



Research Article

A STUDY TO ASSESS THE FACTORS AFFECTING THE ACCEPTANCE OF INTRAUTERINE DEVICES AMONG POSTNATAL WOMEN ADMITTED IN POSTNATAL WARD OF K.L.E'S DR. PRABHAKARKORE CHARITABLE HOSPITAL, BELAGAVI, KARNATAKA

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ABSTRACT

A descriptive study was conducted to assess the factors affecting the acceptance of Intrauterine devices among postnatal woman admitted in PNC ward of KLE PrabhakarKore hospital Belgavi. 40 postnatal women were included in the study who met the inclusion criteria. The objectives of the study wereto assess the factors affecting the acceptance of IUD and to find out the association between identified factors and selected demographic variables. Convenient sampling technique was used for selecting the samples and descriptive design was adopted. Data was collected by using structured knowledge questionnaire. The findings revealed that majority of the postnatal women had average scores of knowledge, physiological, psychological factors and majority of the postnatal women had good scores of socio cultural factor regarding the acceptance of Intrauterine devices. And there was statistically significant association between knowledge scores and demographic variable like source of information and there was no any statistically significant association between physiological, psychological and socio cultural factors and the selected demographic variables.

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INTRODUCTION

Population growth has been an ongoing problem of the world since many years. There is been solution too since many years but still the problem is growing and there has not been any stop for it. Many countries today are not able to withstand the effect of population growth. India has been trying to control the problem with lots of efforts with different approaches that include schemes, education of contraceptive measures, prizes etc. India has been focusing on to make the people aware of population growth and the way to control it and for controlling it different family planning methods have come into action. The contraception used today in India generally are condoms, IUDs, contraceptive pills and others. An IUD is a small contraceptive device, often 'T' shaped, often containing copper, which is inserted into the uterus. An IUD is an intrauterine device made of plastic or copper that is inserted into the womb by way of the vaginal canal.

Intrauterine devices have been in use for several decades the closed devices like Grafenbarg ring and Bruberg bow are absolute new open devices like copper T, copper 7 and lipper loop were used in 1980s.

Existence came in early 1900's. it crossed both vagina and the uterus causing high rate of pelvic inflammatory diseases. The first IUD was developed by German physician, Richter of Waldenburg. His device was made up of silkworm gut and was not widely use. Approximately 45% of those who are married and are able to have children use contraception of any type. As of 2007, 17% of women of child bearing age in developing countries were using IUDs and 9% in developed countries. Avoiding sex when fertile is used by 3.6% of women of childbearing age. As of 2005, 12% of couples are using a male form of contraception (either condom or a vasectomy) with rates of up to 30% in the developed world.

As in 2009 76% of married Indians reported significant problems in accessing a choice of contraception methods. In 2009, 48.3% of married women were estimated to use contraceptive method, i.e. more than half of all married women did not. About three-fourths of these were using female sterilization, which is by far the most prevalent birth-control method in India. Condoms were the next most prevalent method at a mere 3 %. Meghalaya, Bihar and Uttar Pradesh had the lowest usage of contraception among all Indians states with rates below 30%.

Although with the use of contraceptive methods, the population is still growing.

There are still issues concerning the use of IUD that are controversial inspite of numerous studies. Example, cramping

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pain, syncope following a vaso vaginal attack, pelvic infection, infertility, unwanted pregnancy etc. These are listed as complications for the use of IUD which are still under studies searching for the fact resulting it.

Objectives

1. To assess the factors affecting the acceptance of IUD
2. To find out the association between identified factors and selected demographic variables.

METHODOLOGY

Research approach

A descriptive approach was used in the study since the purpose of the study was to assess the factors affecting the acceptance of intrauterine devices among postnatal woman admitted in PNC ward of KLE Dr. PrabhakarKorehospital Belagavi.

Research design

A research design is the blue print for conducting the study. The purpose of design is to maximize the control of factors that can interfere with the validity of findings. The research design spells out the basic strategies that the research investigator adopts to develop information that is accurate. The research design used for the study was descriptive design.

Variables

Variables are an attribute of a person or an object that varies when it takes on different values. The research variables are factors that can be manipulated and measured.

