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Comparative study to assess knowledge and attitude regarding post-partum intrauterine contraceptive devices among primigravida Mother and their life partners attending antenatal clinics

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Abstract

Background: Intra uterine contraceptive devices are usually inserted as an interval procedure that is six weeks after delivery or along with induced abortion. It was not commonly inserted immediate postpartum; within 48 h of delivery before discharge of woman from the hospital. The initial clinical experience of intrauterine device inserted in the immediate postpartum has prompted its wide spread use.

Objectives: To assess the knowledge and attitude of primigravida mothers and their life partners regarding post-partum intrauterine contraceptive devices and to compare the level of knowledge and attitude between primigravida mothers and their life partners regarding post-partum intrauterine contraceptive devices

Methodology: A quantitative approach with descriptive comparative survey design was adopted for the study. The samples from the selected antenatal clinics of Dharwad were selected using convenient sampling technique. The sample consisted of 100 (50+5) primigravida mother and their life partners attending antenatal clinics. The tools used for data collection was knowledge questionnaire and structured attitude scale.

Results: With respect to knowledge, among the primigravida mother's group, 28(56%) participants were having moderate knowledge and 22(44%) were having poor knowledge. Among the life partners group, 38(76%) participants were having moderate knowledge, 8(16%) participants were having poor knowledge and 4(8%) were having good knowledge. With respect to attitude, among the primigravida mother's group, 24(48%) participants were having favorable attitude, each 13(26%) were having non favorable and positive attitude. Among the life partners group, 25(50%) participants were having favorable attitude, 16(32%) participants were having non favorable attitude and 9(18%) were having positive attitude. The statistical significance of the mean knowledge and attitude score difference between primigravida mothers group and life partners was not found statistically significant as calculated 't' (98) = 1.88 and 't' (98) = 0.49 respectively.

Conclusion: There is a need for the education for the primigravida mothers and life partners related to advanced methods of family planning for spacing of pregnancies adequate interval.

Keywords: Knowledge, attitude, post-partum intrauterine contraceptive devices, primigravida mothers, life partners

Introduction

India is the first country in the world to start its family planning program in 1952. The aim of the national program was population control so that economic development could keep pace with time. Contraception (both temporary and permanent) was one of the main prongs of this national program. Contraception is a highly cost effective public health measure and the most effective methods are also cost effective^[1].

In the last few decades there has been a great progress in the understanding and armamentarium of contraception; many new ones have been developed. Some of the contraceptives are suitable at an individual level but at community level still the ideal contraceptive is elusive, the one which would cater to most of the couples. Couples need contraception throughout their reproductive years; initially it is required for delaying first pregnancy and later on for spacing and finally permanent methods when the family is complete. The choice and decision of contraception should be left to them; popularly called 'Cafeteria Approach'.

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The couples should have adequate information about all the options available and they reach the informed decision on their own [2].

Lack of adequate knowledge or wrong information and beliefs are common hurdles in acceptance of contraception. Fear of side effects and misconceptions is wide spread and has been the most important explanation for non-use of contraception [3].

Postpartum period is one of the important and crucial times when women and couples are highly motivated and more receptive to family planning methods. This period is defined as the period of six weeks after delivery when the woman returns to her pre-pregnancy state. If a contraceptive is provided prior to discharge from the hospital then the woman or couple need not return specially for contraception. The couple has been protected before they assume sexual activity [4].

There is not enough time for the mother to recuperate and build up her iron stores resulting in chronic ill health among women. Approximately 27% births in India occur within 24 months of delivery. Intrauterine contraceptive device (IUCD) is most effective and one of the good options for spacing pregnancies as it is convenient, long acting and rapidly reversible. It can be removed whenever the individual desires and fertility returns immediately [5].

IUCD is usually inserted as an interval procedure that is six weeks after delivery or along with induced abortion. It was not commonly inserted immediate postpartum; within 48 h of delivery before discharge of woman from the hospital. The initial clinical experience of intrauterine device inserted in the immediate postpartum has prompted its wide spread use [6].

Postpartum IUCD (PPIUCD) insertion can be done post placental that is within 10 min of placental expulsion, intra cesarean at the time of cesarean section or within 48 h of delivery. Inserting IUCD minutes after placental delivery is safe, will lead to wider usage of IUCD hence meeting the unmet needs of community. Contraception has been provided before assumption of sexual activity. It does not interfere with lactation and chances of perforation are almost nil due to thick walled uterus. Common menstrual abnormalities do not occur as many women as such have amenorrhea or oligo-menorrhoea during lactation period. The expulsion rates would be minimal if it was inserted by a trained provider and placed at the fundus [7].

