

RESEARCH ARTICLE

"A STUDY TO ASSESS THE AWARENESS AND ATTITUDE REGARDING COPPER-T INSERTION AMONG POSTNATAL MOTHER WITH A VIEW TO DEVELOP INFORMATION BOOKLET IN SELECTED HOSPITAL OF DEHRADUN, UTTRAKHAND"

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Abstract

A study to assess the awareness and attitude regarding copper-T insertion among post-natal mothers with a view to develop a information booklet in selected hospital of Dehradun, Uttarakhand. **Objective:**

- 1) To assess the awareness and attitude of copper-T insertion among postnatal mothers.
- 2) To find out the association between awareness of copper-T insertion with their demographic variables.

Methodology: Quantitative research approach with descriptive research design was used in the study. The study was conducted in Coronation Hospital Dehradun, Uttarakhand. Total enumeration sampling was used to collect data from 100 subjects by using Demographic profile and rating scale.

Result: Majority (45%) of the study participants were between 26-30 years of age, remaining (25%) are of the age 31-35 years, (22%) are of the age group 20-25 years and (8%) are of the age group 36-45 years. The majority of the women i.e, 74% of women had moderate awareness and 78% of the women had a neutral attitude. And there is no significant association between the score level and demographic variables.

Conclusion: It can be concluded that there is a need to focus on the postnatal mothers to motivate for copper-T insertion and majority of the women had moderate awareness and neutral attitude.

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Introduction:-

"When women take care of their health, they become their best friend."

-Maya Angelou

As we all know women play an important role in our society, as they are such a magnificent creation of God multifaced with the power of tolerance, adjustability, integrity and caring. Our women have a great part to play in the progress of our country. Women's health is determined by reducing the maternal mortality and morbidity and spacing the birth interval and avoiding abortion. **"A strong woman understands that the gifts such as logic, decisiveness, and strength are just as feminine as intuition and emotional connection, she values and uses all**

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of her gifts" women empowerment refers to the creation of an environment for women where they can make decisions of their own for their personal benefits as well as for the society.

India is the largest population country in the world. WHO (2010) Intrauterine device primarily in the form Copper-T is used by more than 150 million women around the world making it the most widely used reversible method of contraception with a remarkably low failure rate of less than 1 per 100 women in the first year of use. Copper-T 380A is in the top tier of contraception in terms of efficacy. The most common reason for the discontinuation of the method is menstrual bleeding and dysmenorrhea. However cumulative discontinuation rates of Copper-T 380A are lower than that have been reported for other methods indicating that the Copper-T 380A highly acceptable to women after 5 years approximately 50% of all women who have a Copper-T 380A inserted will continue to use this effective contraceptive method.

A Copper-T intrauterine device (IUD) is a very effective safe and long-term form of contraceptive which is over 99% effective at preventing pregnancy. The Copper IUD works as a contraceptive for 5-10 years or more depending on which type is fitted and age at the time of fitting. It can be removed earlier if required and and you would immediately return to your original level of natural fertility.

A Copper IUD is a T-shape plastic device which has a section coated by a type of metal called copper. IUDs used to be called coils. A Copper IUD is non-hormonal (doesn't contain hormonal. It is fitted in the womb and has one or two soft threads attached to the end. These threads through the cervix into the top of the vagina. This makes it possible for us to remove it easily. If needed, the threads tuck out of the way. So, shouldn't interfere with sexual intercourse. It is sometimes possible to have an IUD fitted immediately after delivering a baby. The IUD is one of the safest and most tolerated methods of birth control available and its low failure rate (1-3%) makes it one of the highest contraceptive efficiency of all contraceptive methods.

It will not interact with medication and can be removed whenever the client chooses so Copper-T 380A is the best choice for spacing childbirth. There are two types of intrauterine devices available which are levonorgestrol intrauterine device and copper intrauterine device. Copper intrauterine devices is a new approach which was tried in the 1970s. Some of the copper bearing devices which are currently available are Copper-T, Copper-T200, Tc4 220, Tc4 380A Nova T and multiload devices. But from the year 2002 CuT 380 has been utilized more than 25 million CuT 380 intrauterine devices have been distributed in 70 countries throughout the world.

Good contraceptive care includes all aspects of contraception including the method of contraception to be used and appropriate timing, if a woman does not use any contraception after birth of the baby. She will always be worried about getting pregnant and that may affect the rearing up of her child. So clearly, the contraceptive method is also needed for spacing between childbirth and to check fertility for a woman throughout her reproductive period. Intrauterine Copper-t devices provide a useful method of contraception after birth of a baby as they do not affect breast feeding and they are effective for a long time. In India, the device Copper-t 380A (cuT380A) is being supplied free of cost by the government and it is effective for 10 years. Copper-t inserted in the postpartum period and insisted to come back after 6 weeks (interval) for the same. Postnatal family planning (PFP) is the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth.

Need Of The Study

Spacing is an essential factor in reproductive life. To promote health and wellbeing of the mother and child. Spacing children a minimum of 3 years gives the child a healthier start and the mother. Adequate time to recuperate from physiological and psychological stress from previous pregnancy and delivery. Spacing is also very essential as to reduce the risk of pregnancy complications and other health problems, research suggests waiting 18 to 24 months but less than 5 years after a live birth before attempting your next pregnancy. Too little time between pregnancies increases your risk of premature birth. Premature babies are more likely to have health problems than babies born on time. The IUD is a long acting adaptable contraceptive, with different IUDs destined to last for different lengths of duration, usually between 5 and 10 years. The length of time that device lasts depends mainly on the amount of exposed copper, which is indicated, in square millimeters ,by a number in the name of each device. The mechanism of IUDs is not well understood.it is known however that presence of a device in the uterus prompts the release of leukocytes and prostaglandins by the endometrium.

Sarita Shrestha, et al (2020);

A descriptive study design was carried among 241 postpartum mothers having under 6 months age child came for vaccination at SunauloBhabisya Nepal, Chitwan. Postpartum mothers were selected using a purposive sampling technique. All the postpartum mothers were interviewed through a semi structured questionnaire for data collection. Data collection was done from 17 December 2019 to 14 January 2020. Data was analyzed by using descriptive statistics with the help of statistical package for social science (SPSS) version 20. The findings of the study revealed that the mean age of the mothers was 25.36 years. Regarding the awareness on postpartum family planning, most of the mothers had below average (39%) and average (36.9%) level of awareness. Whereas few (24.1%) had above average level of awareness. More than one third of mothers (37.8%) used a family planning method.

TilahunWodaynew, et al (2019);

Facility based cross-sectional studies were conducted among postpartum women who were admitted to the postnatal ward of JUMC during the study period. The study was conducted by using systematic random sampling technique. Data was collected through face to face interviews from December 1 to 30,2019. Data collection tool was developed by reviewing related literature. Data was coded and analyzed using manual compilation of the questionnaire. Descriptive statistics was used to describe the variables and the study result was presented in table, chart and statement. Only 98 (92.5%) of the respondents had heard about family planning. About 65.7% of respondents have good knowledge, 34.3% have poor knowledge. Out of 106 respondents 74 (69.8%) have a positive attitude towards contractive and the remaining 32(30.2%) had a negative attitude. Out of 106 respondents 62 (58.5%) of respondents had safe practice and the remaining 44 (41.5%) were unsafe practice towards contraceptive use.

