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A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING INFORMATION EDUCATION COMMUNICATION ON TEMPORARY CONTRACEPTION AMONG POST-NATAL WOMEN IN NEARBY CLINICS AT KANCHIPURAM

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Abstract

This study focuses on the awareness about temporary contraceptive methods among postnatal women. The temporary contraceptive methods are barrier method, hormonal methods and intrauterine method. The need to study the awareness of temporary contraceptive among women is important to avoid Abortion, MTP and to reduce maternal mortality. The purpose of this study is to assess the awareness of temporary contraceptive methods among postnatal women within years in the near y clinic. Explore women's understanding, interpretations of contraceptives. A Quazi experimental study was conducted to assess the level of knowledge regarding information education communication on temporary contraception among postnatal women in nearby clinics Kanchipuram. The main objectives of the study were, to assess the pre-test knowledge on temporary contraception among postnatal women in nearby clinics, Kanchipuram. To evaluate the effectiveness of peer to peer collaborative learning regarding knowledge on temporary contraception and to find the associate between the post-test knowledge on temporary contraception among postnatal women in nearby clinics, Kanchipuram. A Quantitative evaluation approach was used for the study and the researcher adapted non-probability convenient sampling technique to select the sample. The sample size was 30 postnatal women in nearby clinics, Kanchipuram. The Structured questionnaire was used to collect the demographic data. The Structured knowledge questionnaires were administered to assess the level of knowledge among postnatal women. The data were collected and analyzed using both descriptive and inferential statistics.

Keywords: Level of knowledge, Information education communication, Temporary contraception and Post-natal women

1. INTRODUCTION

All women were at risk of an unintended pregnancy has a right to access temporarycontraception and there method should be routinely included within all national health care programmes and catered to at risk population. Those who are exposed to unprotected sex for the women facing and living in emergency situation of unplay pregnancy or their crisis family condition with too many children. Less than one-third women are reported to be aware about TCP and fewer than 1% had ever used it. A systematic review found that only 6% of women ever used the TCPs. TCP use in community and facility-based settings was 5% and 7%, respectively, and the proportion of repeat use varied from 12% to 69%. A study from north east India reported that only 20% of women seeking abortion had knowledge about temporary contraceptives. the use of temporary contraceptive methods was reported in 18.57% of women in one study and only 2.3% of women in the other study had used TCPs. Temporary contraception (TC) can prevent up to over 95% of pregnancies when taken within 5 days after intercourse. TC can be used in the following situations: unprotected intercourse, concerns about possible contraceptive failure, incorrect use of contraceptives, and sexual assault if without contraception coverage. The temporary contraceptive pill regimens recommended by WHO are ulipristal acetate, levonorgestrel, or combined oral contraceptives (COCs) consisting of ethinyl estradiol plus levonorgestrel**.** Any woman or girl of reproductive age may need TC to avoid an unwanted pregnancy. There are no absolute medical

contraindications to the use of temporary contraception. There are no age limits for the use of temporary. Eligibility criteria for general use of a copper IUD also apply for use of a copper IUD for emergency purposes.

TC is effective only in the first few days following intercourse before the ovum is released from the ovary and before the sperm fertilizes the ovum. Temporary contraceptive pills cannot interrupt an established pregnancy or harm a developing embryo, thus cannot cause abortion. TC prevents about 85 per cent of pregnancies and does not replace regular contraception[1]. Extensive research has been carried out on several new approaches for TC during the last decade and new studies are focussed on repeated post-coital use. TC is an intervention that can prevent a large number of unwanted pregnancies resulting from failure of regular contraception or unplanned sexual activity, which in turn helps in reducing the maternal mortality and morbidity due to unsafe abortions. However, a concern has been expressed regarding repeated and indiscriminate usage of e-pill, currently the rational use of emergency contraception is being promoted as it is expected to make a significant dent in reducing the number of unwanted pregnancies and unsafe abortions. In fact, since the introduction of TC, the contribution of unsafe abortion towards maternal mortality has declined from 13 to 8 per cent. India had participated in research trials of WHO division for reproductive health and high risk pregnancy (WHO-RHR/HRP) in 1995-1997 in 1998-2001. Research provided sound scientific foundation of efficacy and safety in Indian women. A Consortium on National Consensus for TC was held in January, 2001. The Report & Recommendations of the Consortium was released in June, 2001[5]. Subsequently, TC was approved by the Drug Controller General of India (DCGI) in September 2001, permission was granted for manufacture / import of levonorgestrel (LNG) and social marketing on prescription and the drug was made available in the country in January 2002. There were several challenges for introducing TC in India, including the size and diversity of the country and poor awareness of both users and providers.

