



“Impact of Specific Health Teaching Programme on Knowledge of Post Natal Women Regarding Long Acting Reversible Contraception Admitted At Maternity Hospital SKIMS Soura Srinagar Kashmir India .”

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Citation of this Article: Muneeba Manzoor, Munira Bashir, Roquia Bano, “Impact of Specific Health Teaching Programme on Knowledge of Post Natal Women Regarding Long Acting Reversible Contraception Admitted At Maternity Hospital SKIMS Soura Srinagar Kashmir India.” IJMSAR – July – 2021, Vol. – 4, Issue - 4, P. No. 01-10.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Introduction

The knowledge of the contraception is one of the most basic and essential health care service, the knowledge of contraception is very effective because couples can make decision about the timing and number of child they want actual. With inadequacy in knowledge regarding the long acting reversible contraception, Studies have shown that women in Kashmir and throughout out the world with birth intervals less than 2 years are associated with adverse prenatal and maternal outcomes. This study intended to assess the effectiveness of specific health teaching programme on knowledge of post natal women regarding long acting reversible contraception admitted at maternity hospital SKIMS Soura Srinagar

Kashmir India.”Through a quantitative methodology with pre-experimental one group pre-test post-test design on a non probability purposive sample of 60(Sixty) women, the problem was addressed. Data analysis through SPSS-16 version by using t- test exposed significant difference 68.2 (P<0.05) amongst pre-test and post-test knowledge scores of respondents and revealed a substantial increase in knowledge scores amongst post natal woman regarding long acting reversible contraception using specific health teaching programme

Keywords

Kashmir, Specific health teaching programme, post natal women, long acting reversible contraception.

Introduction

The rapid population growth is a burden on the resources of many developing countries. The world population is now at over 6 billion and growing rapidly. If current trends continue, one billion will be added to the world population every 13 or 14 years and it is expected to reach 9 billion by 2050¹. India alone account for 17% of world's population and 21% of all pregnancies resulting in live births are unplanned, and around 2/5th of all the pregnancies are unintended. According to WHO, Contraception is a way of thinking and living that is adopted voluntarily on the basis of knowledge, attitude taken by and responsible decisions by individuals and the couples. In order to promote the health and welfare of the family groups and thus contribute effectively to the social development of the country Contraception has been identified by the world Health Organization (WHO) as one of the six essential health interventions needed to achieve safe motherhood and by the United Nations children fund (UNICEF) as one of seven strategies for child survival.² Contraception is a global concern¹ and the next major global concern is the health of the mothers and children³ India has one of the highest numbers of maternal deaths in the world. Indian women have more children than desired and often too closely together due to limited choice of quality, contraception services and thus there is an urgent need of contraception.⁴

In an ideal world, every pregnancy should be planned; no women would prefer to have abortion if she could prevent an unwanted pregnancy. The unwanted pregnancy combined with induced unsafe abortion demonstrates the unmet need for contraception.⁵ The use of a range of methods of contraception help the individual or couples attain certain objectives e.g. avoid unwanted pregnancies, bring about wanted births,

regulate the intervals between pregnancies, Control time at which birth occur.⁷ The knowledge of the contraception is one of the most basic and essential health care services.⁸ The knowledge regarding contraception will prove beneficial because couples can make decision about the timing and number of children they want actual. Studies have shown that birth intervals less than 2 year are associated with adverse prenatal and maternal outcomes and are linked to higher maternal and child mortality and morbidity.⁹

Appareddy, Pryor, Bailey (2017)¹⁰ conducted a population bases cohort study in Johnson city, TN, USA to find out the association between Inter-pregnancy interval (IPI) and adverse outcomes. Among 101,912 women with a previous delivery, 39% of the deliveries had IPI <18 months, Women with IPI <18 months were younger, lower educated with lower income, had higher BMIs, and were more likely to be unmarried, smokers, and have begun prenatal care later ($p < .001$). In adjusted analyses, IPI <18 months predicted elevated risk for precipitous labor, low-birth weight, preterm delivery, NICU admission, and infant mortality.