- Research variables: Knowledge regarding the factors affecting the acceptance of intrauterine devices among postnatal woman
- Demographic variables: Personal characteristics that include age, education, religion, occupation and source of information.

Research setting

It refers to the area where the study is conducted. The present study is conducted in PNC ward of KLE Prabhakar Korehospital Belagavi.

Sample

A sample is a portion of the population that has been selected to represent the population of interest. Thus it is a subset of population element. The sample for the present study is postnatal woman (20-40 years) admitted in PNC ward.

Sample size and sampling technique

The sample size considered for the study was 40 postnatal women belonging to the age group of 20-40years admitted in PNC WARD.

Criteria for sample selection

The criteria for selection of sample were based on availability, subject's interest to participate in the study. The study had two criteria namely inclusion and exclusion.

Inclusion criteria

- Postnatal women who are willing to participate
- Postnatal women who are present at the time of date collection.
- Age group between 20-40 years

- Postnatal women who are able to read and write in Kannada and English

Exclusion criteria

- Postnatal women who are not willing to participate
- Postnatal women who were not present during the time of data collection.
- Mothers who are unable to read and write Kannada and English

Data collection instrument

In this study data collection instrument is structured knowledge questionnaire.

Development of the tool

The tool used for gathering the data as a structured knowledge questionnaire on the factors that are affecting the acceptance of IUD in postnatal women admitted in postnatal ward in KLE DR. PrabhakarKore Hospital, Belagavi, Karnataka.

Section I: Demographic Data

Section I has demographic data on 5 items including age, education, occupation, parity, source of information.

Section II: Factors assessment

Section II has structured questionnaire on factors affecting acceptance of IUD in postnatal women admitted in KLE DR. PrabhakarKore Hospital, Belagavi, Karnataka.

Procedure for Data Collection

Formal permission was obtained from the medical director, KLE Dr. PrabhakarKore Hospital, Belagavi, KarnatakA to collect data for the project study. The data was collected on 26th may 2016 in postnatal ward of KLE DrPrabhakarKore Charitable Hospital, Belagavi.

The steps used for the data collection were as mentioned below,

1. The investigator introduced self and explained purpose of the study and obtained formal permission from the medical superintendent of KLE DR PrabhakarKore charitable hospital, Belagavi.
2. The investigator explained the purpose of the study to the subjects and obtained written consent from them
3. The investigator collected data about the factors affecting the acceptance of IUD among postnatal women by administering structured knowledge questionnaire.
4. Data was collected, tabulated and analysed.

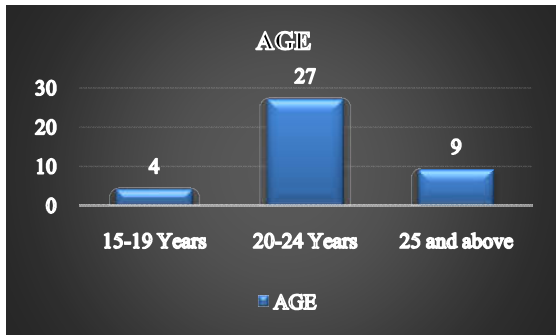
RESULT

Section I: Distribution of sample characteristics according to socio demographic variables of respondents.

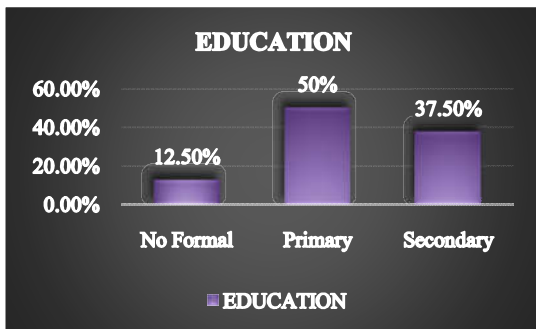
Table 1 Frequency and percentage distribution of subject according to demographic variables

| S.NO | Variables | Frequency | Percentage (%) |
|------|------------------------|-----------|----------------|
| 1. | Age | | |
| | a. 15-19 years | 4 | 10% |
| | b. 20-24 years | 27 | 67.5% |
| | c. 25 and above | 9 | 22.5% |
| 2. | Education | | |
| | a. No formal education | 5 | 12.5% |
| | b. Primary education | 20 | 50% |
| | c. Secondary education | 15 | 37.5% |
| 3. | Religion | | |

