

# A STUDY TO COMPARE THE LEVEL OF KNOWLEDGE AND PERCEIVED BARRIERS RELATED TO INTRAUTERINE DEVICES (IUDs) USAGE AMONG WOMEN AGED 20-40 YEARS RESIDING AT SELECTED URBAN AND RURAL AREAS OF MANGALORE

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## **ABSTRACT**

**BACKGROUND OF THE STUDY:** Population in India was not growing rapidly till the early twenties of the last century. It was nearly static, with a relatively safe and acceptable rate of annual growth, since both birth and death rates were relatively high .With advances in technology and expansion of health services death rate started declining in the following decades. Meanwhile the birth rate continued to persist at the same level .This caused a severe demographic gap between the birth and death rate, and resulted in growth of population at an alarming rate. **OBJECTIVE:** To assess the knowledge and perceived barrier regarding IUCD. **METHOD AND MATERIAL:** A quantitative research approach with non experimental comparative descriptive study was adopted in this study. The non-probability, purposive sampling technique was used to select the subject for the study. Data collected from 100 subjects were analyzed by descriptive and inferential statistics.

## **Result**

*The overall findings on the IUCD knowledge and perceived barrier scores of women residing in urban and rural area revealed that 70% women from the urban areas and 88% from the rural area had moderate knowledge regarding IUCD and 68% women from the urban areas and 92 % women from the rural area had perceived barrier about IUCD usage .Comparison of knowledge and perceived barriers regarding IUCD among urban and rural women shows that there is a significant difference in level of knowledge and perceived barrier.*

**CONCLUSION:**

*The study showed that only 30 % women from the urban area had adequate level knowledge regarding IUCD and none from the rural area had adequate level of knowledge about IUCD. Perceived personnel barrier also was considerably more in comparison to service barrier. The overall findings of the study depicted that there is a need for educating people regarding IUCD.*

*Key words: Knowledge, Perceived barrier, Urban women, Rural women,IUCD*

**INTRODUCTION**

Most of the Indian families are matrilineal in nature. Mother will manage both household works and also for earning. Women constitute nearly one half of the population of India .They play significant role in the development and progress of the national economy through various walks of life and professions. <sup>[1]</sup>For a strong nation it needs sound families. A sound family needs a strong and healthy mother. Health status is influenced by complex biological, social and cultural factors that are highly interrelated .These factors effect men and women differently. Women reproductive biology along with their lower economic status, result in women facing more risk from unsafe sex which includes both infections and the complications of unwanted pregnancy. <sup>[2]</sup> Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labour force. <sup>[3]</sup>

Few of the socio cultural factors which prevent women to benefit from quality health services and attaining the best possible level of health compared to men are:

- Unequal power relationships between men and women
- Social norms that decreases education and paid employment opportunities
- An exclusive focus on women's reproductive roles and
- Potential or actual experience of physical, sexual and emotional violence

In developing countries women Reproductive health problems, including maternal mortality and morbidity, represent a major but preventable cause of death and disability. Failure to provide information, services and conditions to help women protect their reproductive health therefore constitutes gender based discrimination and a violation of women's rights to health and life. <sup>[4]</sup> Family planning is the line of defense against unwanted pregnancy and illegal abortions. It will prevent pregnancies that are too early, too closely spaced, too many or too late. Unwanted pregnancies could be avoided if contraceptive methods are available and used timely and correctly. <sup>[6]</sup>