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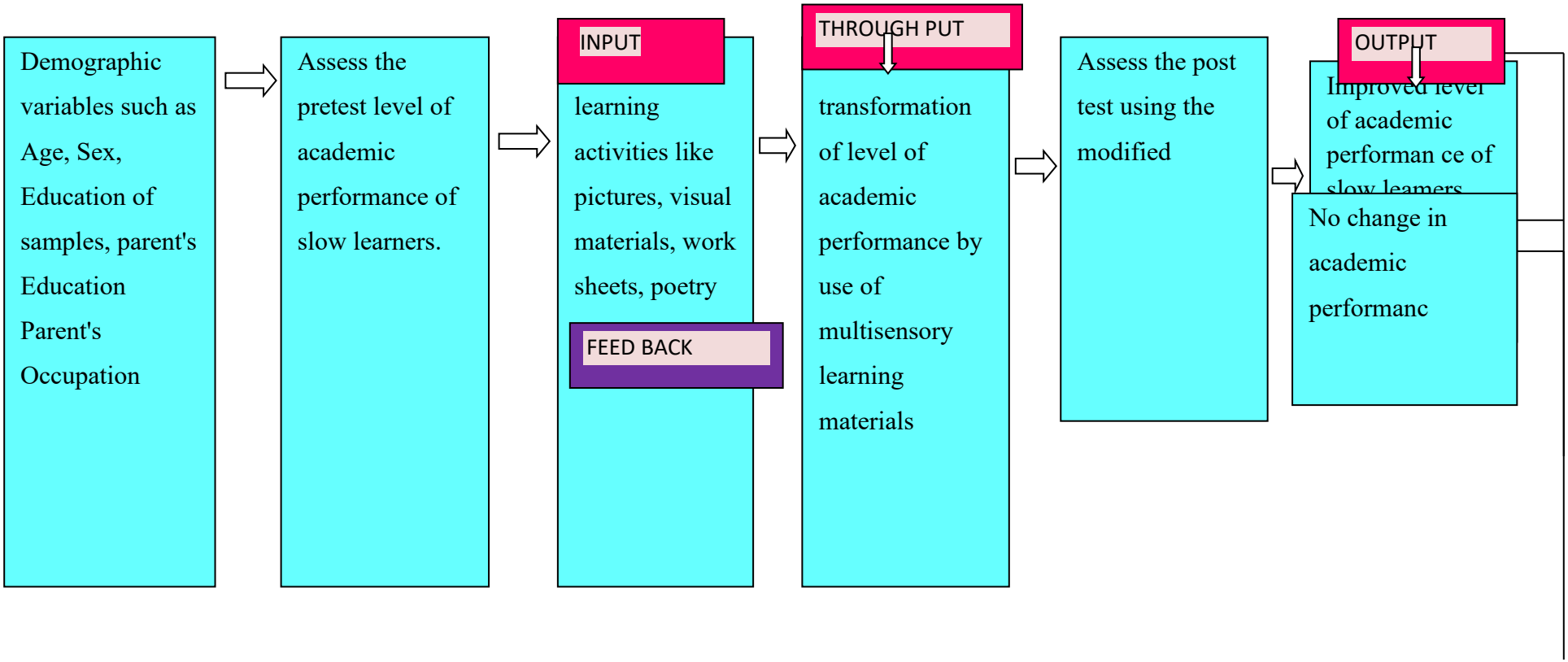
CONCEPTUAL FRAME WORK



As per the World Health Organization estimates, 210 million pregnancies occur annually, out of which, 38% are unwanted and 22% end up with abortion worldwide. In India, about 11 million abortions take place annually and around 20,000 women die every year due to abortion-related complications. It is being realized that the unwanted pregnancy and need for induced abortion could be reduced by optimum use of TC as they prevent women's risk of becoming pregnant from a single act of intercourse by 79 - 99%. Any woman or girl of reproductive age may need TC to avoid an unwanted pregnancy. There are no absolute medical contraindications to the use of temporary contraception. There are no age limits for the use of TC. Hence, the current study was aimed to (1) determine the level of knowledge regarding temporarycontraception among postnatal women, (2) estimate an association between the awareness regardingtemporarycontraception among postnatal women, (3) prevent unintended pregnancy after unprotected sexual intercourse, (4) to reduce rates of unwanted pregnancies. Operational definition of a concept specifies the operation that researcher must perform to collect and measure of the required information and it should be congruent with conceptual definitions, so as it clearly indicates what we mean by the variables under study. In study refers to a process to prevent the unwanted pregnancies. It can prevent up to over 95% of pregnancies and also to prevent population. It is a familiarity, awareness/understanding of someone/something, such as facts, information, description / skill.

2. MATERIALS AND METHODS

According to Polit and Beck (2004) Research methods are the techniques used by researchers to structure a study and to gather and analyse information relevant to research question. This chapter deals with the description of methodology and the various steps adopted to collect and organize data for the study methodology is an important part for the study that makes the researcher identifies the problem to its final conclusion. This section includes the research approach, research design, variables, setting of the study, population, sample, and sample size, sampling technique, sampling criteria, development of the tool, description of the tool, content validity, reliability, pilot study, data collection procedure and plan for the data analysis. The research approach was selected based on the purpose of study. Experimental research purpose is used in the study to assess the knowledge of temporary contraception among postnatal women in nearby clinics at Kanchipuram. For this study, Quazi experimental research design was adopted for conducting the study to assess the the knowledge of temporary contraception among postnatal women in nearby clinics at Kanchipuram.

Target population is the people in selected rural area for the present study is selected postnatal women. For this study, 30 samples selected from clinics at Kanchipuram .

Inclusion criteria

- Got married
- Not having general knowledge about contraception
- Delivered

Exclusion criteria

- Not interested
- Already having general knowledge about contraception
- Antenatal mothers

Demographical variables

Demographical variables which includes age, gender, religion, place of residence and her husband’s occupation and knowledge about the contraception.

Knowledge questionnaire

It contain twenty multiple questions to “a study to assess the knowledge of temporary contraception among postnatal women in nearby clinics at Kanchipuram. Correct answer carries one mark and wrong answer carries zero mark. The possible maximum score is 20 and minimum score is 0.

Reliability

The reliability was established by inter rater method to assess the internal consistency of the tool. The score was r = 0.894. Hence the tool was reliable and considered for proceedings.