M V Smitha, et al (2019);

A descriptive study was conducted among 110 married women attending Obstetrics and Gynecology OPD of AIIMS Bhubaneswar regarding Comparative analysis between profiles of women who accept and who refuse it. The mean (SD) age of women was 29.13 (3.51) years. About half of the women (50.9%) had poor knowledge of contraceptives, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated (r= 0.164, p= .001). Knowledge was associated with the occupation (p= .005). Lack of knowledge, concerns about side effects, and religious factors were the reason for not using contraceptive services for the betterment of their reproductive health. The mean (SD) age of women (50.9%) had poor knowledge of contraception. More than half of women (65.17%) had a positive attitude on contraceptive use; however, only 24% of women used a contraceptive, the most preferred contraceptive being oral pills (37.5%). The knowledge was associated with the occupation (p=.005). Lack of knowledge and attitude were positively use; however, only 24% of women used a contraceptive, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated (r=0.164, p=.001). Knowledge, concerns about side effects, and religious factors were the reasons for not using contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated (r=0.164, p=.001). Knowledge was associated with the occupation (p=.005). Lack of knowledge, concerns about side effects, and religious factors were the reasons for not using contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated (r=0.164, p=.001). Knowledge was associated with the occupation (p=.005). Lack of knowledge, concerns about side effects, and religious factors were the reasons for not using contraception.

Anila TresaAlukal, et al (2018);

The study was conducted at the Government Medical College Thrissur, Kerala, India and the study period was 1 year (2014-2015). The study population included women who planned to deliver at Government Medical College, Thrissur during the study period including vaginal and cesarean section. The awareness regarding "PPIUCD" was only 11.1% whereas for interval IUCD it was 94.9%. the acceptance rate of PPIUCD was very low (10.5%). The most common reason to accept was its long action (68.5%), the most common reason for rejection was that they wanted permanent sterilization. The other reasons for non- acceptance include unwillingness of the husband, fear of complications etc.

Uzma Yahya Butt, et al (2018);

A questionnaire based prospective study regarding awareness and acceptance of postnatal IUCD in our community, conducted from September 2016 to September 2018 in Gynecology/Obstetrics department of Social Security Hospital Gujrat. All patients delivered during this period were counseled and IUD placed after 10 minutes of delivery with standard technique in women fulfilling eligibility criterion after taking informed consent. Regular follow-up done for 1 year to study its safety, efficacy, effects on menstrual cycle, expulsion, continuation and removal rate. Among 324 women 50 volunteered for PPIUCD, 274 declined, 40 women had regular follow up and 5 patients did not report back. The level of awareness was 0. Majority of acceptors were of each 30-35 years (44%), multipara (64%), educated till primary level (36%) and non-working (66%). Major complications were menstrual disturbance and thread problems.

Background Of The Study:

Copper Intrauterine contraceptive device is one of the commonest methods of contraception worldwide. The evaluation of the intrauterine device (IUD) has led to safe and effective contraceptive choice for many women. The efficacy in pregnancy prevention far surpasses other daily and scheduled methods such as pills, patches and contraceptive rings, condom. Copper bearing IUDs work in several ways to prevent pregnancy. The first mechanism of action is the foreign body response. A foreign object in the uterus extracts a local inflammatory response. That local inflammatory response can cause the distraction of sperm by leukocytes, or white blood cells from the human immune system. However, because copper IUDs work by mechanism other than just device size as well, they can be smaller yet still as effective as larger non-copper IUDs. The intrauterine device [IUD] is the most used method of long -lasting reversible contraception because of its high efficacy and safety, ease of use, and cost effectiveness.it provides a nonsurgical option for pregnancy prevention that is as productive as surgical sterilization. The most frequently used IUDs have a plastic frame and release either copper or a progestin to magnify the contraceptive action of the device. Several terms are used to describe IUDs including IUD and intrauterine contraception, the hormonal IUD or Progestin-containing device is also referred to as an intrauterine system.

Statement Of The Problem

A study to assess the awareness and attitude regarding Copper-T insertion among postnatal mothers with a view to develop intervention Booklet in selected hospital of Dehradun, Uttarakhand.

Objectives:-

1-To assess the awareness and attitude of Copper -T insertion among postnatal mothers.2-To find out the association between awareness of Copper-T insertion with their demographic variables.

Operational Definitions

Awareness-

Awareness refers to the ability of the women to understand and the knowledge regarding Copper-T insertion.

Attitude-

Attitude refers to pre-disposition, or a tendency to respond positively or negatively towards an idea, object, person or situation.

Copper-T

Intrauterine device with copper, also known as intrauterine coil or copper coil, is a type of intrauterine device which contains copper. it is used for birth control and emergency contraception within five days of unprotected sex.

Assumptions

1.Women have insufficient knowledge and an unfavourable attitude towards Copper-T insertion. 2.Women's awareness and attitude on Copper-T insertion may vary with selected demographic variables.

Delimitations

1. Mothers in the reproductive age group of 20-45 years.

- 2. The period of study is limited to six weeks.
- 3. The sample size was limited to 100.

Projected Outcome

- 1. It creates awareness regarding Copper-T insertion among women.
- 2. It will help the health team members to motivate the community in the adaptation of IUD.
- 3. It will help to find out the awareness ,attitude of women regarding Copper-T insertion.

Conceptual Framework

Conceptual framework is defined as interrelated concepts or abstractions assembled together in a rational scheme by the virtue of their relevance to a common theme. Conceptual framework presents logically constructed concepts to provide general explanation of the relationship between the concepts of the research study, without using a single existing theory.

Conceptual framework is schematic representation. It provides:

- 1) A theoretical framework to the study of the problems that is scientifically based and which lay emphasis on the selection, arrangement and clarification of its concepts.
- 2) A certain frame is referenced for clinical practice research and education.
- 3) A direction to the research for relevant questions on the phenomenon and point out the solution to practical problems.

Aim of the study to assess the awareness and attitude regarding Copper-T insertion the conceptual framework for this study is based on the system theory model

It has 3 components:

- a) Input
- b) Throughput
- c) Output

Input: in this study, input assesses the sociodemographic data and assessment of awareness and attitude regarding Copper-T insertion among postnatal mothers.

Throughput: it includes interpretation (Mcqs) related to awareness and likert scale related to attitude.

Output: it refers to the outcome of the study, such as- adequate awareness > 76% to 100%, moderate awareness > 51% to 75%, inadequate awareness < 50%. Positive attitude > 76% to 100%, neutral attitude > 51% to 75%, negative attitude < 50%.



Figure 1:- Conceptual Framework Based On General System Model.

Chapter-II



Chapter-Il Review Of Literature:-

A literature review is more than a summary of the sources; it has an organizational pattern that combines both summary and synthesis. A summary is a recap of the important information of the source, but a synthesis is a reorganization, or a reshuffling, of that information. It might give a new interpretation of old material or combine new with old interpretation. Or it might trace the intellectual progression of the field, including major debates. And depending on the situation, the literature review may evaluate the sources and advise the reader on the most pertinent or relevant.