It was estimated in survey research that more than 150 million married women of reproductive age have an unmet need for contraception in developing countries. India has the highest number among them with about 31 million women (20 %) <sup>[14]</sup>. NFHS-2 survey (1998-99) shows that unmet need is highest (27%) among women below age 20, the need is almost entirely for spacing rather than for limiting, the need get reducing with the advancement of age. <sup>[8]</sup> In Karnataka the trend of women in the reproductive age group (20- 24) who have completed their family (with two or more children) is still high that is around 61.5% in rural and 54.2% in urban area. <sup>[15]</sup> Many a times women shy away from using contraceptives mainly because they lack knowledge and are afraid of sterilization; copper T or pills does not suit them; or injection is not available etc; thereby have to carry the burden of unwanted pregnancies or go for abortion which is comparatively unsafe. Having knowledge of wide range of contraceptive methods helps women to overcome such difficulties. Further, it enable couples to decide when to and whether to have child. <sup>[19]</sup>

During the community posting, in urban and rural area of Mangalore, researcher found acceptance of family planning is influenced by many socio cultural and demographical factor such as ignorance, lack of scientific outlook, blindly following irrational beliefs, baseless psychological fear, traditional myth acceptance and fertility, and also large urban rural gap in education attainment. So researcher felt need to research on this aspect.

## OBJECTIVES

- To assess the level of knowledge and perceived barriers related to IUDs usage among women aged 25-40 years residing at selected urban areas of Mangalore.
- To assess the level of knowledge and perceived barriers related to IUDs usage among women aged 25-40 years residing at selected rural areas of Mangalore
- To compare the level of knowledge and perceived barriers related to IUDs usage among women aged 25-40 years residing at selected urban and rural areas of Mangalore.
- To find association between level of knowledge and perceived barriers to IUDs usage among women aged 25-40 years residing at selected urban area with selected baseline variable

## METHODOLOGY

### Study setting

The study was under taken in selected rural and urban area of (Kulai and Bejai) in Mangalore, India

### Study population

In the present study, the population consisted of women of age between 20-40 years residing at selected urban and rural areas of Mangalore.

### Research design

A non-experimental comparative descriptive design is used.

### **Sample**

Sample size for the study was 100, 50 women with rural and 50 women with urban aged between 20- 40 years who fulfils the criteria will be included as sample for the study.

### **Sampling techniques**

The non-probability, purposive sampling technique was used in this study

### **Data collection tool**

The investigator used demographic proforma, structured knowledge questionnaire on IUCD and rating scale on Perceived barrier.

### **Permission to conduct study**

Permission obtained from municipal health officer and district health officer Dakshina kannda.

## **RESULTS**

This chapter deals with the analysis and interpretation of the data collected from 100 married women through structured knowledge questionnaire and rating scale to evaluate the knowledge and perceived barrier regarding IUD among married women in Bejai and Kulai area of Mangalore. The data was analyzed according to the objectives of the study.

### **The conclusions drawn on the basis of the findings of the study includes**

- The overall knowledge about the IUD among urban women was 63.90%.
- Areawise assessment of knowledge regarding IUD among urban women showed that better knowledge regarding ideal age for marriage and pregnancy (mean 2.34, SD  $\pm$ 0.626) and knowledge was less in the area of follow up care (mean 1.76, SD  $\pm$  0.744 )
- The overall perceived barrier about the IUD among urban women is ( 39.69%).
- Service barriers(mean 2.10, SD  $\pm$ 30.00) perceived more compared to Personal barrier ( mean 8.22,SD  $\pm$ 2.468)
- The overall knowledge about the IUD among rural women was 43.50%
- Areawise assessment of knowledge regarding IUD among rural women .women had knowledge regarding ideal age for marriage and pregnancy (mean 1.86, SD  $\pm$ 0.756) and knowledge was less in the area of IUD usage (mean 3.12,SD $\pm$ 1.423) and follow up care (mean 1.26, SD  $\pm$  0.803 ).
- The overall perceived barrier about the IUD among rural women was 47.62%
- Service barrier (mean 2.56, SD  $\pm$ 1.232) perceived more as compared to Personal barrier (mean 9.82,SD  $\pm$ 2.405).
- Comparison of overall knowledge regarding IUD among urban women and rural women shows that there is a significant difference in level of knowledge of

women from urban and rural area .The overall calculated values greater than the table values ('t'=1.98)at 0.05% level .Hence the null hypothesis has been rejected and the research hypothesis has been accepted .