Data collection process

The prior permission will be obtained from the head of the institution. The separate room is arranged for the data collection. The samples will be selected based on inclusion and exclusion criteria by using random sample technique. The demographic data will be collected. Th researcher will be assess the pretest knowledge of the sample by using a

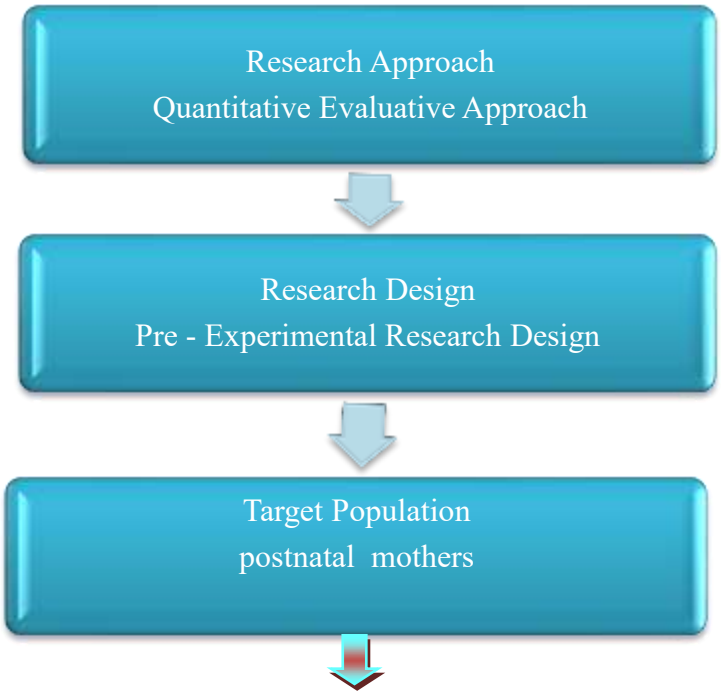
self structured questionnaire and selected the sample those who have moderately adequate knowledge and later on teach them regarding temporary contraception method and then to assess the post test. The samples will be given liberty to chose or refer next sample from the already selected samples for peer to peer collaborative learning so trained samples will teach the selected samples and post test will be obtained to the samples who were trained the peer samples. The collected data will be analyzed by using inferential and descriptive statistics.

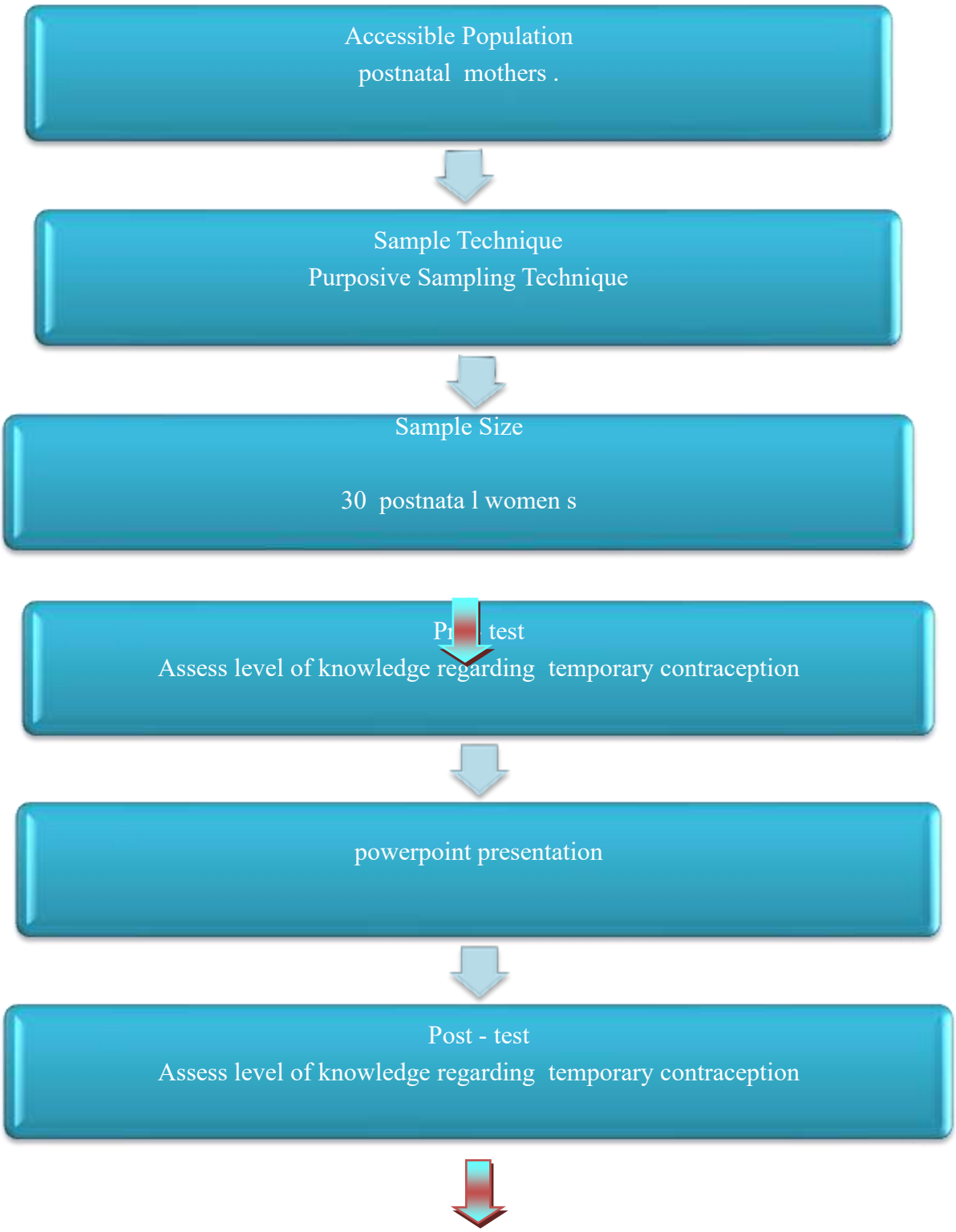
Analysis

Data analysis enables the researcher to organize summarize evaluate interpret and communicate numerical information. Data analysis was done by using descriptive and inferential statistics.

