

A Study To Assess The Knowledge Regarding Multipload Intra Uterine Contraceptives Among Women In Selected Areas Of Pune City.

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Abstract

In India, overpopulation happen due to lack of education, illiteracy, lack of proper knowledge of sex education, rituals, and superstition in the country's most populated area resulting in lack of development and exploitation of resources. This also cause threat to the environment by degrading the available natural resources. But by raising public awareness and enlisting strict population control norms, India will be able to tackle this issue. The process of birth control or contraception prevents pregnancy by interfering with the normal process of ovulation, fertilization and implantation.

Methodology: The study design was non-experimental descriptive study. Total 200 people residing in the selected urban area was selected for data collection. A Non-probability purposive sampling technique was used to collect data from the samples. Tool was constructed to identify the demographic variables, and a set of self-structured questionnaires on knowledge regarding multi-load intrauterine contraceptives.

Result: Result depicts According to knowledge levels, majority of 65.5% women have average knowledge, 31% women have poor knowledge, and 3.5% women have good knowledge.

Conclusion: Statistically there was association between the knowledge regarding multi-load intrauterine contraceptives among women with the demographic variables like religion, number of children, awareness about multi-load intrauterine contraceptives and source of information on multi-load intrauterine contraceptives as the calculated chi-square value is more than chi-square table value with $p > 0.05$.

Key words: (Knowledge, Assess, multi-load intrauterine contraceptives, women).

INTRODUCTION

Overpopulation is one of the issues that has been hot topic the world is facing in the current scenario. Also termed as population explosion, where the population of human rise rapidly in a certain area. There has been rapid rise in human population due to medical advancements and improved agricultural productivity. This has given benefit increasing the birth rate, decreasing the mortality rate and increasing the life expectancy.¹

India's most populous region suffers from overpopulation as a result of poor development and resource exploitation, as well as a low level of education, illiteracy, proper sexuality, ritual practices, and superstition. This also cause threat to the environment by degrading the available natural resources. India will be able to address this problem by increasing public awareness and implementing rigorous population control laws.²

But in the other way round, the increase in the population lead to rise in poverty, infant and child mortality rate along with food scarcity. Political systems will also be in chaos leading to social conflict among the people. There will be issues like epidemics which results to major pandemics causing global issues.³

India's population is expanding quickly, which has resulted in a shortage of food and significant land pressure. People in this country should not get indeed the basic minimum quantity of food, despite the fact that 60% of the population works in agriculture. In India, it is quite challenging to provide work possibilities for such a large population. As a result, illiteracy rates are rising quickly each year.⁴

By tampering with the natural processes of ovulation, fertilization and implantation. Birth control and contraception prevent conception. The most important of contraceptives use is to control the population growth of a country as a part of family planning measures.⁵

There are different forms of family planning methods but the common feature in all of them is that it works only if used faithfully. The methods of birth control work in different ways. The various groups of birth control are either hormonal contraceptive such as oral pills and injections taken at regular intervals. Others are implantation under skin, inserting IUD in the uterus and surgical methods which are being done in health care settings under trained professionals.⁶

NEED FOR THE STUDY

India has the second-highest population in the world after the People's Republic of China. India, which makes up 17.5 percent of the world's population and occupies 2.4 percent of its total geographical area, is now the second-most populous nation in the world. As a result, one in six persons on the earth are Indian. By 2024, India is expected to overtake China as the world's most populous nation, with 1.3 billion people, according to estimates from the United Nations. Population growth is seen as a menace and burden to the planet, and it significantly impedes a nation's ability to flourish. Therefore, employing efficient family planning techniques is urgently needed to avert overpopulation.⁹

Christian Fiala (2021) wrote on Birth Control Methods: From Antiquity to the Future. Over the last 100 years we have seen a fundamental change in fertility: from natural fertility leading to 12–15 pregnancies in a woman's lifetime to effective family planning, enabling people to only have the children they want. This revolution, the domination of natural fertility, represents the second most important cultural achievement in history after the domination of fire. The fact that we have today "Children and menstruation by choice, not chance" has changed everything on this world. But the happy end occurred only very recently with the development of the pill and effective IUDs. To reach this goal has been a long, painful, and mostly unsuccessful struggle, which has cost countless lives and destroyed so many families. Meanwhile, 60 years after the pill has enabled us to effectively separate fertility and sexuality, most have forgotten what natural fertility is really about. And we can observe the consequence of the lost perception about the incredible force of fertility: many people lost the motivation to use effective contraception. We find ourselves in a situation, nobody has foreseen: we have an unprecedented high number of highly effective contraceptive methods especially for women but many don't use them. Instead, many women still get pregnant unwantedly, a real contraceptive paradox.¹⁰