In this chapter literature review has been categorized under 2 headings: Section-1: Review related to awareness regarding Copper-T insertion among postnatal mothers. Section-2: Review related to attitude regarding Copper-T insertion among postnatal mothers.

Review Related To Awareness

Richa Malhan, et al (2021); A hospital based, cross sectional study was conducted in the Obstetrics and Gynecology department of SGT medical College, hospital and research institute over a period of 6 months. Convenient sampling was used to identify and interview 500 pregnant women, using a semi structured questionnaire. Data was entered and analysed with SPSSv21. In our study 74.2% participants had knowledge about Cu-T as a method of contraceptives and 39% participants considered it a safe and economical method of contraception, 16.2% participants used PPIUCD and 40.2% considered it as an unsafe method. Use of PPIUCD was significantly associated with increasing age, illiteracy and non-working participants. Around one third participants were having an uncertain attitude towards PPIUCD.

Sarita Shrestha, et al (2020);

A descriptive study design was carried among 241 postpartum mothers having under 6 months age child came for vaccination at SunauloBhabisya Nepal, Chitwan. Postpartum mothers were selected using a purposive sampling technique. All the postpartum mothers were interviewed through a semi structured questionnaire for data collection. Data collection was done from 17 December 2019 to 14 January 2020. Data was analyzed by using descriptive statistics with the help of statistical package for social science (SPSS) version 20. The findings of the study revealed that the mean age of the mothers was 25.36 years. Regarding the awareness on postpartum family planning, most of the mothers had below average (39%) and average (36.9%) level of awareness. Whereas few (24.1%) had above average level of awareness. More than one third of mothers (37.8%) used a family planning method.

Dr. Rupa S Iyengar, et al (2019);

This was prospective study regarding awareness and acceptability and safety of post placental copper-T insertion, this study was carried out from January 2017 to June 2017 in a tertiary care hospital in which 100 antenatal patients were counseled for contraception out of which 30 underwent postpartum copper-t insertion

Mean age distribution was 27.5 years. 10 patients (33.33%) underwent post ISCS Copper T insertion and 20 patients (66.67%) after vaginal delivery. 80% were para 1 who were counselled antenatally. 70% women were aware of this technique and 30% were not aware 30% (30) underwent the postnatal Cu T insertion. Reasons for non acceptance were husband not willing in 42.855 cases, fear of complication in 42.85% fear of failure in 14.28%. Only 3 women had bleeding which were controlled with NSAIDs and Hematinics. None had any perforation or expulsion. Nobody had any infection postnatal and thread was visible in all cases who came for follow up.

Anila TresaAlukal, et al (2018);

The study was conducted at the Government Medical College Thrissur, Kerala, India and the study period was 1 year (2014-2015). The study population included women who planned to deliver at Government Medical College, Thrissur during the study period including vaginal and cesarean section. The awareness regarding "PPIUCD" was only 11.1% whereas for interval IUCD it was 94.9%. The acceptance rate of PPIUCD was very low (10.5%). The most common reason to accept was its long action (68.5%), the most common reason for rejection was that they wanted permanent sterilization. The other reasons for non- acceptance include unwillingness of the husband, fear of complications etc.

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Nidhi Garg, et al (2018);

Prospective study was carried in the department of Obstetrics and Gynecology, Dr. RML Hospital, New Delhi, India over a period of 1 year from July 2017 to July 2018. The awareness and prevalence of PPIUCD was assessed. At a 6 week follow-up visit, women with PPIUCD were asked for symptoms of unusual vaginal discharge, irregular or heavy bleeding per vagina, and any expulsions if noticed. All the data was recorded and assessed. Out of 1478 deliveries, 1372 were eligible for PPIUCD. 335 patients got PPIUCD inserted. 295 patients were followed as 40 patients were lost. 79.3% women did not have any complaints.11.8%, 1% and 7.4% women had only heavy menstrual bleeding, only lower abdominal pain and both symptoms respectively. Spontaneous expulsion rate was noted in 1 patient (0.3%) at 6 weeks. IUCD removal was done in 4 patients who had complaints of pain and heavy menstrual bleeding not conservatively managed.

Sonali Deshpande, et al (2017);

This was an observational study conducted in the department of Obstetrics and Gynecology, Government Medical College and Hospital, Aurangabad between January 2015 and December 2015. Subjects were 1944 women visiting the antenatal clinic. A performed and pre-designed questionnaire was applied to determine if these women were aware of the PPIUCD. Of 1944 women, only 78 (4%) were aware of the PPIUCD. The overall acceptability was found to be 25% approximately 37% of women had complications. Not a single woman suffered from uterine perforation. Expulsion and removal rates were 9.2% and 10.2% respectively.

Ramalingappa C Antaratani, et al (2017);

A prospective observational study was undertaken where in a series of women who delivered either vaginally or through a cesarean section during the period of November 2013 to October 2017 in the department of Obstetrics and Gynecology, Karnataka Institute of Medical Sciences, Hubli counseled for PPIUCD insertion were included in the study. Mothers who suffered from Chorioamnionitis, Puerperal sepsis, Postnatal hemorrhage, PROM more than 18 hours, extensive genital trauma, uterine abnormalities, multiple sexual partners and obstructed labour were excluded from the study. Since it was a time bound study, a total of 16009 cases were enrolled in the study after counseling them. Total of 16009 women were counseled to undergo PPIUCD out of which 5144 women accepted for PPIUD amounting to a total acceptance rate of 32.1%. Out of the 10865 women who did not accept the device, the reason for non acceptance preference another contraception 60%, family opposition was the reason in 21% of women, while 08% of women had side effects from the previous use. 11% of women said that they did not desire to use contraception.

Meenakshi Singh, et al (2017);

A prospective cross-sectional interview based study was conducted on a sample of 492 postpartum women who underwent their deliveries in this hospital in 6 months duration in the department of Obstetrics and Gynecology, Safdarjung Hospital, New Delhi. The women were counseled regarding postpartum contraception after assessment of their knowledge and practices. The interview includes sociodemographic profile of the participants, their awareness of contraceptive methods and reasons for its acceptance/refusal. Out of 492 post-partum women, 56.9% accepted one of the contraceptive methods during their hospital stay only. The most common contraceptive method chosen was intrauterine device (45.0%). The main reason for non-acceptance was the expectation of a male child.

AswathyShanavas, et al (2017);

This was a prospective study conducted at StreeAvittomThirunal Hospital, Govt. Medical College, and Kerala A tertiary care teaching institution. A total of 126 women with cesarean or vaginal deliveries had PPIUCD insertion and they were followed up for a period of 1 year. The outcome measures analyzed were safety measures menstrual irregularities, vaginal discharge, pelvic infection and perforation and efficacy measures failure, expulsion and removal. Data are expressed in frequency and percentage. Chi square test was used for comparison and p value < 0.05 was considered significant.

AashikaJanwadkar, et al (2016);

This was an open prospective and longitudinal study to assess the acceptance, perception, experience and satisfaction of the 100 couples in the reproductive age group (19-49 years) who are willing for; with postnatal insertion of the Cu T 380 A within 10 minutes of placental expulsion.