3. RESULTS

This chapter includes descriptive and inferential statistics. Statistics is the field of study concerned with techniques method of collection of data, classification, summarizing, interpretation, drawing, inferences, testing of hypothesis, making recommendations, etc. The data was collected from postnatal women in nearby clinical at Kanchipuram, to assess the knowledge regarding on temporary contraceptive method data were analyzed according to hypothesis of the study. Analysis of study was compiled after all the data was transferred to master sheet. The researcher used inferential statistics for analysis. The data were analyzed, tabulated and interpreted using descriptive and inferential statistics




Accessible Population
postnatal mothers .
Sample Technique
Purposive Sampling Technique
Sample Size
30 postnata l women s
Pr test
Assess level of knowledge regarding temporary contraception
powerpoint presentation
Post - test
Assess level of knowledge regarding temporary contraception

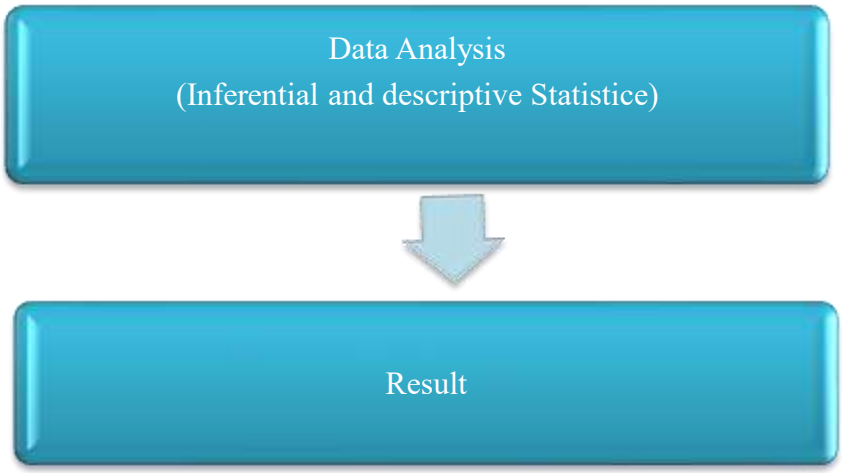


Fig 2. Schematic representation of Quantitative Evaluative Approach

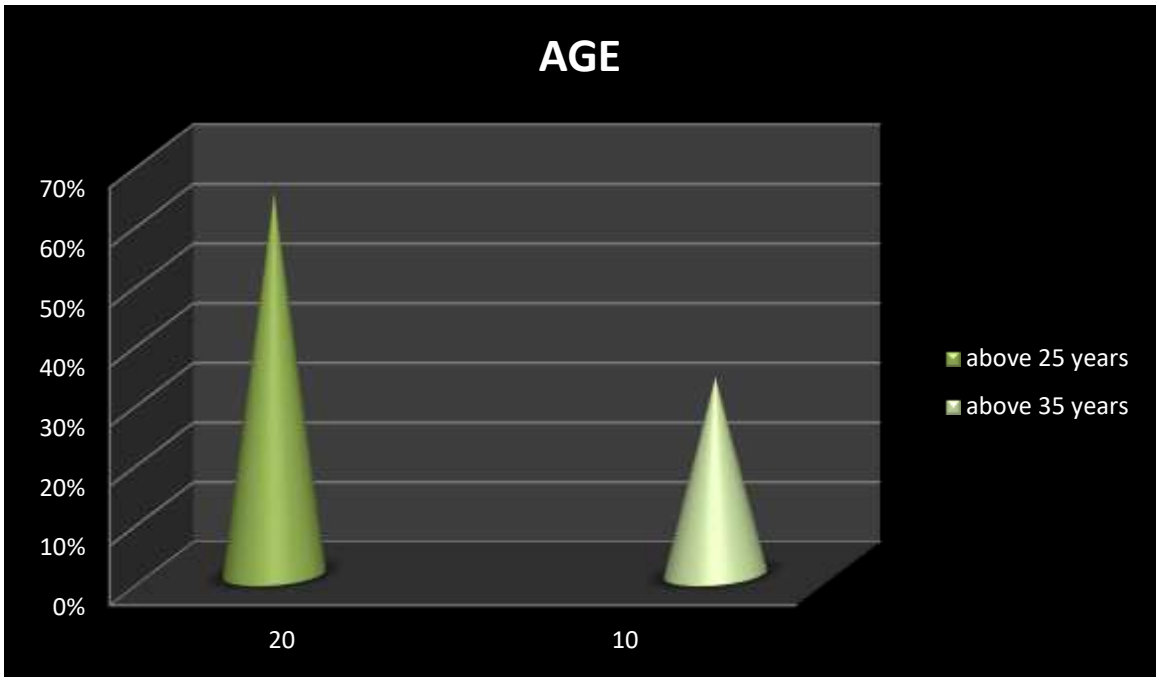
Table 1. Frequency and percentage distribution of postnatal women based on demographic variables.

S. No	Demographic variables	Components	Frequency	Percentage
1	Age	a) above 25 years	20	64%
		b) above 35 year	10	33%
2	Gender	a) male	30	100%
		b) female		
3	Education	a) 12th std	18	60%
		b) others	12	40%
4	Place of residence	a) rural	3o	100%
		b) urban		
5	Religion	a) hindu	15	50%
		b) christian	10	34%
		c) muslim	5	16%
		d) others	0	
6	Types of family	a) nuclear family	22	73%
		b) joint family	8	26%
7	Education of the father	a) SSLC	15	50
		b)HSC	6	20%
		c) degree	9	30%
8	Education of the husband	a) SSLC	0	
		b) HSC	9	30%
		c) degree	21	70%
9	Occupation of the father	a) daily wages	0	
		b) farmer		
		c) private employees	22	73%

		d)government employees	2	6%
			4	13%
			2	6%
10	Occupation of the husband	a) daily wages	3	10%
		b) private employees	21	70%
		c)government employees	6	20%
		d) others	0	