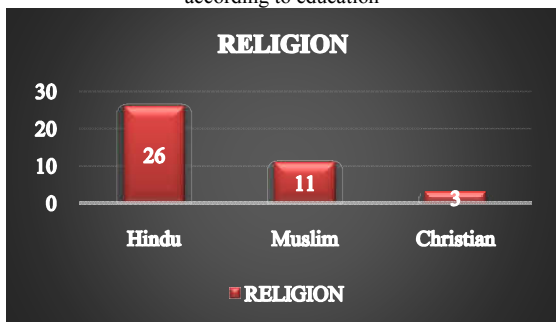
| | | | |
|----|--------------------------|----|-------|
| | a. Hindu | 26 | 65% |
| | b. Muslim | 11 | 27.5% |
| | c. Christian | 3 | 7.5% |
| 4. | Occupation | | |
| | a. Housewife | 28 | 70% |
| | b. Laborer | 8 | 20% |
| | c. Professional | 4 | 10% |
| 5. | Source of Information | | |
| | a. Television | 9 | 22.5% |
| | b. Newspaper and media | 12 | 30% |
| | c. Friends and relatives | 19 | 47.5% |



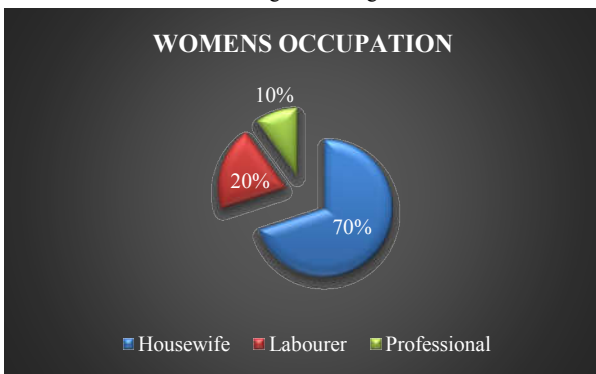
Graph 1 graph showing percentage distribution of postnatal women according to age



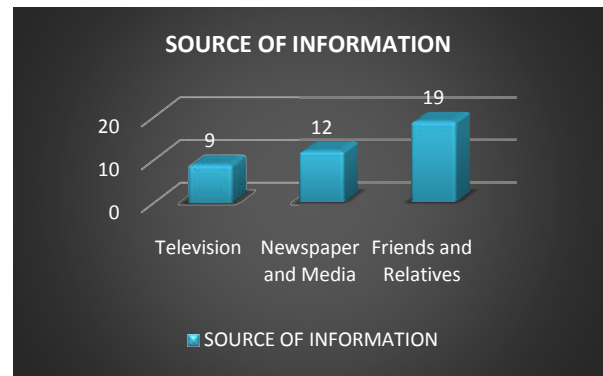
Graph 2 Graph showing percentage distribution of postnatal women according to education



Graph 3 Graph showing percentage distribution of postnatal women according to the religion



Graph 4 Graph showing percentage distribution of postnatal women according to occupation



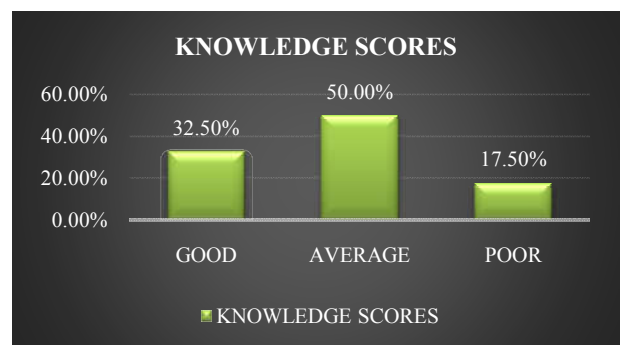
Graph 5 Graph showing percentage distribution of postnatal women according to source of information.

Section II: Findings on knowledge factor affecting the acceptance of intrauterine devices among postnatal women admitted in postnatal ward of KLE Dr. PrabhakarKore Charitable Hospital, Belagavi.