Brig S.K Kathpalia, et al (2015);

A observational study was conducted in one of the zonal service hospitals. 500 antenatal cases were included in this study. Their choice of contraception after delivery and awareness was determined through a questionnaire. Reasons for refusal of postnatal insertion were recorded. A small sample of staff also was in the study. 500 cases were included in the study. A last number had decided about contraception, mainly breastfeeding supplemented by barrier contraceptives. 94 of 500 were willing insertion of contraceptive devices but not immediately after delivery due to apprehension in general and fear of side effects. Staff's awareness about postpartum insertion was poor.

Geeta Katheit, et al (2013);

This was a prospective longitudinal study. After counseling, 397 willing women were inserted with PPIUCD. Outcomes were studied for 6 weeks. Awareness about postpartum IUCD was significantly low as compared to interval IUCD (5.79% versus 73.55%). Acceptance of PPIUCD was higher in the age group of 21-25 years (50.88%), para-2 (35.76%), and educated (65%) clients. Expulsion rate was 10.5%. there was no case of perforation and any other major complication.

Review Related To Attitude

Maria Wemrell, et al (2022);

A survey was distributed online to adult women regarding attitude toward the Copper IUD in Sweden (n=2000). Aside from descriptive statistics, associations between negative attitude towards or experience of the copper IUD and sociodemographic and other variables were calculated using logistic regression and expressed as odds ratio (ORs) with 95% confidence interval (95% Cls). Open survey responses (n=650) were analyzed thematically. While many reported positive attitudes toward and experience of the IUD, 34.7% of all respondents reported negative attitudes and 45.4% of users reported negative experiences. Negative attitudes were strongly correlated with negative experiences. Negative attitudes and experiences were associated with low income, but no conclusive associations were identified with other socioeconomic variables. Negative attitudes and experiences were associated with lower levels of confidence in and satisfaction with healthcare, as well as lower self-assessed access and ability to assess the origin and reliability of information about the IUD. In open responses, negative comments were prevalent and included references to both common and unestablished perceived side-effects.

Ajit Kumar, et al (2022);

It was a cross-sectional in the department of Obstetrics and Gynaecology, F.M Medical college and hospital, Balasore, Odisha over a period of 1 year from July 2020 to June 2021. This study was approved by the Institutional Ethics Committee. After obtaining informed verbal consent, a predesigned standardized questionnaire was asked to 300 no. Of randomly selected postnatal women who delivered in the institution either by vaginally or by caesarian section. Data on socio demographic profile, knowledge, awareness of various family planning methods, source of information, utilization, and reason for non-use were collected and statistical analysis was done using MS Excel. Results were expressed in terms of no. and percentage.

Dr. Pratibha SD, et al (2022);

This was a prospective and cross-sectional study to assess the safety and efficiency of the copper-t 375 when inserted within 10 minutes of placental expulsion after vaginal delivery and placental extraction after cesarean section. Study participants were recruited through the hospital antenatal clinics. Postnatal contraception is routinely discussed at prenatal visits using visual aids. All participants willing for immediate postpartum insertion of CuT375 were included in study after obtaining informed consent and questionnaire. 120 women were included in the study. Hence N=120 (60 post-vaginal delivery and 60 intra-cesarean). Infection rate is found to be higher in Group B (5%) than Group B at 6th week. At 6th month, infection is higher in Group B (1.8%) than Group A (0.9%) p=0.617. Missed strings are found to be higher in inter-caesarean than interval method both at 6th week and 6th month follow up. Expulsion rate is found to be higher in Group B (3.3%) than Group B (1.67%) p=0.5 at 6th month there is no IUCD expulsion in Group A (0%) than in Group B where there is (1.9%) expulsion p=0.495. uterine perforation noted among 3.35% in group A compared to 1.67% in group B. There are no complications or contraceptive failures in both groups during the study period. On statistical analysis, it is found that there is no significant difference in infection and expulsion rate between the group with more missed strings in the intra- caesarean method.

Nirja Sharma, et al (2021);

This was a prospective study regarding comparing usefulness of immediate postpartum intrauterine contraceptive device among the woman undergoing cesarean or vaginal insertion, this was conducted at Government Medical College Shivpuri and District Hospital Shivpuri from February 2016 to February 2017. A total of 100 patients with cesarean and vaginal delivery had PPIUCD insertions and they were followed up for 1 year. The outcome measures analyzed were safety measures (menstrual irregularities, vaginal discharge, pelvic-infection, perforation, failure, expulsion and removal). PPIUCD is an effective intervention in both cesarean and vaginal delivery with no significant differences in safety (menstrual complaints, fever and vaginal discharge p>0.05) and efficacy depending on the routine of insertion as the majority of the clients were satisfied with PPIUCD insertion (65.7%) with only 4.5% unsatisfied with the procedure.

Sneha Gupta, et al (2021);

The study was conducted between 2018-20 in a tertiary care teaching health facility in the Malwa region of Punjab, India's Northern State, regarding correlates of postpartum intra-uterine Copper-T devices (PPIUCD) Acceptability and retention. It is a private facility where family planning, ANC and delivery services are provided at a nominal charge. It serves as a referral center for complicated ante-natal cases by offering state of the art blood banks, operation theater, and intensive care for the mother and child. Modern contraceptive methods (injectable, pills, implants, male condoms) are also offered to the clients in need after proper counseling. A total of 300 women were counselled over one year. Of these, 60% of women accepted PPIUCD. The majority of the PPIUCD acceptors were primigravida (61.7%), educated (86.1%), belonging to urban areas (61.7%), between 25 to 30 years (40.6%). The follow-up rate was 93%,90% and 81% at six weeks, three months, and six months, while the continuation rate at six months was 80%. The most common complications during follow-up were abnormal uterine bleeding, infection and missing threads.

Haymanot Hagos, et al (2020);

Facility based cross-sectional study design was conducted from November 17,2017, to January 01,2018. A total of 182 respondents were interviewed. Systematic random sampling procedure was used to select each eligible study unit as a participant. Data were collected by Midwifery professionals through face to face interviews through structured questionnaires under supervision. The data collectors and supervisors were trained prior to data collection. Pretest was conducted on 5% of the study population to check for the accuracy of tools. Confidentiality was also protected by making the data collection procedure anonymous. The association between dependent and independent variables were determined by descriptive statistics of chi square test using SPSS version 20.0 software and p-values of <0.05 were considered as statistically significant. 182 mothers were interviewed to assess IUCD utilization after giving birth at DTGH with a response rate of 97%. Only 6 respondents (3.3%) are currently using IUCD with P of 0.004 and reasons for refusal of IUCD with P value of 0.035 were some of statistically associated variables for utilization of PP IUCD.

M V Smitha, et al (2019);

A descriptive study was conducted among 110 married women attending Obstetrics and Gynecology OPD of AIIMS Bhubaneswar regarding Comparative analysis between profiles of women who accept and who refuse it. The mean (SD) age of women was 29.13 (3.51) years. About half of the women (50.9%) had poor knowledge of contraceptives, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated (r= 0.164, p= .001). Knowledge was associated with the occupation (p= .005). Lack of knowledge, concerns about side effects, and religious factors were the reason for not using contraceptive. Despite the positive attitude, a majority of women had inadequate knowledge and utilization of contraception. This implies the need to educate women of the reproductive age group for the efficient utilization of contraceptive services for the betterment of their reproductive health. The mean (SD) age of women was 29.13 (3.51 years. About half of the women (50.9%) had poor knowledge of contraception. More than half of women (65.17%) had a positive attitude on contraceptive use; however, only 24% of women used a contraceptive, the most preferred contraceptive being oral pills (37.5%). The knowledge and attitude were positively correlated (r=0.164, p=.001). Knowledge was associated with the occupation (p=.005). Lack of knowledge, concerns about side effects, and religious factors were the reasons for not using contraception.

