



# “ASSESS THE AWARENESS REGARDING THE INTRAUTERINE CONTRACEPTIVE DEVICES AMONG THE MARRIED WOMEN OF REPRODUCTIVE AGE GROUPS”.

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**Abstract:** The population is a concern that has gained prominence both in the developed as well as developing countries because of inter- relationship between health and economic development. Increasing population is creating a continuous gap between India's impressive profile of progress and its grains. To translate the gains of development work into improved quality of life,

various population control measures are to be universalized.

**AIM-**

The aim of the study is to gather the level of awareness among the married women of reproductive age groups regarding the intrauterine contraceptive devices.

## **Methods and material:**

A descriptive research study was conducted among the married women of reproductive age at mata valii milak Moradabad, in which 96 samples were selected by simple random sampling technique (chi- square ) to assess the level of awareness regarding intrauterine contraceptive devices through self structured questionnaires.

## **Result:**

The majority of the women (78.12%) had an average knowledge regarding the Intrauterine Contraceptive Devices among the participants, majority of the women was in the age group of 20-30 years, and mostly (63.5% ) belongs to Hindu religion, the source of information was (40.6%) peer groups. The result reveals there was no association seen between the level of awareness

with the picked demographic factors ( age, religion, educational status, duration of marriage, age at marriage, parity, no of children, source of information, history of using contraceptive methods). There was no association seen between the level of awareness with the picked demographic variables.

Hence the hypothesis (H 1) is accepted.

### **Conclusion:**

This study conclude that the participants were having average knowledge regarding the intrauterine contraceptive devices

**Key words** - Intrauterine Contraceptive Devices, Married Women, Awareness,

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## **INTRODUCTION**

The population problems is a major concern that has picked up consciousness both in the developed as well as developing countries because of its connection between health and financial development. Expanding population making proceeding with hole between India's impressive profile of progress and its grains.

Couples who space their births up to 3 to 5 years separated increment their youngsters' possibility of endurance and moms are bound to endure as well numerous women need to space births, longer than they as of now do. IUCD is one of the most effective reversible contraceptive method and once inserted its remain effective for a longer period of time. It is a onetime convenient spacing method for preventing pregnancy and does not interfere with sexual desire or intercourse, yet only 1.8% of currently married women use IUCD as a method of preventing pregnancy. IUCDs give a extraordinary, long term assurance against pregnancy.

They are more than 99% effective rate. IUCDs are one of the best techniques in light of the fact there is nearly no real way to get mess it up. Persistent can't neglect to utilize it like pills or ring, or use it mistakenly like condoms. IUCDs a "set-it-and-forget it" anti- conception medication.

The Utilization of IUCDs includes expanded inside the United States from 0.8% in 1995 to 5.6% since time of 2006 to 2010. In 2012, the American congress of obstetrics and Gynecologist considered the authority on reproductive health, hammered home that Massage, concluding the IUCDs are safe and appropriate for adolescents.

## **NEED OF THE STUDY**

The American college of obstetricians and gynecologist recommends IUCDs and the contraceptive implant as a "first-line" contraceptive that should be encouraged as an option for most women." The pills are having a 6% failure rate, whereas the failure rate of IUCD is only 1 out of 100 women in each year. IUCD are the most effective forms of reversible contraceptive available and are safe for use by practically all conceptive age women.

As intrauterine contraceptive devices are long acting, reversible temporary methods through which married women are having a higher chance of preventing unwanted pregnancy and initially there is fall in level of the infant mortality and maretnal morbidity rate. Through this research there is a assessment of knowledge of the married women and getting a pathway to improve their knowledge regarding the intrauterine contraceptive devices.

## **OBJECTIVES**

- 1) To assess the level of awareness regarding the intrauterine contraceptive devices among the married women of reproductive age by using structured awareness questionnaires.
- 2) To find the association between the level of awareness regarding the intrauterine contraceptive devices among the married women of reproductive age with their selected demographic variables.

## HYPOTHESIS

H1. There will be significant association between level of awareness regarding intrauterine Contraceptive devices among the married women of reproductive age with their selected demographic variables.

## RESEARCH METHODOLOGY

The methodology section includes the plan and method that how the study is conducted including the population, samples to be includes, data, sources of data.

### Research design

Research was conducted by applying the descriptive research design for assessing the awareness among the married women of reproductive age groups.

### Population and Sample

Samples (96) were selected through the simple random sampling technique calculated through power analysis.

### Data and Sources of Data

Formal and written consent was obtained from gram Pradhan. A composed educated consent was acquired from the study participants in the wake of clarifying data with respect to the investigation on a data sheet. Sample were selected through Simple random sampling technique. Structured questionnaires tools were used to estimate the awareness of the participants regarding the Intrauterine Contraceptive devices.

## DESCRIPTIVE STATISTICS

Descriptive Statics has been used to find the frequency, percentage, standard deviation, mean and normally distribution of the data of all the variables of the study.