Couples need contraception throughout their reproductive years; initially the motive is to delay the first pregnancy, later on they need it for spacing and finally permanent methods when the family is complete.^{11,12} Long acting reversible contraceptives are long lasting, cost effective and are excellent for women who cannot take the pill or who don't want to remember to take medicine every day! They don't require to do anything to prevent pregnancy everyday or every time. They are very (99%) effective in preventing pregnancy. They are reversible when stopped. They consist of 3 I's i.e. intra-uterine devices, implants and injections.. They are also called as Fit and Forget Contraceptives.¹³

Education has an impact on women's reproductive desires and behaviors. Traditionally, it has been argued that women's schooling may affect contraceptive use in a number of ways.^{14, 15} The low female literacy rate has dramatically negative impact on family planning and population stabilization efforts in India. Acceptance and continuation of long acting reversible contraception can be increased by education and counseling^{16, 17}

So, considering the above facts, the researcher wanted to carry out a research study "to assess the effectiveness of specific health teaching programme on knowledge regarding long acting reversible contraception" to gain adequate, accurate and more information as well as suitable guideline for the further development. This is the best way of stabilizing the population growth. The researcher has observed that the post natal women are most prone to develop complication associated with pregnancy and child birth due to fewer intervals between pregnancies and due to multi parity, that is why post natal women admitted at maternity hospital SKIMS Soura is selected and post natal ward is selected as the setting for the present study, as it suggests the best environment within the hospital where one meet the females to provide a forum for dissemination of family planning information, correction of wrong perceptions as well as the opportunities for exchange of ideas between the women. Hence the researcher planned the present study to assess the knowledge regarding long acting reversible contraception before and after implementation of specific health teaching programme.

Objectives of the Study

- To assess the pre-test knowledge score regarding long acting reversible contraception among

postnatal women admitted at Maternity Hospital SKIMS Soura Srinagar Kashmir.

- To assess the post-test knowledge score regarding long acting reversible contraception among postnatal women admitted at Maternity Hospital SKIMS Soura Srinagar Kashmir.
- To evaluate the effectiveness of specific health teaching programme on knowledge score regarding long acting reversible contraception among postnatal women admitted at Maternity Hospital SKIMS Soura Srinagar Kashmir by comparing their pre-test and post-test knowledge scores.
- To find out the association between pre-test knowledge score regarding long acting reversible contraception and selected demographic variables (age, parity, number of living children, education, monthly family income, occupation, type of family) among postnatal women admitted at Maternity Hospital SKIMS Soura Srinagar Kashmir.

Hypothesis

H₁:- There is significant increase in post-test knowledge score regarding long acting reversible contraception among postnatal women admitted at Maternity Hospital SKIMS Soura Srinagar Kashmir at 0.05 level of significance.

H₂:- There is a significant association between the pre-test knowledge score and selected demographic variables (age, parity, number of living children, education, monthly family income, occupation, type of family) of postnatal women admitted at Maternity Hospital SKIMS Soura Srinagar Kashmir.

Literature Review

Gayathry, Ramana, Rao (2017)¹⁸ conducted a descriptive study to assess the knowledge regarding various methods of family planning among 406 couples

.It has been observed that female though scored higher knowledge (18.67 ± 7.798) than males (18.41 ± 7.177), however there was no statistically significant difference between the overall knowledge scores. In general, the highest knowledge was obtained in the domain of permanent contraception followed by temporary methods like condom and intra uterine devices. The least knowledge scores were obtained in the domain of emergency contraceptives and natural methods of contraception. Urban population's over all mean knowledge scores was 22.60 ± 6.673 compared with rural population 14.48 ± 5.898 and was statistically significant ($p=0.036$).