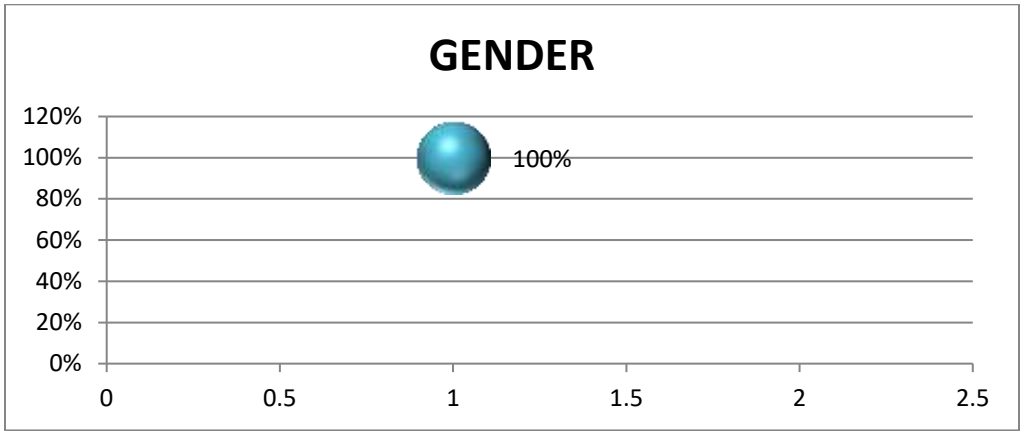
Depicts the frequency and percentage distribution of demographic variables among post-natal women based on demographic variables. This table consists of Age, Gender, religion, marital status, location of resistance, education medium. The diagrammatic representation of demographic data are as follows, **Figure** 2 showed that the percentage of the distribution postnatal women according to their age group above 25 years were among 20 (64%) and above 35 years were among 10 (33%). **Figure** 3 showed that the percentage of the distribution postnatal women according to their gender group male were among 0 (0%), female were among 30 (30%). **Figure** 4 despicts percentage distribution of postnatal women according to their education 12th std were among 18 (60%), others were among 12 (40%), **Figure** 5 reveled percentage distribution of postnatal women according to their place of resistance rural 30 (100%), urban 0 (0%) and **Figure** 6 Iiferred percentage distribution of postnatal women according to their religion hindu 15(50%), christian 10 (34%), muslim 5 (16%), others 0 (0%). Further, **Figure 7 r**eferred percentage distribution of postnatal women according to their family types nuclear family 22 (78%), joint family 8 (26%), **Figure** 8 inferred percentage distribution of postnatal women according to their education of the father SSLC 15(50%), HSC 6 (20%), degree 9 (30%), **Figure** 9 despicts percentage distribution according to their education of the husband SSLC 0 (0%), HSC 9 (30%), degree 21 (70%), and **Figure** 10 Reveled percentage distribution of postnatal womwn according to their occupation of father daily wages0(0%), farmer 22 (73%), private employees 2 (6%)government employees 6 (20%). **Figure** 11 inferred percentage distribution of postnatal women acoording to their occupation of the husband daily wages 3 (10%), private employees 21(70%), government emloyees 6 (20%), others 0 (0%).

Figure 2. Frequency and percentage distribution of age



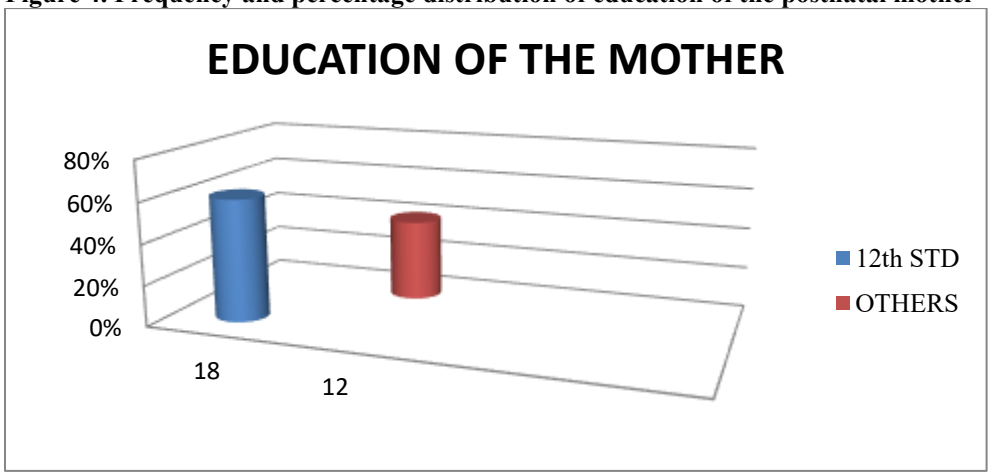
showed that the percentage distribution of postnatal women according to their age group above 25 years were among 20 (64%) and above 35 years were among 10 (33%) .

Figure 3. Frequency and percentage distribution of gender



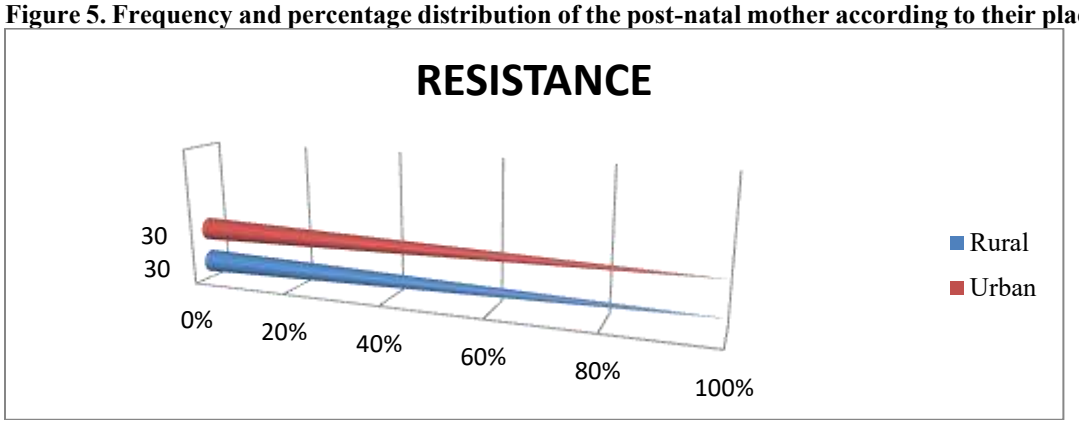
Showed that the percentage of the distribution postnatal women according to their age group above 25 years were among 20 (64%) and above 35 years were among 10 (33%).