Table 1: frequency and percentage distribution of married women by their socio demographic variables n=96

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	AGE 20-30 years 31-40 years Above 41 years	62 34 0	64.6% 35.45% 0%
2	RELIGION Hindu Christian Muslims Others	61 2 33 0	63.5% 2.1% 34.4% 0%

3	EDUCATIONAL STATUS No formal education Primary school education Higher school education Graduation and above	32 19 21 25	32.3% 19.8% 21.9% 26%
4	DURATION OF MARRIAGE 1-5 years 6-10 years 11-15 years 16-20 years More than 21 years	34 31 16 14 1	35.4% 32.3% 16.7% 14.6% 1%
5	AGE AT MARRIAGE 15-20 years 21-25 years 26-30 years 31-35 years	57 39 0 0	59.4% 40.6% 0% 0%
6	PARITY One child Two child Three child Four child Five and above child	16 34 32 12 2	16.7% 35.4% 33.3% 12.5% 2.1%
7	NO OF CHILDREN One child Two child Three child Four child Five and above child	21 41 24 9 1	21.9% 42.7% 25.0% 9.4% 1.0%
8	SOURCE OF INFORMATION Mass media Peer groups Health personnel's others	13 39 35 9	13.5% 40.6% 36.5% 9.4%
9.	HISTORY OF USING FAMILY PLANNING METHODS No Yes	82 14	85.4% 14.6%

## INFERETIAL STATISTICS

The quantitative data was gathered, sorted out in the master sheet and broken down by using descriptive and inferential Statistics through the SPSS, version 2.0 software to related the degree of information among the married women of reproductive age groups

with their chosen demographic factors.

There was no association seen between the levels of awareness with the picked demographic factors. Hence the hypothesis (H 1) is accepted.

Table 2: Level of Awareness among the Married Women with Their Demographic Variables

S.NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE			X 2	Df	P Value	INFERENCE
		POOR (%)	AVERAGE (%)	GOOD (%)				
1.	<u>Age in years</u> 20-30 years 31-40 years Above 41 year	4.832% 8.82% 0%	74.1% 85.2% 0%	20.9% 5.88% 0%	4.102	2	.129	NS
2.	<u>Religion</u> Hindu Christian Muslims others	4.91% 0% 9.90%	78.68% 50% 78.7% 0%	16.39% 50% 12.12% 0%	2.76	4	.605	NS
3.	<u>Educational qualification</u> No formal education Primary education Higher secondary education Graduation and above	6.45% 15.7% 4.76% 0%	80.64% 68.42% 85.71% 76%	12.90% 15.78% 9.52% 24%	6.599	6	.360	NS
4.	<u>Duration of marriage</u> 1-5 years 6-10 years 11-15 years 16-20 years More than 21 years	8.82% 0% 18.75% 0% 0%	37.52% 80.64% 68.75% 92.85% 100%	17.64% 19.35% 12.5% 7.14% 0%	9.24	8	.322	NS
5.	<u>Age at marriage</u> 15-20 years 21-25 years 26-30 years 31-35 years	70.1% 5.12% 0% 0%	82.45% 71.7% 0% 0%	10.52% 23.07% 0% 0%	2.804	2	.246	NS
6.	<u>Parity</u> One child Two child Three child Four child Five and above child	0% 11.76% 3.12% 8.33% 0%	71.4% 78.04% 79.16% 88.88% 100%	31.2% 5.88% 25% 0% 0%	12.738	8	.121	NS
7.	<u>No of children</u> One child Two child Three child Four child Five and above child	0% 12.1% 0% 11.11% 0%	71.4% 78.04% 79.16% 88.88% 100%	28.57% 9.75% 20.83% 0% 0%	10.988	8	.202	NS
8.	<u>Source of information</u> Mass media Peer groups Health personnel Others	0% 5.12% 8.57% 11.11%	69.23% 76.92% 80% 88.88%	30.76% 17.94% 11.42% 0%	5.665	6	.462	NS
9.	<u>History of using family planning methods</u> No Yes	7.31% 0%	79.26% 71.42%	1.21% 28.57%	2.877%	2	.237	NS

## RESULTS AND DISCUSSION

### Results of Descriptive statistics of Study Variables

The findings of this study were related to intrauterine contraceptive devices awareness among the married women of reproductive age. There was average knowledge regarding the intrauterine contraceptive devices which was assessed by structured questionnaires tools.

