

“A Comparative Study To Assess The Knowledge And Attitude Of Emergency Contraceptive Among Eligible Couples In Selected Rural & Urban Area In Pune.”

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Abstract:-

Contraceptives provide women with a safe and effective means to avoid unwanted pregnancies or pregnancies that may place their health at risk; these pregnancies may have serious consequences, including illness, disability, and even death. Many of these deaths occur when women with unwanted pregnancies resort to unsafe abortion. Each year there are about 250 Million pregnancies globally and one third of these are unintended and 20% of these undergo induced abortion. In Low income countries, more that one third of the 182 million pregnancies is unintended; the fate of 19% will be induced abortion and 11% of this is unsafe. In low income countries, the women who do not use any contraceptive contribute to two third of unintended pregnancies, where more than 100 million married women have unmet need for contraception. Unsafe abortion has much ill effects in women's health, each year about 68,000 women die because of unsafe abortion, and millions of women end up with many complications of unsafe abortion, survey methods used for this comparative study, the sample consisted of 50, 25 from urban and 25 from rural areas. Self structuredquestionarries tools was used. The result shows that In rural group, 44% of them women had poor knowledge (Score 0-4), 52% of them had average knowledge (Score 5-8) and remaining 4% of them had good knowledge (score 9-12) regarding emergency contraceptive. In urban group, majority of 80% of the women had good knowledge (score 9-12) and 20% of them had average knowledge (score 5-8) regarding emergency contraceptive.

Keywords:- emergency contraceptives, urban and rural areas, eligible couple.

INTRODUCTION:

‘You can tell the condition of the nation by looking at the status its women.’

-JAWAHARLAL NEHRU.

Contraceptives provide women with a safe and effective means to avoid unwanted pregnancies or pregnancies that may place their health at risk; these pregnancies may have serious consequences, including illness, disability, and even death. Many of these deaths occur when women with unwanted pregnancies resort to unsafe abortion.

Contraception is an important factor in many women life, with needs varying according to the particular stage of the life continuum and should also be viewed in the wider context of sexual and reproductive health. It has been argued that control of their own fertility is the largest single factor affecting the independence of women. The capacity to enjoy and control sexual and reproductive behaviour is a key element of sexual health. Yet this is not the experience of many women. Unintended pregnancies can have long lasting effects on the quality of life of parents and children^[1].

BACKGROUND:

Unwanted EC is a type of modern contraception which is indicated after unprotected sexual intercourse, following sexual abuse, misuse of regular contraception or non use of contraception. EC plays a vital role in preventing unintended pregnancy, which in turn helps to reduce unintended child birth and unsafe abortion, which are major problems of maternal health EC is found to be effective if used as soon as possible after unprotected sexual intercourse, especially within 72 hours of unprotected sexual intercourse

There are two types of ECs namely; emergency contraceptive pills and intrauterine devices pregnancy followed by unsafe abortion is one of the major worldwide health problems, which has many negative consequences on the health and well-being of women. Information about women's knowledge attitude of emergency contraceptives plays a major role in the reduction of unwanted pregnancy; however, there are no studies about this issue in the study area. The pills include combined oral contraceptive pills (COCs), and a progestin only pills (POPs); IUDs can be effective if it is inserted within 5 days of unprotected sexual intercourse. EC is said to be safe with minor side effects like nausea and vomiting in case of pills and infection for IUDs if not used properly. Effectiveness of EC said to be 75% in case of COCs and 85% in case of POPs. Regarding the mechanism of action, EC works by preventing fertilization, implantation and tubal transportation of sperm and ovum. ^[2]

NEED FOR THE STUDY

Each year there are about 250 Million pregnancies globally and one third of these are unintended and 20% of these undergo induced abortion. In Low income countries, more that one third of the 182 million pregnancies is unintended; the fate of 19% will be induced abortion and 11% of this is unsafe. In low income countries, the women who do not use any contraceptive contribute to two third of unintended pregnancies, where more than 100 million married women have unmet need for contraception. Unsafe abortion has much ill effects in women's health, each year about 68,000 women die because of unsafe abortion, and millions of women end up with many complications of unsafe abortion, which could include severe infection and bleeding; this could have been immensely reduced by using EC. Each year about 500,000 women die due to cases related with child birth, and majority are in sub Saharan Africa where there is also high fertility rate that is more than five. Globally, it's estimated that 11% births are given by adolescent girls of age 15-19 annually, and 95% of these births are in low income countries,. Adolescent pregnancy affect the health of mother and child, it has a devastating impact in social and psychological life of the girls.

Despite the fact that different modern contraceptives exist worldwide, the problem of unintended pregnancy still exists, which could be due to gap in awareness, negative attitudes towards contraception, low accessibility or as a result of sexual assault. At times, the knowledge and practice might be there but no contraceptive is 100% effective, and it is always very vital to have EC as a backup method^[5].