Frequency(f) and percentage (%) distribution of knowledge scores among postnatal women

Table 2.a Reveals that majority of postnatal women 20 (50%) had average knowledge, while 13 (32.5%) had good knowledge and remaining 7 (17.5%) had poor knowledge.

| Knowledge | Frequency(f) | Percentage (%) |
|--|--------------|----------------|
| Good (>7.23) (mean + SD) | 13 | 32.5% |
| Average (4.67-7.23) (mean-SD) to (mean + SD) | 20 | 50% |
| Poor (<4.67) (mean-SD) | 7 | 17.5% |

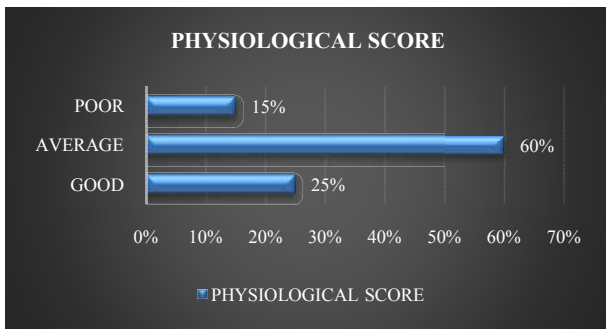


Graph 6 Graph showing percentage distribution of postnatal women according to their knowledge scores

Frequency and percentage distribution of physiological scores among postnatal women

Table 2 b Reveals that majority of the postnatal women 24 (60%) have average physiological score, while 10 (25%) had good score and remaining 6 (15%) have poor physiological score.

| Physiological score | Frequency(f) | Percentage (%) |
|---|--------------|----------------|
| Good (>6.18) (mean+ SD) | 10 | 25% |
| Average (3.01- 6.18) (mean-SD) to (mean + SD) | 24 | 60% |
| Poor (<3.01) (mean- SD) | 6 | 15% |



Graph 7 Graph showing percentage distribution of postnatal women according to their physiological score

Table 2c Frequency and percentage distribution of psychological scores among postnatal women

| Psychological scores | Frequency (f) | Percentage (%) |
|--|---------------|----------------|
| Good (>6.20) (mean + SD) | 12 | 30% |
| Average (2.75- 6.20) (mean-SD) to (mean+ SD) | 22 | 55% |
| Poor (<2.75) (mean - SD) | 6 | 15% |

Table 2.c: Reveals that majority of the postnatal women 22 (55%) have average psychological scores, while 12 (30%) have good scores and remaining 6 (15%) have poor scores.

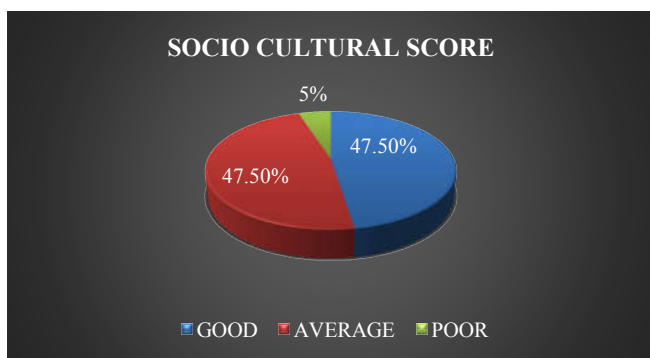


Graph 8 Graph showing percentage distribution of postnatal women according to their psychological scores

Table 2.d frequency and percentage distribution of socio cultural scores among postnatal women

| Socio cultural scores | Frequency (f) | Percentage (%) |
|--|---------------|----------------|
| Good (>6.79) (mean + SD) | 19 | 47.5% |
| Average (3.75- 6.79) (mean-SD) to (mean+ SD) | 19 | 47.5% |
| Poor (<3.75) (mean-SD) | 2 | 5% |

Table 2.d: Reveals that majority of the postnatal women 19 (47.5%) have good and average socio cultural scores and remaining 2 (5%) have poor score.



Graph 9 Graph showing percentage distribution of postnatal women according to their socio cultural scores

Section III: Data describing association between identified factors and selected demographic variables among postnatal women admitted in postnatal ward of KLE Dr. PrabhakarKore Charitable Hospital, Belagavi.