Table: 2 frequency, percentage distribution, mean and standard deviation

LEVEL OF KNOWLEDGE SCORE	RANGE	(f)	(% )	MEAN	STANDARD DEVIATION
POOR KNOWLEDGE	1-8	4	2.1%	1.86	.450
AVERAGE KNOWLEDGE	9-16	75	38.9%		
GOOD KNOWLEDGE	17-25	17	17.7%		

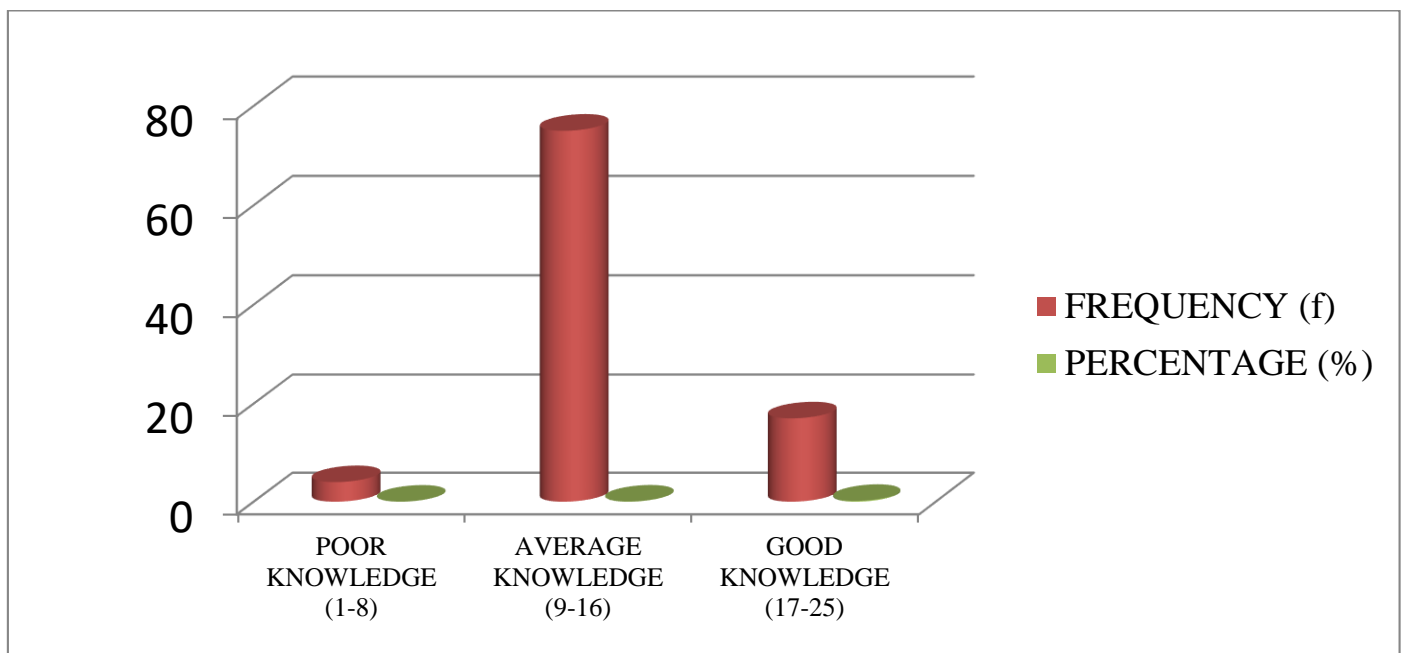


Figure: 1 Representing percentage distribution of level of knowledge among the married women

Majority (78.12%) of the members were having satisfactory information, (17.70%) were having acceptable information whereas only (4.16%) were having poor knowledge regarding the intrauterine contraceptive devices. The means was 1.86 and standard deviation was .450.

## DISCUSSION

The findings of the present study and some of the comparative study are as follows.

The study was conducted among the married women of reproductive age groups to assess the awareness level among them in which 96 samples were gathered within the area of mata vali milak, Moradabad. Majority (78.12%) of the members were having satisfactory information, (17.70%) were having acceptable information whereas only (4.16%) were having poor knowledge regarding the intrauterine contraceptive devices. There was no association found of married women with their socio demographic variables.

A comparative study was conducted among the teenagers and young women regarding the knowledge, attitudes related to IUCD at California in which 252 women were surveyed. The greater part of the women had not heard of the IUCD, only fifty three percent of people had heard of it from health care provider. Most of the women were using the condoms then oral contraceptive pills but IUCD usage was 0%. 30% had heard of the IUCD from the health care providers. After they survey the participants were asked for the usage of IUCD 54% said no, 11% said yes and 35% were unsure. The knowledge level was low and the attitude after the three minute educational intervention was positive. This study is congruent with the present study.

A descriptive cross sectional Study, was carried out assessing the awareness with regards to IUCD in Rajkot among the 110 postnatal mothers through convenient sampling technique. Fifty percent of the women resides in urban areas and were housewives. Ninety percent of the women were aware about the barriers and hormonal methods. The mean age was (29.2 +- 3.3) years. Three fourth women were aware of the IUCD as a method of contraception. There was a association between the education and working status of the women with their awareness about IUCD. This study is incongruent with present study.

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