Figure 4. Frequency and percentage distribution of education of the postnatal mother



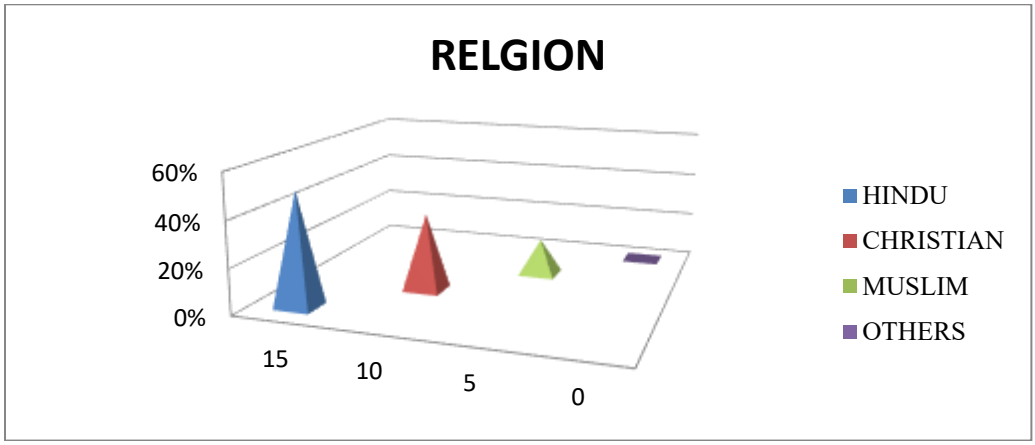
Showed that the percentage distribution of postnatal women according to their education 12th std were among 18 (60%), and others were among 12 (40%)

Figure 5. Frequency and percentage distribution of the post-natal mother according to their place of resistance.



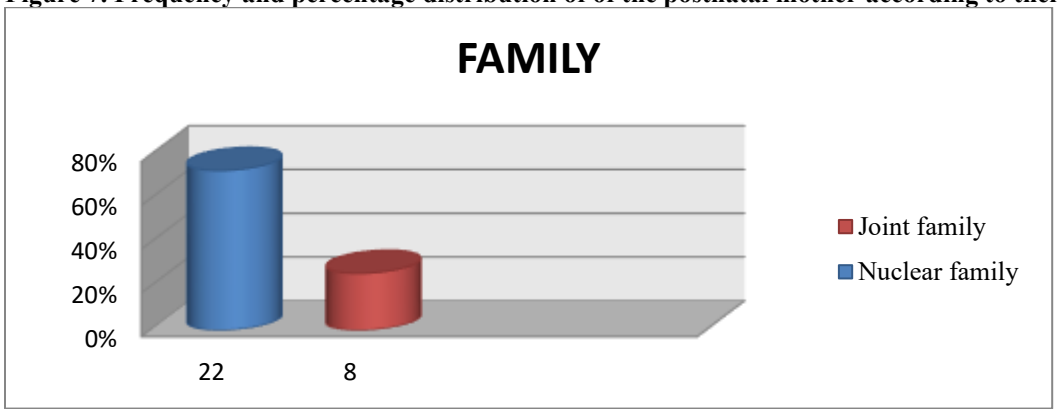
Reveled percentage distribution of postnatal women according to their place of resistance rural 30 (100%), and urban 0 (0%).

Figure 6. Frequency and percentage distribution of the post-natal mother according to their religion.



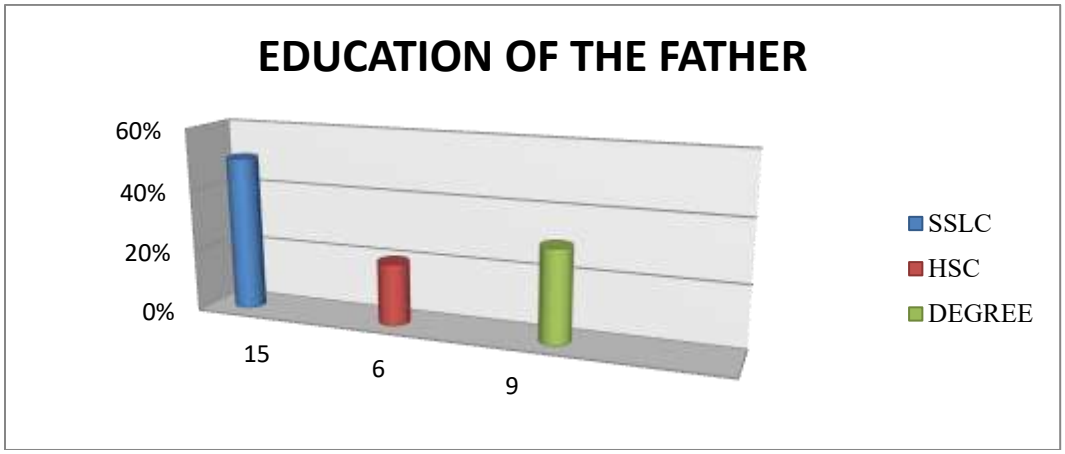
Inferred percentage distribution of postnatal women according to their religion hindu 15(50%), christian 10 (34%), muslim 5 (16%), and others 0 (0%).