Table 3.a Association between knowledge scores and selected demographic variables

| S.NO | Socio Demographic variables | Knowledge scores | | | Chi square | |
|------|------------------------------|------------------|---------|------|------------------|-------------|
| | | Good | Average | Poor | Calculated value | Table value |
| 1. | Age | | | | | |
| | 15-19 years | 0 | 3 | 1 | 5.4(NS) | 9.49 |
| | 20-24 years | 9 | 11 | 7 | | |
| | 25 and above | 4 | 5 | 0 | | |
| 2. | Education | | | | 4.69(NS) | 9.49 |
| | Non formal | 2 | 2 | 1 | | |
| | Primary | 5 | 10 | 5 | | |
| | Secondary | 6 | 9 | 0 | | |
| 3. | Religion | | | | 3.81(NS) | 9.49 |
| | Hindu | 6 | 15 | 5 | | |
| | Muslim | 5 | 4 | 2 | | |
| | Christian | 2 | 1 | 0 | | |
| 4. | Women's occupation | | | | 5.61 (NS) | 9.49 |
| | House wife | 11 | 14 | 3 | | |
| | Laborer | 1 | 5 | 2 | | |
| | Professional | 1 | 1 | 2 | | |
| 5. | Source of Information | | | | 14.5(S) | 9.49 |
| | Television | 0 | 8 | 1 | | |
| | Newspaper and Media | 2 | 8 | 2 | | |
| | Friends and relatives | 11 | 4 | 4 | | |

NS= not significant, S= significant,df (4)= 9.49

Table 3.a: Reveals that computed Chi Square value for age was 5.4, education was 4.69, religion was 3.81, occupation was 5.61 and source of information was 14.5.

Hence, there is statistically significant association between knowledge scores and demographic variable like source of information but no other significant association between education, religion, occupation and age.

Table 3 b Association between physiological scores and selected demographic variables

| S.NO | Socio Demographic variables | Physiological scores | | | Chi square | |
|------|------------------------------|----------------------|---------|------|------------------|-------------|
| | | Good | Average | Poor | Calculated value | Table value |
| 1. | Age | | | | 0.174(NS) | 9.49 |
| | 15-19 years | 1 | 2 | 1 | | |
| | 20-24 years | 6 | 16 | 5 | | |
| | 25 and above | 2 | 5 | 2 | | |
| 2. | Education | | | | 2.73(NS) | 9.49 |
| | Non formal | 0 | 4 | 1 | | |
| | Primary | 4 | 12 | 4 | | |
| | Secondary | 5 | 7 | 3 | | |
| 3. | Religion | | | | 4.84(NS) | 9.49 |
| | Hindu | 7 | 12 | 7 | | |
| | Muslim | 2 | 8 | 1 | | |
| | Christian | 0 | 3 | 0 | | |
| 4. | Women's occupation | | | | 4.15(NS) | 9.49 |
| | House wife | 8 | 16 | 4 | | |
| | Laborer | 1 | 5 | 2 | | |
| | Professional | 0 | 2 | 2 | | |
| 5. | Source of information | | | | 2.80(NS) | 9.49 |
| | Television | 1 | 6 | 1 | | |
| | Newspaper and media | 4 | 5 | 3 | | |
| | Friends and relatives | 3 | 12 | 4 | | |

NS= not significant, df(4)= 9.49

Table 3.b: Reveals that computed Chi Square value for age was 0.174, education was 2.73, religion was 4.84, occupation was 4.15 and source of information was 2.80.

Hence, there is no statistically significant association between physiological scores and demographic variables like age, education, religion, occupation and source of information.

Table 3.c Association between psychological scores and selected demographic variables