India became the first country in the World to launch a family planning programme in 1951. The total population of India according to 2011 census is 1.21 billion. India's population in 1901 was about 238.4 million, which has increased by more than four times in 110 years to reach a population of 1,210 million in 2011. There are 150-180 couples per 1000 population in India. The total eligible couple in India is about 197.4 million. On an average 2.5million couples are joining the reproductive age group every year. Despite family planning programme increase in the population remains the predominant problem and leads to population explosion. Estimates suggest that only 46.5% of eligible couple is protected.

In view of the above, the present intervention

WHO is currently addressing some of these needs order in help;

- To improve the safety and effectiveness of emergency contraceptive methods.
- To wider the range of emergency contraceptive methods available to women and men.
- To improve the quality of family method^[3].

RESEARCH PROBLEM:-

“A comparative study to assess the knowledge and attitude of emergency contraceptive among eligible couples in selected rural & urban area in Pune.”

PURPOSE OF THE STUDY:

To assess the knowledge and attitude of emergency contraceptive among eligible couples in selected rural & urban area in Pune.

OBJECTIVES:

- 1) To assess the knowledge of eligible couples regarding emergency contraceptive in selected rural & urban area.
- 2) To assess the attitude of eligible couples regarding emergency contraceptive in selected rural & urban area.
- 3) To compare the knowledge and attitude of eligible couples regarding emergency contraceptive in selected rural & urban area.
- 4) To associate the selected baseline variable with knowledge in rural & urban area.

HYPOTHESES:

- 1) **H₀**: There is no significant difference between knowledge and attitude of emergency contraceptive among eligible couples in selected rural & urban community in Pune.
- 2) **H₁**: There will be significant difference between knowledge and attitude of emergency contraceptive among eligible couples in selected rural & urban community in Pune.
- 3) **H₂**: There will be statistical significant association between the selected demographical variables such as wife’s age, education and family income and the knowledge of eligible couples regarding emergency contraceptive method.

ASSUMPTION:

The studies assume that:

- 1) Urban eligible couples will have some knowledge about emergency contraceptive.
- 2) Urban Eligible couples will have positive attitude towards emergency contraceptive.

DELIMITATION:

Study is delimited

- 1) Only to eligible couple.
- 2) Selected rural & urban community in Pune.
- 3) Only those eligible couples, who can understand and read Marathi and Hindi, English.

METHODOLOGY

The design adopted for the present study is descriptive study;

Type of research: descriptive study

Research approach: comparative survey.

RESEARCH APPROACH

The present study aim to assess the knowledge and attitude of eligible couple regarding emergency contraceptive methods in selected rural and urban area in pune city.

The research methodology adopted for the study was a comparative approach.

A descriptive study consisting self structured questionnaire.

A study was divided into 3 steps:

Part 1: demographic data

Part 2: knowledge based questionnaire.

Part 3: attitude based questionnaire.

Here the investigator identifies, describe and compares the assess knowledge and attitude of eligible couple regarding emergency contraceptive method in urban and rural area by using self structure questionnaire

VARIABLES:-

Independent Variables: eligible couple.

Dependent variable: in present study, knowledge regarding emergency contraceptives.

SETTING OF THE STUDY: selected urban and rural area in pune city

TARGET POPULATION: eligible couple from selected urban and rural area.

ACCESSIBLE POPULATION: eligible couple from selected urban and rural area in pune city.

SAMPLE SIZE-50 from selected area

INCLUSIVE CRITERIA:

1. Eligible couple from selected urban and rural area in pune city.
2. Those are able to read and write Marathi, Hindi.

EXCLUSIVE CRITERIA:

Reproductive age group (15-45)

Description of Tools:-

A self structure questions was developed to assess the knowledge and attitude of eligible couple description of the tool the self structure questionnaires consist of three section I, II and section III.

SECTION I:

Consist of demographic data which include age, gender, no. years for marriage, education, occupation, income, type of family.

SELECTION II:

Consist of knowledge about emergency contraceptive which include meaning, concepts, duration, easily availability, cost, side effect of emergency contraceptive.

SELECTION III:

Consist of attitude of eligible couple which include -----

SCORING SYSTEM FOR ATTITUDE:-

STRONGLY DISAGREE :- 1

DISAGREE:- 2

UNCERTAIN:- 3

AGREE:- 4

STRONGLY AGREE:-5

Result:-

Majority of the women 44% of the from rural group were from age group 20-25 years, 32% of them were from age group 25-30 years. 52% of them from rural group had primary education, 28% of them had secondary education, 4% of them were graduates, 8% of them were post graduates and 8% of them were illiterates. 48% of them from rural group were farmers, 32% of them were housewives, 4% of them from urban group were farmers, 20% of them were housewives, 52% of them were doing service and 24% of them were doing business. In the rural group, 56% of them had income below Rs. 5000, In urban group, 4% of them had income below Rs. 5000, 56% of them had income Rs. 5001-10000. In rural group, 72% of them were from joint family and 28% of them were from nuclear family. 64% of them from urban group were from nuclear family and 36% of them were from joint family.