TilahunWodaynew, et al (2019);

Facility based cross-sectional studies were conducted among postpartum women who were admitted to the postnatal ward of JUMC during the study period. The study was conducted by using systematic random sampling technique. Data was collected through face to face interviews from December 1 to 30,2019. Data collection tool was developed by reviewing related literature. Data was coded and analyzed using manual compilation of the questionnaire. Descriptive statistics was used to describe the variables and the study result was used to describe the variables and the study result was presented in table, chart and statement. Only 98 (92.5%) of the respondents had heard about family planning. About 65.7% of respondents have good knowledge, 34.3% have poor knowledge. Out of 106 respondents 74 (69.8%) have a positive attitude towards contractive and the remaining 32(30.2%) had a negative attitude. Out of 106 respondents 62 (58.5%) of respondents had safe practice and the remaining 44 (41.5%) were unsafe practice towards contraceptive use.

Ramegowda Chethana, et al (2018);

The study was conducted at Bruhat Bengaluru MahanagaraPalike (BBMP) referral hospital, Bengaluru from March 2016 to May 2016. A total of 100 postnatal mothers were included in the study. A pre-tested semi-structured proforma was administered and information about socio demographic profile, knowledge and attitude towards use of emergency contraception was obtained. Among the study subjects, 28% were aware of emergency contraception, friends (57%) were the major source of information about EC. Overall knowledge regarding method, time limit and dose was low. There was a significant association between educational level (p=0.01) and previous planned delivery (p>0.001) with awareness about EC. 51.4% had a favorable attitude towards its use as an additional contraceptive whenever necessary.

Paula Batista Ferreira, et al (2018);

This was a Cross-sectional study with 299 pregnant women. The women were informed about the possibility of inserting a copper-t postpartum and were questioned about their interest in adopting or not this contraceptive. All participants answered a questionnaire with information relevant to the proposal of the present study. The sample size was limited to the number of devices available for the present study. A total of 560 women were invited to join the present study and 299 accepted. Out of the 299 women included in the present study, 175 accepted the copper IUD and 124 refused. As the no. of pregnancies increased, the IUD acceptance rate raised (p=0.002), especially between the groups with 1 and with >4 pregnancies (p=0.013). Regarding the desire to have more children, the women who planned to have more children were more likely to refuse the method than the ones who did not (p<0,001).

Sumitra Yadav, et al (2017);

Was performed on 1000 postnatal women within 10 min. Of delivery and up to 6 weeks of delivery conducted in the department of Obstetrics and Gynecology, M.G.M Medical college and M.Y Hospital Indore (M.P), India, regarding Knowledge, attitude, practice and acceptance of postpartum intrauterine devices. The period from August 2015 to August 2016 after approval by the ethics committee. Informed consent was taken. Majority of acceptors (72.5%) belong to the age group of 18-25 years and 53% belong to urban areas. Acceptance was more in those who completed their secondary school level education (33%). Working women (55.5%) accepted PPIUCD more than the non-working. Out of 1000 women counselled only 10% agreed for PPIUCD insertion.

Nidhi Gupta, et al (2017);

This was a cross sectional observational study including 1200 patients of immediate postpartum period (<48 hours of delivery), delivered at safdarjung hospital. Women were evaluated with the help of a pre-designed and pre-tested questionnaire. This study highlights that awareness and knowledge does not always lead to use of contraceptives. A lot of educational and motivational activities are needed. Out of 1200 women 864 (72%) were aware of some family method but only 672 (56%) had used some family planning in the past. 108 (9%) women had knowledge regarding Postpartum intrauterine contraceptive devices (PPIUCD). Among these,72 (6%) women opted PPIUCD. After knowledge regarding PPIUCD had been given, 80 more women adopted this as a method of contraceptive. So a total 152 (12.67%) opted PPIUCD.

Dasanayake DLW, et al (2015);

A cross sectional study on 300 postnatal mothers was carried out at Teaching Hospital Mahamodara (THM) Galle. Multiparous mothers were recruited using a convenient sampling method. Data collection was done using a validated, self-administered structured questionnaire after obtaining informed consent. Questionnaire was designed to assess knowledge, attitude and practice of postpartum contraception.

Dr. Jayanti Nath, et al (2015);

A cross-sectional study was conducted in the department of Obstetrics and Gynecology of Maharishi Markandeshwar Institute of Medical Sciences and Research (MMIMSR), Ambala, Haryana from January 2014 to January 2015. A total of (500) post-partum and post-abortal women attending the OPD, IPD, Emergency services were randomly enrolled in the study. The patients were given a pre-tested, pre-structured questionnaire and their answers noted and analyzed. Ethical requirements of Informed consent and confidentiality were ensured before the onset of the study. The patients enrolled in the study were thoroughly interviewed on their knowledge and awareness about contraception and various methods available thereof. They were counseled about various contraceptive methods available and were allowed to choose a method of their choice for contraception. They were also questioned about their awareness of the Emergency Contraception pill and Medical Termination of Pregnancy pill (MTPill). Data thus collected were tabulated, sorted out and analyzed by entering in Microsoft Excel and SPSS version- 15 was used for the statistical analysis.

Anu Bajracharya (2014);

A cross- sectional observational study was conducted in the Department of Obstetrics and Gynecology on 400 postpartum women (within 42 days of delivery) who delivered and came for follow-up in this institution. All the postnatal women were interviewed with pre-designed questionnaire and information on socio demographic variables, awareness and knowledge of various contraceptive methods, previous and current use of family planning methods, source of information, utilization and reasons for use/non-use of family planning methods were obtained. Data collected were entered and analyzed using SPSS 20. The results were presented as percentages, means, tables and charts. Majority of the participants 363 (90.8%) were aware of contraceptive usage. Amongst 60.5% of women who had previously used contraception. Maximum no. of participants (60.35%) had used modern contraceptives in the past.

Chapter-III



Chapter-III

Research Methodology:-

Research methodology is the specific procedure or techniques used to identify, select, process, and inquiry information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability.

Research Approach-

The research approach is a plan and procedure that consists of the steps of broad assumptions to detailed methods of data collection, analysis, and interpretation.

Research Design-

Research design is the framework of research methods and techniques chosen by a researcher to conduct a study. The design allows researchers to sharpen the research methods suitable for the subject matter and set up their studies for success.

Variables-

Variables are any characteristic quantity that can be measured or counted.

Dependent Variable-

Awareness and Attitude regarding Copper-t insertion.

Demographic Variable-

Education, age, socioeconomic status, type of family, occupation, previous knowledge.

Research Setting-

The study was organized in Coronation Hospital, Dehradun, (Uttarakhand). The area was selected by sample's availability and feasibility.

Sampling Technique-

Sampling is a process for selection of subjects from the population who fill the inclusion criteria. In the present study consecutivesampling techniques were used for selection of Postnatal Mothers.