- Areawise mean knowledge scores of urban area is higher than the rural area.

There is a significant difference in knowledge scores, among urban and rural women. The overall calculated values was greater than the table value ('t'=1.98)at 0.05 level of significance .

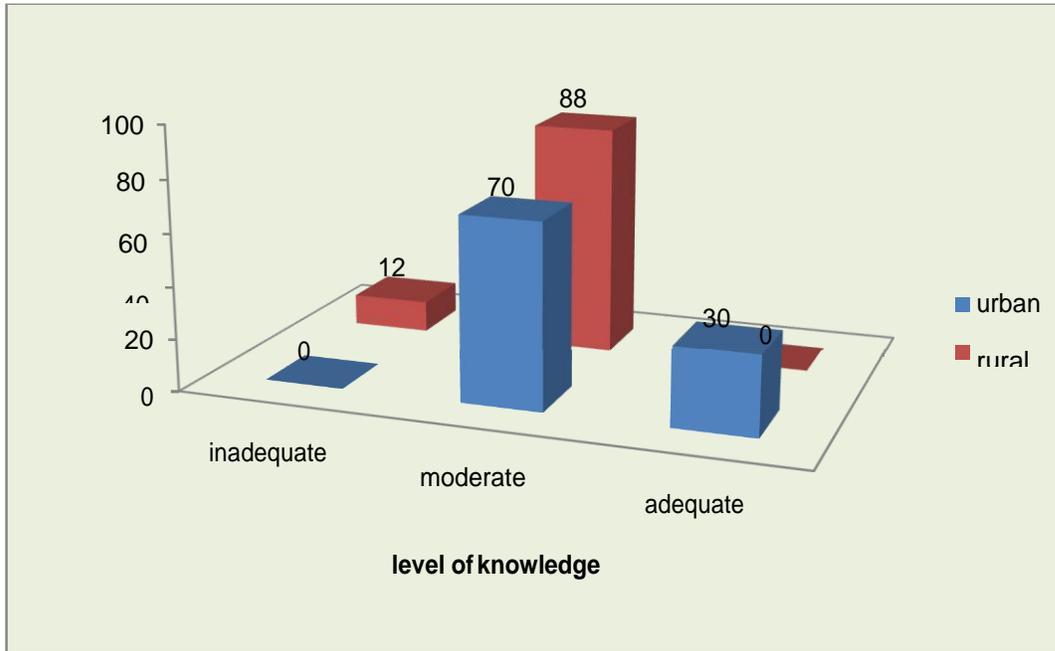
- There was no significant association between perceived barrier score and baseline data variables. The calculated Chi square value was lesser than the table value at 0.05% level of significance.
- There was no significant association between the knowledge score and baseline data variables. The calculated chi square value was lesser than the table value at 0.05 level of significance.

**Table 1: Percentage distribution of the samples of urban and rural areas according to level of knowledge**

**n=100(50+50)**

Sl.No	Level of knowledge		urban		rural	
	Range	inference	f	%	f	%
1	0-30%	inadequate	–	–	6	12.0
2	31-65%	moderate	35	70	44	88.0
3	66-100	adequate	15	30	–	–