Objectives

1. To assess the knowledge and attitude of primigravida mothers and their life partners regarding post-partum intrauterine contraceptive devices.
2. To compare the level of knowledge and attitude between primigravida mothers and their life partners regarding post-partum intrauterine contraceptive devices

Hypothesis

H₁: There will be significant difference in the mean

knowledge scores regarding post-partum intrauterine contraceptive devices among primigravida mothers and life partner's at 0.05 level of significance.

H₂: There will be significant difference in the mean attitude scores regarding post-partum intrauterine contraceptive devices among primigravida mothers and life partner's at 0.05 level of significance.

Methodology

Research Approach: Quantitative Research Approach

Research Design: Descriptive comparative design

Sampling technique: Non-Probability; Convenient Sampling Technique

Sample size: 100 (50+50)

Setting of study: Selected antenatal clinics, Dharwad

Method of data collection: Interview technique

Tools Used

Section I: Socio-demographic variables of Participants

Section II: Structured Knowledge questionnaire

This section consists of 32 structured items with the multiple options to assess the knowledge of primigravida mothers and their life partner's regarding postpartum intrauterine contraceptive devices. The right answer will be scored as 'one' mark and the wrong answer will be scored as 'zero' comprising the maximum score of 32. The total score is arbitrarily divided as Poor Knowledge (0-11), Moderate Knowledge (12-22) and good Knowledge (23-32)

Section III: Structured attitude scale

A structured attitude scale consisted of 15 statements regarding post-partum intra uterine contraceptive devices. There are five alternative response columns; strongly agree, agree, uncertain, disagree and strongly disagree. The total score ranged from 15 to 75. The score is further divided arbitrarily as follows; Non favorable attitude (36-55), Favorable attitude (36-55), Positive attitude 56-75).

Procedure of data collection

Data was collected after obtaining administrative permission from selected antenatal clinics of Dharwad. The investigator personally explained the participants the need and assured them of the confidentiality of their responses. Data was collected by face to face interview by researcher. The data analysis was done by using both descriptive and inferential statistics.

Results

The findings related to socio-demographic variables of participants

Study comprised of 100 (50 in each group) participants. The socio demographic variables are presented in following table.

Table 1: Frequency and percentage distribution of participants according to their socio demographic variables n= 50+50

SL No.	Demographic Variables	Primigravida Mothers		Life Partner's	
		Frequency f	Percentage %	Frequency f	Percentage %
1.	Age in years				
	18 - 25	19	38	11	22
	26 – 30	19	38	23	46
	31- 35	12	24	16	32
2.	Religion				
	Hindu	26	52	26	52
	Muslim	15	30	15	30
	Christian	9	18	9	18
3.	Educational Status				
	≤ Lower primary school	6	12	4	8
	High school	8	16	4	8
	PUC	19	38	17	34
	≥ Diploma and Degree	17	34	25	50
4.	Occupational Status				
	Agriculture	8	16	9	18
	Housewife	21	42	--	--
	Govt / Private Job	18	36	33	66
	Health care sector	3	6	8	16
5.	Area of residence				
	Rural	13	26	13	26
	Semi urban	23	46	23	46
	Urban	14	28	14	28
6.	Family income				
	<Rs. 10,000	13	26	13	26
	10,001-20,000	17	34	17	34
	20,001-30,000	9	18	9	18
	>30,000	11	22	11	22
7.	Source of Information				
	Parents / family members	12	24	10	20
	Mass media	21	42	16	32
	Health care workers	12	24	18	36
	Friends	5	10	6	12

Findings related to knowledge and attitude scores of participants of both groups

Table 2: Mean knowledge scores of participants on post-partum intra uterine contraceptive devices n=50+50

Group	Mean	Median	Mode	SD	Range
Primigravida mothers	12.88	12	10	4.29	5-22
Life partner's	14.36	14	12	3.53	7-24

Among the group of primigravida mothers, knowledge mean was 12.88, Median was 12, mode was 10 with standard deviation 4.29 and range was 5-22.

Among the group of life partner's, knowledge mean was 14.36, Median was 14, mode was 12 with standard deviation 3.53 and range was 7-24.

Table 3: Mean attitude scores of participants on post-partum intra uterine contraceptive devices n=50+50

Group	Mean	Median	Mode	SD	Range
Primigravida mothers	45.60	47	47	12.76	23-69
Life partner's	44.38	42.50	33	11.8	24-68

Among the group of primigravida mothers, attitude mean was 45.60, Median was 47, mode was 47 with standard deviation 12.76 and range was 23-69.

