



“A STUDY TO ASSESS THE KNOWLEDGE REGARDING THE USE OF PPIUCD (POST PARTUM INTERA UTERINE CONTRACEPTIVE DEVICE) AS A METHOD OF CONTRACEPTION AMONG POSTNATAL WOMEN IN SELECTED RURAL AREA DEHRADUN”.

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Abstract: India's population is growing exponentially and currently Indian population has grown upto 121 million. This growing population is putting immense pressure on constrained resources which are not growing in pace with this population growth. Family planning has been in place from 1950's and being reported in a survey that contraceptive use is only 54% and out of that 7% are using less reliable traditional methods. Women of reproductive age group (15-49) make up approximately 248 million, with 1.24 billion population and 254 women dying in childbirth for every 100000 births. These statistics help explain why India accounts for more than 20% of global maternal and child deaths—most of them preventable. Among the various method of family planning available for an women, insertion of post partum IUCD appears appealing for several reasons: commencement of ovulation is unpredictable after delivery, women wish to avoid pregnancy ,but still may not be using any form of contraception, delivery may be only time when a healthy women comes in contact with health care providers, women is likely to be highly motivated for accepting contraception during post partum, long term and reversible method, newer understanding about IUCD in terms of acceptability ,low expulsion when inserted by proper technique ,cost effectiveness , safety and feasibility of inserting immediately after child birth Keeping in mind all of the above, present study undertaken .**AIM:** To assess the knowledge regarding the use of PPIUCD) as a method of contraception among postnatal women the selected female hospital in,Dehradun. **DESIGN :** Non-experimental descriptive survey design was used for sample selection. **SETTING:** Doon female hospital at Dehradun. Participants 100 postnatal women fulfill the inclusion and exclusion criteria selected by purposive sampling technique for the study.**METHODS:** Data was collected by two tools section 1) demographic variables of the participants, 2) structured self- reported knowledge Questionnaire. Collected data was analyzed by using descriptive and inferential statistics. **RESULTS:** On analysis, the study revealed that 49% subjects had average knowledge followed by 46% having poor knowledge and only 5% were having good knowledge regarding PPIUCD . The overall mean of knowledge of postnatal women is 10.28 having mean percentage 38.07%. Out of the thirteen demographic variables selected for the study only seven is found to be significantly associated with the knowledge level of postnatal women. The chi square testing shows that there is significant association between the knowledge and Duration of marriage, age of youngest child, type of family, occupation of respondent, education of respondent and education of husband. Through chi square testing, there is no significant association between the knowledge of postnatal women and age,

religion, age of getting married, Income, occupation of husband, Living locality, Source of information. After conducting the pilot study result shows that there were significant association between knowledge and selected demographic variables. **CONCLUSION:** The finding of the study revealed that the respondent had average knowledge regarding PPIUCD, the overall mean of knowledge is 10.28 having mean percentage is 38.07%. and concluded that the demographic variables such as knowledge and duration of marriage, age of youngest child, type of family, occupation of respondent, education of respondent and education of husband there is significant association between the knowledge and there is no significant association between the knowledge of postnatal women and age, religion, age of getting married, Income, occupation of husband, Living locality, Source of information.

KEYWORDS: Contraception, PPIUCD, Postnatal women.

INTRODUCTION

A large proportion of women in the postpartum period want to accept a contraceptive method to regulate their fertility, either by spacing or limiting future pregnancy. Access to safe and effective contraceptive services in the postpartum period is of utmost importance for a woman to prevent unwanted/mistimed pregnancies. Women are highly motivated and receptive to accept family planning method during the postpartum period. Demographic and health survey show that 40% of women in the first year postpartum intend to use a family planning method but are not doing so. Institutional deliveries have increased significantly all across the country, thereby creating opportunities for providing quality postpartum family planning services. Various postpartum family planning includes condoms, IUCD, LAM (lactational amenorrhoea method), progesterone only pills or injection, female and male sterilization. In breast feeding women LAM is effective for first 6 months, progesterone only pills or injection can be given from 6 weeks onwards and combined pills to be started after 6 months. In non-breastfeeding women progesterone only contraceptives can be started immediately after delivery and combined pills from 3 weeks onwards. Provision of IUCD in the immediate postpartum period offers effective and safe method for spacing and limiting births. Use of IUCD in immediate postpartum period is not a new issue. But its necessity and importance are not addressed properly and are underestimated. Despite persistent misconception, IUCD users are high satisfaction rates (99 % versus 91% for pill users) and continuation rate then users are any other method. Risk of PID in IUCD users is negligible while the expulsion rate is may be as higher as 10 % which implies that; retention rate is still 90%. Thus, despite the potential higher expulsion rate for immediate PPIUCDs, the public health benefit of service is high.