Population-

It defines a total set of all the subjects in which the researcher is interested. In the present study population postnatal mothers of Uttarakhand.

Sample And Sample Size-

The total sample size for the present study consisted of 100 postnatal mothers.

Sampling Criteria-

Inclusion Criteria- All postnatal mothers-Who were willing to participate, age limit 18 to 49 years.

Exclusion Criteria-

Postnatal mothers with complications like diabetes, bleeding disorder, renal and heart disease were present and were not willing to participate.

Description Of The Tool

The tool consists of 3 Section

Section 1: It consists of an interview schedule to assess the demographic characteristics such as age, religion, type of family, educational status, family income, no. of children, occupation and source of information, previous history of contraception.

Section 2: Multiple choice question to assess the awareness on Copper T insertion.

Section 3: Likert scale to assess the attitude on Copper T insertion.

Criteria For Scoring

Section 1 : No scoring

Section 2 : The awareness questionnaire consists of 15 questions total. Each question with the correct answer carries one mark and an incorrect answer carries no mark. The total scoring for overall awareness was fifteen. To interpret the awareness of Copper T, the scores were converted to percentage and were classified as follows;

Level of awareness

Adequate	>76% to 100%
Moderate adequate	>51% to 75%
Inadequate	<50%

Section 3 : Rating scale to assess the attitude on Copper T insertion. It consists of 15 items to assess the attitude of the women on Copper T insertion. Items related to positive and negative attitude on Copper T insertion, which are responded as satisfactory, good, neutral, bad, very bad. Positive attitude items had five responses for which, the marks were awarded as follows:

1. 5 marks for satisfactory

- 2. 4 marks for good
- 3. 3 marks for neutral
- 4. 2 marks for bad
- 5. 1 marks for very bad

Positive statement items are - 1-15

Totally a maximum of 75 marks was given.

To interpret the level of attitude of Copper T, the scores were converted to percentage and were classified as follows:

Level of attitude

Most favourable	>76% to 100%
Favorable	>51% to 75%
Unfavorable	<50%



Data Collection Tool-

In the present research study, the subsequent tools were used for data collection.

Study Tool-

Tool1 - Self structured questionnaire to collect socio demographic data of Postnatal mothers.

Tool 2 - Self structured questionnaire to assess the Awareness related to Copper-T insertion among Postnatal mothers.

Tool 3 - Likert scale to assess the Attitude related to Copper-T insertion among Postnatal mothers.

Study Tool -

Tool 1 - Self structured questionnaire to collect socio demographic data of Postnatal mothers.

This tool was developed to collect personal information from subjects. It includes Age, Educational qualification, Occupation, Religion, Family type, Number of children, Monthly income, source of information, Previous history of contraceptive.

Tool 2 - Self structured questionnaire to assess the Awareness related to Copper-T insertion among Postnatal mothers.

This tool was developed for Awareness assessment of mothers on Copper-T insertion. It consists of 15 items.

Scoreinterpretion-

In each item there were four options and the subject had to tick on the one which she seems to be correct according to her for the correct answer score was 1 and incorrect answer score was 0.

Tool 3 - Likert scale to assess the attitude related to Copper-T insertion among Postnatal mothers.

Score Interpretion -

This tool was developed for attitude assessment among Postnatal mothers. It consists of 15 statements . For each statement there were 5 columns for always, sometime and never and scoring was 5,4,3,2,1 respectively.

Content Validity-

To establish validity. Tools sent with blue prints, study objectives and criteria of the evaluation to seek their opinions and suggestions regarding the items in the tool to the three experts. Which included two Assistant Professors of Obstetrics and Gynecological Nursing and One Assistant Professor of community Health Nursing. The validators were requested to provide their suggestion on criteria regarding adequacy, relevance, appropriateness and organization of items in the tool.

Essential alteration was made on the basis of suggestions given by experts in relation to adequacy.

Pilot Study-

Pilot study designed to run by the investigator with the problems to be corrected in the groundwork for the large research project and to evaluate the feasibility of the study and to find out any major flaws in the design used pilot study was conducted. It also helped to determine the plan of statistical analysis. Pilot study was conducted on 10 Postnatal mothers at DIMS, Sahaspur, Dehradun from 30 March to 2 April 2023. Pilot study was found practical, feasible and acceptable in terms of methodology tool, collection of data and method for data analysis.

Process Of Data Collection -

Data collection was done from Postnatal ward, Surgical Postnatal ward and O.P.D of Obstetrics and Gynaecology Coronation Hospital Dehradun, Uttarakhand from 3 April 2023 to 7 April 2023, Prior permission was taken from Principal of Doon Institute of Medical Sciences, Prior permission was taken from Chief Medical Officer of Uttarakhand, and written permission from, Chief Medical Superintendent and Nursing Superintendent of Coronation and sample was selected according to purposive sampling technique. Explained the need of the research study along with their purpose to the participants and then written consent was obtained. Postnatal ward, Surgical Postnatal ward, and OPD, Coronation Hospital, Dehradun. Who fulfilled the inclusion criteria socio demographic data was obtained and self- structured awareness questionnaires and Likert Scale were used to assess the attitude. On the same day booklets were also distributed to Postnatal mothers.

Chapter-IV

data Analysis & Interpretation Of Data

Analysis and interpretation was done in accordance with the objectives laid down for the study. The purpose of analysis is to reduce the data into an interpretable and meaningful form so that the result can be compared and significance can be identified.

This chapter deals with the analysis and interpretation of data collected. The data was analyzed by calculating the score in terms of frequency, percentage, mean, standard deviation, chi- square, and paired T- test.



Research Statement:-

A study to assess the awareness and attitude regarding Copper-T insertion among postnatal mother with a view to develop information booklet in selected hospital of Dehradun, Uttarakhand.

Objectives of the study:-

- 1. To assess the awareness and attitude of Copper-T insertion among postnatal mothers.
- 2. To find out the association between awareness of Copper-T insertion with their demographic variables.

Plan Of Analysis:

Analysis and interpretation of data was done according to the objectives using descriptive and inferential statistics. The level of significance chosen was at $p \le 0.05$.

ORGANISATION OF ANALYSED DATA:

The analyzed data was organized according to the objectives and presented under the following sections:

DESCRIOPTION OFDEMOGRAPHICPROFILEOFPOSTNATALMOTHERS:

This section describes the demographic characteristics of the sample under study. The data obtained describes the characteristics pertaining <Age of women, Religion of women, Types of family, Educational status, Family income per month, Occupation, No. of children, Sources of information about copper-T insertion is, Previous history of using temporary contraception, Method of adaptation is.>

Variables	Options	Percentage (%)	Frequency(f)
Age of women	20-25 years	22%	22
	26-30 years	45%	45
	31-35 years	25%	25
	36-45 years	8%	8
Religion of women	Hindu	85%	85
	Muslim	11%	11
	Sikh	1%	1
	Christian	3%	3
Types of family	Nuclear family	31%	31
	Joint family	60%	60
	Extended family	9%	9
Educational status	Illiterate	18%	18
	High school	29%	29
	education		
	Higher secondary	32%	32
	education		
	Graduate and	21%	21
	postgraduate		
Family income per month	5000-10,000 Rs.	35%	35
	10,001-15,000 Rs.	29%	29
	15,001-20,000 Rs.	22%	22
	20,001-25,000 Rs.	14%	14
Occupation	House wife	90%	90
	Skilled	9%	9
	Professional	1%	1
No. of children	One	14%	14
	Two	51%	51
	Three	24%	24
	Above three	11%	11
Sources of information about	Mass media	24%	24
copper-T insertion is	Friends	9%	9
	Medical staff	63%	63
	From the workplace	4%	4
Previous history of using temporary	Yes	55%	55
contraception	No	45%	45
Method of adaptation is	Oral pills	10%	10
-	Condom	37%	37
	Copper-T	8%	8
	Diaphragm	0%	0

Table 1:- the findings were as follows.