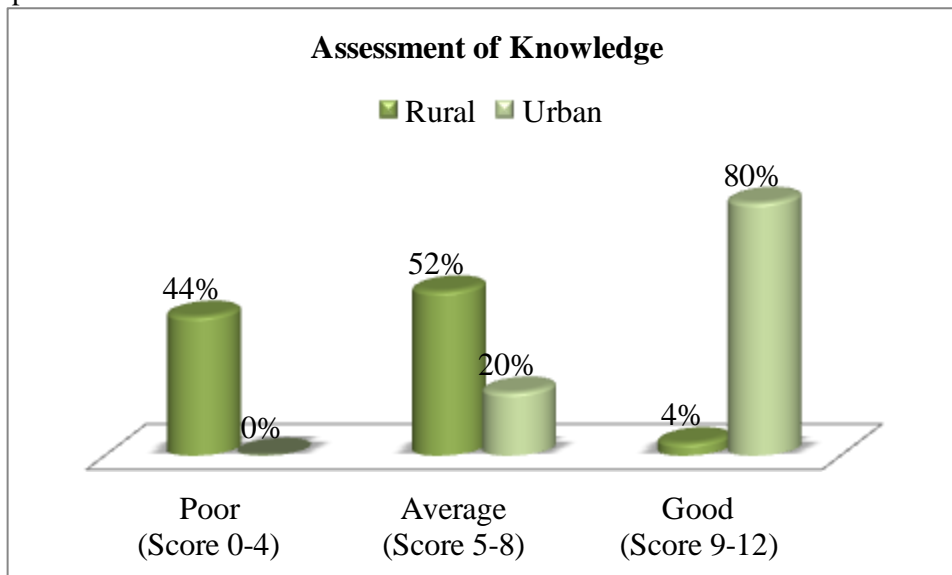
In rural group, only 28% of them had used emergency contraceptives. In urban group, all of them had used emergency contraceptives.

In rural group, 36% of them had received information about emergency contraceptives from media, another 36% of them had information from health care team members In urban group, majority of 80% of them had information from media, 4% of them had information from health care team members and 16% of them had information from friends/ relatives.

Section II:- Analysis of data related to assessment of the knowledge of rural and urban eligible women towards emergency contraceptive
 N=25, 25

Knowledge Grade	Rural		Urban	
	Freq	%	Freq	%
Poor (Score 0-4)	11	44%	0	0%
Average (Score 5-8)	13	52%	5	20%
Good (Score 9-12)	1	4%	20	80%

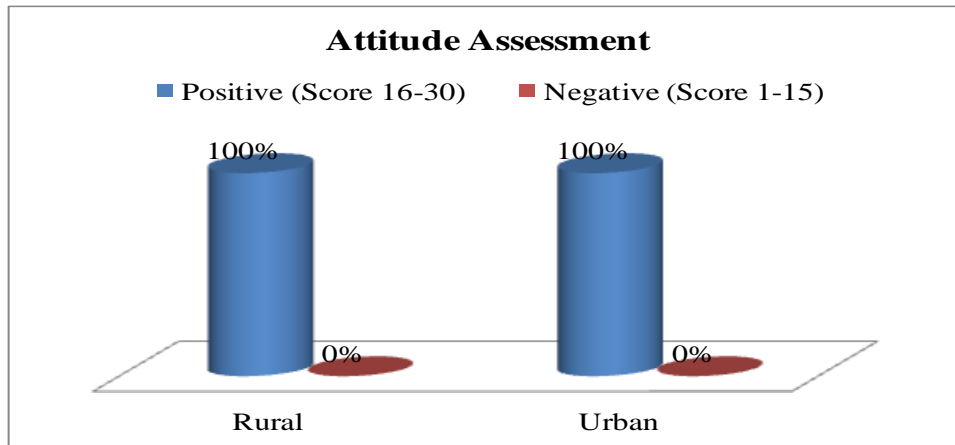
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Section III:- Analysis of data related to assessment of the attitude of rural and urban eligible women towards emergency contraceptive
 N=25,25

Attitude Grade	Rural		Urban	
	Freq	%	Freq	%
Positive (Score 16-30)	25	100%	25	100%
Negative (Score 1-15)	0	0%	0	0%

All the women in rural as well as urban group had positive attitude towards emergency contraceptives.



A number of articles from GBD Studies reflect on the issues addressed in this study¹⁰⁻¹⁵. Related articles were also reported by Gaidhaneet. al.¹⁶ and Damkeet. al.¹⁷.

Nursing Implications of the study:-

The findings of the study have implications for nursing administration, nursing education, nursing research and nursing practice.

Nursing Practice:-

Nurses working in the hospitals and community setup can benefit from such researcher, as it will provide more insight regarding emergency contraceptives.

Nursing Education:-

Nursing education is developing in india, the nursing education curriculum must include the imparting knowledge about the use of various teaching strategies, so this knowledge will be helpful to teach the student such as planned teaching.

Nursing Administration:-

Administrator play a vital role in educating clients and staff nurses as well as student nurses. The administrator can utilize this type of research teaching to enhance the knowledge of the staff nurses and students.

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Discussion is Missing. Please Recheck.