Akoijam, Mamata Devi, Komal, Manisha (2014)¹⁹ conducted quasi experimental study and the samples were selected by using convenience sampling technique among 60 women. Structured questionnaire was prepared to determine the knowledge regarding temporary family planning methods. Mean of pre test was 9.9 and of post test was 18.76 at 0.05 significant levels. But significance found in variable contraceptive methods of family planning at $p < 0.05 = 8.25$ and t test value was 14.29 at DF 29.

Habtamu, Tesfa, Kassahun, Animen. (2018)²⁰ conducted a case-control study to identify the determinants of long-acting contraceptive utilization among married women of reproductive age in Aneded District, Northwestern Ethiopia. 145 households with married reproductive age women, who have used long-acting family planning for more than a year (cases) and 290 households with married reproductive age women who have never used long-acting family planning (controls) were selected by systematic random sampling in each kebele (the smallest administrative units of Ethiopia). Independent positive predictors of utilization of long acting family planning among married women

reproductive age were, primary education level, first discussion with providers, experience with side effect, source of long-acting family planning methods and discussion with health professionals.

Anjum, Durgawale, Shinde (2014)²¹ conducted a longitudinal/ cohort study to assess knowledge of contraceptives methods and appraisal of health education among 1200 married women at Jabalpur city, and reported that after the health education married women's knowledge was improved to 100% about female sterilization followed by condom 99%, skin implants 86%, oral pills 85% and emergency contraceptives 85%.

Sharma and gupta (2013)²² through an observational study in the department of Obstetrics and Gynecology, Government Medical College and Jay Kay Lon Hospital, Rajasthan Kota between March 2013 and August 2014 to determine the awareness of 18550 women on PPIUCD. Out Of 18550 women, only 480 (2.58%) were aware of the PPIUCD. The overall acceptability was found to be 2.94%. Safe and effective long term method makes PPIUCD a choice for acceptance. Level of awareness for PPIUCD was poor among women of south-east Rajasthan region.

It also highlighted the need for an exploratory research in Kashmir owing to lack of literature available so as to access the effectiveness of specific health teaching programme among post natal women on knowledge regarding long acting reversible contraception.

Materials and methods

Research design adopted for this study was pre-experimental one group pre-test post-test research design. The main data collection period started from 14-09-2020 to 05-10-2020. The self-structured interview schedule was administered to assess the knowledge of

postnatal women regarding long acting reversible contraception then Specific health teaching programme was administered to post natal women and then knowledge was re-assessed by using same interview schedule to re-assess the knowledge for one post natal women.

This study was carried on a sample of 60 postnatal women irrespective of mode of delivery and parity, admitted at maternity hospital Skims Soura Srinagar Kashmir India. The sample was selected through a non-probability purposive sampling technique. Proper agreement was sought from the study hospitals, officials and ethical board before data was collected. The conditions for inclusion in the study were determined by interviewing and reviewing the records. The inclusion standard included post natal women, irrespective of parity and mode of delivery, Who were admitted in Maternity Hospital SKIMS Soura Srinagar Kashmir, Who were willing to participate in the study, Who were available at the time of data collection, Who were able to understand Kashmiri and Urdu language. The data collection was made through a structured interview schedule on the post natal women admitted in postnatal ward of maternity hospital . The tool was divided into three parts. Part-1:- It included items regarding demographic data like age in years, parity, number of living children, educational status of mother, occupation, family monthly income in rupees and type of family. Part-2:-General information about contraception. Part-3:-Knowledge assessment about long acting reversible contraception, it has further sub sections such as Concept of contraception, long acting reversible contraception, Intra uterine contraceptive device, Hormonal Implants as contraceptives, Injectable Contraceptives. The knowledge regarding long acting reversible contraception of postnatal women was

measured in terms of knowledge score and accordingly right answer was given a score of one mark and incorrect answer was given a score of zero.

