontinuation in our study (60.78%).

<table>
<thead>
<tr>
<th>Causes</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uneducated</td>
<td>04 (7.84)</td>
</tr>
<tr>
<td>Side effects</td>
<td>31 (60.78)</td>
</tr>
<tr>
<td>Discontinued due to their husbands' dislike or in-law's opposition</td>
<td>11 (21.57)</td>
</tr>
<tr>
<td>Desire for more children</td>
<td>03 (5.88)</td>
</tr>
<tr>
<td>Myths</td>
<td>02 (3.92)</td>
</tr>
</tbody>
</table>

### Conclusions

This study concluded that frequency of early discontinuation of IUD was 21.61% with side effects (60.78%) are the main cause of discontinuation followed by discontinuation because of their husbands' dislike or in-law's opposition (21.57%), desire for more children (5.88%), and myths (3.92%). So, we recommend that antenatal counseling should be done in every female for IUD insertion, the expected side effects and when and how they settle - in

DOI: https://doi.org/10.54393/pjhs.v4i06.889
order to avoid the unwanted pregnancy. Health promotional programs should be arranged for appropriate management strategies and therapy in order to decrease the discontinuation of IUD.

**Authors Contribution**

Conceptualization: QZM, MU  
Methodology: QZM, IM  
Formal analysis: MR, IM, AN  
Writing-review and editing: QZM, KK, MU, MM

All authors have read and agreed to the submitted version of the manuscript.

**Conflicts of Interest**

The authors declare no conflict of interest.

**Source of Funding**

The authors received no financial support for the research, authorship and/or publication of this article.

**REFERENCES**