Advantages of PPIUCD Counseling during antenatal period and in early labor is very successful and women and family become highly motivated to accept it as a reliable birth spacing method. It is safe to use as it is certain that the women is not pregnant at the time of insertion. There is minimal risk of uterine perforation because of the thick wall of the uterus .there is a reduced perception of initial side effects (bleeding and cramping)and reduced chance of heavy bleeding especially among LAM users , since they experience amenorrhea .There is no effect on amount or quality of breast milk. It saves time as performed on same delivery table for postplacental /intra cesarean insertion. Additional evaluation and separate clinical procedure is not required .it needs minimal additional instruments, supplies and an equipment .The woman has an effective method for contraception before discharge from hospital. The popularity of immediate postpartum IUCD insertion in countries as diverse as China, Mexico, Egypt and Paraguay support the feasibility of this approach. 2 The CuT-380A is a highly effective (>99% effective).there are 0.6 to 0.8 pregnancies per 100 women n first year of use. CuT380A is effective for 10 years of continuous use. It can, however, be used for whatever time period the women wants upto 10 years The PPIUCD can be placed immediately following the delivery of the placenta, during cesarean section or within 48 hours following childbirth. The IUCD should not be inserted from 48 hours to 6 weeks following delivery because there is an increased risk of infection and expulsion.

STATEMENT OF THE PROBLEM:

A study to assess the knowledge regarding the use of PPIUCD (Post partum intra uterine device) as a method of contraception among postnatal womens admitted in Doon Female Hospital, Dehradun, Uttarakhand.

OBJECTIVES:

- To assess the knowledge of antenatal woman regarding use of PPIUCD as a contraceptive method
- To find out the association between knowledge among postnatal women in rural areas with demographic variables.

HYPOTHESIS: The hypothesis will be significant association between the level of knowledge of postnatal women and their selected demographic variables.

MATERIAL AND METHOD

A qualitative approach was used since the study aimed at assessing the knowledge of PPIUCD among postnatal women. Purposive sampling technique used to collect the 100 postnatal women. The study was carried out selected women admitted in Doon Female Hospital, Dehradun, Uttarakhand. Self-structured questionnaire was administered for the assessment of knowledge of postnatal women.

RESULTS:**Section 1:****Table1: Frequency and percentage Distribution of women according to their demographic characteristics.**

Age of women (in years)	Frequency	Percentage (%)
20-25	69	69%
26-30	26	26%
31-35	03	03%
More than 35	02	02%
	100	100 %
Religion		
Hindu	78	78%
Muslim	20	20%
Sikh	02	02%
Christian & others	00	00%
	100	100 %
Age of getting married		
Less the 20	43	43%
20-25	52	52%
26-30	05	05%
More than 30	00	00%
	100	100 %
Duration of marriage		
One	22	22%
Two	17	17%
Three	15	15%
More than three	46	46%
	100	100 %
Family income		
5000-10000	77	77%
10001-15000	14	14%
150001-20000	05	05%
More than 20000	04	04%
	100	100%
Age of youngest child		
Less than 2	68	68%
2-3	12	12%
4-5	09	09%
More than 5	10	10%
	100	100%
Occupation of women		
Housewife	77	77%
Govt. job	03	03%
Private job	14	14%
Agriculture	06	06%
	100%	100%

Occupation of husband		
Govt. employee	04	04%
Self employee	19	19%
Agriculture	12	12%
Private	65	65%
	100	100 %
Type of family		
Nuclear	48	48%
Urban	52	52%
	100%	100%
Education		
Illiterate	28	28%
Primary	27	27%
Graduation	19	19%
Intermediate	26	26%
	100	100%
Education of husband		
Illiterate	16	16%
Primary	32	32%
Graduate	26	26%
Intermediate	26	26%
	100	100%
Source of information		
Health employee	50	50%
Family friends	12	12%
Mass media	15	15%
others	23	23%
	100	100%
Living locality		
Urban	69%	69%
Rural	31%	31%
	100	100%

Section 2:

Table 2: Distribution of respondent according to their knowledge regarding PPIUCD.