METHODOLOGY

Research approach: The research approach adopted in this study is Quantitative approach **Research design:** In this study research design is non-experimental descriptive study. **Sample** Women who are in age from 20 to 40years. **Sample size** Large samples are often more generalizable than small samples. In this study sample size is 200. **Sampling technique** Non-probability purposive sampling technique is used. **Reliability** The ultimate tool was created once the validity of the study's tool had been established, and reliability testing was then conducted on the tool. The consistency of a research tool's output over several trials is referred to as the tool's dependability. Utilizing the test-retest approach of the questionnaire, reliability was evaluated. 0.93 was the outcome. The tool was found reliable. **Pilot study** The pilot study is a scaled-down test of the technique intended for the larger research study. It helps to refine the methodology, determines if the study is feasible, and may reveal issues that the researcher could encounter in the larger research project. 20 samples were selected from selected areas. Based on the sampling criteria. There was no problem faced while conducting the study, so it was found feasible. **Data collection tool:** The tool was prepared by the researcher to gather data. The tools were created in accordance with the study's purpose and are divided into two parts. **Demographic data:** Age, gender, education, occupation, Number of children etc. **Self-structured knowledge questionnaire:** 20 questions are prepared on knowledge regarding multi-load intrauterine contraceptives.

RESULTS OF THE STUDY:

SECTION-I: Finding Regarding The Demographic Variables

In the demographic variables data are analyze in frequency and percentage distribution. It shows that majority 63 (31.5%) were in the age group of 20-25yrs; 51 (25.5%) were ages of 26 -30yrs; 52 (26%) were in the ages of 31 – 35yrs; and 34 (17%) were between the ages of 36 and 40. In type of family majority 102 (51 %) live in nuclear families, 70(35%) live in joint families, and 28(14%) live in extended families. According to the family incomes per month, majority 73(36.5%) has income between Rs10,001 -20,000/-, 55(27.5%) has income Rs20,001-30,000/-follow by 40(20%) has income more than Rs 30,001 and lastly 32 (16%) has income less than Rs10,000. In educational status majority 67 (33.5%) educated up to primary school & upper secondary school, 56 (28%) educated up to graduate and 10 (5%) educated up to of postgraduate.

In terms of occupation majority 63(31.5%) are home maker, 59(29.5%) are in self-employed, 54(27%) are in private sector and lastly 24(12%) are government employed. According to the religion majority 140 (70%) of the women are Hindu, 37 (18.5 %) are Muslims, 23(11.5%) are Christians, Regarding the number of children majority 80(40%) participants has one child & two child, 22(11%) having no child, and 18(9%) having Three & above children. In terms of awareness majority 128(64%) were aware about multiloader intrauterine contraceptives whereas 72(36%) was not aware about multiloader intrauterine contraceptives. Participants got information from the mass media, friends& relatives, from the health personnel, from the internet.

SECTION II: Findings regarding the level of knowledge regarding multi-load intrauterine contraceptives

Table No.1: Knowledge regarding multi-load intrauterine contraceptives
N=200

Knowledge	Frequency	Percentage	Mean	SD
Poor(0-6)	62	31	7.72	2.75
Average(7-13)	131	65.5		
Good (14-20)	7	3.5		

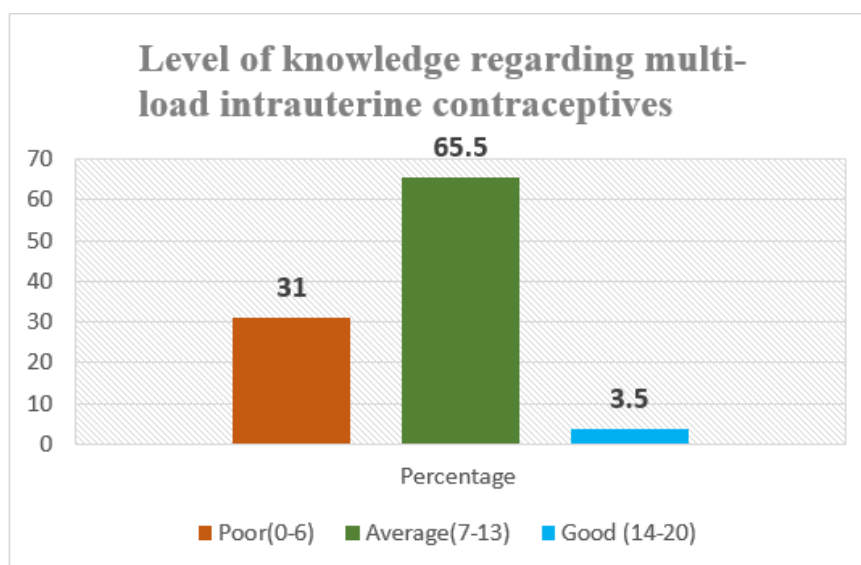


Figure 1: Level of knowledge regarding multi-load intrauterine contraceptives among women

Figure 1 & Table 1 depicts that majority 131(65.5%) women have average knowledge, 62(31%) women have poor knowledge and 7 (3.5%) women have good knowledge.