Among the group of life partner's, attitude mean was 44.38, Median was 42.50, mode was 33 with standard deviation 11.8 and range was 24-68.

Findings related to level of knowledge and attitude scores of participants of both groups

Table 4: Frequency and Percentage distribution of participants according to level of Knowledge regarding post-partum intra uterine contraceptive devices n=50+50

Groups	Level of Knowledge		
	Poor (1-11)	Moderate (11-22)	Good (23-32)
Primigravida mothers	22 (44%)	28 (56%)	--
Life partner's	8 (16%)	38 (76%)	4 (8%)

Above table shows that, among the primigravida mother's group, 28(56%) participants were having moderate knowledge and 22(44%) were having poor knowledge.

Among the life partners group, 38(76%) participants were having moderate knowledge, 8(16%) participants were having poor knowledge and 4(8%) were having good knowledge.

Table 5: Frequency and Percentage distribution of participants according to level of attitude regarding post-partum intra uterine contraceptive devices n=50+50

Groups	Level of attitude		
	Non-favorable (15-35)	Favorable (36-55)	Positive (56-75)
Primigravida mothers	13 (26%)	24 (48%)	13 (26%)
Life partner's	16 (32%)	25 (50%)	9 (18%)

Above table reveals that, among the primigravida mother's group, 24(48%) participants were having favorable attitude, each 13(26%) were having non favorable and positive attitude.

Among the life partners group, 25(50%) participants were having favorable attitude, 16(32%) participants were having non favorable attitude and 9(18%) were having positive attitude.



Fig 1: Frequency and percentage distribution of participants with respect to level of knowledge

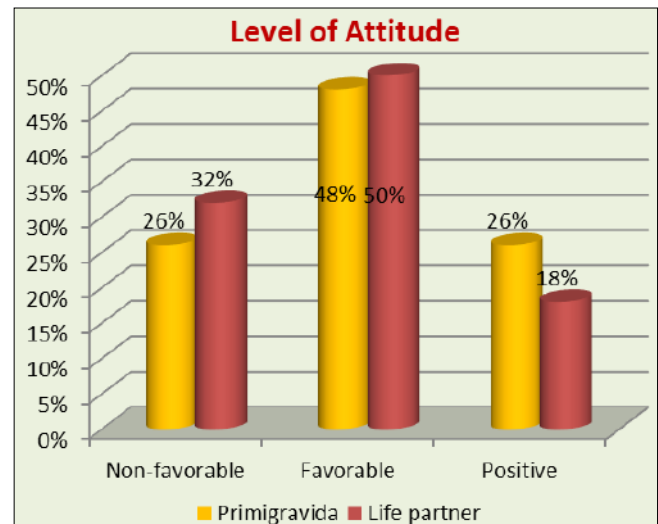


Fig 2: Frequency and percentage distribution of participants with respect to level of attitude

Findings related to comparison of knowledge and attitude scores between two groups

To compare the knowledge and attitude scores of participants of both groups, independent t value is calculated and findings are presented in following table-

Table 6: Mean difference, standard deviation of the difference and standard error of the mean difference and 't' value of knowledge and attitude scores participants of both groups $n_1 + n_2 = 100$

Variable	Groups	Mean _D	SD _D	SEMD	Independent 't' test	Significance
Knowledge	PG	1.48	0.76	0.78	1.88	NS
	LF					
Attitude	PG	1.22	0.95	2.45	0.49	NS
	LF					

The data presented in table 6 reveals that, The statistical significance of the mean knowledge score difference between primigravida mothers group and life partners group was tested and the 't' (98) = 1.88 is found not significant at 0.05 level. Thus, the findings do not support hypothesis H_1 and this indicates that there is no significant statistical difference between the two groups with respect to their knowledge regarding post-partum intra uterine contraceptive devices.

The statistical significance of the mean attitude score difference between primigravida mothers group and life partners group was tested and the 't' (98) = 0.49 is found not significant at 0.05 level. Thus, the findings do not support hypothesis H_2 and this indicates that there is no significant statistical difference between the two groups with respect to their attitude regarding post-partum intra uterine contraceptive devices.

Conclusion

All the primigravida mothers and their life partner's were willingly participated in the study. The participants of both groups had moderate knowledge and favorable attitude regarding post-partum intra uterine contraceptive devices. There was no difference among both group participants with respect to their level of knowledge and attitude.

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