Knowledge of respondents	Total no. of respondents	Percentage %	Mean
Good	3	3%	10.28
Average	49	49%	
Poor	46	46%	

SECTION:3

Table 3: Association of demographic variable with knowledge regarding PPIUCD

S.no	Demographic variables of respondents	Knowledge			df	X ²	Table valve	Inference
		Good	Average	Poor				
1.	Age				06	1.712	12.59	NS
	• 20-25	04	32	33				
	• 26-30	01	15	10				
	• 31-35	00	01	02				
	• More than 35	00	01	01				
2.	Religion				04	3.055	9.49	NS
	• Hindu	05	39	34				
	• Muslim	00	09	11				
	• Sikh	00	01	00				
	• Christian	00	00	00				
3.	Age of getting married							

	<ul style="list-style-type: none"> • Less than 20 • 20-25 • 26-30 • More than30 	01 03 00 00	20 26 03 00	22 23 01 00	04	4.134	9.49	NS
4.	Duration of marriage <ul style="list-style-type: none"> • 1 year • 2year • 3year • More than 3 year 	08 12 08 18	12 05 04 28	02 00 03 00	06	18.281	12.59	S
5.	Income <ul style="list-style-type: none"> • 5000-10000 • 10001-15000 • 15001-20000 • More than 20000 	02 01 00 00	41 05 01 03	34 08 01 03	06	7.319	12.59	NS
6.	Age of youngest child <ul style="list-style-type: none"> • Less than 2 year • 2-3year • 4-5year • More than 5 year 	02 01 00 00	30 07 09 03	36 03 01 06	06	14.03	12.59	S
7.	Occupation of mother <ul style="list-style-type: none"> • House wife •Government employee •Private • Agriculture 	02 02 02 00	36 00 09 04	29 04 00 02	06	28.334	12.59	S
8.	Occupation of father <ul style="list-style-type: none"> • Self employee •Government employee •Agriculture • Private 	00 00 00 04	03 11 08 27	01 08 04 33	06	5.667	12.59	NS
9.	Type of family <ul style="list-style-type: none"> • Nuclear • Join 	00 05	22 27	26 20	02	6.143	5.99	S
10.	Education of respondent <ul style="list-style-type: none"> • Illiterate • Primary •Intermediate • Graduation 	00 00 01 04	00 00 01 04	00 00 01 04	06	16.382	12.59	S
11.	Education of father <ul style="list-style-type: none"> • Illiterate •Primary •Secondary • Graduation 	00 00 35 13	00 00 01 04	00 00 01 04	06	24.380	12.59	S
12.	Source of information <ul style="list-style-type: none"> •Health employees • Family, friend • Mass media • Other 	02 00 00 03	00 00 01 04	00 00 01 04	06	7.098	12.59	NS
13.	Living locality <ul style="list-style-type: none"> • Urban • Rural 	05 00	35 14	29 17	02	3.145	5.99	NS

RESULTS:

On analysis, the study revealed that 49% subjects had average knowledge followed by 46% having poor knowledge and only 5% were having good knowledge regarding PPIUCD. The overall mean of knowledge of postnatal women is 10.28 having mean percentage 38.07%. Out of the thirteen demographic variables selected for the study only seven is found to be significantly associated with the knowledge level of postnatal women. The chi square testing shows that there is significant association between the knowledge and Duration of marriage, age of youngest child, type of family, occupation of respondent, education of respondent and education of husband. Through chi square testing, there is no significant association between the knowledge of postnatal women and age, religion, age of getting married, Income, occupation of husband, Living locality, Source of information. After conducting the pilot study result shows that there were significant association between knowledge and selected demographic variables.

CONCLUSION:

On the basis of present study, the following conclusions are the respondent had average knowledge regarding PPIUCD, the overall mean of knowledge is 10.28 having mean percentage is 38.07%. The chi square testing shows that there is significant association between the knowledge and Duration of marriage, age of youngest child, type of family, occupation of respondent, education of respondent and education of husband. Through chi square testing, there is no significant association between the knowledge of postnatal women and age, religion, age of getting married, Income, occupation of husband, Living locality, Source of information.

RECOMMENDATION:

- The similar study on large scale and wider sample, for long period of time would be more pertinent in marking broad generalization.
- A similar study can be undertaken in different setting.
- A comparative study may be conducted to assess knowledge in between PPIUCD and interval IUCD among postnatal women.
- A similar study may be conducted by assessing the knowledge of antenatal women regarding PPIUD.

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