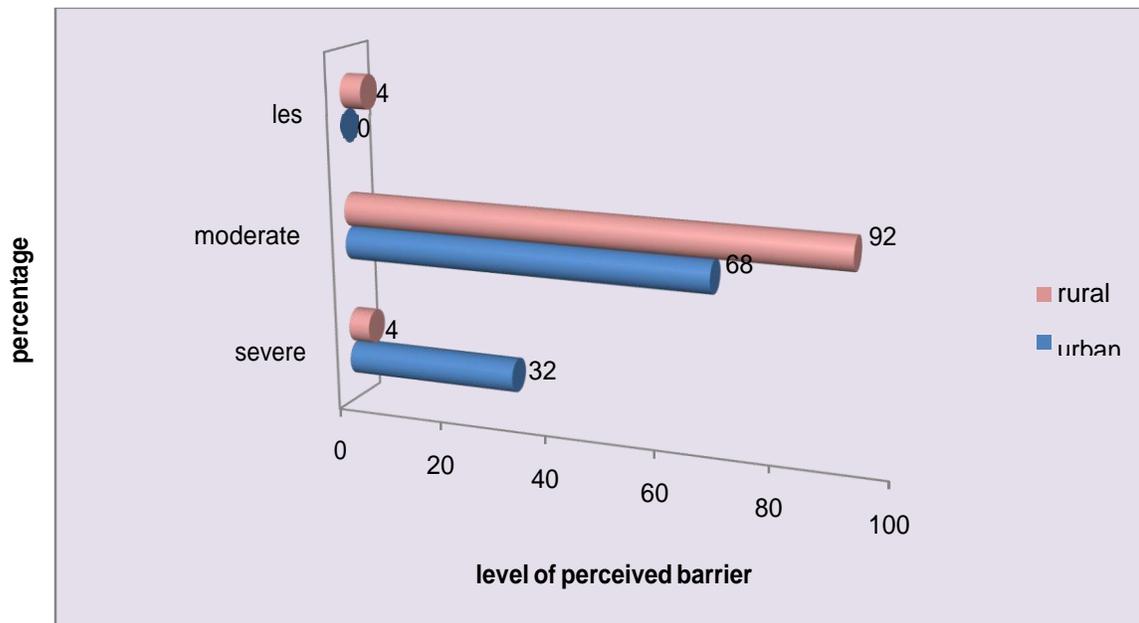
The data in table 28 and figure 19 shows level of knowledge of the women regarding IUD which was assessed with structured knowledge questionnaire. The knowledge scores was categorized as 0-30% as inadequate knowledge,31-65% as average or moderate knowledge, 66-100% as adequate knowledge . Majority of the urban and rural women had moderate knowledge ( 70 %& 88%) .Few (12%) of the rural women had inadequate knowledge.



**Table 2: Percentage distribution of the samples of urban and rural areas according to perceived barrier scores.**

Sl.No	Perceived barrier		Urban		Rural	
	Range	Inference	f	%	f	%
1	0-30%	severe	16	32	2	4.0
2	31-65%	moderate	34	68	46	92
3	66-100	less	-	-	2	4.0

The data in table 21 and figure 19 shows perceived barrier of women regarding IUD which was assessed with rating scale. Rating scores was categorized as 0-30% as severe perceived barrier .31-65% as moderate perceived barrier , 66-100% as a less perceived barrier. Table shows that majority of rural women (92%) had moderate perceived barriers and (4.0%) had severe perceived barrier. whereas urban women (68%) had moderate perceived barriers and (32%) had severe perceived barrier.



**Figures 19 : Bar diagram showing level of perceived barriers regarding IUD usage**  
**CONCLUSION**

Women's health reflects the multiple dimensions of women's lives including menarche, child birth and menopause. The study showed that only 30 % women from the urban area had adequate level knowledge regarding IUCD and none from the rural area had adequate level of knowledge about IUCD. Perceived personnel barrier also was considerably more in comparison to service barrier. The overall findings of the study depicted that there is a need for educating people regarding IUCD. In the wake of changing attitudes towards family planning and desired family size, more women and couples will be seeking family planning services. Addressing obstacles such as access, affordability, and availability will help meet these needs and ensure that women and couples can meet their childbearing and reproductive health goals.

#### **RECOMMENDATIONS:**

The study also identified the need for qualified and trained female healthcare providers, especially for long term family planning services, including IUD, at well-established health facilities instead of camps setup occasionally.

**CONFLICTS OF INTEREST:** There is no conflict of interest

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