The data collected through the questionnaire was exposed to tests of reliability and the reliability assessed was 0.97 and the content validity was established through expert's opinion .Tool was translated into Urdu language.

Data analysis was done by SPSS-16 using frequency and percentage to analyze the background information, knowledge, and selected outcome. Mean percentage and standard deviation were used to describe the knowledge and selected outcome. Further t-test was used to compare means of the knowledge scores and the possible selected outcomes and accordingly inferences were made.

Results and Discussion

The findings of the study are discussed under these sub-headings.

Demographic Findings of the Study Group

Demographic findings revealed that Maximum of study subjects (57%) belonged to age group of 20-30 years whereas 33% belonged to age group of 31-40 years and few study subjects (10%) belonged to the age group of >40 years. Higher numbers of the study subjects were primipara (57%) and second Para were 40%, and less number of study subjects (3%) were Multipara. 62% of the study subjects had one child, 27% of the study subjects were having two children, and 8.0% of the study subjects were not having any child, whereas 3% of the study subjects were having more than two children. 45% of the study subjects were illiterate, 22% of the study subjects were possessing higher secondary education, 12% and 13% of the study subjects had high school and elementary education respectively, where as very few i.e. 8% were graduates,

no one was post graduate. Majority of study subjects (97%) were home makers, and very few of the study subjects (3%) were private employee and no one was govt employee.62% of study subjects belonged to families with monthly income of Rs 21,000-40,000, 28% of study subjects belonged to families with

monthly income of Rs 10,000-20000 and minimum number of study subjects (10%) were from families with monthly income >40,000. Majority of study subjects (78%) belonged to Joint Families and 22% of study subjects belonged to Nuclear families as depicted in the table 1.

Table 1. Socio - demographic profile of study group.

Demographic variables	Categories	Respondents	
		Frequency	Percentage (%)
Age	20 -30	34	57.0
	31-40	20	33.0
	Above 40	6	10.0
Parity	Primipara.	34	57.0
	2 nd Para.	24	40.0
	Multipara.	2	3.0
No. of living children	Zero.	5	8.0
	One.	37	62.0
	Two.	16	27.0
	More than two.	2	3.0
Educational status	Post graduate.	0	0.0
	Graduate	5	8.0
	Higher secondary education	13	22.0
	High school education		
	Elementary education	7	2.0
	Illiterate	8	13.0
		27	45.0
Occupation	Home maker.	58	97.0
	Govt. employee	0	0.0
	Private employee.	2	3.0
Family monthly income in rupees	10,000-20,000	17	28.0
	21,000-40,000	37	62.0
	>40,000	6	10.0
Type of family	Nuclear	13	22.0
	Joint	47	78.0

4.2 Knowledge score of subjects regarding long acting reversible contraception in pre-test and post-test.

Frequency distribution of postnatal women’s knowledge score according to their pre-test and post-test scores discovered that during pre-test, majority of

study subjects 55(92%) had poor knowledge, 5(8%) had average knowledge and none 0(0%) of study subjects had adequate knowledge regarding long acting reversible contraception and during post-test ,majority

of study subjects 42(70%) had good knowledge, 18(30%) had average knowledge and none 0 (0%) of study subjects had poor knowledge regarding long acting reversible contraception.

Table 2. Knowledge score of subjects regarding long acting reversible contraception in pre-test and post-test

Knowledge score of subjects regarding long acting reversible contraception		Pre-test		Post-test	
		frequency	Percentage	frequency	Percentage
Knowledge level	Poor	55	92%	0	0
	Average	5	8%	18	30%
	Good	0	0	42	70%

4.3 Comparison of pre-test and post-test knowledge scores.

The test results depict that the mean pre-test knowledge score of study subjects regarding long acting reversible contraception was 23.86 ± 13.06 and mean post test knowledge score of study subjects was 106.06 ± 11.89 , which is higher than the mean pre-test knowledge score. So it can be inferred that the mean difference of 82.2 or

increase in the post-test knowledge score regarding long acting reversible contraception was likely due to implementation of specific health teaching programme .therefore ,the researcher rejected the null hypothesis (H_{01}) and accepted the research hypothesis (H_1) which states that, “There is significant increase in post-test knowledge score regarding long acting reversible contraception among postnatal women at 0.05 level of significance”. (Table 3).