Shows the frequency and percentage distribution of postnatal mothers depicts that majority (45%) of the subjects are between 26-30 years of age, (25%) are between 31-35 years of age and (22%) of subject are between 20-25 years of age and (8%) subjects are between 36-45 years. All the samples are 100 in no. the majority of subjects (85%) are Hindu in religion (11%) are Muslim (3%) are Christians and (1%) Sikhs. The table shows that the (60%) had majority of subject are higher secondary education i,e, 32% then 29% are higher school education 21% are graduate and postgraduate and only 18% are Illiterate. The table depicts highest percentage (35%) is between 5000-10,000 family income per month and (29%) are earning between 10,001- 15,000 rupees, (22%) subjects family income 1 month is 15,001- 20,000 whereas (14%) is earning 20,002-25,000 per month. The table depicts that (90%) of subjects are housewife, (9%) are skilled and only (1%) are professional. The table shows that (51%) subjects had

two children, (24%) had three children, (14%) had one child and (11%) had above three children. The table shows that (63%) of subjects get information from Medical Staff, (24%) are use mass media for information, (9%) subjects get information from friends and only (4%) subjects get information from their work place. The table shows that (55%) of subjects have previous history of contraception and (45%) of subjects have no previous history of contraception. The table shows that (37%) of subjects use condom for contraception, (10%) use oral pills (8%) of subjects use Copper-T (0%) of subjects use Diaphragm.

Figure No. 1:- Conical Shaped diagram showing the percentage distribution according to their Age of women.



Showing percentage distributaion of age in year of postnatal women in which that majority (45%) of the subjects are between 26-30 years of age (25%) are between 31-35 years, (22%) are between 20-25 years and only (8%) subjects are between 36-45 years of age.





Figure No. 2:- Conical Shaped diagram showing the percentage distribution according to their Religion of women.

Showing percentage distribution of demographic variables on the basis of religion that the majority of subjects (85%) are Hindu, (11%) are Muslim, (3%) are Christian and only (1%) are Sikhs.





Showing percentage distribution of types family, in which that majority (60%) had joint family, (31%) had nuclear family and only (9%) had extended family type.



Figure No. 4:- Conical Shaped diagram showing the percentage distribution according to their Educational status.

Showing the percentage distribution majority of subject are higher secondary education i,e, - 32% then 29% are high school education, 21% are graduate and postgraduate and only 18% are illiterate.



Figure No. 5:- Conical Shaped diagram showing the percentage distribution according to their Family income per month.

Percentage distribution of the demographic variables, on the basis of the family income per month that the highest percentage (35%) is between 5,000-10,000 family income per month, (29%) is between 10,001-15,000, (22%) are earning between 15,001-20,000 and only (14%) are earning 20,001-25,000.



Figure No. 6:- Conical Shaped diagram showing the percentage distribution according to their Occupation.

Showing the frequency distribution on the basis of occupation that (90%) subjects are housewife, (9%) are skilled and only (1%) is professional.



Figure No. 7:-Conical Shaped diagram showing the percentage distribution according to their No. of children.

Showing the percentage distribution according to their no. of children, majority of subject have two children, i,e, 51% then 24% have three children only 11% have above three children.

Figure No. 8:-Conical Shaped diagram showing the percentage distribution according to theirSources of information about copper-T insertion is (63%) of subject get information from Medical Staff, (24%) from mass media, (9%) from friends and only (4%) from their workplace.





Figure No. 9:-Conical Shaped diagram showing the percentage distribution according to their Previous history of using temporary contraception.

The figure shows that (55%) of subjects have previous history of contraception and (45%) of subjects have no previous history of contraception.

Figure No. 10:- Conical Shaped diagram showing the percentage distribution according to theirMethod of adaptation is the figure shows that (37%) of subjects use condom for contraception, (10%) use oral pills, (8%) use copper-T and (0%) of subjects are use diaphragm.

Section – B

Main analysis and interpretation of data

CRITERIA MEASURE OF AWARENESS OF COPP	PER-T INSERTION	
LEVEL OF SCORES N= 100	PERCENTAGE	FREQUENCY
ADEQUATE AWARENESS (11-15)	25.0%	25
MODERATE AWARENESS (6-10)	74.0%	74
INADEQUATE AWARENESS (0-5)	1.0%	1
Maximum =15 Minimum=0		

Table 2:- Frequency & Percentage distribution level of Awareness of copper-T Insertion, (74%) had moderate awareness regarding, Copper-T insertion, (25%) subjects had adequate awareness and only (1%) subject had inadequate awareness.



Figure no. 11:- Pyramidal diagram showing the percentage distribution level of Awareness of copper-T Insertion (74%) had moderate awareness, 25% had adequate awareness and only 1% had inadequate awareness.

Section – C

Table 3:- Frequency & Percentage distribution level of Attitude.

CRITERIA MEASURE OF ATTITUDE		
LEVEL OF SCORES N= 100	PERCENTAGE	FREQUENCY
POSITIVE ATTITUDE.(56-75)	22.0%	22
NEUTRAL ATTITUDE.(36-55)	78.0%	78
NEGATIVE ATTITUDE.(15-35)	0.0%	0

Maximum =75 Minimum=15

Table3: showing the frequency and percentage distribution level of attitude regarding Copper-T insertion that is (78%) subjects had neutral attitude (22%) had positive attitude and (0%) subjects had negative attitude regarding Copper-T insertion.



Figure no. 11:- Pyramidal diagram showing the percentage distribution level of Attitude regarding Copper-T insertion, that is (78%) subjects had neutral attitude (22%) had positive attitude and (0%) subjects had negative attitude regarding Copper-T insertion.