Figure 7. Frequency and percentage distribution of of the postnatal mother according to their family



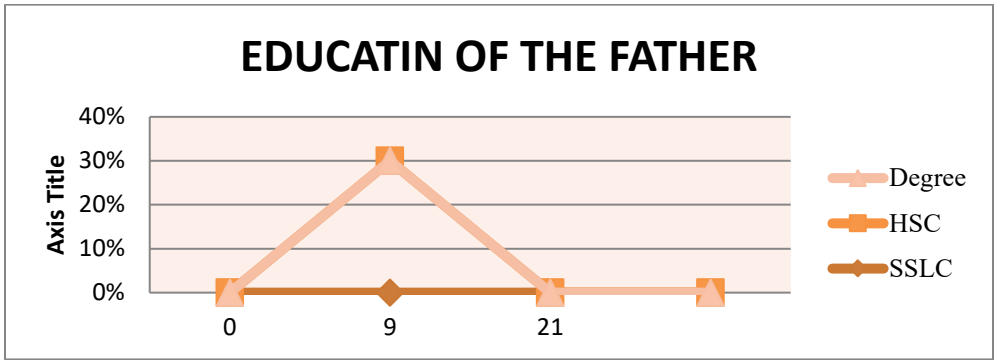
Referred percentage distribution of postnatal women according to their family types nuclear family 22 (78%), and joint family 8 (26%).

Figure 8. Frequency and percentage distribution of the postnatal mother according to their education of the father.



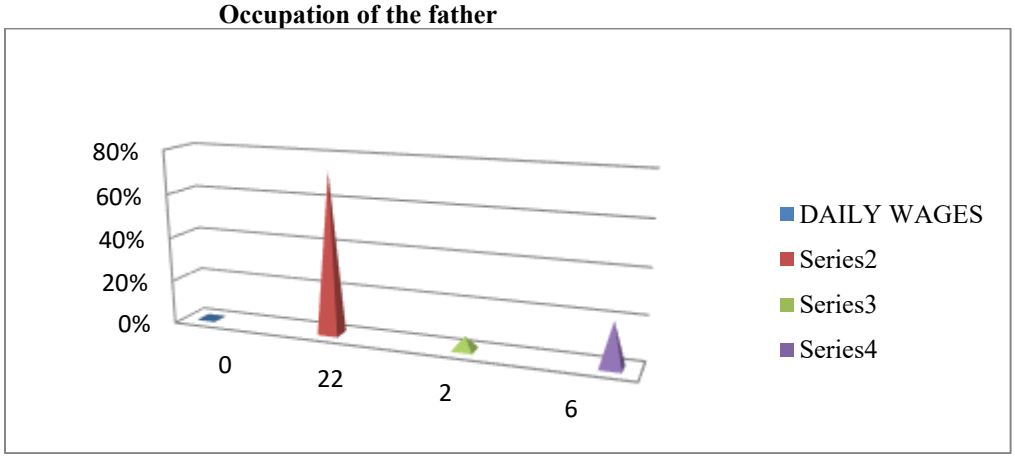
Inferred percentage distribution of postnatal women according to their education of the father SSLC 15(50%), HSC 6 (20%), and degree 9 (30%).

Figure 9. Frequency and percentage distribution of of the postnatal motheraccording to their education of the husband.



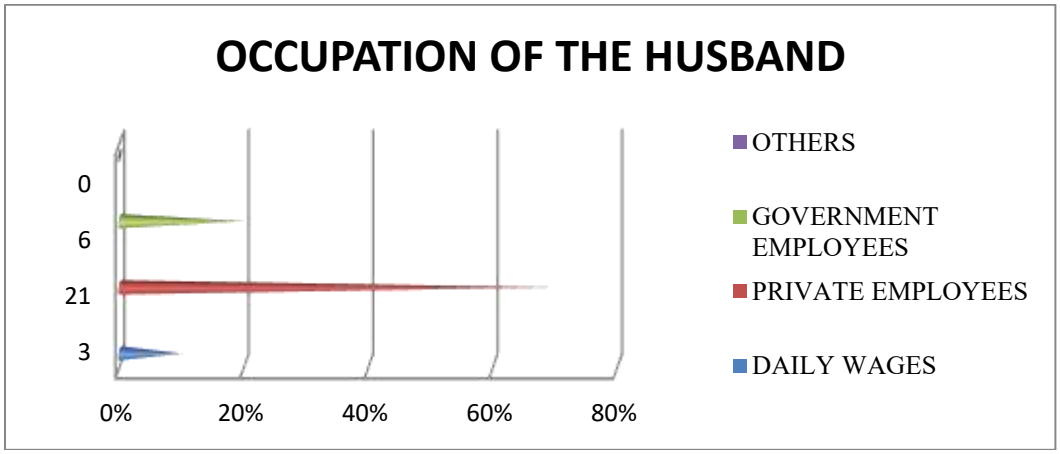
Depicts percentage distribution according to their education of the husband SSLC 0 (0%), HSC 9 (30%), degree 21 (70%).

Figure 10. Frequency and percentage distribution of of the postnatal motheraccording to their occupation of father



Reveled percentage distribution of postnatal women according to their occupation of father daily wages 0 (0%), farmer 22 (73%), private employees 2 (6%) government employees 6 (20%).

Figure 11. Frequency and percentage distribution of the postnatal mother according to their occupation of husband



Inferred percentage distribution of postnatal women according to their occupation of the husband daily wages 3 (10%), private employees 21 (70%), government employees 6 (20%), and others 0 (0%).