| S.NO | Socio Demographic variables | Psychological scores | | | Chi square | |
|-----------------------|------------------------------|----------------------|---------|------|------------------|-------------|
| | | Good | Average | Poor | Calculated value | Table value |
| 1. | Age | | | | | |
| | 15-19 years | 1 | 3 | 0 | 1.46(NS) | 9.49 |
| | 20-24years | 8 | 15 | 4 | | |
| 25 and above | 3 | 4 | 2 | | | |
| 2. | Education | | | | | |
| | Non formal | 2 | 3 | 0 | 2.93(NS) | 9.49 |
| | Primary | 4 | 12 | 4 | | |
| Secondary | 5 | 6 | 4 | | | |
| 3. | Religion | | | | | |
| | Hindu | 7 | 15 | 4 | 4.22(NS) | 9.49 |
| | Muslim | 5 | 5 | 2 | | |
| Christian | 0 | 3 | 0 | | | |
| 4. | Women's occupation | | | | | |
| | House wife | 7 | 15 | 6 | 4.24(NS) | 9.49 |
| | Laborer | 4 | 4 | 0 | | |
| Professional | 1 | 3 | 0 | | | |
| 5. | Source of information | | | | | |
| | Television | 2 | 5 | 2 | 3.43(NS) | 9.49 |
| | Newspaper and media | 5 | 7 | 0 | | |
| Friends and relatives | 5 | 10 | 4 | | | |

NS= not significant, df(4)= 9.49

Table 3.c: Reveals that computed Chi Square value for age was 1.46, education was 2.93, religion was 4.22, occupation was 4.24 and source of information was 3.43.

Hence, there is no statistically significant association between psychological scores and demographic variables like age, education, religion, occupation and source of information.

Table 3.d Association between socio cultural scores and selected demographic variables

| S.NO | Socio Demographic variables | Socio cultural scores | | | Chi square | |
|-----------------------|------------------------------|-----------------------|---------|------|------------------|-------------|
| | | Good | Average | Poor | Calculated value | Table value |
| 1. | Age | | | | | |
| | 15-19 years | 1 | 2 | 1 | 3.24(NS) | 9.49 |
| | 20-24 years | 13 | 12 | 2 | | |
| 25 and above | 5 | 2 | 2 | | | |
| 2. | Education | | | | | |
| | Non formal | 2 | 2 | 1 | 3.48(NS) | 9.49 |
| | Primary | 9 | 7 | 4 | | |
| Secondary | 8 | 7 | 0 | | | |
| 3. | Religion | | | | | |
| | Hindu | 11 | 13 | 2 | 5.26(NS) | 9.49 |
| | Muslim | 6 | 2 | 3 | | |
| Christian | 2 | 1 | 0 | | | |
| 4. | Women's occupation | | | | | |
| | House wife | 14 | 11 | 3 | 1.16(NS) | 9.49 |
| | Laborer | 4 | 3 | 1 | | |
| Professional | 1 | 2 | 1 | | | |
| 5. | Source of information | | | | | |
| | Television | 6 | 3 | 0 | 3.76(NS) | 9.49 |
| | Newspaper and media | 4 | 6 | 2 | | |
| Friends and relatives | 9 | 6 | 4 | | | |

NS= not significant, df(4)= 9.49

Table 3.d: Reveals that computed Chi Square value for age was 3.24, education was 3.48, religion was 5.26, occupation was 1.16 and source of information was 3.76.

Hence, there is no statistically significant association between socio cultural scores and demographic variables like age, education, religion, occupation and source of information.

Implication of the Study

Implications for nursing practice

Since the present study showed that the majority of the women had scattered knowledge on family planning and IUD which lead to had misconceptions and myths in the form of physiological, psychological and socio-cultural factors had influence on non-acceptance of IUD. Economical factor also added to that which had implication on non-acceptance of IUD.

Family planning was defined as "a way of thinking and living that is adopted upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country.

Implications for nursing education

The educational background of a nurse should equip her with the knowledge necessary to function as a health educator, guide and counselor. Since health education is the only way to improve knowledge, and modify practices, clarifying the myths and misconceptions, therefore nursing education showed emphasize on:

1. The nurse has to prepare an informational booklet on contraceptives and its benefits.
2. The senior nurse can train the junior nurse in spreading information on use of contraceptives and health.
3. The nurse should take efforts focusing on safety and beneficial efforts of various contraceptives, clearing of misconceptions about side effects of contraceptives.
4. Encourage participation or equal involvement of both husband and wife as one unit should be able to bring out an outcome favorable in terms of contraceptive use.

Recommendations

Keeping in view the findings of the study, the following recommendations were made for the study.

1. A similar study can be replicated with a large sample in order to generalize the findings of the study.
2. A comparative study can be conducted in different settings.
3. A similar study can be conducted with different teaching strategy.

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