DEMOGRAPHIC DATA		LEVELS AWAREN	VESS (M	OF N=100)	ASSOC COPPE	IATION R-T INSI	WI] ERTI	TH AWA ON	RENESS OF
Variables	Options	ADEQUATE AWARENESS	MODERATEAWARENESS	INADEQUATE AWARENESS	Chi Test	P Value	df	Table Value	Result
	20-25 years	7	14	1					
	26-30 years	11	34	0					Not
Age of women	31-35 years	4	21	0	6.085	0.414	6	12.592	Significant
	36-45 years	3	5	0					
	Hindu	24	60	1					
	Muslim	1	10	0	2 570	0.725		10,500	Not
Religion of women	Sikh	0	1	0	3.570	0.735	6	12.592	Significant
	Christian	0	3	0					
	Nuclear family	10	21	0					
Types of family	Joint family	13	46	1	1.853	0.763	4	9.488	Not Significant
	Extended family	2	7	0					
	Illiterate	4	14	0	4 170	0.652		10,500	Not
Educational status	High school education	8	20	1	4.179	0.653	0	12.592	Significant

	Higher secondary education	6	26	0					
	Graduate and postgraduate	7	14	0					
	5000-10,000 Rs.	12	23	0					
Family income nor month	10,001-15,000 Rs.	5	23	1	4 077	0.547	6	12 502	Not
Family income per month	15,001-20,000 Rs.	5	17	0	4.977	0.547	0	12.392	Significant
	20,001-25,000 Rs.	3	11	0					
	House wife	24	65	1					
Occupation	Skilled	1	8	0	1.555	0.817	4	9.488	Not Significant
	Professional	0	1	0	-				
	One	5	9	0					
No. of shildren	Two	11	39	1	2 002	0.011	6	12 502	Not
No. of children	Three	6	18	0	2.095	0.911	0	12.392	Significant
	Above three	3	8	0					
	Mass media	7	17	0					
Sources of information about	Friends	1	7	1	12 405	0.052	6	12 502	Not
copper-T insertion is	Medical staff	17	46	0	12.495	0.052	0	12.392	Significant
	From the workplace	0	4	0					
	Ves	16	39	0					
Previous history of using temporary		10		0	2.198	0.333	2	5.991	Not
contraception	No	9	35	1	2.170	0.000		5.771	Significant
Method of adaptation is	Oral pills	4	6	0	4.059	0.131	2	5.991	Not Significant

Condom	12	25	0
Copper-T	0	8	0
Diaphragm	0	0	0

Table 4:- Showing the association between awareness with their demographic variables.

The Chi-square value shows that there is significance association between the score level and demographic variables (With no Significant Variables names). The calculated chi-square values were more than the table value at the 0.05 level of significance.

There is no significance association between the level of scores and other demographic variables (Age of women, Religion of women, Types of family, Educational status, Family income per month, Occupation, No. of children, Sources of information about copper-T insertion is, Previous history of using temporary contraception, Method of adaptation is) The calculated chi-square values were less than the table value at the 0.05 level of significance.



Chapter-V Summary, Conclusion, Limitations, And Recommendation Summary:-

The focus of the study was to assess the awareness and attitude regarding copper-T insertion among Postnatal mothers.

Objectives:-

- 1. To assess the awareness and attitude regarding copper-T insertion among Postnatal mothers.
- 2. To find out the association between awareness of copper-T insertion with their demographic variables.

Assumption

- 1. Women may have inadequate awareness about copper-T insertion .
- 2. Women may have an unfavourable attitude towards copper-T insertion.

Limitations

The result can not be generalized among women of reproductive age group.

Major Findings Of The Study

- 1. 22% women were within the age group of 20-25 years. While 45% women belonged to the age group of 26-30 years. 25% women belonged to the age group of 31-35 years and 8% women belonged to the age group of 36-40 years.
- 2. 85% of women were Hindu religion. 11% of women were Muslim religion, 1% of women were Sikh religion and 3% of women were Christian religion.
- 3. 31% of women have Nuclear family. 60% of women have Joint family and 9% of women have Extended family.
- 4. 18% of women were Illiterate, 29% of women High school educated, 32% of women were higher secondary educated and 21% of women were Graduate and Postgraduate.
- 5. 35% of women's family income were 5000-10000, 29% of women's family income were 10001-15000. 22% of women's family income 15001-20000 and 14% of women's family income 20001-25000.
- 6. 90% of women were housewives, 9% of women were skilled and 1% of women were professional.
- 7. 14% of women have One child, 51% of women have Two children, 24% of women have Three children and 11% of women have Above three children.
- 8. 24% of women use Mass-media to check information, 9% of women to get information from their friends, 63% of women to get information from Medical Staff and 4% of women to get information from their workplace.
- 9. 55% of women have Previous history of Contraception and 45% of women have no previous history of contraception.
- 10. 10% of women use oral pills for contraception, 37% of women use condoms and 8% of women use copper-T for contraception.
- 11. 25% of women had adequate awareness regarding copper-t insertion.
- 12. 74% of women had moderate awareness regarding copper-t insertion.
- 13. 1% of women had inadequate awareness regarding copper-t insertion.
- 14. 22% of women had a positive attitude regarding copper-t insertion.
- 15. 78% of women had a neutral attitude regarding copper-t insertion.
- 16. 0.0% of women had a negative attitude regarding copper- insertion.

Implication

- 1. The tools of the study can be used as a feedback to assess the awareness and attitude regarding Copper-T insertion.
- 2. There is need to do more research on this field as there is a literature gap, therefore more studies should be conducted on awareness and attitude regarding Copper-T insertion on postnatal mothers.

Nursing Administration

The community health nurse administrator should collaborate with governing bodies, creating a coalition with nongovernment organizations in order to create awareness and attitude regarding Copper-T insertion among postnatal mothers. Nursing administrator along with Governing bodies to formulate programmes to focus on Copper-T insertion among postnatal women. The nurse administrator should take initiative in arranging awareness programmes.

Nursing Practice

The community health nurse plays a vital role in educating and motivating, women for adopting spacing method of family planning, and emphasizes on the importance of Copper-T insertion, to improve health status of the rural community who were unserved and underserved to improve their health status and to change the attitude regarding

Copper-T insertion. Community health nurses can conduct awareness programmes on Copper-T insertion in order to create awareness regarding Copper-T insertion.

Nursing Education

The community health nurse as an educator incorporates the major study findings in Nursing curriculum at all levels in order to well equip the students to address the inadequate awareness and negative attitude perceived health related behaviour among healthy women and unhealthy women. The health personnel such as the Multi Purpose Health Worker and Auxillary Nurse MIdwives need to insist on contraceptive methods in their syllabus, since the population is more in India. These findings will help the nursing faculty to give importance to Copper-T insertion.

Nursing Research

The findings of the study can be disseminated to Community Health Nursing, Nurse practitioners and the student nurses through internet, journal, literature etc. The findings of the study will help the professional nurse and nursing students to gain the awareness and attitude regarding Copper-T insertion among postnatal mothers and importance to the community.

Recommendations For The Future Study:-

Based on the result of the study following recommendations are made.

The study can be replicated on large samples for generation of finding.

The study finding had thrown new light on the implication of the future . It has implications in the Nursing Education, Nursing Administration, Nursing Practice and Nursing Research.

Conclusion:-

The study concluded that the majority of the women i.e, 55% were using contraceptive methods and 45% were not using contraceptive methods. 25% of the women had adequate awareness, 74.0% had moderate awareness and 1.0% had inadequate awareness regarding copper-T insertion. 22% of the women had a positive attitude, 78% of the women had a neutral attitude and 0% of the women had a negative attitude regarding copper-T insertion.

And there is no significant association between the score level and demographic variables. The majority of the women i.e, 74% of women had moderate awareness and 78% of the women had a neutral attitude regarding copper-T insertion.

It is the responsibility of community health nurses to motivate, educate and give counselling for women in the reproductive age regarding copper-T insertion.

Therefore, the Researcher fulfilled this role by imparting knowledge through group teaching, giving booklets and pamphlets.

Chapter-VI References:-

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