Table 2. Frequency and percentage distribution of level of knowledge regarding temporary contraception among postnatal women.

S. No	Level of knowledge	Pre test		Post test	
		F	%	F	%
1	Inadequate	07	23.3%	4	13.4%
2	Moderately adequate	20	66.7%	8	26.6%
3	Adequate	03	10%	18	60%

Table 3. Comparison between pre test and post test level of knowledge regarding dengue management. (N = 30)

The finding in the above table describes a comparison between the pre test and post test knowledge levels regarding

Descriptive statistics	Level of knowledge pre test	Level of knowledge Post test	Level of knowledge (n=30) Difference Pre and post test	t-value
Mean	9.77	14.9	5.13	t - 9.45 df = 29 significant
Standard deviation	0.625	0.838	0.213	t - 9.45 df = 29 significant

dengue management among 30 participants. The mean pre test and post test score was 9.9 with a standard deviation of 0.625, including a lower and more varies level of knowledge before the intervention. Following the role play, the post test mean score increased to 14.9, with a standard deviation of 0.838. this shows an improvement in knowledge and a slight decrease in variability among participants. The mean difference between the pre test and post test score was 5.13. The calculated t-value was 9.45 with degree of freedom (df) = 29, the critical t-value at $p < 0.05$ is +-2.009. Since the calculated t-value (9.45) is greater than the critical t-value (2.009), the result is highly significant. Hence H1 hypothesis is accepted. This suggests that the educational intervention was effective in improving the participants' knowledge regarding temporary contraception.

Association between post test level of knowledge regarding dengue management and selected demographic variables among middle aged women.

S. No	demographic variable	Level of knowledge (inadequate moderate adequate)						X^2 Df
		F	%	f	%	f	%	
1.	Age in years a) Above 25years	1	3.3	3	10	4	13.3	$X^2 = 4.0938^*$ P = 0.0430 Df = 2
	b) Above 35 years	3	10	3	10	6	20	
	c) others	0	0	2	6.6	8	26.6	
2.	Gender a) male	0	0	0	0	0	0	X2=1.2222

	b) female	10	33.3	8	26.6	11	36.5	P= 0.2689 df= 1
3.	Education a)12th standard b) others	1 3	3 10	4 4	13.3 13.3	10 8	33.3 26.6	X2=1.2222 P=0.2689 df= 1
4.	Place of residence a) rural b) urban	3 1	10 3	7 1	23.3 3	11 07	36.6 23.3	X2=1.8916 P=0.1690 df= 1
5.	Religion a) hindhu b) muslim c) Christian d) others	3 0 1 0	10 0 3.3 0	3 3 1 1	1 10 33.3 3.3	13 2 1 2	10 6.6 3.3 6.6	X2=6.0147* P=0.0142 df=3
6.	Types of family a) nuclear family b) joint family c) extended family	2 2 0	6.6 6.6 0	3 4 1	10 13.3 3.3	8 10 0	26.6 33.3 0	X2=2.9006 P=0.0885 df=2
7.	Education of Father a)SSLC b)HSC c)degree course d)others	1 1 2 0	3.3 3.3 6.6 0	4 1 1 4	13.3 3.3 3.3 13.3	4 5 5 9	13.3 16.6 16.6 30	X2=5.1101* P=0.028 df=3
8.	Education of husband a)SSLC b)HSC C) degree course d)others	3 1 0 0	10 3.3 0 0	2 2 0 4	6.6 6.6 0 13.3	5 2 2 9	16.6 6.6 6.6 30	X2= 6.5833* P=0.0103 df=3
9.	Occupation of father a)daily wages b)farmer c)private employee d)government employee	0 1 2 1	0 3.3 6.6 3.3	3 5 0 0	10 16.6 0 0	7 4 6 4	23.3 13.3 20 13.3	X2=10.1667* P=0.0014 df=3
10.	Occupation of husband a)daily wages b)farmer c)private employee d)government employee	1 2 0 1	3.3 6.6 0 3.3	1 1 0 0	3.3 3.3 0 0	5 5 2 0	16.6 16.6 6.6 0	X2=9.1637* P=0.0025 df= 3

*p<0.05, significant and *p<0.001, highly significant.

Showed that the was significant associated between level of knowledge and selected demographic variable, age, religion, education of father ,education of husband, occupation of father, occupation of husband, at p<0.06=5 level , Hence research hypothesis H2 was partially significant.

4. DISCUSSION

This chapter deals with the discussion results of the data analysis based on the objectives of the study. A study was aimed to assess the level of knowledge regarding information education communication on temporary contraception among postnatal women in nearby clinics in Kanchipuram. Frequency and percentage distribution of demographic variables among Nursing Students Data analysis shows that the frequency and percentage distribution of demographic variables among Nursing Students based on demographic variables. This table consists of Age, Gender, religion, marital status, location of residence, educational medium. Frequency and percentage distribution of knowledge among nursing students Data analysis shows that percentage distribution of BSc Nursing students according to their level of knowledge 32(62%) were belongs to adequate 16(32%) belongs to moderately adequate 3(6%) were belongs to inadequate knowledge Comparison between pre-test and post-test level of knowledge regarding forensic nursing Data analysis shows the degrees of freedom (df) is 49, the critical t-value at $p < 0.05$ is $\pm$ 2.009. The calculated paired t-value is 8.49. Since the calculated t-value (8.49) is greater than the critical t-value (2.009), the result is highly significant. Association between level of knowledge regarding forensic nursing and selected demographic variables Data analysis showed that there was significant associated between Level of Knowledge and selected Demographic variables, age and location of residence at p.

CONCLUSION

This chapter gives brief account of the present study along with the conclusion drawn from the findings, recommendation and implication. The focus of the present study was to asses the level of knowledge regarding information education communication on temporary contraception among postnatal women in nearby clinics in Kanchipuram.

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