SECTION-III: Findings related to association between knowledge score and selected demographic variables

Demographic variable	Average	Good	Poor	df	Chi Square Table value	Chi Square Calculated value	P value	Remark
1. Age in years :-								
a) 20-25 years	47	1	15	6	12.59	13	0.043	Associated
b) 26-30 years	30	3	18					
c) 31-35 years	39	1	12					
d) 36-40 years	15	2	17					
2. Types of family								
a) Nuclear	64	6	32	4	9.49	12.3	0.015	Associated
b) Joint	54	1	15					
c) Extended	13	0	15					
3. Family incomes per month								
a) <10000	17	3	12	6	12.59	7.62	0.26	Not Associated
b) Rs 10001-20000	49	1	23					
c) Rs 20001-30000	39	0	16					
d) >30001	26	3	11					
4. Educated up to :-								
a) Primary education	35	5	27	6	12.59	10.06	0.12	Not Associated
b) Secondary education	47	2	18					
c) Graduation	40	0	16					
d) Post Graduate	9	0	1					
5. Occupation								
a) Government employed	13	2	9	6	12.59	11.41	0.076	Not Associated
b) Private sector	45	0	9					
c) Self-employed	38	2	19					
d) Home maker	35	3	25					
6. Religion:-								
a) Hindu	91	3	26	6	12.59	32.66	0.00001	Associated
b) Muslim	26	2	9					
c) Christian	7	2	9					
d) other	7	0	18					
7. Number of children								
a) Nil	11	0	11	6	12.59	39.1	0.00001	Associated
b) One	59	1	20					
c) Two	53	1	26					
d) Three & above	8	5	5					

8. Have you aware about multiload intrauterine contraceptives.								
a) Yes	93	3	32	2	5.99	8.26	0.011	Associated
b) No	38	4	30					
9. If yes, what is source of information?								
a.mass media	36	5	5	8	15.51	27.55	0.00001	Associated
b. friends & relatives	27		16					
c. health personnel	33	1	32					
d. internet	35	1	9					
e. any other specify _____	0	0	0					

The above data depicts that there is association between age, type of family, religion, number of children ,awareness about multiload contraceptives with the demographic variables as chi square calculated value was more than table value and P value was below than 0.05 at 0.05 the level of significance.

DISCUSSION

Findings of scores related to knowledge regarding multi-load intrauterine contraceptives among women: The average score of knowledge regarding multi-load intrauterine contraceptives among women was $\mu=7.72$, with standard deviation, $\sigma^2= 2.75$. According to knowledge levels, majority 131(65.5%) women have average knowledge, 62(31%) women have poor knowledge, and 7(3.5%) women have good knowledge.

Findings related to association between demographic variables and knowledge regarding multi-load intrauterine contraceptives among women:

Statistically there was association between the knowledge regarding multi-load intrauterine contraceptives among women with the following demographic variables:- Religion, the number of children, knowledge of multi-load intrauterine contraceptives, and the source of information on such contraceptives are factors that are taken into account when the estimated chi-square value exceeds the chi-square table value with a $p>0.05$ (at 0.05 level of significance). This study was supported by research conducted on women's attitudes and knowledge about copper T implantation in a particular Hisar hospital (Haryana). According to the results of the demographic data, the majority of women—66 percent—belong to nuclear families, while 34% do so in joint families. Only 30% of respondents had ever used temporary contraception in the past, compared to 70% who had never done so. majority of the women were between the ages of 26 and 30. An analysis of their awareness concerning Copper T insertion shows that 18% of both the women had knowledge that was only moderately adequate, 1% had knowledge that was adequate, and 81% had knowledge that was insufficient. According to the examination of attitudes, 59 percent of the women had unfavourable attitudes with Copper T insertion, 22% of both the women had favourable attitudes, and 19% had the most positive perceptions. Another study supported by research conducted in Pondicherry, India regarding awareness of contraception. 78.6 percent of women now utilise some kind of contraception, and 62 percent of women are sterilised. The majority (99.8%) were aware of female sterilisation, while knowledge of other forms of contraception was below average. 10.4% of people knew about more than 3 contraceptive methods. Age group, homemaker status, the presence of children or one son, knowledge of less than three techniques, and proximity to a medical facility were linked to increased use of contraceptive methods.

CONCLUSION

In terms of demographic variables ,majority 63 (31.5%) participants were in the age group of 20-25yrs; In type of family majority 102 (51 %) participants live in nuclear families, according to the family incomes per month, majority73(36.5%) participants has income between Rs10,001 -20,000/- .In educational status majority participants were 67 (33.5%) educated up to primary school & upper secondary school ,In terms of occupation majority 63(31.5%) are home maker .According to the religion majority 140 (70%) of the women are Hindu .Regarding the number of children majority 80(40%) participants has one child & two child .In terms of awareness majority 128(64%) were aware about multiload intrauterine contraceptives whereas 72(36%) was not aware about multiload intrauterine contraceptives. Participants got information from the mass media, friends& relatives, from the health personnel, from the internet. The above study concluded that majority 131(65.5%) women have average knowledge, 62(31%) women have poor knowledge and 7 (3.5%) women have good knowledge regarding the knowledge of multiload intrauterine contraceptives. Therefore, it was concluded that Nurses should act as a resource person in providing knowledge and information about the various types of contraceptives especially the most effective method which is multiload intrauterine contraceptives, awareness programs on importance of multi-load intrauterine contraceptive by using pamphlets, charts, role play, videos etc.

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