Table 3. Comparison of pre-test and post-test knowledge scores.

Knowledge Aspects	Mean \pm SD	Mean Difference	Paired “t” test	P Value	Remarks
Pre test	23.86 ± 13.06	82.2	68.22	0.001*	Significant
Post test	106.06 ± 11.89				

4.4:- Association of pre-test knowledge scores of study subjects with selected demographic variables.

The study results depict that there was statistically significant association between the pre-test knowledge score of study subjects with demographic variables like Educational status ($p=0.000$) and Occupation

($p=0.000$), While no significant association was found between the pre-test knowledge score of study subjects with other demographic variables like age ($p=.730$), parity ($p=.908$) No. of living children ($p=.761$) Family monthly income ($p=.543$) type of family ($p=.299$). The calculated chi - square values were less than the table

value at 0.05 level of significance. Hence the researcher rejected the null hypothesis (H₀2) for educational status and occupation which states that there is significant association between knowledge score of study subjects and selected demographic variables like educational

status and occupation of postnatal women at the level of significance 0.05, but failed to reject for variables like age, parity, number of living children, family monthly income and type of family.(Table 4)

Table 4. Association of pre-test knowledge scores of postnatal women with selected demographic variables.

Demographic variables	X ² value	DF	“ P” value	Inferences (p<0.05).
Age a.20 -30 b.31-40 c .Above 40	0.629	2	0.730	NS
Parity a. Primipara. b. 2 nd Para. c. Multipara.	0.193	2	0.908	NS
No. of living children a. Zero. b. One. c. Two. d. More than two.	1.116	3	0.761	NS
Educational status a. Post graduate. b. Graduate c. Higher secondary education d. High school education e. Elementary education f. Illiterate	60.00	4	0.001*	S
Occupation a. Home maker. b. Govt. employee c. Private employee.	22.759	1	0.001*	S
Family monthly income in rupees a.10,000-20,000 b.21,000-40,000 c.>40,000	1.223	2	0.543	NS
Type of family a. Nuclear b. Joint	1.080	1	0.299	NS

NS= not significant

S=significant

Conclusion

Effective contraception benefits both mothers and children by decreasing morbidity and mortality, by improving the social and economic status of women and by improving the relationship of the mother with all her children. Despite the availability of effective ,long acting reversible contraceptive methods, both the

developed and developing countries have rates of unintended pregnancies and abortions and it is because of lack of education and awareness regarding long acting reversible contraception.

The findings of this study highlighted the importance of specific health teaching programme on

Kashmiri women having inadequate knowledge regarding long acting reversible contraception. It statistically proved and revealed that mean post-test knowledge score obtained from the postnatal women had improved with the incorporation of well- structured specific health teaching programme among subjects on knowledge regarding long acting reversible contraception. Also the frequency distribution of respondent's knowledge score according to their post-test revealed results as 70% of post natal women were found to have good knowledge , 30% of the postnatal women were found to have average knowledge and none among the women had poor knowledge regarding long acting reversible contraception. Further the study findings revealed no association between demographic variables such as (age, number of living children, family monthly income, type of family) and pre-test knowledge score among postnatal women. Thus the findings clearly revealed that knowledge score regarding long acting reversible contraception among postnatal women admitted at maternity hospital Skims Soura Srinagar Kashmir was very less, it considerably increased after the administration of specific health teaching programme, hence established that such programme was operative, suitable and feasible in improving the knowledge score of women as they felt it more useful in identifying the contraceptive of their choice.

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